

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，恪守中立和不偏不倚的立场，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乎该组织所能提供的赔偿。

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Please view our Activity Report online.

此活动报告设有网上版，欢迎浏览。



ACTIVITY REPORT

活动报告 2007

Cover photo 封面照片

Waves of violence surfed across Kenya after the presidential election in late 2007. An MSF doctor was examining a patient with head wound in one of the first aid posts in Mathare slum in the capital of Nairobi.

肯尼亚于二〇〇七年年底的总统选举过后，爆发暴力浪潮。一名无国界医生在该国首都内罗毕的玛萨瑞贫民窟其中一个急救站内，为一名头部重创的病人检查。

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From the President and the Executive Director 主席和总干事的话

This Activity Report is dedicated to the memory of Mohamed Abdi ALI (Bidhaan), a Somali driver, Damien LEHALLE, a French logistician and Victor OKUMU, a Kenyan surgeon. The three staff members of MSF were killed in Kismayo, Somalia, on 28 January 2008.

谨以此报告献于二〇〇八年一月二十八日在索马里基斯马尤被杀害的三名无国界医生救援人员——索马里籍司机穆迈比翰、法国籍后勤人员迪米股利尔和肯尼亚籍外科手术医生维托奥古姆。

Dear Friends,

In 2007, MSF worked in more than 60 countries all over the world. The majority of our activities take place on the African continent, but we also continue to reach out to people in distress elsewhere. Sudan, Myanmar, the Democratic Republic of Congo: year after year these countries appear on the list of countries that are financially supported by MSF-Hong Kong. The people living in these countries are victims of ongoing crisis, disease or neglect. They have not chosen to live in crisis or to be oppressed, but their situation leaves them with no other option. MSF will continue to stand by those most in need through our medical work.

As it carries out its activities, MSF refrains from making distinctions on the grounds of religion, gender, ethnicity and other characteristics. However, some groups require our special attention. Women and girls are particularly vulnerable in times of crisis. Maternal mortality remains a global tragedy. MSF has made the reduction of maternal mortality and morbidity one of its operational priorities by implementing effective strategies for improving the presence of trained staff during deliveries, ensuring the accessibility of quality emergency obstetric care and encouraging women to deliver in health facilities.

MSF monitors a trend that existing programmes become larger and more complex. This means we have to be flexible and creative. Innovation is high on the agenda and is essential in the fluid environment of our work. For example, in recent years MSF is increasingly using therapeutic ready-to-use foods based on a nutrient-dense peanut-milk paste in our nutrition programmes. You will be able to learn more about MSF's approach to address malnutrition in the main feature in this report.

各位朋友：

无国界医生于二〇〇七年在全球超过六十个国家工作，当中大部分位处非洲大陆，我们同时也不忘到其他地区，为危困中的人伸出援手。苏丹、缅甸、刚果民主共和国——这些国家的名字，年复一年地出现在香港办事处的救援工作拨款名单上。生活在这些国土的人民，都是持续的人道危机、疫病或被遗忘的受害者。不是他们选择在这些危机或压迫下过活，只是客观环境令他们没有选择的余地。无国界医生会继续通过前线医疗工作，向这些在危困中最有需要的人伸出援手。

无国界医生不分宗教、性别、种族及其他因素，为有需要的人提供援助。不过，某些人群的确需要我们特别关注。在危难发生时，女性往往是脆弱的一群。孕产妇死亡仍然是一个全球性的悲剧。无国界医生以降低孕产妇死亡率和发病率作为其工作重点之一，采取有效策略，增加孕产妇分娩期间有受过训的人员在场，确保孕产妇可得到紧急产科护理，和鼓励妇女在医疗设施分娩。

现有的救援项目规模愈来愈大和复杂，意味着我们所进行的救援工作要具备弹性和创新性。创新对于无国界医生在不稳定环境下工作至关重要。举例来说，过去数年，无国界医生在营养治疗项目中，增加使用含高营养的花生牛奶糊状即食营养治疗食品。你可以在本报告的特写一栏中，更详细了解无国界医生如何使用这些即食营养治疗食品，应付营养不良的问题。

The increased complexity and scale of the MSF programmes underline the necessity for MSF to be accountable for choices made by the organisation. MSF's accountability is a proactive process of engagement with our beneficiaries and other stakeholders. We need to report the reasons for our choices, the results of our actions and the limitations, and the challenges and dilemmas inherent in our work. This Activity Report is just one method of being accountable to our donors and supporters, and we welcome your feedback and reactions.

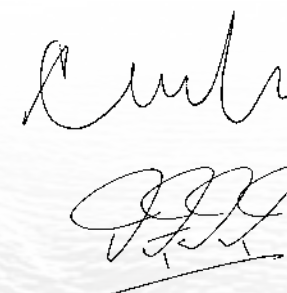
Financial and human resources are critical to ensuring the quality and impact of MSF projects. In 2007, MSF-Hong Kong facilitated 100 departures of aid workers to projects overseas and we raised close to HKD155 million from the Hong Kong public. MSF-Hong Kong is building up its experience in surgery. There is an ongoing need for surgeons, anaesthetists and obstetric-gynaecologists, and we sent an increased number of specialists to surgical projects in countries such as Iraq, Sudan, Sri Lanka and Jordan.

In 2007, MSF-Hong Kong established a representative office in Guangzhou. This extension of MSF-Hong Kong activities is responsible for interacting with the public, media and authorities in the mainland. The Guangzhou representative office has four main functions: communication and advocacy, logistics supply, human resources and support to MSF projects in China.

You may have noticed that this Activity Report covers the calendar year 2007 instead of the July – June period as was previously done. We have decided to follow the calendar year to bring better coherence in the report between the financial overview and the text. Also, as of next year we aim to publish the Activity Report earlier in the summer to keep you better informed about MSF's work.

The ongoing support of our donors and supporters is crucial for our functioning. All small and big donations make it possible for MSF to remain independent, and to go to places where others do not go, or to intervene in areas where others do not intervene. These donations make it possible to act based on medical and humanitarian need only.

Thank you very much for standing by us.



无国界医生的前线项目愈趋复杂和规模庞大，亦凸显了组织对所作选择接受问责的需要。对于无国界医生来说，问责是一个主动让我们的受助人和其他相关者参与的过程。我们需要解释选择的原因、行动的结果和工作上的限制、挑战与两难。这本活动报告只是我们向捐款人和支持者负责的其中一个途径，我们欢迎你的意见和回应。

财政和人力资源对无国界医生确保项目质素和影响力，至关重要。二〇〇七年，香港办事处派出志愿人员参与海外救援项目的数目达一百人次，并从广大香港市民筹得近一亿五千五百万港元。香港办事处也在提供外科专业人员方面，不断累积经验。随着前线项目对外科手术医生、麻醉科医生和妇产科医生的需求愈来愈大，我们于过去一年派出更多的专业人员，分别参与在伊拉克、苏丹、斯里兰卡和约旦等地的外科手术项目。

无国界医生香港办事处于二〇〇七年在广州设立了代表处，负责与国内民众、媒体和有关当局沟通互动，并肩负着传讯及倡议、物流供应、招募前线志愿人员和支援无国界医生在内地项目四大职能。

你或许留意到这份活动报告涵盖了二〇〇七年一月至十二月期间的活动，有别于过往由每年七月至翌年六月的做法。这个改动令报告更能配合财政年度的结算。此外，由明年开始，我们会提早于每年的夏季出版活动报告，让大家更能掌握我们的工作情况。

捐款人和支持者的长期支持，是维持无国界医生工作的重要环节。所有大大小小的捐款，都让我们得以维持独立运作，到没有人前往援助的地方，展开救援。全赖这些捐款，令我们在进行救援时，只需考虑医疗和人道的需要。

在此衷心感谢各界人士对我们的鼎力支持。

Carmen LEE Kar Man
President, MSF-Hong Kong
无国界医生香港办事处主席
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 2007

Dr. TSE Tsz Wah (President, resigned March 2007), Carmen LEE Kar Man (Acting President, appointed March 2007), Dr. Emily CHAN Ying Yang, Dr. CHAN Shut Wah, Dr. Joyce T'ANG Shao Fen, Elaine LAU Wan Ling, Meintje Trijntje NICOLAI, Dr. Tom CHEUNG Chi Yan (resigned April 2007), Alice CHOW Kin Tak (resigned October 2007), Dr. David WILSON (appointed April 2007), Kate MACKINTOSH (appointed April 2007)

Members of MSF-Hong Kong Advisory Committee 2007

Roger CHAU, Lawrence HUI, Tammy WONG

As of December 2007, the office of MSF-Hong Kong, including the Representative Office in Guangzhou, consists of 31 staff and 46 office volunteers who help carry out office tasks regularly.

二〇〇七年无国界医生香港办事处董事会成员

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）、陈英凝医生、陈述华医生、唐少芬医生、刘蕴玲、尼科徠、张智欣医生（二〇〇七年四月离任）、周健德（二〇〇七年十月离任）、韦尔迅医生（二〇〇七年四月上任）、麦基托斯（二〇〇七年四月上任）

二〇〇七年无国界医生香港办事处顾问委员会成员

周汉旋、许卓伦、黄沛虹

截至二〇〇七年十二月，无国界医生香港办事处及其广州代表处共有三十一名职员，另有四十六名义工定期协助处理日常工作。



Filipino doctor Roy Anthony COSICO (right) is crossing a river with MSF mobile team to reach the remote areas in Sierra Leone.
菲律宾医生哥斯高（右）与无国界医生的流动医疗队，在塞拉利昂横越一条河流，前往偏远地方提供医疗服务。

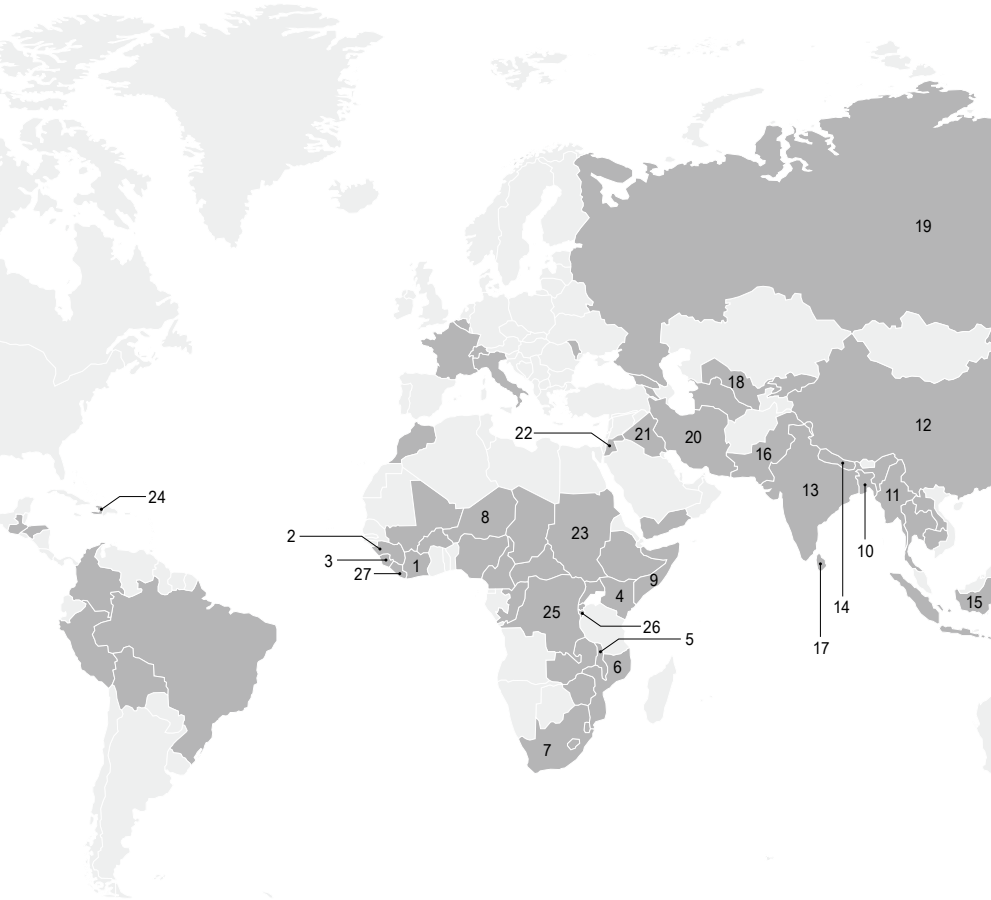
Photo source: Dr. Roy Anthony COSICO

Countries with Projects Highlighted in This Report

本活动报告简介的工作项目所在国家

MSF works in around 60 countries in the world (as of December 2007)

无国界医生在全球约六十个国家工作 (截至二〇〇七年十二月)



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Join Hands with MSF to Save Lives

携手以行动支持救援工作

Be an MSF field worker overseas or an office volunteer in Hong Kong and Guangzhou

We need medical and non-medical field workers who are available for missions of six months or longer in project countries around the world.

Volunteers are also needed in both Hong Kong and Guangzhou offices: help with legal advice, translation, interactive and graphic design, clerical support, awareness raising and outdoor activities is welcome.

Make a donation

In order to operate independently, neutrally and impartially, most of our funding comes from public donations. Every antibiotic and every bandage we use on the front line come from individuals like you. Please contact our Fundraising Department of Hong Kong office for details.

Bequeath to MSF

You can name MSF as a beneficiary in your insurance policies, or bequeath a specific dollar amount, property, or a percentage of your estate to us to help needy people around the world. Please contact our Fundraising Department of Hong Kong office for details.

成为无国界医生志愿人员或办公室义工

我们需要能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、互动图像及平面设计、传讯、文职及协助大型活动的义工。

捐款支持无国界医生

为确保救援行动的独立、中立和不偏不倚，无国界医生大部分的捐款来自公众捐助。前线救援项目中的一针一药，都有赖你的支持。详情请与香港办事处筹款部联络。

遗产或保险捐赠

你可把无国界医生列为你的保单受益人，或在遗嘱上把全部或指定物业、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。

AFRICA

Guinea, Côte d'Ivoire, Sierra Leone

Worsening economic and political crisis has triggered violence in Guinea. In February, MSF launched a two-month emergency operation in the capital of Conakry and in the town of Guéckédou at the Liberian border to assist victims of the violence. MSF continues to address HIV/AIDS, TB and malaria in this country. In August, MSF ended its five-year-project in N'Zérékoré in southern Guinea, following the departure of most refugees who fled Liberia and Côte d'Ivoire.

MSF continues its work in Côte d'Ivoire after the reunification. In the district of Bangolo in the former buffer zone separating the warring parties, MSF conducted about 85,000 free consultations. Mobile clinics, ambulatory nutrition sites and operation at hospital remain in districts at the Liberian border. MSF began to hand over projects in Bin Houyé, Zouan Hounien and Bouaké to the authorities, while those in Man and Guiglo were closed in 2007.

In Sierra Leone, provision of paediatric and maternity care and therapeutic feeding by MSF continues. Some 100,000 malaria patients were treated in the MSF-supported health centres.

Kenya, Malawi

Escalating violence in Mount Elgon in western Kenya caused thousands of people to flee their homes. They were trapped between fighting groups and are unable to access healthcare. MSF has been delivering medical assistance to the population since April with mobile clinics and support to the primary healthcare structure.

HIV/AIDS and TB infection rates have surged in Kenya. MSF provides comprehensive HIV/AIDS treatment in the slums in the capital of Nairobi, and in Busia and Homa Bay in the west of the country. 10,500 patients received ART this year. In November, MSF opened a TB culture laboratory in Homa Bay hospital, enabling more effective and accurate diagnosis of TB, particularly in patients who are co-infected with HIV. MSF is the only provider of free treatment for MDR-TB in Kenya. It runs MDR-TB treatment programmes in Nairobi and Homa Bay. In the West Pokot district, MSF screened over 1,600 people for leishmaniasis (kala azar) and successfully treated 850.

In Malawi, about 19,000 HIV/AIDS patients were given treatment in MSF-supported structures in 2007. In October, MSF handed over its HIV/AIDS project in the Dowa district hospital in central Malawi to the Ministry of Health.



A mother looking after her child with malaria in the intensive care unit at a hospital in Sierra Leone
在塞拉利昂一所医院的深切治疗病房，一名母亲照顾着感染了疟疾的孩子

非洲

几内亚、科特迪瓦、塞拉利昂

几内亚经济情况转差，加上政局不稳，触发暴力事件。无国界医生于二月在首都科纳克里及接邻利比里亚的城镇盖凯杜，开展为期两个月的紧急救援项目，援助暴力事件的伤者。无国界医生亦继续为该国得艾滋病、结核病和疟疾患者提供治疗。随着大部分利比里亚及科特迪瓦难民离开几内亚，无国界医生于八月结束在南部恩泽雷科雷历时五年的项目。

此外，无国界医生继续在重新统一后的科特迪瓦工作，在以往交战双方缓冲区的小镇邦戈洛，全年免费诊治约八万五千宗，并继续在邻近利比里亚边境的地区，通过流动诊所、营养治疗点及医院提供医疗援助。无国界医生开始把宾哄耶、宙安可利安及布瓦凯的项目移交予当地政府部门，而马恩及吉格洛的项目亦于二〇〇七年结束。

在塞拉利昂，无国界医生继续提供儿科、妇产科及营养治疗，并在由无国界医生支援的医疗中心，治疗超过十多万疟疾病人。

肯尼亚、马拉维

肯尼亚西部埃尔贡山的暴力事件升级，令数以千计居民逃亡。他们被困在交战各派系之中，不能获得医疗护理。无国界医生自四月起通过流动医疗队及支援基本的健康护理设施，向当地人提供医疗援助。

肯尼亚的艾滋病及结核病感染率快速上升，无国界医生在首都内罗毕的贫民区，以及西部的布西亚和霍马贝提供艾滋病综合治疗，全年共有一万零五百名病人接受抗病毒治疗。十一月，无国界医生在霍马贝医院开设一所结核病菌培植实验室，为尤其是同时感染结核病及艾滋病的患者，提供更有效及准确的结核病检测。无国界医生亦在内罗毕及霍马贝设有耐多药结核病治疗项目，是该国唯一免费提供此项治疗的组织。在西波克特地区，无国界医生为逾一千六百人检测内脏利什曼病（黑热病），并成功治疗八百五十人。

在马拉维，约一万九千名艾滋病病人正在无国界医生支援的设施中接受治疗。十月，无国界医生将位于马拉维中部多瓦区域医院的艾滋病项目，移交予卫生部门。



MSF team carries out consultation in a mobile clinic in Mount Elgon, Kenya
在肯尼亚的埃尔贡山，无国界医生队伍通过流动医疗诊所诊治



■ Provision of clean and drinkable water to the displaced people in Mozambique after the heavy flood
无国界医生在水灾后的莫桑比克，为无家可归者提供清洁的饮用水



■ A malnourished child in Dakoro hospital in Niger
一名在尼日尔达科罗医院的营养不良孩子

Mozambique, South Africa

The worst flood since 2000 forced some 250,000 people in the north-western Mozambique to evacuate. MSF immediately responded with an emergency intervention.

Two months after the flood, MSF helped more than 50,000 people affected in Zambezia and Tete provinces by distributing clean water and plastic sheeting, constructing latrines and providing medical care in resettlement centres. MSF also helped the local authorities implement a surveillance system to detect malnutrition and potential disease outbreaks.

With more than 16% of the Mozambicans infected by HIV/AIDS, MSF continues its HIV/AIDS programmes in the capital Maputo, Tete in the west and Niassa in the north. In December, about 14,300 patients received ART through MSF-supported facilities.

In South Africa, MSF handed over elements of the HIV/AIDS treatment programme to health authorities but continued to support TB and HIV services in the township of Khayelitsha. In late 2007, MSF started mobile teams in the northernmost town Musina and opened a clinic in Johannesburg to provide healthcare to migrants primarily from Zimbabwe.

Niger

Acute child malnutrition is a serious medical issue that has not been adequately addressed in Niger. An annual 'hunger gap' exists between April and September, when family food stocks run out and hundreds of thousands of children have little access to food or the nutrients they need for healthy growth and development. Therapeutic ready-to-use foods (RUFs) provided by MSF, however, has proven to be a better cure for malnourished children than conventional food aid.

Malnutrition affects 41% of children living in poor households in the south-eastern and southern Niger. In April, MSF began to support seven health centres in Dakoro, Maradi region, to provide free care for children aged under five. MSF also supports maternal health service, paediatric service and emergency obstetric surgery of the Dakoro district hospital. During the year, 133,000 consultations were undertaken.

In June, MSF launched a five-month emergency nutritional intervention in Ague in Maradi, and eventually handed over the programme to Save the Children UK. In Zinder region, almost a million packets of therapeutic RUFs were consumed to treat over 21,000 children. MSF also works with two hospitals and six health centres in Tahoua in western Niger.

莫桑比克、南非

莫桑比克经历自二千年以来最严重的水灾，超过二十五万名西北部居民被迫疏散。无国界医生在水灾后马上开展紧急救援行动。

水灾发生后的两个月，无国界医生在赞比亚省和太特省援助超过五万名居民，向他们分发洁净饮用水和塑料布、设立厕所、在临时安置中心提供医疗护理，并协助当地政府设立一套机制，监察营养不良情况及爆发疫病的可能性。

莫桑比克有超过百分之十六的人口感染艾滋病病毒，无国界医生继续在首都马普托、西部的太特省和北部的尼亚萨省，进行治疗工作。十二月，约有一万四千三百名病人在无国界医生支援的医疗设施接受抗病毒治疗。

在南非的卡雅利沙，无国界医生把艾滋病治疗项目的部分工作移交予卫生部门，但继续支援结核病及艾滋病治疗。二〇〇七年年末，无国界医生在南非最北部的城镇穆希纳开始流动医疗工作，又在约翰内斯堡设立诊所，为主要来自津巴布韦的入境者提供健康护理。

尼日尔

儿童急性营养不良是一个严重的医疗问题，在尼日尔一直得不到充分回应。每年的四月至九月是当地的「饥饿期」，农作物青黄不接，家庭耗尽所有粮食储备，数以十万计儿童只得到很少的食物或所需的营养，不足以令他们健康地发育和成长。无国界医生提供的即食营养治疗食品，证明比传统粮食援助，更能治愈营养不良的儿童。

在尼日尔东南部及南部，多达百分之四十一生长于贫困家庭的儿童受营养不良影响。无国界医生于四月起支援在马拉迪区达科罗市的七间健康中心，为五岁以下儿童提供免费护理。医疗队在达科罗区域医院，支援母婴健康、儿科及紧急妇产手术等工作，一年间提供了十三万三千次门诊。

无国界医生于六月在马拉迪的阿奎尔开展为期五个月的紧急营养治疗项目，其后把项目移交至英国的救助儿童会。在津德尔省，无国界医生以差不多一百万包即食营养治疗食品，治疗逾二万一千名儿童。无国界医生亦在尼日尔西部塔瓦省的两间医院及六间健康中心工作。

Somalia

Somalia has been without public health services since 1991. Intensified fighting between the Transitional Federal Government, groups linked to the Union of Islamic Courts and various armed factions increased the already enormous medical needs.

In April, MSF launched an emergency response in Afgooye, west of the capital of Mogadishu, providing relief supplies and clean water to people who had sought refuge. The capacity of health structures in Afgooye and Hawa Abdi were also increased.

In Mogadishu, despite the insecurity, MSF opened new projects including a cholera treatment centre, inpatient and outpatient clinics specialising in paediatrics and maternity care, mobile clinics in camps for displaced persons, and emergency surgical support in local hospitals. Various hospital and nutritional programmes were also launched in regions across the country.

With 14 projects in 11 regions, having performed over 2,500 surgical operations, 520,000 outpatient consultations and admitted around 23,000 patients to hospital, MSF was the biggest public healthcare provider in Somalia in 2007. Yet violence, or threats of violence, against staff and patients, forced MSF to remove its international staff occasionally and maintain activities by Somali staff. Two international staff members were abducted in Bossaso for a week in December 2007, and three staff members were killed in Kismayo in January 2008.

ASIA

Bangladesh, Myanmar

Bangladesh was hard hit by cyclone Sidr in November. MSF responded immediately and treated over 7,600 patients via mobile clinics that visited the remote affected areas and distributed 4,000 household kits to victims. In August, MSF initiated a severe watery diarrhoea intervention in Dhaka following the heavy flooding.

MSF continues to help the stateless Rohingya people, a Muslim minority fleeing Myanmar, in the Teknaf region bordering Myanmar. In southern Bangladesh, MSF handed over its eight-year project in the Chittagong Hill Tracts to the regional health authorities.

In Myanmar, MSF continues its medical aid projects in Rakhine, Kachin, Shan and Kayah states, as well as Yangon and Thanintharyi divisions in the south by providing basic healthcare and treatment for malaria, TB, HIV and sexually transmitted infections. In 2007, almost half a million patients were tested for malaria and 210,000 were treated in Rakhine state.



■ A displaced woman looks over an IDP camp where she now lives in Mogadishu, Somalia
在索马里首都摩加迪沙，一名逃难的妇人凝望着她所栖息的营地

索马里

索马里自一九九一年起已没有公共卫生服务，而过渡政府、与伊斯兰法庭联盟有联系的团体，以及各个武装组织之间的冲突恶化，更大大增加原本已庞大的医疗需要。

无国界医生于四月在首都摩加迪沙西部的阿夫戈耶展开紧急救援，为逃到该处的流离失所者提供救援物资及洁净饮用水，又扩大阿夫戈耶及哈瓦阿卜迪的医疗设施之规模。

在摩加迪沙，虽然动荡不安，但无国界医生仍开设新的项目，包括霍乱治疗中心、专责儿科及妇产科的住院及门诊诊所、于国内流离失所者营房设立流动诊所，以及在当地医院提供紧急外科手术支援。无国界医生亦在全国其他地方开展多个医院及营养治疗项目。

二〇〇七年，无国界医生是索马里最大的公共医疗服务提供者，在该国共十一个地区进行十四个项目，提供超过二千五百次外科手术、五十二万宗门诊，以及接收约二万三千名病人入院。可是，针对无国界医生工作人员和病人的暴力事件或威胁，迫使无国界医生要不时撤走国际志愿人员，由索马里籍的员工维持在当地的医疗活动。二〇〇七年十二月，两名国际志愿人员在博沙索被劫走一星期；二〇〇八年一月，三名前线救援工作人员在基斯马尤被杀害。

亚洲

孟加拉国、缅甸

十一月，孟加拉国被暴风锡德严重破坏。无国界医生马上派出流动医疗队到偏远的灾区，治疗超过七千六百名病人，并派发了四千套家庭物资。无国界医生于八月在受水灾影响的首都达卡，开展一个严重水状腹泻的治疗项目。

无国界医生继续协助无身分的罗兴亚人，他们是一班逃离缅甸的伊斯兰少数民族，在孟加拉国栖身于接壤缅甸边境的代格纳夫。另一方面，在孟加拉国南部，无国界医生将位于吉大港山区历时八年的项目移交予当地卫生部门。

在缅甸，无国界医生维持在若开邦、克钦邦、掸邦及克耶邦的医疗项目，并继续在仰光及南部的德林达依省提供基本健康护理，以及治疗疟疾、结核病、艾滋病及性接触传染病。二〇〇七年，无国界医生在若开邦为接近五十万病人提供疟疾检测，共治疗了二十一万名。



■ An MSF feeding centre in Teknaf, southern Bangladesh
孟加拉国南部代格纳夫的无国界医生营养治疗中心



MSF workers home visit a child patient with HIV and make sure the family is aware of the importance of drug adherence
无国界医生工作人员家访艾滋病毒童，确定他的家人懂按时按量喂药给孩子



Tribal villagers wait for care at MSF mobile clinic in Chhattisgarh, central India
在印度中部恰蒂斯加尔邦，一个部族的村民在无国界医生流动医疗站外等候诊症

China

Some 700,000 people in China were infected with HIV by 2007. Of the 85,000 needing ART, fewer than half are receiving it. Even though the government has provided free testing and medication, including ART, some patients still face stigma and financial barriers in accessing care and treatment.

After five years, the free HIV comprehensive care and treatment project in Xiangfan, Hubei province was handed over to local health authorities in March 2008. Another project in Nanning, Guangxi Zhuang Autonomous Region continues. By the end of 2007, almost 1,500 patients were registered in the two MSF projects, and over half received ART and other services.

In response to the spread of drug resistant TB and the lack of access to affordable treatment, MSF hopes to establish prevention and management programmes in the Inner Mongolia Autonomous Region and Jilin province, in collaboration with provincial and central authorities.

India, Nepal

Clashes between local Maoist rebels and the Indian government have displaced tens of thousands of people in central India to camps or dense forests in the states of Chhattisgarh and Andhra Pradesh, where MSF runs primary healthcare and nutrition programmes. Psychosocial support and healthcare are also provided to those affected by years of violence in Kashmir with over 12,000 consultations conducted.

MSF continues its basic healthcare programme in Manipur, and has started treating MDR-TB patients in its HIV/AIDS project in Mumbai. A leishmaniasis project is opened in Bihar, and a basic healthcare project in Assam has been closed.

In Nepal, MSF serves people who received limited healthcare amid fighting in Rautahat district, while project in Kalikot has an increased focus on women's health.

Indonesia

Indonesia is prone to natural disasters and diseases outbreaks. In 2007, MSF's emergency team responded after floods in Jakarta and earthquakes in West Sumatra, where MSF provided psychological support, set up hospital tents and donated medical supplies to the local health authority.

MSF team responded to a measles outbreak in West Sulawesi and set up a vaccination campaign with local health authorities that reached over 7,000 children. MSF also combated malaria in South Halmahera, distributed bed nets in Maluku Province, and provided healthcare to illegal miners in Mimika in Papua after a high number of meningitis cases were reported.

MSF launched a project to improve mother and child healthcare and access to emergency medical care with the Ministry of Health in southern Papua. In June, MSF handed over its TB activities in Ambon to health authorities.

中国

截至二〇〇七年年底，中国约有七十万人感染艾滋病毒，但八万五千名需要抗病毒治疗的病人中，只有不到一半正接受治疗。尽管政府提供免费检测和抗病毒治疗，一些病人仍面对歧视与经济负担等障碍，无法获得护理与治疗。

无国界医生在湖北省襄樊市的免费艾滋病综合关怀与治疗项目，于二〇〇八年三月项目实施五年后移交至当地卫生部门，在广西壮族自治区南宁市的项目则继续运作。截至二〇〇七年底，无国界医生在两个项目共有近一千五百名病人，其中超过半数接受抗病毒治疗及其他服务。

为了应对耐药性结核病蔓延及缺少可负担药物的挑战，无国界医生希望与中央和省级部门合作，在内蒙古自治区和吉林省设立耐药性结核病的防治和管理项目。

印度、尼泊尔

在印度中部恰蒂斯加尔邦及安得拉邦，当地毛派武装分子及政府的冲突，令数以万计人民逃到流徙者营房或森林。无国界医生在这两个地区，进行基本健康护理及营养治疗工作。在冲突连年的克什米尔，无国界医生亦为受害者提供医疗及心理和社会支持，提供逾一万二千宗诊症。

无国界医生在曼尼普尔邦的基本医疗项目继续，并开始于孟买的艾滋病治疗项目中，治疗耐多药结核病病人。在比哈尔，医疗队开展了一个内脏利什曼病（黑热病）治疗项目，而在阿萨姆邦的基本健康护理项目则已经结束。

在尼泊尔，无国界医生在发生冲突的柳达赫地区，为只能获得有限医疗的人民服务，而位于卡里科特县的项目，则越发集中于妇女健康的工作。

印度尼西亚

印度尼西亚经常受天灾和疫病爆发侵扰。二〇〇七年，无国界医生的紧急医疗队伍在雅加达水灾，以及苏门答腊西部一连串的地震后展开行动，为灾民提供心理支援，设立帐篷医院，并向当地卫生部门捐赠医疗物资。

医疗队在苏拉威西岛西部对付麻疹爆发，与卫生部门为超过七千名儿童注射疫苗，并在南哈马黑拉岛治理疟疾病人及在马鲁古省派发蚊帐。当巴布亚的米卡县录得大量脑膜炎个案后，医疗队为当地的非法矿工提供医疗护理。

在巴布亚南部，无国界医生与卫生部开展一个改善母婴健康及紧急医疗的项目。无国界医生于六月将位于安汶的结核病项目移交予卫生部门。

Pakistan

Floods caused by the cyclone Yemyin in June brought widespread damage in southern Pakistan. Thousands of people were displaced in the western province of Balochistan. MSF set up two cholera treatment centres, a water treatment unit and a chlorination unit, and provided relief and medical supplies.

MSF assists local people and Afghan refugees in the tribal areas of Balochistan and Kurram Agency. Emergency medical support and surgical supplies were provided during sectarian violence in March in Kurram Agency.

In Malakand Agency, North West Frontier Province, MSF supports a local hospital and health centres to deliver primary healthcare with an emphasis on maternal health. Some 6,300 consultations were conducted at the hospital in the year. In December when fighting occurred in Swat district, north of Malakand, MSF offered medical assistance to injured and displaced persons.

Sri Lanka

Four years after the signing of a ceasefire agreement between the government of Sri Lanka and the Liberation Tigers of Tamil Eelam (LTTE), armed conflict erupted again. Insecurity seriously hampers access to people affected by the conflict but so do government restrictions on humanitarian assistance.

In Point Pedro, Vavuniya and Mannar in the north, all government-controlled areas close to the front line of conflict, MSF offers general and emergency surgery and obstetrics assistance. Over 6,000 surgeries were performed. In May, a project in Kilinochchi in the heart of the LTTE-held region was launched.

In Batticaloa in the east, MSF assisted 12,000 internally displaced people by conducting mobile clinics and providing relief supplies. The project was handed over at the end of the year.

Uzbekistan

Uzbekistan has a high TB incidence rate and one of the world's highest levels of MDR-TB. 13% of new cases and 40% of retreatment cases were infected with MDR-TB.

In 2007, MSF enrolled 265 patients from Nukus and Chimbay region to the MDR-TB treatment programme in the western autonomous republic of Karakalpakstan. After staying six months in hospital, patients need to continue on medication for another 18 months and were supported by a mobile clinic or home visit from an MSF nurse.

At the end of the year, MSF signed a memorandum of understanding with the Ministry of Health of Karakalpakstan on the gradual handover of the programme over the next three years.



Children are also victims of conflict in Sri Lanka - a paediatric patient in the general hospital in Kilinochchi
儿童也是斯里兰卡暴力冲突的受害人——在基利诺奇综合医院的一名病童

巴基斯坦

随着六月暴风叶明而来的水灾，为巴基斯坦南部带来广泛破坏，数以千计在西部俾路支省的人民被迫流徙。无国界医生开设两所霍乱治疗中心和一个饮用水处理及氯化系统，并向灾民派发救援及医疗物资。

无国界医生在俾路支省及古勒姆特区的部族地区，援助当地人和阿富汗难民。古勒姆特区于三月发生宗派冲突时，医疗队提供了紧急的医疗援助及供应外科手术物资。

在西北边疆省的马拉根德，无国界医生支援一所医院及其他健康中心，提供以妇产科为主的基本健康护理，一年以来在医院提供超过六千三百次诊症。十二月，马拉根德北部的史瓦特地区爆发冲突，无国界医生为伤者及流离失所者提供医疗援助。

斯里兰卡

斯里兰卡政府与泰米尔猛虎组织签署停火协议四年后，该国再次爆发武装冲突。不稳定的局势加上当地政府对人道救援的限制，令救援人员难以接触战火中的平民。

在北部的佩德罗角、瓦武尼亚和马纳尔，这些由政府控制、接近战线的地区，无国界医生提供综合和紧急的外科及骨科治疗，进行逾六千次外科手术。五月，无国界医生在泰米尔猛虎组织控制的基利诺奇，开设一个新的救援项目。

在东部的拜蒂克洛，无国界医生为一万二千名国内流离失所者提供流动诊所服务及派发物资，有关项目已于年底顺利移交。

乌兹别克

乌兹别克的结核病发病率甚高，是全球其中一个耐多药结核病最严重的国家，百分之十三的新症和百分之四十的再治疗个案都感染了耐多药结核菌。

二〇〇七年，无国界医生在乌兹别克西部卡拉卡尔帕克斯坦共和国的耐多药结核病治疗项目中，接收了二百六十五名来自努库斯及占拜地区的病人。病人住院六个月后，仍要藉着流动诊所的支援及无国界医生的护士家访，完成另外十八个月的疗程。

无国界医生于年底与卡拉卡尔帕克斯坦共和国的卫生部签署谅解备忘录，协议在未来三年内，逐步把项目移交予当地政府。



Patients with MDR-TB have to take 20 to 30 pills every day
耐多药结核病病人每天需服食二十至三十粒药丸



■ An MSF doctor examining a child in a communal hostel in Grozny
一名无国界医生在格罗兹尼的社区旅舍，替一名儿童检查



■ An 11-year-old boy is moved to a stretcher in preparation for surgery at Red Crescent Hospital in Amman, Jordan
在约旦首都安曼的红新月会医院，一名十一岁男孩被移往担架床，准备接受手术

EUROPE

Russian Federation

Healthcare in the North Caucasus region has been crippled by more than a decade of war.

In the Chechen capital of Grozny, MSF's mobile team conducted around 38,000 consultations in six temporary accommodation centres, now renamed as "communal hostels", for Chechen IDPs who returned from Ingushetia. MSF rehabilitated two clinics where it runs free pharmacies, and provides healthcare for women and children in the maternity hospital and four clinics. MSF team continues to perform violence-related reconstructive surgeries and support the neurosurgical and trauma wards in Grozny's hospital No.9, and supports four TB hospitals serving around 350,000 people.

MSF also supports district hospitals in mountainous villages outside Grozny and set up a clinic in the remote Shelkovskoy district in the north.

In Nazran, the capital city of neighbouring Ingushetia, MSF runs a medical centre providing medical and mental health consultations. As the only international aid organisation left in the region, MSF conducts up to 1,200 consultations monthly for IDPs and the locals.

MIDDLE EAST

Iraq, Iran, Jordan

The high-level insecurity in Iraq limits the operation of medical programmes and civilians' access to healthcare.

In the Kurdistan area in northern Iraq, MSF works in three hospitals in Dohuk, Erbil and Sulemaniyah to deliver surgical assistance and psychological support. In Erbil, over 100 operations were carried out monthly, about half of which were war-related. In July, MSF opened a programme in Sulemaniyah treating patients with burns and orthopaedic trauma. MSF also supports healthcare structures in the adjacent provinces of Tameem and Ninevah.

An MSF team based in Amman, Jordan, offers limited support to five Iraqi hospitals in zones severely affected by violence, and runs a surgical programme in partnership with the Red Crescent, treating 281 patients with maxillofacial, plastic and orthopaedic surgery.

At the end of the year, MSF launched a reconstructive surgery project in Mehran, Iran, treating Iraqi patients from the eastern provinces and south of Baghdad. MSF also maintains the provision of medical aid to Afghan refugees in Iran.

欧洲

俄罗斯联邦

经过超过十年的战事，北高加索地区的医疗护理服务陷入瘫痪状态。

在车臣首府格罗兹尼，无国界医生的流动医疗队在六个为从印古什回流的车臣人民而设的临时安置中心（现称社区旅舍），提供约三万八千次诊症。无国界医生修复两间有免费药房的诊所，并在一所妇科医院及四间诊所，为妇女及儿童提供健康护理。医疗人员又继续在格罗兹尼第九医院，为暴力事件的受害者提供矫形外科手术，支援医院的神经外科及创伤病房，以及为四所共为约三十五万人服务的结核病医院提供支援。

无国界医生亦在格罗兹尼外的山区村落，支援当地医院，并在北部偏远的谢尔高斯哥地区开设诊所。

在毗邻的印古什，无国界医生在其首府纳兹兰设立医疗中心，提供医疗及心理健康诊症。作为唯一留守在当地的国际救援组织，无国界医生每月为流离失所者及当地居民提供多达一千二百次诊症。

中东

伊拉克、伊朗、约旦

伊拉克紧张的局势，限制了医疗活动和平民得到医疗护理的机会。

在伊拉克北部的库尔德斯坦控制区，无国界医生在杜胡克、埃尔比勒和苏莱曼尼亚的三间医院，提供外科手术及心理支援；其中在埃尔比勒，医疗队每月进行超过一百项手术，约半数与战争伤害有关。无国界医生于七月在苏莱曼尼亚开设一个项目，治理烧伤及骨科创伤的病人，并在邻近的塔米姆和尼尼微省，支援医疗设施。

一支驻约旦安曼的无国界医生医疗队，为五间位处战火之中的伊拉克医院提供有限支援，又与红新月会合作进行一个外科手术项目，为二百八十一名伤者进行面部整形及骨科手术。

无国界医生于年底在伊朗的梅赫兰开设一个矫形外科手术项目，治疗来自伊拉克东部及巴格达南部的伊拉克人。另外，医疗队在伊朗继续为阿富汗难民提供医疗援助。

Photo Story

图片故事



© Sven TORFINN
South Sudan 南苏丹

Strong And Vulnerable Women 脆弱又坚强的妇女

Women are strong. They are the driving force of families over the world, and play a critical support role during emergencies.

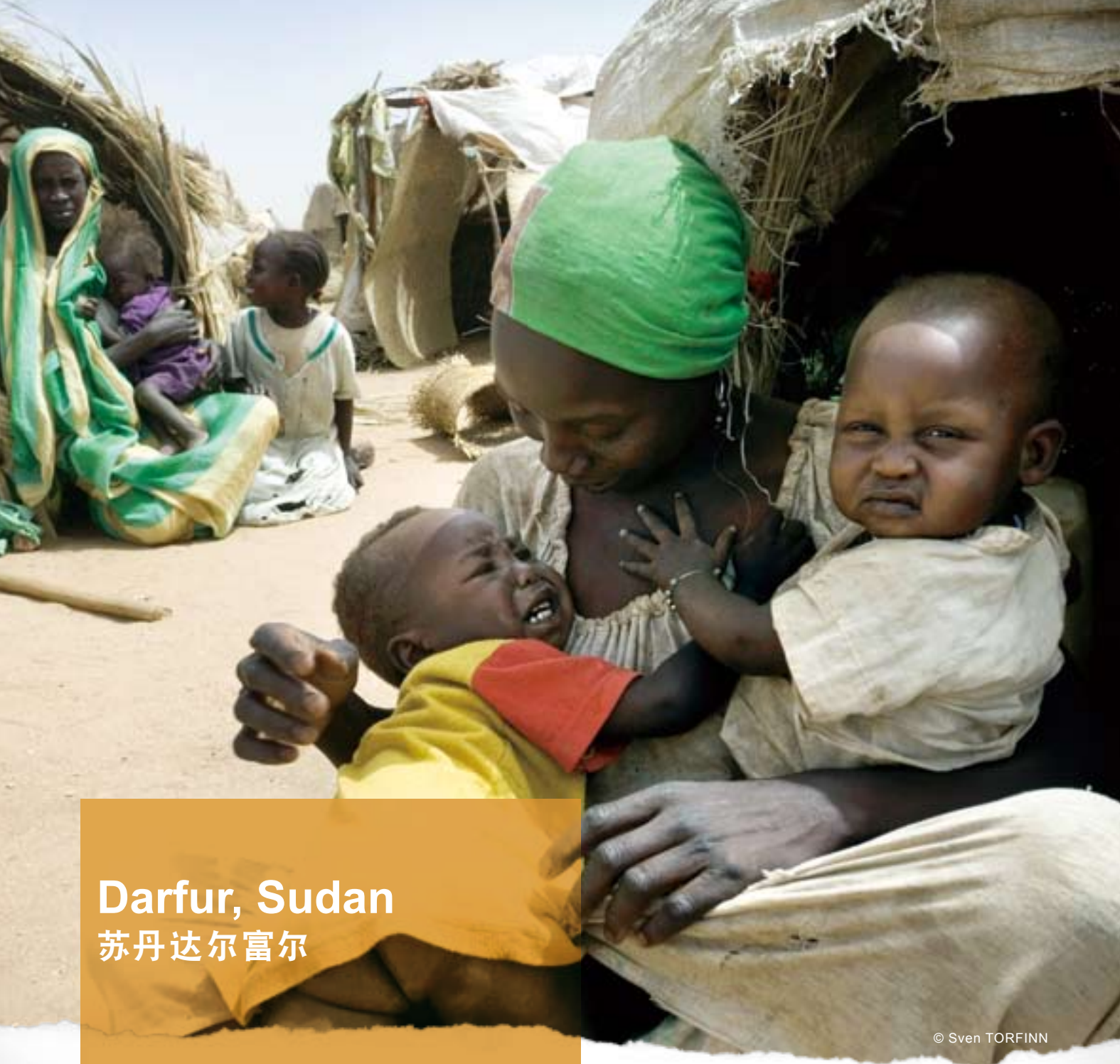
妇女是坚强的。她们是家庭的推动力，并在危难中扮演关键的支援角色。

Women are also vulnerable. They have their own particular needs and health problems, and as women, they are regularly under threat.

妇女又是脆弱的。她们有独特的需要和健康问题，作为女性，她们要经常面对各种威胁。

In many of the countries where MSF works, women's health is put in peril by their social status and the lack of suitable medical care.

在无国界医生工作的很多国家，女性的社会地位低下，加上缺乏适当的医疗照顾，往往令她们的健康受到威胁。



Darfur, Sudan 苏丹达尔富尔

© Sven TORFINN

“The Arab militia attacked us for the first time on the second day of Ramadan in 2005. The horses and the cows were stolen. Seven people were killed. Ten days after Ramadan they came again...My husband and my daughter's husband were killed that day...Then we were attacked for the third time, and nothing was left...Here in Kalma they say it is a bit safer, and that's why we came to stay here...We have no clothes, no food, no jobs. We are burned by the sun and the wind because we have no shelter.”

A woman who arrived in Kalma camp, Darfur, Sudan in March 2006

Many displaced women in Darfur suffer from years of conflict and sexual violence in the region. MSF provides treatment and counselling for the victims in various internally displaced person (IDP) camps.

“二〇〇五年斋戒月的第二日，阿拉伯裔民兵首次袭击我们。马匹和牛只都被抢走，七个人被杀。斋戒月后的第十日，他们又来了……我的丈夫、女婿都在那一天被杀……之后我们第三次遇袭，我们一无所有……人们都说卡尔马是稍为安全的地方，所以我们才走来这里避难……我们没有衣服、没有粮食、没有工作，无处容身，只能饱受风吹日晒的煎熬。”

*自二〇〇六年三月已在苏丹达尔富尔
卡尔马营栖身的一名妇女*

达尔富尔很多流离失所的妇女，都在连年战乱和性暴力的阴霾下生活。无国界医生在多个流离失所者栖身的营地，为受害人提供治疗和辅导。



© Julie RÉMY

Haiti 海地

“卫生部的医院都无法正常运作……在我们的医院附近，有六间设备齐全的手术室，但全都无人使用……它们的收费极为昂贵，所以大部分妇女都会在家分娩。但一旦出现就算是最轻微的并发症，她们会因负担不起医疗费用，无法求医而死亡。”

二〇〇六年，无国界医生在海地的项目总管里奈尔

在海地首都太子港，缺乏足够的医疗设施和暴力事故，迫使孕妇产妇留在家中产子。分娩期间出现并发症的情况经常发生，导致当地孕产妇死亡率高企。无国界医生为这最被边缘化的社群，提供免费的紧急产科护理。

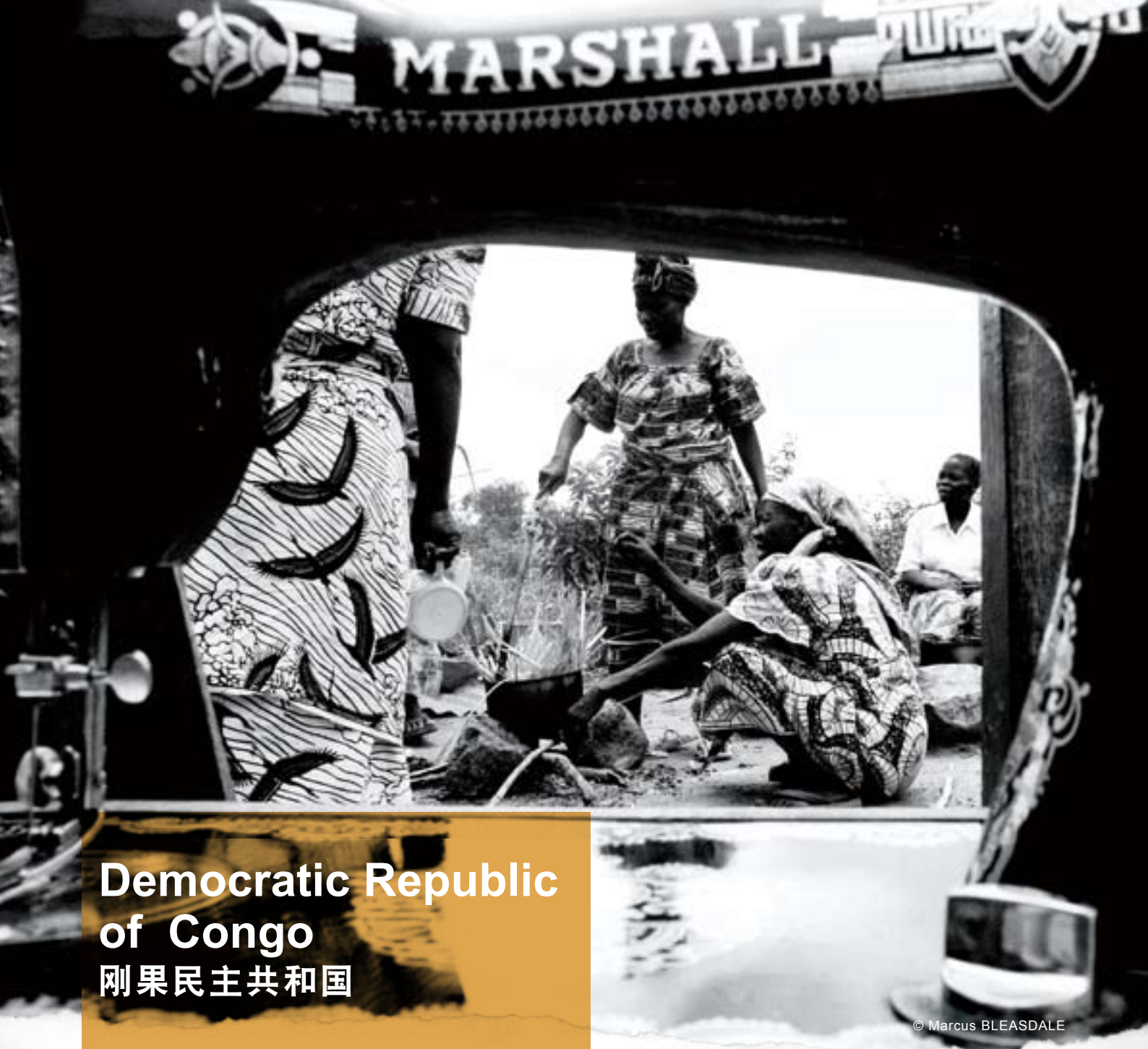
“The hospitals run by the Ministry of Health do not function...In the area around our hospital, there are six fully equipped operating theatres that aren't being used...they are incredibly expensive. As a result, most women deliver at home. However, if they have the slightest complication, they die because they cannot afford any medical care.”

Petra REIJNERS, Head of Mission for MSF in Haiti, 2006

In Port-au-Prince, the capital of Haiti, the lack of adequate health facilities and violence force pregnant women to deliver at home. Complications occur frequently and often lead to maternal mortality. MSF provides free emergency obstetric care to this most marginalised population.



© Julie RÉMY



Democratic Republic of Congo 刚果民主共和国

© Marcus BLEASDALE

"I was on my way to (place X) in Bunia, where my father lives. When I got to (place Y), three boys came out of the bush and dragged me back into the bush. One covered my mouth as two people undressed me. Then the second person held me down while the third raped me vaginally. The three of them took turns on top of me...One of them took me to his uncle's house (place Z), where he raped me every day for two weeks."

A 16-year-old girl assaulted by a former militiaman, 2007

Treating victims of sexual violence has been a key component of MSF's work in the Democratic Republic of Congo (DRC). In Bunia, where MSF supports the Bon Marché hospital, teams continue to see around 150 victims of sexual violence every month.

"我当时正前往父亲在布尼亚的住处，途中突然有三个男孩从丛林走出来，拖我再走回丛林里。他们其中一人掩着我的嘴巴，其余两人则脱掉我的衣服。第二个人把我按在地下，第三个则强奸了我。他们之后轮流对我施暴……其中一人更把我带去他叔叔的家，连续两星期每日都强奸我。"

二〇〇七年，一名被前民兵侵犯的十六岁少女

治疗性暴力受害者是无国界医生在刚果民主共和国的重要工作。在布尼亚，无国界医生支援勃玛舍医院，每月诊治约一百五十名性暴力受害者。

Burundi 布隆迪

"I was working in the fields. A man came up and demanded money. He was holding a knife. When I said I had none, he pushed me to the ground, put the knife against my throat and he raped me."

A 16-year-old rape victim at MSF's Seruka clinic in Bujumbura, 2006

Though the long-running civil war ended four years ago, the healthcare situation in many parts of Burundi remains precarious, particularly in the areas of women's health. In addition to providing care for sexual violence victims in Bujumbura, MSF supports maternity clinics with management of obstetrical emergencies in the rural district of the capital.



© Jennifer WARREN

"我当时正在田里工作，有一个男人突然出现向我要钱。他手上拿着刀。当我说没有钱时，他把我推倒在地上，用刀架着我的颈，然后强奸了我。"

二〇〇六年，无国界医生布琼布拉诊所内的一名十六岁性暴力受害者

虽然布隆迪的连年内战已平息四年，但医疗情况在该国不少地方仍然恶劣，当中以妇女健康尤甚。无国界医生除了在首都布琼布拉为性暴力受害者提供护理外，亦在首都的乡郊地区支援产科诊所，处理紧急妇产个案。



© Juan Carlos TOMASI

"I am sick, I am not alright. I do not get 'the hand' [money] to go to other hospitals or clinics. A friend told me, 'If you are sick, with no money for delivery, go to this clinic for free treatment. I delivered there last year. It is free.' I sell coal [charcoal] one-one [small individual quantities one at a time]. After the whole bag is sold I get 25L\$ (around RMB2.7) profit. I keep 10L\$ for the school fees and use the 15L\$ for eating. Yesterday I ate rice with palm oil because I did not sell."

Emma, 36 years old, with four children and nine months pregnant. Interviewed in Clara Town clinic supported by MSF in December 2006

Though the civil war ended in 2003, many Liberians still live in crushing poverty. Women remain particularly vulnerable and in need of free access to specialised health services, including maternity care and obstetric surgery.

Liberia 利比里亚

"我病倒了，但我没有钱去其他医院或诊所。有朋友告诉我：'如果你病，又没有钱去分娩，去这间诊所接受免费治疗吧。我去年在这里分娩，免费的。'我靠卖木炭维生，一小包一小包地卖。一整袋卖光，就可赚二十五利比里亚元（约人民币二元七角）。我会留起十元交学费，余下的十五元用来买食物。昨天我没有卖木炭，结果只能以棕榈油拌饭来吃。"

艾玛，三十六岁，育有四名孩子，怀孕九个月。二〇〇六年十二月在无国界医生支援的克莱镇诊所受访

虽然利比里亚的内战于二〇〇三年结束，但该国很多人民仍在贫困中挣扎过活，其中妇女的境况尤其恶劣，她们需要免费的专科医疗服务，包括产科护理和手术等。



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, please visit our website <http://www.msf.org.hk>

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志愿人员, 派他们到全球不同的项目进行救援工作。
 详情请浏览我们的网址 <http://www.msf.org.hk>



MSF-Hong Kong finds its mandate in attracting potential field workers from the different societies in South Asia, Southeast Asia and Greater China, with a main focus on medical personnel. MSF-Hong Kong facilitates potential newcomers to join MSF in overseas missions and guides them through their MSF career.

With MSF's strategic decision to increase surgical activities, MSF-Hong Kong has managed to build a significant pool of qualified surgeons, anaesthetists and (obstetric-) gynaecologists (GAS Pool) and has developed in-house expertise to manage and develop this pool.

MSF-Hong Kong would hereby like to thank all field workers for their invaluable contributions in 2007.

无国界医生香港办事处在南亚、东南亚和大中华地区, 招募志愿工作者、特别是医疗人员, 到海外进行救援工作, 并协助他们长远地在无国界医生的工作上发挥所长。

为配合无国界医生增加外科医疗工作的策略, 香港办事处设立一个由专业人员管理和发展的前线人力资源库, 一批合格的外科医生、麻醉科医生和妇产科医生随时待命, 参与救援项目。

我们希望藉此感谢所有前线志愿人员于过去一年所作的贡献。



1. **Ashrafal ALAM** *Sudan* Bangladeshi Medical Doctor
晏林 苏丹 孟加拉国医生
2. **Sweet C ALIPON** *Indonesia* Filipino Field Coordinator
魏丽萍 印度尼西亚 菲律宾项目统筹
- 3.* **Patrick ALMEIDA** *Moldova* Filipino Medical Coordinator
艾米达 摩尔多瓦 菲律宾医疗统筹
4. **Gemma ARELLANO** *Sierra Leone, Cambodia* Filipino Medical Doctor
雅兰柳 塞拉利昂、柬埔寨 菲律宾医生
5. **Tira ASWITAMA** *Sudan* Indonesian Medical Doctor
艾咏雯 苏丹 印度尼西亚医生
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- 9.* **Yvonne BIYO** *Sudan* Filipino Financial Coordinator
卜柔 苏丹 菲律宾财务管理人员
10. **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
11. **Morpheus CAUSING** *Somalia, Sudan* Filipino Medical Coordinator and Field Coordinator
郭胜 索马里、苏丹 菲律宾医疗统筹 / 项目统筹

12. **Rhitam CHAKRABORTY** *Indonesia, Cambodia* Indian Medical Doctor
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13. **Gigi CHAN Wai Chi** *Liberia* Hong Kong Medical Doctor
陈慧芝 利比里亚 香港医生
14. **Yvonne CHAN Nga Yu** *Kenya* Hong Kong Medical Doctor
陈雅瑜 肯尼亚 香港医生
15. **Anthony CHAO Tar Liang** *Pakistan* Singaporean Medical Doctor
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22. **Roy Anthony COSICO** *Sierra Leone, Turkmenistan* Filipino Medical Doctor
哥斯高 塞拉利昂、土库曼 菲律宾医生

20% of MSF-Hong Kong's field workers have a background in surgery, anaesthesia and obstetric-gynaecology.

无国界医生香港办事处有 **两成** 的志愿人员，都是外科、麻醉科和妇产科医护人员。

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

无国界医生香港办事处有 **一半** 志愿人员是医生。



- 23.* **Swapan DAS** *Turkmenistan* Indian Medical Doctor
戴尹鹏 *土库曼* 印度医生
- 24. **Elpidio DEMETRIA, Jr.** *Sierra Leone, Malawi* Filipino Field Coordinator and Medical Doctor
狄文卓 *塞拉利昂、马拉维* 菲律宾项目统筹 / 医生
- 25. **Denis DUPUIS** *Sudan* Canadian Logistician (Recruited in Malaysia)
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费碧娜 *苏丹、肯尼亚* 印度尼西亚心理健康治疗人员
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格林根 *埃塞俄比亚、缅甸* 菲律宾医生

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- 36. **Tidal HUDDA** *Somalia* Bangladeshi Field Coordinator
洪达 *索马里* 孟加拉国项目统筹
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- 40. **Abigail JUNG Yu Fang** *Thailand* American Information, Education & Communication Officer (Recruited in Hong Kong)
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嘉曼 *摩尔多瓦* 印度医生
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- 56. **Wilson LI** *Iraq* Hong Kong Orthopaedic Surgeon
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- 58. **Pia Donna N. LORENA** *Pakistan* Filipino Laboratory Technician
卢蕴娜 *巴基斯坦* 菲律宾化验室技术员
- 59. **Ezequiela MACARANAS** *India* Filipino Financial Coordinator
马嘉兰诗 *印度* 菲律宾财务管理人员
- 60. **Robin E. MENDOZA** *Ethiopia, Sri Lanka* Filipino Laboratory Technician
闵道新 *埃塞俄比亚、斯里兰卡* 菲律宾化验室技术员
- 61. **Edgardo MIRANDA** *Sierra Leone, Somalia* Filipino Logistical Coordinator and Field Coordinator
米汉达 *塞拉利昂、索马里* 菲律宾后勤统筹 / 项目统筹

- 62. **Maria Margareta MITA** *Zimbabwe* Indonesian Nurse
马绮她 *津巴布韦* 印度尼西亚护士
- 63. **James MONDOL** *Sri Lanka* Bangladeshi Administrator & Financial Controller
闵铎 *斯里兰卡* 孟加拉国行政及财务管理人员
- 64. **Hemanathan NAGARATHNAM** *Sudan* Malaysian Logistician
蓝家恒 *苏丹* 马来西亚后勤人员
- 65. **Vijaymohan Sreedharan NAIR** *Jordan* Indian Orthopaedic Surgeon
罗永时 *约旦* 印度骨科医生
- 66. **Imelda PALACAY** *Sudan* Filipino Administrative Controller
彭荔琼 *苏丹* 菲律宾行政管理人员
- 67. **Ronnie PALOMAR** *Pakistan, India* Filipino Field Coordinator and Medical Coordinator
彭鲁马 *巴基斯坦、印度* 菲律宾项目统筹 / 医疗统筹
- 68. **Hemant PANGTEY** *Armenia, Malawi* Indian Medical Doctor
彭廷何 *亚美尼亚、马拉维* 印度医生
- 69. **Dharmika PERERA** *Bangladesh, Liberia* Sri Lankan Medical Coordinator
潘利华 *孟加拉国、利比里亚* 斯里兰卡医疗统筹
- 70. **Daisy PLANA** *Uganda, Indonesia* Filipino Mental Health Officer
彭兰 *乌干达、印度尼西亚* 菲律宾心理健康治疗人员
- 71. **Rosalie Ann REYES** *Yemen* Filipino Mental Health Officer
卫倚诗 *也门* 菲律宾心理健康治疗人员
- 72. **Abubakar RIFAMOLE** *Pakistan, Ethiopia* Indonesian Logistician
李辉武 *巴基斯坦、埃塞俄比亚* 印度尼西亚后勤人员
- 73. **Ryan Jose E RUIZ** *Ethiopia* Filipino Laboratory Technician
胡诚 *埃塞俄比亚* 菲律宾化验室技术员
- 74. **Arnold SANTIAGO** *Pakistan* Filipino Logistician
辛定高 *巴基斯坦* 菲律宾后勤人员
- 75. **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
- 76. **Aurangzeb SULEHRY** *Sudan* Pakistani Logistician
苏乐利 *苏丹* 巴基斯坦后勤人员
- 77. **Temmy SUNYOTO** *India, Somalia* Indonesian Medical Doctor
孙日稻 *印度、索马里* 印度尼西亚医生
- 78.* **David TAN Chong Tse** *Sudan* Singaporean Medical Doctor
陈聪智 *苏丹* 新加坡医生
- 79. **Juanita Cathy C. THEODORA** *Kenya, Sudan, Zimbabwe* Indonesian Logistician
司徒多婵 *肯尼亚、苏丹、津巴布韦* 印度尼西亚后勤人员
- 80. **Samuel David THEODORE** *Ethiopia, China* Indian Administrator & Financial Controller and Administration coordinator
费澳多 *埃塞俄比亚、中国* 印度行政及财务管理人员 / 行政统筹
- 81. **Natasha TICZON** *India* Filipino Medical Doctor
狄纯娜 *印度* 菲律宾医生
- 82. **TU Zheng** *Liberia* Chinese Obstetric-gynaecologist
屠铮 *利比里亚* 中国内地妇产科医生
- 83.* **Deepesh Reddy VENDOTI** *Somalia* Indian Medical Doctor
范度天 *索马里* 印度医生
- 84. **WANG Jun** *Ethiopia, Uganda* Chinese Logistician
王俊 *埃塞俄比亚、乌干达* 中国内地后勤人员
- 85. **WANG Ya** *Ethiopia, Uganda* Chinese Financial Coordinator
王娅 *埃塞俄比亚、乌干达* 中国内地财务管理人员
- 86. **Fiona Jayne WEBSTER** *Liberia* Australian Pharmacist (Recruited in Hong Kong)
韦丝特 *利比里亚* 澳洲药剂师 (在香港招募)
- 87. **Nicole WONG Po Lan** *Sudan* Hong Kong Financial Coordinator
王宝兰 *苏丹* 香港财务管理人员
- 88. **Grace YEUNG Mei Yung** *Sudan* Hong Kong Financial Coordinator
杨美蓉 *苏丹* 香港财务管理人员
- 89. **YEUNG Yeung** *Jordan* Hong Kong Orthopaedic Surgeon
杨扬 *约旦* 香港骨科医生
- 90. **Damayanti ZAHAR** *Somalia* Indonesian Obstetric-gynaecologist
扎哈妲 *索马里* 印度尼西亚妇产科医生

* 没有照片 / No photo



Food is Not Enough

Without Essential Nutrients Millions of Children Will Die

有粮 ≠ 有营养

数百万幼童将因缺乏必需营养而丧命

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A malnourished child in the MSF clinic in southern Sudan
一名于无国界医生南苏丹诊所内的营养不良儿童

To maintain health and growth, young children need 40 essential nutrients. Those who do not get them become malnourished, a condition that contributes to more than five million deaths in children under five each year. The World Health Organisation estimates there are 178 million malnourished children worldwide, all of whom are less able to fend off disease and 20 million of whom are at risk of death. In an international campaign launched in October 2007, MSF advocates for crucial change in the response to childhood malnutrition.

The critical age is between six and 24 months. At six months, mothers usually start supplementing breast milk with other foods. Yet, in 'malnutrition hotspots', such as Horn of Africa and Sahel regions and South Asia, adequate food is either too expensive or simply not available. So the quality of complementary foods provided to children after six months of age in resource-limited settings requires re-examining. And ensuring a complete balanced diet for children is a significant challenge that requires an urgent response.

Excellent Results of Using RUFs

MSF and several other NGOs working in resource-limited settings have seen excellent results over the past five years through treating malnourished children with therapeutic ready-to-use foods (RUFs). These deliver all the nutrients a child needs in an energy-dense paste made with milk powder. They are easy to eat and require neither refrigeration nor preparation. Most importantly, the vast majority of malnourished children can take this treatment at home, under the supervision of their mother or caregiver, instead of in hospital. Only the most severe cases need to be hospitalised. This allows nutrition programmes to reach many more children, most of whom recover remarkably quickly. Despite these successes, only 3% of the 20 million children at risk of death receive therapeutic RUFs.

幼童要健康地成长，需要四十种必需营养元素，若摄入量不足，便会导致营养不良。目前，与营养不良有关的五岁以下儿童的死亡个案，每年超过五百万宗。据世界卫生组织估计，全球有多达一亿七千八百万名营养不良的病童，他们的抵抗力较弱，当中二千万名更有生命危险。无国界医生于二〇〇七年十月发起一个国际倡议运动，鼓励各方改用新措施来应付儿童营养不良。

婴儿出生后第六至二十四个月是关键的时期。当幼儿六个月大时，母亲通常会开始让婴孩进食母乳以外的补充食品。不过，在“营养不良热点”如东非之角、撒哈拉沙漠边缘的萨赫勒地区和南亚等地方，适当的食物往往价高或供应不足。故此在资源有限的地区，给六个月以上幼童提供的补充食物，其质量须重新检视，而确保幼童得到全面及均衡的饮食，正是需要各方急切关注的重大挑战。

即食营养治疗食品效果显著

在过去五年，无国界医生与其他几个在资源有限地区工作的非政府组织发现，使用即食营养剂治疗营养不良的儿童，效果显著。这些含奶粉成分的高热量糊状食物，能提供儿童所需要的各种营养，而且服用方便，毋需冷藏或烹调。最重要是，绝大多数营养不良的病童，可在母亲或其他照顾者的看护下，在家中接受治疗；只有最严重的个案，才需要留院治疗。这使更多病童可以获得治疗，绝大部分更会迅速痊愈。可惜，尽管疗效显著，在二千万名生命危在旦夕的病童中，仅有百分之三能获得即食营养治疗食品。



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Malnourished children receive therapeutic RUFs in an outpatient feeding centre in Niger

在尼日尔的门诊营养治疗中心内，营养不良的儿童获派即食营养治疗食品

Dr. Yvonne CHAN Nga Yu (right), field worker from Hong Kong, measures the height of a child in an MSF nutrition programme in Bangladesh

香港志愿人员陈雅瑜(右)在孟加拉国的营养治疗项目，量度一名小孩的身高



© HOOC Lai Ting / MSF

There is less certainty about how best to approach less severe forms of malnutrition and different strategies will work in different contexts. Yet the success of therapeutic RUFs is undeniable and MSF would like to see a dramatic expansion of this response.

The Crucial Step

Wealthy countries must do more to prevent childhood malnutrition and include foods that are adequate for small children in food donations. Food aid must include specific products, such as food with animal source content, that meet the nutritional needs of children below two years of age. Milk powder was removed from relief food targeted at children in the late 1980s when milk surpluses subsided. Since then, children have been receiving fortified blended flours that contain no animal-source food – a diet which paediatricians do not recommend for children under two.

At the same time, governments of affected countries must prioritise malnutrition and ensure that children receive therapeutic RUFs or other effective supplements. Therapeutic RUFs have to be more affordable, available from more producers and in a wider range of products that meet local needs and address different levels of malnutrition.

The most important factor, however, is the will to challenge the status quo so that children in developing countries have equal access to nutritional food. This is a crucial step towards dramatically reversing the number of children dying from malnutrition.

Mothers are provided with four containers of therapeutic RUFs per month to enrich their child's regular diet in Niger

在尼日尔，营养不良儿童的母亲每月获派四罐即食营养治疗食品，补充孩子日常所需



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对于程度较轻的营养不良，怎样才是最佳治疗之法，现仍未有定论，不同的情况会有不同的对策。然而，即食营养治疗食品的功效无可置疑，而无国界医生非常希望即食营养治疗食品能够被大幅度地扩大使用。

至关重要的一步

富裕国家应该在预防儿童营养不良方面做得更多，粮食援助也必须包括适合幼童的特定食品，例如含动物成分的食物，以切合两岁以下幼儿的营养所需。过去，针对儿童的粮食援助曾经包含奶粉，但当全球牛奶产量在八十年代后期不再过剩时，奶粉便被剔除了。受援儿童自此只得到强化的混合谷物粉，缺乏含动物成分的食物，而儿科医生是不会推荐这种饮食给两岁以下幼儿的。

至于受营养危机影响的国家，其政府必须优先处理营养不良问题，确保病童能获得即食营养治疗食品或其他有效的营养补充。即食营养治疗食品的价格必须为有需要者所能负担，也应该由更多生产商来供应，营养治疗食品的品种也应该更多，以适合不同地方的需要，以及应付不同程度的营养不良。

最重要的是，我们须具备挑战现状的决心，让发展中国家的儿童能跟发达国家的儿童一样获得营养食物。这是能把营养不良儿童的死亡数字扭转过来的关键一步。



MSF Orienteering Competition 2007 – find the way out for those who are neglected
为被忽视的人寻找新方向——无国界野外定向比赛2007



MSF Day 2007 - celebrities join hand with representatives of some companies and organisations to encourage the public to donate a day's income
社会知名人士联同部分公司及组织代表，鼓励市民在“无国界医生生日”捐出一天薪酬

The number of professionals in the Asian region who have devoted their time to join MSF's humanitarian work has continued to grow. In 2007, MSF-Hong Kong had 90 field workers from 10 Asian countries and regions who took part in 120 field assignments.

Ensuring financial independence is a crucial criterion for MSF to maintain impartiality and neutrality in our relief operations. MSF chooses to rely on public donations instead of annual government funding or subventions to support our medical relief work. With the generous support by individual and corporate donors, MSF-Hong Kong raised a total of more than HKD154 million in 2007, of which 99.9% were public donations.

As a humanitarian organisation that provides emergency relief, the capacity to intervene promptly when epidemics, conflicts and natural disasters and other unpredictable disasters strike, is critical to our operation. It is the long-term and regular support from our supporters that give us such critical capacity. We continue to carry our "MSF Field Partners" outdoor fundraising campaign in different districts throughout Hong Kong to recruit monthly donors.

The annual MSF Orienteering Competition was held on 4 February 2007. It raised over HKD1.8 million for MSF medical projects around the world with the support from more than 1,600 participants and 250 volunteer helpers. Some members of the public also support MSF by donating a day's income on MSF Day. With the support of Chief Executive Mr. Donald TSANG as MSF Day 2007 Honourable Campaign Leader, MSF collected more than HKD4 million from individuals, companies and organisations from May to July.

MSF-Hong Kong also organises events to raise public awareness of populations in danger. To mark the 15-year plight of the Rohingyas who fled from Myanmar to Bangladesh to escape from violence and persecution, the

投身无国界医生人道救援工作的亚洲专业人士继续增加。二〇〇七年，无国界医生香港办事处共派出了九十名来自亚洲十个不同国家和地区的志愿人员，参与了一百二十项救援任务。

确保财政独立，是让无国界医生在进行救援工作时，保持不偏不倚和中立原则的重要条件。无国界医生选择依靠公众捐款，而并非借助政府每年的资助或津贴，来支持我们的医疗救援工作。有赖市民大众及企业的慷慨支持，无国界医生香港办事处于二〇〇七年共筹得超过一亿五千四百万元，当中百分之九十九点九来自公众。

作为一个提供紧急援助的人道救援组织，能够在疫症、战乱、天灾及其他未可预计的灾难发生时迅速展开行动，是我们救援的关键。这有赖支持者对我们长期和稳定的支持。我们继续于香港不同地区，进行“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，支持无国界医生的前线工作。

一年一度的“无国界野外定向比赛”于二〇〇七年二月四日举行，吸引了逾一千六百名参赛者，并得到二百五十名义工协助，为无国界医生的全球医疗项目筹得超过一百八十万港元。市民亦通过参与“无国界医生生日”，捐出一天的收入，支持无国界医生的工作。“无国界医生生日二〇〇七”得到行政长官曾荫权先生担任荣誉行动大使，无国界医生通过此活动于五月至七月期间从市民大众、各公司及机构共筹得超过四百万元。

无国界医生香港办事处举办不同活动，提高大众对危困中人民的关注。为逃避暴力和迫害而从缅甸逃到孟加拉国的罗兴亚人，过去十五年一直活在困境中。无国界医生举办



Guided tour for "Trapped for 15 Years: a photo exhibition on Rohingya refugees in Bangladesh"
“狭缝十五年——活在孟加拉国的罗兴亚难民图片展”导赏



Mr. Paul WONG (centre) and MSF representatives attend the press conference of the exhibition
唱作人黄贯中先生(中)及无国界医生代表出席图片展的记者会

"Trapped for 15 Years: a photo exhibition on Rohingya refugees in Bangladesh" was organised. Hong Kong's renowned singer and songwriter Mr. Paul WONG was invited to feature the lives of the Rohingyas with his camera. The exhibition started at Pacific Place in Admiralty in September 2007 and then toured to Olympic City and AsiaWorld-Expo until January 2008.

A quantitative marketing survey was done in 2007 to gauge the public's knowledge about MSF. Result shows that MSF attains a high level of awareness in the community, 95% of the public knows the organisation. The majority of the people surveyed said that MSF is a professional, credible, neutral and independent organisation.

In response to the fast-growing online community and need for e-communication, a new MSF-Hong Kong website was launched with a special focus on MSF in Asia. Pro bono online advertisements were also placed extensively in popular websites and forums for more efficient information dissemination.

Concerned that the pharmaceutical company Novartis' legal challenge against the Indian government regarding drug patents could threaten access to essential medicines in developing countries, MSF-Hong Kong organised advocacy activities in support of the MSF movement-wide petition asking Novartis to drop its case. The petition was signed by 420,000 people, including more than 4,000 individuals from Hong Kong and mainland China.

By invitation of the Hong Kong Government, MSF-Hong Kong contributed written comments on the Patents (Amendment) Bill 2007, which was designed to amend the Patents Ordinance in order 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 Refugee Concern Network in Hong Kong for its work in improving the treatment of asylum seekers in the city.

“狭缝十五年——活在孟加拉国的罗兴亚难民图片展”，邀得唱作人黄贯中先生担任摄影师，用相机把罗兴亚人身处的困境呈现人前。是次展览于二〇〇七年九月开始在金钟太古广场举行，继而移师至奥海城和亚洲国际博览馆，至二〇〇八年一月为止。

为掌握公众对无国界医生的认识和看法，我们于二〇〇七年进行了一项市场意见调查。结果显示，无国界医生在香港社会的认知度高，百分之九十五的受访者认识无国界医生，大部分受访者更认为无国界医生是一个专业、可信、中立和独立的组织。

为配合网上社群的急速发展，以及应对各界对网络资讯和媒体的需要，无国界医生香港办事处设立一个全新的网站，特别聚焦于无国界医生在亚洲的工作，同时在多个受欢迎的网站和讨论区刊登大量免费网上广告，以达到更有效的宣传效果。

鉴于瑞士诺华制药公司就药物专利向印度政府提出诉讼，对发展中国家病人获取基本药物构成威胁，无国界医生香港办事处举办了一连串的倡议活动，支持整个组织发起的“促请诺华制药公司撤销诉讼”国际联署行动。全球共四十二万人联署了请愿书，当中包括四千多名来自香港及中国内地的人士。

另外，无国界医生香港办事处应香港政府邀请，就《二〇〇七年专利（修订）条例草案》提交书面意见。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。无国界医生香港办事处亦支持香港的难民关注网络，改善在香港寻求庇护人士的待遇。



The first MSF exhibition in Guangzhou is well received by the public
无国界医生在广州举办的首个大型展览受市民欢迎



Dr. David WILSON, Board Member of MSF-Hong Kong, speaks about HIV care and treatment in the medical school of a university in Guangzhou

无国界医生香港办事处董事会成员韦尔迅医生在广州一所大学的医学院，讲解艾滋病关怀和治疗

MSF-Hong Kong set up a representative office in Guangzhou with official permission from the Chinese government in March 2007. The Guangzhou office, formally opened in July, marked a significant step forward for MSF-Hong Kong's engagement with mainland China. Its main functions are communication and awareness raising, field volunteer recruitment, logistics supply and support to MSF projects in the country.

Ten MSF field workers including doctors, nurses, logisticians and coordinators, gave talks and presentations in several universities and a library in Guangzhou and Zhuhai. Over 1,600 students and others members of the public were exposed to topics ranging from frontline relief work and the principles of humanitarian action to HIV care and treatment. These activities were well received from the public, especially the younger generations who are interested in overseas humanitarian work.

MSF launched an exhibition at Yue Xiu Library in Guangzhou in October. The exhibition juxtaposed photographs of MSF's worldwide humanitarian action over the last 15 years with images revealing the plight of Rohingya refugees in Bangladesh – an issue that had not previously been covered by mainland media and seldom seen by the public. More than 2,500 visitors attended the exhibition.

MSF participated 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 specialists and anti-malaria experts from Hong Kong and China.

In May 2007, an experienced Hong Kong logistician was recruited as MSF Supply Project Manager to explore the market in China on availability of non-medical products and services, and explore the possibilities to organise supply chain solutions from China to MSF's field projects.

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，主要推行传讯工作、招募前线志愿人员、物流供应，以及为无国界医生在中国的救援项目提供支援。广州代表处于同年七月正式运作，标志着无国界医生向中国内地踏出重要的一步。

十位无国界医生的志愿人员，包括医生、护士、后勤人员和项目统筹，分别在广州和珠海多所大学及图书馆，就前线救援工作、人道救援原则、艾滋病关怀和治疗等主题，举行讲座和分享，共有超过一千六百名学生和公众出席。这些活动很受内地公众欢迎，特别是对海外人道救援工作感兴趣的年青新一代。

无国界医生于二〇〇七年十月，在广州越秀区图书馆举行了图片展，展出记录了无国界医生过去十五年全球人道救援行动，以及反映孟加拉国罗兴亚难民实况的相片——内地传媒过去一直没有报道罗兴亚人的事，内地公众亦鲜有听闻。是次展览吸引了超过二千五百名观众参观。

此外，无国界医生参与了广州中医药大学举办的第二届国际青蒿素类药临床评价研讨会，促进无国界医生的疟疾专家与香港和国内抗疟专家之间的交流。

一名具经验的香港后勤人员于二〇〇七年五月获聘为无国界生物物流供应中心的项目经理，负责调查非医疗物资与服务在中国的供应情况，以及研究从中国运送物资到其他地区进行救援的可能性。

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

无国界医生香港办事处衷心感谢所有捐款人、义工及下列机构、团体、学校及大专院校对我们的支持。

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Tai Shing Stock Investment Co. Ltd.
Television Broadcasts Ltd.
The Bank of East Asia, Ltd.
The Hongkong Electric Co. Ltd.
The Hong Kong and China Gas Co. Ltd.
The Overlander
TNT Express Worldwide (HK) Ltd.
United Italian Corp. (HK) Ltd.
Wing Lung Bank Ltd.
Wong Tung & Partners Ltd.
九方科技(零售)有限公司
大自然素食有限公司
三号干线(郊野公园段)有限公司
恒地会
美孚缤纷保龄
香港铜锣湾维景酒店
鸿星海鲜酒家

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伊利沙伯医院
政府统计处
香港海关
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/ Tertiary Institutions 学校及大专院校

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Department of Emergency Medicine, Makati Medical Center, Manila, Philippines
Department of Surgery, UP-PGH, Manila, Philippines
International Medical University, Kuala Lumpur, Malaysia
Monash University Campus, Kuala Lumpur, Malaysia
University of Malaya, Kuala Lumpur, Malaysia
上水官立中学
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元朗天主教中学
西贡中心李少钦纪念学校
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恩主教书院
高主教书院
循道中学
圣公会李炳中学
圣保罗书院
汇基书院
玛利诺修院学校
嘉诺撒圣玛利书院
赛马会体艺中学

Media 媒体

Baby-Kingdom.com Ltd.
Discuss.com.hk Ltd.
Dhome.net
EyePress
Fail Forum
HKGolden.com
Growth Magazine
mobile-channel.com

MSN/Hotmail
OpenRice Ltd.
Sulan Magazine
Yahoo! Hong Kong Ltd.
良友之声出版社
明报
明报资讯网
商业电台
苹果日报

Professional Bodies 专业团体

Baker Tilly Hong Kong
Dibb Lupton Alsop
Dunya Communications Ltd.
Philippine College of Surgeons
Rouse & Co. International
Snakes & Ladders Design
The Hong Kong Institution of Engineers
TMF Hong Kong Ltd.

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
美国花艺学院香港教师协会
新方向定向会

Foundation 资助基金

友邦慈善基金

Summary of Statements for the Year Ended 31 December 2007

截至二〇〇七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	153,223,800	99,668,294
Public donations – sponsorship 公众捐款——赞助	1,400,000	2,680,000
Other income 其他收入	187,345	212,452
TOTAL 总数:	154,811,145	102,560,746

EXPENDITURE 支出

Supporting relief operations 救援项目及支援工作		
Emergency and medical programmes 紧急及医疗救援项目	117,554,532	74,849,632
Programme support and development 项目支援及发展	14,980,012	9,367,933
Advocacy 倡议及教育	4,109,321	3,381,897
Other humanitarian activities 其他人道救援活动	1,825,694	1,712,381
Total supporting relief operations 项目工作总开支	138,469,559	89,311,843
Management, general and administration 行政经费	4,061,140	3,237,338
Fundraising 筹款经费	12,280,446	10,011,565
TOTAL 总数:	154,811,145	102,560,746

Balance Sheet as at 31 December 2007

截至二〇〇七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	30,281	28,564
Prepayments and deposits 预付费用及押金	401,853	376,739
Amount due from other MSF offices 应收其他无国界医生办事处之帐款	757,779	896,135
Cash and bank balances 现金及银行结余	13,652,555	7,669,566
	14,842,468	8,971,004

CURRENT LIABILITIES 流动负债

Sundry creditors and accruals 应付帐款及应计费用	391,294	1,206,447
Amount due to other MSF offices 应付其他无国界医生办事处之帐款	15,615,167	9,119,108
	16,006,461	10,325,555

NET CURRENT LIABILITIES 净流动负债

	(1,163,993)	(1,354,551)
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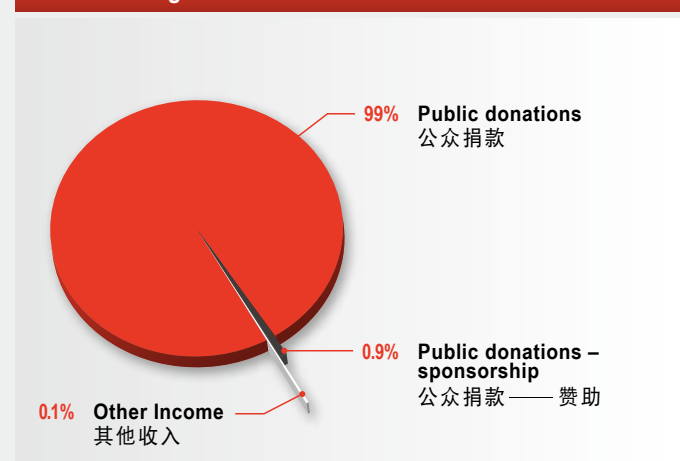
FUND BALANCES 资金余额

Accumulated funds 累积资金	0	0
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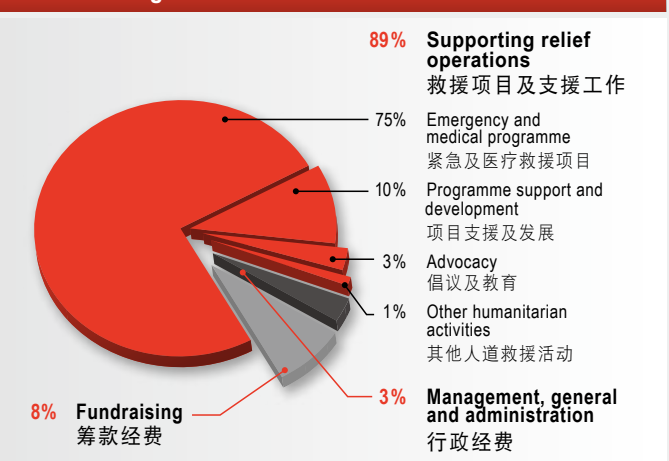
The financial statements of Médecins Sans Frontières-Hong Kong for the year ended 31 December 2007 were audited by KPMG, and approved by the board of Médecins Sans Frontières-Hong Kong on 4 June 2008. The full financial statements can be made available upon request.

无国界医生香港办事处于二〇〇七年十二月三十一日止年度之财政报告经毕马威会计师事务所核数师审核，于二〇〇八年六月四日获无国界医生香港办事处董事会通过。欢迎索阅有关报告全文。

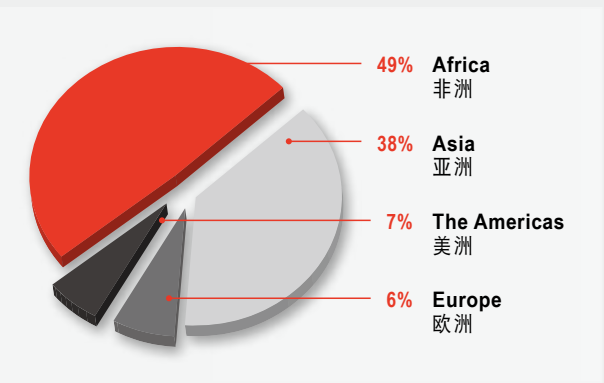
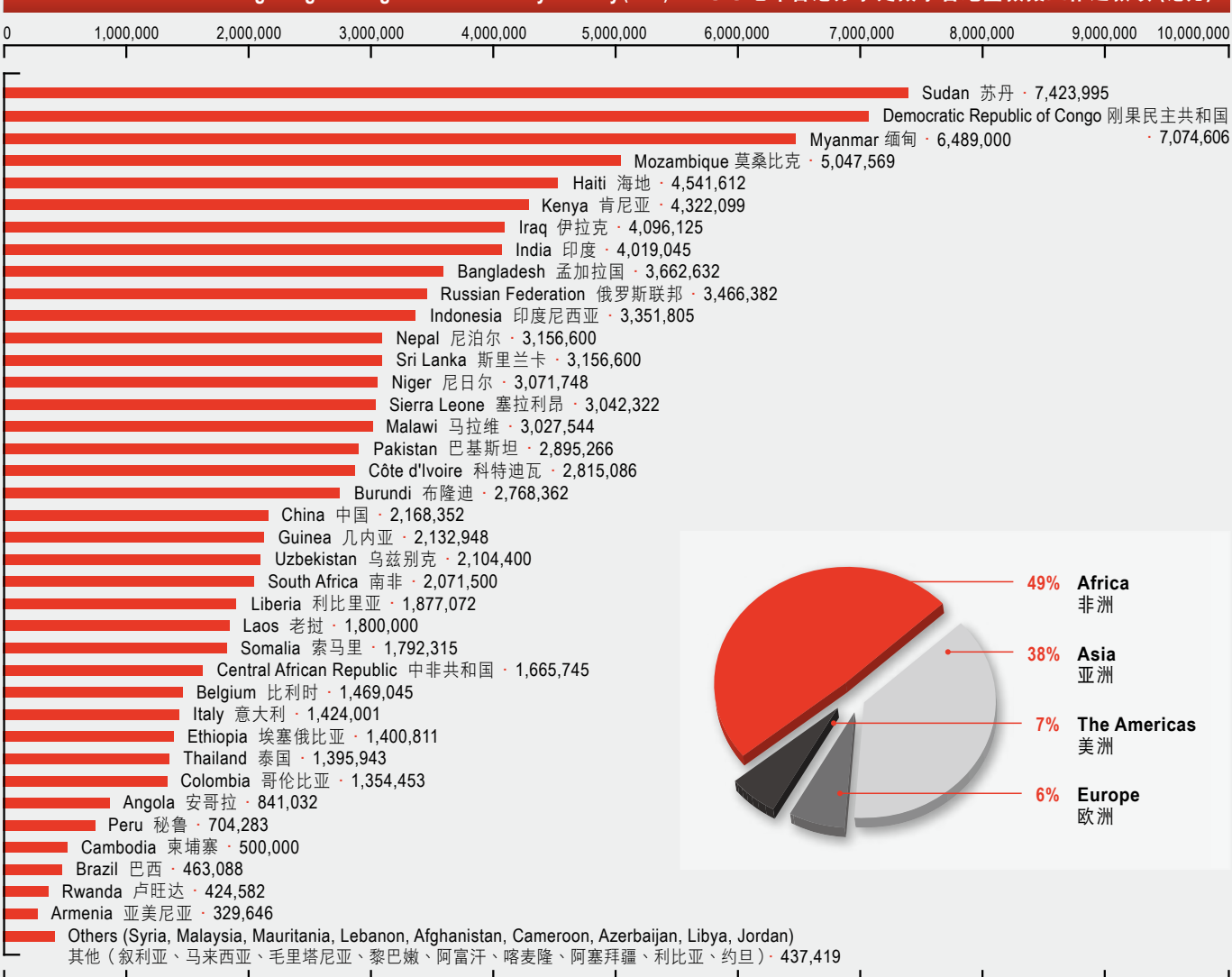
2007 Funding Sources · 二〇〇七年度经费来源



2007 Funding Allocations · 二〇〇七年度经费分配



2007 Allocation of MSF-Hong Kong Funding for Relief Work by Country (HKD) · 二〇〇七年香港办事处拨予各地区救援工作之款项 (港元)



Explanatory notes on Financial Overview 2007

- 99.9% of donations came from public donations
- A total of HKD103,785,033 was allocated for emergency and medical programmes in 47 countries; HKD13,769,499 of funding is set aside as operation reserves to cover relief expenses in unforeseeable emergencies and to ensure that projects treating patients of diseases where medication adhesiveness is critical can be sustained for at least six and nine months at any point of the year
- 89% of donations in total went to supporting relief operations
- With every HKD1 we invested in fundraising, we raised HKD12.6 donation
- MSF-Hong Kong maintains a "zero reserve" policy: all donations received, after the management, general and administration expenses and fundraising expenses, are fully dispensed for supporting relief operations

二〇〇七年度财政概览说明

- 99.9%经费来自公众捐款
- 紧急及医疗救援项目总拨款为港币103,785,033元，支援全球四十七个地区进行救援工作；另港币13,769,499元作为救援拨备，为无法预计的紧急灾祸作迅速回应的准备，以及用以确保一些疗程不能中断的医疗项目，在任何时间都能维持至少六至九个月的运作
- 89%捐款用于救援项目及支援工作
- 每用港币1元的筹款开支，可以筹得港币12.6元的经费
- 无国界医生香港办事处采取“零储备”政策：所有筹得的捐款，扣除行政及筹款经费后，全数拨予救援项目及支援工作

Glossary of abbreviations

AIDS	Acquired immunodeficiency syndrome	LS Ltd.	Liberian dollar Limited
ART	Antiretroviral therapy	LTTE	Liberation Tigers of Tamil Eelam
Co.	Company	MDR-TB	Multidrug-resistant tuberculosis
Dr.	Doctor	MSF	Médecins Sans Frontières (here also refers to MSF teams, international field workers and national staff)
DRC	Democratic Republic of Congo	NGO	Non-governmental organisation
GAS	Surgeons, anaesthetists and (obstetric-)gynaecologists	RMB	Renminbi
HKD	Hong Kong dollar	RUFs	Ready-to-use foods
HIV	Human immunodeficiency virus	TB	Tuberculosis
IDP	Internally displaced person	WTO	World Trade Organisation

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