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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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MSF provides first aid to the injuries in Mathare slum in response to the post-electoral violence in Kenya. 无国界医生在玛萨瑞贫民窟为肯尼亚大选引发的暴力事件的伤者提供急救。

**MSF** **ACTIVITY REPORT**  
**活动报告 2008**

# FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR

## 主席和总干事的话

Dear Friends,

The year 2008 is remembered for the high number of emergencies and natural disasters that caused tremendous suffering among millions of people in the world. MSF teams were challenged to respond in an extraordinary number of crises: from nutritional crises in Ethiopia and Niger, to ongoing conflicts in Sri Lanka and the Democratic Republic of Congo.

In May, cyclone Nargis left around 140,000 people dead or missing in Myanmar. Tropical storms and hurricanes later caused suffering and loss of lives in Haiti. The devastating impact of the earthquake that rocked Sichuan province in China on 12 May is still on all our minds.

The survivors of these emergencies find themselves in desperate conditions, having suddenly lost family members and friends, homes and material goods. They are highly traumatised, and in need of rapid medical and material support. MSF teams worked around the clock providing medical care to the most affected populations, trying to adapt as much as possible to the local context and the populations' specific needs.

MSF continued to dedicate an important part of its resources to so-called "chronic emergencies" like Darfur/Sudan, Somalia, Chad or the Central African Republic. We repeatedly had to evacuate our teams from our missions in these countries, as MSF became the victim of targeted attacks and brutalities. These contexts, where direct access to populations is becoming more and more difficult, require MSF to be flexible, creative and innovative in our response.

The trend of increased attacks on aid workers is a great source of concern. Some of the communities and armed actors with whom MSF interacts may wrongly perceive MSF as a non-neutral actor associated with a political or religious agenda. The consequence of this increased security risk is that more than ever before MSF needs to pro-actively explain its neutral, independent and impartial humanitarian mission to all stakeholders involved, as they are essential to MSF's work.

各位朋友：

二〇〇八年是充满天灾及危难的一年，全球数以百万计的人民活在水深火热之中。无国界医生要回应的人道危机格外多：从埃塞俄比亚及尼日尔的营养不良危机，到斯里兰卡及刚果民主共和国的持续战事等。

五月，台风纳尔吉斯在缅甸造成约十四万人死亡或失踪，其后在海地的热带风暴及飓风也造成严重破坏，夺走不少人的宝贵生命。五月十二日在中国四川省发生的地震，其破坏力之大，我们至今仍不能忘怀。

这些灾难的幸存者生活在绝望之中，他们突然失去亲友、家园及财物，精神受创，急需即时的医疗和物资支援。无国界医生日以继夜为最受影响的灾民提供医疗援助，也尽可能因应不同地方的情况及人民的需要，提供所需的帮助。

无国界医生继续将重要部分的资源用于「长期紧急危机」上，如达尔富尔/苏丹、索马里、乍得及中非共和国等。在这些国家，无国界医生屡次遭到针对性的残暴袭击，救援人员多次被迫在执行任务期间撤走。在这样的环境下，要直接接触到有需要的人们愈加困难，也令无国界医生要更具弹性和创意，回应人道救援的需要。

人道救援工作者受袭个案增加的趋势也令人关注。部分社群及武装分子，可能误以为无国界医生带有某些政治或宗教目的，并非中立的组织。这令无国界医生工作的安全风险日益增加，而我们也需较以往更主动向所有相关人等，解释组织中立、独立和不偏不倚地提供人道救援的立场，这些原则对无国界医生的工作至关重要。

二〇〇八年也出现另一个危机——全球金融海啸。在无国界医生工作的国家，金融海啸直接或间接地令人民变得更为脆弱。无国界医生早在金融市场被重创前，已着手

■ MSF works in about **70 countries** around the world. The named countries in the map are highlighted in this report.

无国界医生在全球约**七十个国家**工作。地图上标示名称的国家在本活动报告内含项目简介。



The year 2008 is of course also remembered for another crisis: the global financial meltdown. This crisis will, directly or indirectly, have an impact on vulnerability of people in countries where MSF is working. MSF started an exercise to ensure the necessary financial basis for our long-term worldwide projects long before the financial markets were impacted. The financial crisis has only accelerated the implementation of this exercise, which is mainly aimed at improved efficiency and increased rationalisation of resources.

MSF-Hong Kong receives almost 100% of its income from the public. A small number of donors informed us they have to set other priorities and can no longer financially support our humanitarian work. However, the great majority of donors are standing by us, and we managed to increase our income by 15% compared to previous year.

Last year, MSF created an international innovation fund that promotes innovation in our field activities by rewarding operational strategies and research that improve the way MSF meets healthcare needs in the places we are working. In 2008 this fund supported work on the use of adapted diagnostic tools to diagnose malnutrition in western Africa and tuberculosis in people living with HIV in eastern Africa. MSF-Hong Kong contributes 1% of its income to this fund.

We are proud to inform you about a further increase in the number of departures of aid workers to MSF projects overseas through the MSF-Hong Kong office. In 2008, 115 medical and non-medical field workers joined us in 164 missions, including 23 missions for surgeons, anaesthetists and obstetric-gynaecologists. We continue to raise awareness about MSF's work in the mainland through the representative office in Guangzhou.

As always, it would be impossible for us to reach out to millions of people all over the world without your help. With your continued support, we can ensure that MSF reaches those most affected by violence, conflicts, epidemics and natural or man-made disasters.

Thank you very much for standing by us.

手行动，确保我们长线的全球救援工作有稳健的财政基础，而这场海啸只是加促了这行动的执行，令我们更有效率及更合乎经济原则地运用资源。

无国界医生香港办事处几乎所有的捐款都来自公众。有少数捐款人通知我们，他们因为财政的优次考虑，不能继续捐款支持我们的人道救援工作。但绝大部分的捐款者仍继续支持我们，令我们的捐款收入得以较前一年上升百分之十五。

去年，无国界医生创立了一个全球创新基金，透过奖励一些令我们更迎合救援地区医疗需要的行动策略和研究项目，推动创新的前线救援工作。二〇〇八年，这基金支持了无国界医生在西非利用改良的方法诊断营养不良，以及在东非诊断感染结核杆菌的艾滋病感染者。无国界医生香港办事处贡献了百分之十的收入予这个创新基金。

由香港办事处派出参与海外救援工作的人员不断增加。二〇〇八年，香港办事处共派出一百一十五名医疗及非医疗前线救援人员，参与一百六十四项救援行动，包括二十三项由外科、麻醉科和妇产科医生参与的救援任务。我们继续藉着广州代表处的工作，增加国内民众对无国界医生工作的认知及关注。

一如既往，如果没有你们的支持，我们绝不可能帮助到全球各地数以百万计的人民。有赖你们继续支持，我们才得以确保无国界医生能向受暴力、冲突、疫病、天灾和人祸影响的人们，提供人道医疗救援。

在此衷心感谢各界人士对我们的鼎力支持。



Dr. FAN Ning  
President,  
MSF-Hong Kong  
无国界医生香港办事处主席  
范宁医生

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

### Operation Highlights 前线工作概要

Below are the highlights of MSF activities around the world in 2008:  
以下是无国界医生于二〇〇八年在全球进行救援工作的部分数据：

- Performed **47,515** surgeries  
进行 **47,515** 宗手术
- Conducted **8,800,000** outpatient consultations  
进行 **8,800,000** 次门诊
- Hospitalised **312,509** patients  
接收 **312,509** 人次入院治疗
- Vaccinated **2,855,957** children  
为 **2,855,957** 名儿童注射疫苗
- Distributed **681,000,000** liters of chlorinated water  
派发 **681,000,000** 公升注氯食水
- Treated **212,565** severely malnourished children  
治疗 **212,565** 名严重营养不良儿童
- Carried out **121,851** individual mental health consultations  
提供 **121,851** 次个人精神健康诊症



MSF mobile team treats the displaced in DRC  
无国界医生流动医疗队为刚果民主共和国的流离失所者



MSF staff measures the nutritional level of a child in Ethiopia  
无国界医生员工为埃塞俄比亚儿童量度营养程度



A mother takes care of her son who is infected with HIV in Homa Bay, Kenya  
在肯尼亚的霍马贝，一位母亲照顾感染了艾滋病病毒的儿子

## PROJECTS BY COUNTRY 各地项目

### AFRICA

#### Central African Republic (CAR), Chad

Chronic insecurity in CAR and various armed conflicts in neighbouring Chad severely affected civilians to access healthcare.

In northwestern and northeastern CAR, MSF conducted over 385,000 outpatient consultations and hospitalised more than 14,800 patients. Most patients were treated for malaria, TB, HIV/AIDS, sleeping sickness and malnutrition. Mental health services were also provided to communities living in violence. An MSF local staff member was shot dead in a well-marked MSF vehicle in March in Vakaga region, further hampering the movement of aid workers.

In Chad, MSF provided medical aid to CAR refugees as well as local residents in the south, and assisted hundreds of thousands of displaced Chadians and Sudanese refugees from Darfur in the east. MSF also provided surgical assistance to conflict victims in the capital N'djamena, when clashes between rebels and the Chad government reached a peak in February.

#### Democratic Republic of Congo (DRC)

Despite a peace agreement in January, violence has not stopped in the eastern and northeastern DRC. Full-scale war resumed in August, leading to disruptions in humanitarian aid.

MSF increased the provision of medical assistance to civilians and the displaced population in the eastern provinces of Kivus. In Rutshuru, a town in North Kivu, alone, over 3,700 surgeries were carried out. MSF provided medical care and counselling to more than 6,700 sexual violence victims across Kivus. In the northeastern Ituri and Haut-Uélé, MSF worked in a local hospital and launched mobile clinics to assist the displaced.

In the stable areas, besides responding to disease outbreaks like Ebola haemorrhagic fever and cholera, MSF also vaccinated 500,000 children against measles in Lake Tanganyika region. HIV/AIDS projects in the capital Kinshasa and Bunia, Ituri continued. One programme in Bukavu, South Kivu, was handed over to another organisation and local authorities in December.

### 非洲

#### 中非共和国、乍得

中非共和国长期不稳的局势和邻国乍得的武装冲突，严重影响两国的平民获得医疗照顾的机会。

无国界医生在中非共和国的西北部及东北部工作，进行超过三十八万五千次门诊，并接收超过一万四千八百名病人入院治疗。病人多患上疟疾、结核病、艾滋病、昏睡病及营养不良。医疗人员又向活在暴力下的社群提供精神健康护理。三月，一名无国界医生中非籍员工在瓦卡加地区，在一辆清晰地标明无国界医生字样的车辆内被击毙，事件进一步影响救援人员的行动。

在乍得，无国界医生在南部向来自中非共和国的难民及乍得平民提供医疗援助，在东部则协助数以十万计流离失所的乍得民众，以及来自邻国苏丹的达尔富尔难民。于二月乍得政府军与叛军交战的高峰期，无国界医生在首都恩贾梅纳，向暴力冲突伤者提供手术支援。

#### 刚果民主共和国

虽然刚果民主共和国交战各方于一月签订和约，但东部及东北部地区的暴力事件并没有完结，战争更于八月全面恢复，阻碍人道救援工作进行。

无国界医生在东部的北基伍和南基伍省，增加对平民及流离失所者的医疗援助。单在北基伍省城镇鲁丘鲁，医疗队进行了超过三千七百宗手术。无国界医生亦在两个基伍省，向超过六千七百名性暴力受害者提供医疗护理和辅导。在东北部的伊图里省及上韦莱省，无国界医生在当地医院工作，并设立流动诊所援助流离失所者。

在局势较稳定的地区，无国界医生除了应付伊波拉出血热和霍乱疫情，更在坦噶尼喀湖地区为五十万名儿童接种麻疹疫苗。在首都金沙萨和伊图里省首府布尼亚的艾滋病治疗项目仍然继续，而位于南基伍省布卡武的项目，已于十二月移交予另一组织及当地政府部门。

#### Ethiopia

A nutritional crisis in the south marked 2008 in Ethiopia. In mid-May, MSF started emergency nutritional activities in the Oromiya region, and Southern Nations, Nationalities and Peoples' region. Over 72,000 moderately and severely malnourished people were treated, and 14,000 children at risk of malnutrition were provided with food. In August the programme spread to the northeastern Afar region. MSF also vaccinated around 93,000 children against measles in Oromiya in February and March.

In the Somali region, MSF provided medical care in the conflict-affected Wardher area. Activities in the hospital in Degahbur town continued, and the primary healthcare and TB project in Cherrati were handed over to local health authorities in December. MSF closed its project in Fiiq in July due to administrative hurdles from the authorities and security concerns.

MSF continued to battle kala azar in the northern regions of Tigray and Amhara, and at the same time provided nutritional care and treatment for HIV/AIDS, malaria and meningitis.

#### Kenya, Malawi, Mozambique

Kenya's presidential election led to violence in early 2008. In the capital Nairobi, MSF teams adapted long-running HIV/AIDS projects to provide first aid to victims. MSF sent ambulances around the slums and supported local hospitals with surgical care. Mobile clinics were set up in the Rift Valley region. This emergency response lasted until the situation was stabilised at the end of February.

In the Mount Elgon region where ongoing conflicts occurred, MSF provided over 23,000 outpatient consultations. The project was handed over to the ministry of health by the end of the year. MSF continued to provide HIV/AIDS treatment in the slums of Nairobi as well as in the rural areas of Busia and Homa Bay. MSF also treated people with kala azar in the West Pokot district.

In Malawi and Mozambique, two southeast Africa countries, MSF provided ARV treatment to HIV/AIDS patients, and responded to a cholera outbreak in Malawi in November.

#### 埃塞俄比亚

埃塞俄比亚南部于二〇〇八年出现严重的营养危机。无国界医生于五月中，在奥罗米亚地区和南方人民民族地区开展紧急营养治疗工作，治疗超过七万二千名中度和严重营养不良的病人，以及为一万四千名面临营养不良的儿童派发粮食，项目于八月扩展至东北部的阿法尔地区。无国界医生并于二月和三月，在奥罗米亚为约九万三千名儿童注射麻疹疫苗。

在该国的索马里地区，无国界医生在受冲突影响的沃德尔提供医疗护理，并继续在城镇德加布的医院服务；在切拉提的基本医疗和结核病治疗项目，则在十二月移交至当地卫生部门。基于有关当局带来的行政障碍和安全理由，无国界医生在七月终止在菲列的工作。

无国界医生继续在北部地区提格雷和阿姆哈拉治疗黑热病，并同时提供营养护理，以及艾滋病、疟疾和脑膜炎治疗。

#### 肯尼亚、马拉维、莫桑比克

二〇〇八年初，肯尼亚总统大选酿成冲突。在首都内罗毕，无国界医生把运作已久的艾滋病治疗项目调整，以便为冲突伤者提供急救，并派救护车到各贫民窟和支援当地医院的外科手术。在裂谷省，无国界医生透过流动诊所接触有需要的平民。直至二月底，当地政局转趋稳定，紧急救援工作才告完结。

埃尔贡山地区的暴力事件持续，无国界医生于〇八年提供超过二万三千次门诊服务，该项目在年底移交予卫生部。医疗队又继续在内罗毕的贫民窟，以及布西亚和霍马贝的郊区治理艾滋病病毒感染者，并在西波克特地区治疗黑热病患者。

在马拉维和莫桑比克这两个位于非洲东南部的国家，无国界医生继续其艾滋病治疗项目，并在十一月对抗马拉维的霍乱疫情。



© Vanessa VICK

A woman injured in a traffic accident is sent to an MSF hospital in Nigeria  
在尼日利亚，一名交通意外受伤的妇人被送到无国界医生医院



© Joanna STAVROPOULOU / MSF

Hospital is overloaded that cholera patients have to lie on the floor for treatments in Zimbabwe  
津巴布韦的医院严重爆满，霍乱病人需躺在地上接受治疗



© Henrik GLETTE / MSF

MSF delivers emergency aid during the wave of xenophobic violence in South Africa  
无国界医生在南非排外冲突期间提供紧急救援



© Jan-Joseph STOK

Sudanese fleeing their home in the conflict area  
居于冲突地区的苏丹人经常要逃离家园

## Nigeria

Nigeria enjoyed a relatively calm political environment in 2008. However, access to good quality healthcare remains difficult for people who cannot afford it.

In Niger Delta located in the south, MSF delivered emergency care to over 9,300 patients, performed over 3,000 surgeries and treated hundreds of sexual violence victims at its trauma centre in Port Harcourt. In Bayelsa state, a primary healthcare programme was opened in October. An assessment of the condition of refugees from Bakassi peninsula, a disputed territory between Cameroon and Nigeria, in the Nigerian Cross River state was also carried out.

To the north, MSF started two projects focusing on women's health in Sokoto and Jigawa states, ran a nutrition campaign in Yobe state, and responded to outbreaks of cholera, meningitis and measles in various states.

MSF handed over its HIV/AIDS programmes in Lagos to local partners and the Lagos general hospital in September.

## South Africa, Zimbabwe

Political instability in Zimbabwe led to an economic freefall and public health crisis. In 2008, the largest recorded cholera outbreak in the country, and in Africa, worsened the situation. MSF opened a number of cholera treatment units and supported government structures with supplies and staff training.

MSF also responded to the nutritional crisis and continued to run HIV/AIDS projects in half of the provinces in Zimbabwe. Among those 40,000 people supported with free care, 26,000 were on ARV treatment.

An estimated three million Zimbabweans fled to neighbouring countries – many to South Africa. MSF started a primary healthcare project in May in Beitbridge, the exit point bordering South Africa. Medical assistance was also provided to Zimbabwean refugees in South Africa in the border town of Musina and in central Johannesburg.

In the township of Khayelitsha on the outskirts of Cape Town, MSF continued to provide integrated care to patients co-infected with HIV and TB, as well as comprehensive services for rape survivors. MSF also responded to the xenophobic violence in the country between May and September.

## 尼日利亚

二〇〇八年，尼日利亚的政局转趋稳定，但仍有不少平民因未能负担医疗费用，得不到良好的健康护理。

在南部的尼日尔三角洲，无国界医生为超过九千三百名病人提供紧急护理，进行超过三千宗手术，并在哈科特港的创伤治疗中心，治疗数百名性暴力受害者。无国界医生于十月在巴耶尔萨州开展一个基本健康护理项目。另外，医疗队在克罗斯河州评估难民的情况。这批难民来自喀麦隆及尼日利亚交界、有主权争议的巴卡西半岛。

在北部，无国界医生分别在索科托及吉加瓦州开展妇女健康护理项目，又在约贝州进行营养治疗，以及在不同州对抗霍乱、脑膜炎及麻疹爆发。

无国界医生于九月将位于拉各斯的艾滋病治疗项目，移交予当地的合作伙伴及拉各斯综合医院。

## 南非、津巴布韦

津巴布韦政局不稳，酿成经济崩溃及公共卫生危机。二〇〇八年，该国爆发非洲有史以来最大型的霍乱疫情，令情况进一步恶化。无国界医生开展多个霍乱治疗中心，又为政府机构提供物资及医护人员培训。

无国界医生也在津巴布韦应付营养不良的危机，并继续在该国半数省份治疗艾滋病病毒感染者，在四万名获得免费护理的感染者之中，二万六千人正接受抗病毒治疗。

据估计，约三百万名津巴布韦人逃到邻近国家，当中不少人逃到南非。无国界医生于五月在接壤南非的拜特布里奇，开展健康护理项目，又在南非的边境城镇穆希纳及约翰内斯堡中心地区，向津巴布韦难民提供医疗援助。

在南非开普敦郊区的城镇卡雅利沙，无国界医生继续向同时感染艾滋病病毒及患上结核病的病人，提供综合医疗照顾，又为强奸受害者提供全面的护理。于五月至九月，医疗队也在全国不同地方，治疗排外冲突的伤者。

## Somalia

The gap between medical needs in Somalia and the humanitarian response widened, mainly due to the difficulty of delivering assistance in this highly volatile environment.

In 2008, four MSF staff were killed in Somalia and three projects in Kismayo, Mogadishu and Bosasso had to close. In April, MSF was forced to evacuate all international staff due to intense fighting and specific threats against foreign aid workers. Existing projects were then run by dedicated Somali staff, with the support of international staff based in Nairobi, Kenya.

MSF worked in nine regions of south and central Somalia. In the capital Mogadishu, MSF treated 5,250 patients in Daynile hospital. Most of the patients were wounded in conflict and more than half were women and children. Basic healthcare and nutritional care were provided throughout the country. MSF conducted over 727,000 outpatient consultations, more than 55,000 antenatal consultations, 82,000 vaccinations, and treated over 34,000 children for severe or moderate malnutrition.

## Sudan

The security situation in Darfur, west Sudan, deteriorated in 2008. The humanitarian crisis there continues to be one of the largest in the world.

MSF had around 2,000 staff working in Darfur to provide healthcare at all levels to civilians in the entire region, where an estimated 2.7 million of people have been displaced. Medical teams provided outpatient and inpatient care, emergency surgical care, women's healthcare, vaccinations, treatment of malnutrition and mental health counselling. MSF also responded to violence and epidemic outbreaks. However, several projects were forced to suspend or terminate due to insecurity or orders from the government.

In the disputed border of north and south Sudan, MSF opened new projects in Bahr-el-Ghazal state. Medical teams continued to work in other parts of south Sudan and conducted in total around 370,000 outpatient consultations and over 1,000 operations. Activities in Bor, Jonglei state and Yambio, Western Equatoria state, were handed over to health authorities. MSF also ran a maternal healthcare programme in Port Sudan in the northeast region of the country.

## 索马里

索马里局势反复，增加了救援人员工作的难度，令当地医疗需要及人道救援的落差扩大。

二〇〇八年，四名无国界医生救援人员在索马里被杀，位于基斯马尤、摩加迪沙及博沙索的三个项目随即终止。激烈冲突及针对外国籍救援人员的袭击威胁频发，无国界医生于四月被迫撤走所有外国籍救援人员。原有的项目由索马里籍的员工维持运作，而国际救援人员则在肯尼亚内罗毕作出支援。

无国界医生在索马里南部及中部九个区域工作。在首都摩加迪沙，无国界医生在代内尔医院治疗五千二百五十名病者，大部分都是在冲突中受伤，过半数是妇孺。救援人员在全国各地提供基本健康护理及营养治疗，进行超过七十二万七千次门诊、超过五万五千次产前检查、八万二千次疫苗注射，以及治疗超过三万四千名中度或严重营养不良儿童。

## 苏丹

二〇〇八年，苏丹西部达尔富尔地区的安全局势恶化，当地仍然是全球其中一个人道危机最为严峻的地方。

据估计，达尔富尔约有二百七十万人流离失所。无国界医生共有约二千名工作人员，在整个地区向平民提供全方位的医疗照顾，包括住院和门诊服务、紧急外科手术、妇女医疗、疫苗注射、营养不良治疗、精神健康辅导，以及回应暴力冲突和疫病的爆发等。然而，基于安全理由和政府指令，有数个项目被迫暂停或终止。

另外，无国界医生在位于苏丹南部和北部之间的争议地区加扎勒河省展开新的医疗项目，并继续在苏丹南部地区工作，共提供了三十七万宗门诊服务和进行了超过一千宗手术。在南苏丹琼莱省博尔城镇和西赤道省廷比奥城镇的工作，则已移交予卫生部门。无国界医生又在苏丹东北部的苏丹港，提供妇产医疗护理。



Rohingyas who fled to Bangladesh live in a makeshift camp with poor conditions  
逃难到孟加拉国的罗兴亚人居住在环境恶劣的营房



MSF provides psychological counselling to victims after Sichuan earthquake  
无国界医生为四川地震灾民提供心理辅导



MSF provides ambulance service in an IDP camp in Mardan district, Pakistan  
无国界医生在巴基斯坦马尔丹地区的一个流离失所者营地提供救护车服务



MSF sets up an inflatable tent hospital in Menik Farm, Sri Lanka  
无国界医生在斯里兰卡曼尼农场设立充气帐篷医院

## ASIA

### Bangladesh

MSF continued to deliver healthcare to the Rohingya population, a stateless Muslim minority that escaped persecution in Myanmar. In Tal makeshift camp in the southeast bordering Myanmar, MSF treated people who had diarrhoea, skin infections and respiratory tract infections that were often due to the squalid living conditions. A therapeutic feeding programme for severely malnourished children, a mental health project and improvement of drinking water and sanitation also took place. The camp was moved to a new site in July after months of intense advocacy led by MSF, and then MSF handed over activities to other agencies.

In the isolated districts of the Chittagong Hill Tracts, civilians are vulnerable from continuous tribal and military conflicts as well as food insecurity. MSF set up an emergency nutritional programme from April to December and distributed essential food items to around 28,000 people. A basic health clinic and eight health outposts were also set up.

### China

In May, a devastating earthquake hit Sichuan province. MSF donated emergency and medical supplies to Mianzhu city in collaboration with the Sichuan Red Cross. MSF also assisted a triage centre in Deyang, and provided medical support to hospital patients suffering from crush syndrome in Chengdu. A psychological care programme continues in Mianzhu and Beichuan counties.

When a snowstorm and flood hit Guizhou and Guangxi in February and June respectively, MSF provided food and emergency supplies to the victims.

In Nanning, Guangxi, MSF continues its free and confidential care and treatment for HIV/AIDS patients in collaboration with local authorities. At the end of 2008, 1,550 people had been enrolled in the programme, over 900 patients are on ARV treatment. Another HIV/AIDS programme in Xiangfan, Hubei was handed over to local government in March.

In early 2009, MSF pulled out of plan to open a multi-drug-resistant tuberculosis programme in Inner Mongolia Autonomous Region after repeated but unsuccessful negotiations with the authorities.

## 亚洲

### 孟加拉国

无国界医生继续向由缅甸逃至孟加拉国、没有国籍的穆斯林少数族裔罗兴亚人提供医疗服务。在位于孟加拉国东南部、与缅甸接壤的泰尔营地，无国界医生治疗因居住环境恶劣而导致腹泻、皮肤感染及呼吸道感染的患者，同时治疗患上严重营养不良的儿童，并进行精神健康项目，以及改善营地的食水和卫生设备。经过多个月以来由无国界医生牵头的密集倡议工作，营地于七月迁址，无国界医生也将项目移交予其他组织。

在偏远的吉大港山区，平民生活在持续的部族和军事冲突，以及粮食短缺的危机下。无国界医生于四月至十二月期间，开展紧急营养治疗项目，向约二万八千名平民派发必需的粮食，又设立一个基本医疗诊所和八个医疗站。

### 中国

四川省于五月发生强烈地震。无国界医生与四川红十字会合作，在绵竹市捐出紧急救援及医疗物资。无国界医生又在德阳支援一所分流中心，并在成都为挤压综合症留院患者提供医疗支援。在绵竹及北川的心理治疗项目现时仍然继续。

二月及六月，贵州及广西分别发生雪灾及水灾，无国界医生向灾民提供粮食及紧急救援物资。

在广西壮族自治区南宁市，无国界医生继续与当地卫生部门合作，为艾滋病病毒感染者提供免费及保密的关怀护理和治疗。截至二〇〇八年底，共有一千五百五十名感染者参与项目，其中超过九百人接受抗病毒治疗。另一个位于湖北省襄樊市的艾滋病治疗项目，已于三月移交予当地政府。

无国界医生与内蒙古自治区政府，就开展耐多药结核病治疗项目反复讨论多时却毫无进展，无国界医生遂于二〇〇九年初决定放弃开展该项目。

### Pakistan

In northern Pakistan, escalating violence led to a surge in medical needs, but humanitarian assistance has been limited by insecurity and targeted attacks on aid workers.

In Bajaur and Mohmand Agencies in the Federally Administered Tribal Areas, and the Swat region in neighbouring North West Frontier Province (NWFP), an estimated 600,000 people were uprooted from their homes in a peak of violence in October. MSF offered medical assistance and essential materials to the displaced, set up water and sanitation facilities in camps, opened mobile clinics with local providers and established a clearly identifiable ambulance service to bring patients safely to hospitals even during curfews. MSF also responded to medical need in Kurram Agency due to sectarian violence. In Mansehra district in NWFP, MSF battled cutaneous leishmaniasis, a parasitic infection.

Further south in Balochistan province, MSF provided mother and child healthcare as well as nutritional support to Afghan refugees and local communities, and assisted the earthquake victims in October.

### Sri Lanka

Conflict between the Sri Lankan Army and the Tamil Tiger rebels (LTTE) escalated in 2008. Civilians live in a constant state of fear and intimidation.

In northern Sri Lanka, MSF supported local hospitals in the government-controlled areas close to the conflict in Point Pedro in the Jaffna Peninsula, Vavuniya and Mannar. MSF also worked in Kilinochchi town in the LTTE-held Vanni area, until the government expelled all NGOs in September. The projects provided medical and surgical support, obstetric and gynaecological treatment, and emergency care. Hospital staff were trained for mass casualties. In 2008, MSF conducted 2,550 deliveries and assisted in around 1,900 surgeries in partnership with the ministry of health.

In November, heavy flooding hit northern Sri Lanka. MSF distributed food and relief items to civilians in Point Pedro. MSF's surgery and emergency obstetric care in Mannar hospital was closed in December.

### 巴基斯坦

在巴基斯坦北部，暴力升级令当地的医疗需求大增，但局势不稳加上针对救援人员的袭击，大大限制人道救援工作。

在联邦行政部落区的巴焦尔及莫赫曼德特区，以及邻近的西北边境省的史瓦特地区，约有六十万人于十月的暴力冲突高峰时期里被摧毁家园。无国界医生向流离失所者提供医疗援助及必需品，在营地设立食水卫生系统，与当地医疗机构合作开展流动诊所，并设立易于识别的救护车服务，以便在平日甚至宵禁期间，将病人安全送到医院。无国界医生又在古勒姆特区，向受派系冲突影响的平民提供医疗照顾。在西北边境省的曼塞赫拉地区，医疗队治疗由寄生虫传播的皮肤型利什曼病。

在南部的俾路支省，无国界医生向阿富汗难民及当地居民提供母婴健康及营养治疗，以及在十月向地震灾民提供协助。

### 斯里兰卡

斯里兰卡政府军与泰米尔之虎游击队的战事于二〇〇八年升级，平民持续在惶恐和威吓下生活。

在斯里兰卡北部，无国界医生在贾夫纳半岛的佩德罗角、瓦武尼亚和马纳尔，这些由政府控制、接近战线的地区，支援当地医院。医疗队又在由泰米尔之虎游击队控制的瓦尼地区的基利诺奇城镇工作，直至政府于九月驱逐所有非政府组织。当地的项目包括医疗及外科手术支援、妇产科治疗及紧急治理，以及训练医院员工应付大量伤者。二〇〇八年，无国界医生与卫生部合作，协助二千五百五十次分娩及进行约一千九百次外科手术。

十一月，斯里兰卡北部被洪水侵袭，无国界医生在佩德罗角向灾民派发粮食及救援物资。无国界医生在马纳尔医院的外科及紧急产科治疗项目则于十二月结束。



An MSF outreach team provides healthcare in the rural area in Colombia  
在哥伦比亚，无国界医生一支外展医疗队前往市郊地区提供医疗护理



An Iraqi boy injured in Baghdad is referred to the hospital in Amman  
一名在巴格达受伤的伊拉克小童被转送到安曼的医院接受手术

## THE AMERICAS

### Colombia

In 2008 Colombia saw its highest increase in displaced people since 1985, due to territorial conflicts related to the narcotics trade. People living in rural areas and in marginalised urban areas continue to suffer from diseases that could be easily prevented and treated. Mental healthcare for victims of violence is needed across the country.

MSF works in 17 of Colombia's 32 departments, from providing primary healthcare, mental health programmes, running mobile clinics in urban and rural areas, paediatric care, reproductive healthcare, antenatal care, emergency obstetric care and assistance to sexual violence victims, to family planning, water sanitation and rehabilitation of health structures.

During 2008 MSF also responded to two emergencies – the volcano eruption in Cauca department and the floods in Chocó.

## MIDDLE EAST

### Iraq, Iran, Jordan

For the first time since the change of regime in Iraq in 2003, MSF was able to establish an international team in the Arab part of Iraq in 2008: In October a training project was started in the General Hospital of Basra in the southern part of the country.

Since 2006, the insecurity in Iraq has meant that MSF can only provide healthcare to Iraqis in the more secure parts of the country or outside the border. In the Kurdistan region in the north, MSF continues to provide surgical assistance in several hospitals focusing on prosthetic and orthopaedic reconstructive surgery and care for burn victims. MSF also supported five hospitals in the northern governorates of Tameem and Ninevah, and eight hospitals in Baghdad, central and southern Iraq.

Meanwhile, MSF continues to provide orthopaedic, maxillo-facial and plastic surgery for Iraqi war victims in Amman, Jordan, in partnership with the Jordanian Red Crescent hospital and the Iraqi Medical Association. Reconstructive surgery for war-wounded Iraqis was also provided in Mehran, Iran.

In the Iranian province Sistan-Baluchistan, MSF continues to provide primary and secondary healthcare to Afghan refugees.

## 美洲

### 哥伦比亚

在毒品贸易激发的地域冲突下，哥伦比亚于二〇〇八年的流离失所者人数创下自一九八五年以来的新高。居于郊区及市区边缘的平民，继续受到本应易于预防及治愈的疾病折磨，全国各地的暴力受害者也极需要精神健康护理。

哥伦比亚有三十二个省份，无国界医生在其中的十七个工作，包括提供基本医疗护理、精神健康项目、在市区及郊区设立流动诊所、儿科项目、生殖健康护理、产前检查、紧急产科治疗、向性暴力受害者提供协助、家庭计划、设立食水卫生系统及修复医疗设施等。

二〇〇八年，考卡省发生火山爆发，乔科省则遭洪水侵袭，无国界医生分别向两地灾民提供援助。

## 中东

### 伊拉克、伊朗、约旦

自二〇〇三年政权更替以来，无国界医生于二〇〇八年首次在伊拉克的阿拉伯区域设立国际医疗救援队伍：无国界医生于十月，在南部巴士拉的综合医院开展一个医护人员训练项目。

伊拉克局势不稳，导致无国界医生自二〇〇六年起，只能在境内较安全的地方或境外提供援助。无国界医生在伊拉克北部的库尔德斯坦控制区，继续在数间医院提供外科护理工作，包括义肢及骨科矫形手术和烧伤病人护理，并支援北部的塔米姆省和尼尼微省五所医院，以及在巴格达、伊拉克中部和南部的八所医院。

同时，无国界医生继续与约旦红新月会医院及伊拉克医学会合作，在约旦安曼为伊拉克战争的受害者提供骨科、颌面外科及整形外科手术，又在伊朗的梅赫兰，为受战事所伤的伊拉克人进行矫形外科手术。

在伊朗的锡斯坦/俾路支斯坦省，无国界医生继续为来自阿富汗的难民，提供基本及二级医疗护理。

## PHOTO STORY

### 图片故事



## Year of NATURAL DISASTERS 天灾频仍的一年

Myanmar 缅甸 © Eyal WARSHAWSKI

Earthquakes, storms, floods, droughts, and other geophysical extremes are inevitable. In 2008, several huge natural disasters struck in where MSF was operating. MSF responded immediately to help minimise the impact of these catastrophes and heal victims both physically and mentally.

地震、风暴、洪水、旱灾，以及其他极端的地理变化都难以避免。二〇〇八年，无国界医生工作的地方发生数宗大型天灾，救援人员立即回应及提供协助，以减少灾难带来的伤害，医治灾民的身和心。



© Eyal WARSHAWSKI



© Souheil REIACHE / MSF

## MYANMAR 缅甸

In May, Cyclone Nargis wreaked destruction throughout the Irrawaddy Delta leaving approximately 140,000 people missing or dead. MSF began its emergency intervention in the Delta within 48 hours of the cyclone.

"The scale of the operation is huge because the Delta is such a large area with so many villages scattered around...We have to do all our transportation by boat makes the operation really quite cumbersome. The last small part of the distribution takes a huge amount of effort."

*Vincent HOEDT,  
MSF Emergency Coordinator in Yangon*

五月，风暴纳尔吉斯为缅甸伊诺瓦底三角洲带来巨大破坏，造成约十四万人死亡或失踪。无国界医生在风灾发生后四十八小时展开紧急救援行动。

「救援行动的规模庞大，因为伊诺瓦底三角洲是一个幅员辽阔的地方，有很多村落分散各方……我们所有的运输都要靠小艇，增添了救援行动的难度。即使是分发少量物资，都要花很大的努力。」

*无国界医生仰光紧急项目统筹荷德*



© Joanne WONG / MSF

## CHINA 中国

On 12 May, a magnitude 8.0 earthquake hit Sichuan province. In the emergency phase, MSF donated relief items, medical supplies and supported the local hospital and triage centre. MSF continues to provide psychological care in Mianzhu and Beichuan county.

"People are having difficulty in adapting to and accepting the reality. It's not only that the past experience came out as a nightmare or flashback, but people are having insomnia, lots of headaches and so much complaints because of the stress, constant anxiety, and feeling hopeless for the future...We are also here to help this kind of person because it's all linked one problem."

*Erica PELLIZZARI,  
MSF Psychological Manager in Sichuan*

五月十二日，四川发生里氏八级大地震。在紧急救援阶段，无国界医生捐出救援及医疗物资，并支援当地医院和分流中心。无国界医生继续在绵竹及北川提供心理治疗。

「灾民难以接受及适应现实。他们不单会梦见或在脑海闪现过去的事，他们更因压力和长期焦虑，承受失眠、严重头痛等困扰，有些更对将来感到绝望……我们也在援助这些人士，因为他们的症状都源自同一个原因。」

*无国界医生四川心理治疗经理佩利扎里*



© Klavs Bo CHRISTENSEN / WpN

## INDIA, NEPAL 印度、尼泊尔



India 印度 © MSF

On 18 August, the Kosi River broke its banks. Some two million people were affected in Nepal and India. MSF provided medical assistance to the victims of this flood and distributed non-food items to over 18,000 families.

八月十八日，科西河决堤，尼泊尔及印度超过二百万人受灾。无国界医生为水灾灾民提供医疗援助，并向超过一万八千户家庭提供非粮食类救援物资。

“We are not talking about the normal monsoon flooding. The problem is that the Kosi River has changed its course and the villagers and authorities are totally unprepared for this kind of crisis.”

「我们说的并不是普通的季候性水灾。科西河的河道有变，沿岸的村民及政府都完全没有应付这种灾难的准备。」

无国界医生德里项目总管韦卢斯

*Mari-Carmen VIÑOLES, MSF Head of Mission in Delhi*

## HAITI 海地



© Klavs Bo CHRISTENSEN / WpN

Following two tropical storms and two hurricanes that hit Haiti at the end of August and beginning of September, MSF launched an emergency intervention by re-opening an 80-bed hospital, distributing hygiene kits and sending out mobile medical teams to provide assistance.

在八月底及九月初，两个热带风暴及两个飓风分别吹袭海地，无国界医生展开紧急救援行动，重开一所有八十张病床的医院，向灾民派发卫生包，并派出流动医疗队提供援助。

“I think there is still 40 to 60 percent of the town that is flooded, and people are living on the roofs of their houses. There are houses with concrete walls, concrete roofs, so people have arranged themselves on the rooftop. There are many people with this setup, and in other places where the water has receded, the people are just on the street or living in temporary shelters.”

「我估计现时城中仍有四成至六成地方被洪水淹没，人民栖身于自己住所的屋顶。他们的家园有混凝土墙、混凝土屋顶，所以灾民都在屋顶暂住，很多人都是这样。在其他水位退却的地方，灾民就在街头露宿，或住在临时居所。」

无国界医生海地项目总管科希

*Max COSCI, MSF Head of Mission in Haiti*

## RUSSIAN FEDERATION 俄罗斯联邦



© Stephane PREVOST / MSF

A powerful earthquake hit Chechnya in 11 October, killing 13 people, injuring over 100 and causing destruction. MSF sent mobile teams to the five most severely affected villages and provided over 1,000 medical and over 3,000 psychosocial consultations.

十月十一日，车臣发生强烈地震，十三人死亡，逾百人受伤，造成严重破坏。无国界医生派出流动医疗队到五个最受影响的村落，提供超过一千宗诊断及超过三千次心理治疗。

“There are still a lot of aftershocks. When we were doing an assessment, we could still feel the land shaking. No one is entering their house. People have set up tents and their beds outside, and build fires to keep them going all night long.”

「当地仍有不少余震。当我们做灾后评估时，仍然感受到震动。没有灾民进入自己的房屋，他们在屋外架起帐幕，把床搬出去，并彻夜生火取暖。」

*Mairbek ABDULLAYEV,  
a Chechen doctor and MSF mobile clinics manager*

无国界医生流动诊所经理、  
车臣籍医生阿卜杜拉耶夫



# IN THE FIELD

## 香港派出的前线志愿工作人员

MSF-Hong Kong would hereby like to thank all field workers for their invaluable contributions in 2008.

无国界医生香港办事处藉此感谢所有前线志愿人员于过去一年所作的贡献。



# 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 [www.msf.org.cn](http://www.msf.org.cn)

## Coordinators 统筹人员

Name / 姓名	Coming From / 来自
1 Sweet C ALIPON 魏丽萍	Philippines 菲律宾
2* Patrick ALMEIDA 艾米达	Philippines 菲律宾
3 Yvonne BIYO 卞柔	Philippines 菲律宾
4* Olivier BLONDEAU	France (Currently based in Hong Kong) 法国 (现于香港居住)
5 博朗多 Morpheus CAUSING 郭胜	Philippines 菲律宾
6* Vipul CHOWDHARY 卓夏培	India 印度
7 Roy Anthony COSICO 哥斯高	Philippines 菲律宾
8 Joan Marie FRANCO 樊廓娟	Philippines 菲律宾
9* Taufik HAMZAL 夏信	Indonesia 印度尼西亚
10* Tidal HUDDA 洪达	Bangladesh 孟加拉国
11* Monique KAMAT 嘉曼	India 印度
12* Andrais Karel KEILUHU 祁乐夏	Indonesia 印度尼西亚
13 Ashay KURNURKAR 古鲁加	India 印度
14 Marianne Peggy LAYZANDA 黎珊达	Indonesia 印度尼西亚
15 Linda LEE Seung Ngai 李湘霓	Hong Kong 香港
16 Ezequiel MACARANAS 马嘉兰诗	Philippines 菲律宾
17 Edgardo MIRANDA 米汉达	Philippines 菲律宾
18 Freeman NG Ping Kit 吴炳杰	Hong Kong 香港
19 OO Wai Lin 奥卫年	Myanmar 缅甸
20 Ronnie PALOMAR 彭鲁马	Philippines 菲律宾
21 PAN Yuan 潘渊	Mainland China 中国内地
22 Dhammika PERERA 潘利华	Sri Lanka 斯里兰卡
23* Parthesarathy RAJENDRAN 华泽隆	India 印度
24 Priscilla RUGEBREGT 卢嘉宝	Indonesia 印度尼西亚
25 Samuel David THEODORE 费澳多	India 印度
26 WANG Ya 王娅	Mainland China 中国内地
27 WONG Siew Weun 黄秀雯	Malaysia 马来西亚

## Medical Doctors 医生

28 Ashraful ALAM 晏林	Bangladesh 孟加拉国
29 Mary Kathleen ALBA 艾博颜	Philippines (Paediatrician) 菲律宾 (儿科医生)
30 Rey ANICETE 艾宁伟	Philippines 菲律宾
31 Gemma ARELLANO 雅兰柳	Philippines 菲律宾
32 Tira ASWITAMA 艾咏雯	Indonesia 印度尼西亚
33 Rhitam CHAKRABORTY 查卡博	India 印度

34 Emily CHAN Ying Yang 陈英凝	Hong Kong 香港
35 Yvonne CHAN Nga Yu 陈雅瑜	Hong Kong 香港
36 CHUNG Kin Wah 鍾健华	Hong Kong 香港
37 Elpidio DEMETRIA Jr. 狄文卓	Philippines 菲律宾
38* Roderick EMBUIDO 颜奔涛	Philippines 菲律宾
39 Erwin Lloyd GUILLERMAN 格林根	Philippines 菲律宾
40 Fina Octavia HARYONO 韩若露	Indonesia 印度尼西亚
41* Shahid ISLAM 伊司南	Hong Kong (Nephrologist) 香港 (肾科医生)
42 Mira JIMENEZ 占雯诗	Philippines 菲律宾
43 Simerjit KAUR 寇小曼	Malaysia 马来西亚
44* Philip LI Kam Tao 李锦滔	Hong Kong (Nephrologist) 香港 (肾科医生)
45 Vivien LIM Chin Chin 林贞贞	Singapore 新加坡
46 Renita LOURDHURAJAN 卢咏妮	India 印度
47 Hemant PANGTEY 彭廷何	India 印度
48 Maria SARTE 沙蒂	Philippines 菲律宾
49* Johanna SECRETARIA 石贵婷	Philippines 菲律宾
50 Alvin SILVA 萧帆	Philippines 菲律宾
51 Temmy SUNYOTO 孙日稻	Indonesia 印度尼西亚
52 Natasha TICZON 狄纯娜	Philippines 菲律宾

## Surgeons / Orthopaedic Surgeons 外科 / 骨科医生

53 AU Yiu Kai 欧耀佳	Hong Kong 香港
54 Jasmin BATARA 芭特娜	Philippines 菲律宾
55 Geraldine BITON 谢乐迪	Philippines 菲律宾
56 Taweasilp BOOSANTHIENWONG 林玉升	Thailand 泰国
57 Lynette Belarmino DOMINGUEZ 杜铭嘉	Philippines 菲律宾
58 Crisle DYCHINGCO 李丽珍	Philippines 菲律宾
59 KO Chi Cheong 高志昌	Hong Kong 香港
60 Carmelo MENDOZA 文家明	Philippines 菲律宾
61 Vijaymohan SREEDHARAN NAIR 罗永时	India 印度
62 Nikki Eileen VALENCIA 范丽诗	Philippines 菲律宾
63 Oliver YIU Hon Wah 姚汉华	Hong Kong 香港

## Anaesthetists 麻醉科医生

64 Rowella BACWADEN 白云黛	Philippines 菲律宾
65 Marjorie Ann LADION 赖婷茵	Philippines 菲律宾
66 LIU Chen Kun 刘镇鲲	Taiwan 台湾

## Obstetricians / Gynaecologists 妇产科医生

67 Heidi CRUZ 顾思	Philippines 菲律宾
68 Medilyn GUEVARRA 关法拉	Philippines 菲律宾
69 Damayanti ZAHAR 扎哈妲	Indonesia 印度尼西亚

## Operating Theatre Nurses 手术室护士

70 YIM Wai Ling 严惠玲	Hong Kong 香港
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## Nurses 护士

71* Regidor ESGUERRA 卫基渡	Philippines 菲律宾
72 Imee Jaleco JAPITANA 查坦娜	Philippines 菲律宾
73 Florence LIM Siew Ching 林秀清	Malaysia 马来西亚
74 TSE Man Yee 谢文怡	Hong Kong 香港
75 Penny WONG Pui Yin 黄佩贤	Hong Kong 香港

## Midwives 助产士

76 LEE Hi Yeen 李海燕	Malaysia 马来西亚
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## Mental Health Specialists 精神健康专家

77* Venus ELEONORA SIAHAAN 伊莲萝娜	Indonesia 印度尼西亚
78* Yenni FEBRINA 费碧娜	Indonesia 印度尼西亚
79 Jessie KURNURKAR 古露嘉	India 印度
80 Marlene LEE 李曼宁	Malaysia 马来西亚
81 Daisy PLANA 彭兰	Philippines 菲律宾
82 Rosalie Ann REYES 卫倚诗	Philippines 菲律宾
83 Faye SCARLET 莎嘉莉	Indonesia 印度尼西亚
84* Andy SHAM Sau Sing 岑秀成	Hong Kong 香港

## Laboratory Technicians 化验室技术员

85 Abelardo Jr. Pechuanco LAVENTE 骆帆亭	Philippines 菲律宾
86 Robin MENDOZA 闵道新	Philippines 菲律宾
87 Ryan Jose III RUIZ 胡诚	Philippines 菲律宾

## Pharmacists 药剂师

88* Alison WONG 王沁	Hong Kong 香港
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## 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。详情请浏览我们的网站 [www.msf.org.cn](http://www.msf.org.cn)

## Logisticians 后勤人员

89 Hilman AGUNG 安干文	Indonesia 印度尼西亚
90 Johann ANNUAR 晏龙	Singapore 新加坡
91 Muhammad ASHFAQ 艾恕旷	Pakistan 巴基斯坦
92* Dilipkumar BHASKARAN 巴施简云	India 印度
93* Bruno CHAPEL 卓贝尔	France (Based in Hong Kong) 法国 (于香港居住)

94 Alice CHOW Kin Tak 周健德	Hong Kong 香港
95 Denis DUPUIS 狄培尔	Canada (Based in Indonesia) 加拿大 (于印度尼西亚居住)
96 Rita ENDRAWATI 苏涓璐	Indonesia 印度尼西亚
97 Bagus Emir IKHWANTO 易关道	Indonesia 印度尼西亚
98 Albert KO Wing Yin 高永贤	Hong Kong 香港
99 Vinod KRISHNAN 古树南	Malaysia 马来西亚
100 Cammy LUI Wan Yin 吕韵妍	Hong Kong 香港
101 Hemanathan NAGARATHNAM 蓝家恒	Malaysia 马来西亚
102 Hans OLIJVE 敖凌帆	Holland (Based in Singapore) 荷兰 (于新加坡居住)
103 Abubakar RIFAMOL E 李辉武	Indonesia 印度尼西亚
104 Arnold SANTIAGO 辛定高	Philippines 菲律宾
105 Malik Ashfaq Ahmad SHAHID 马力	Pakistan 巴基斯坦
106 Aurangzeb SULEHRY 苏乐利	Pakistan 巴基斯坦
107 Juanita Christina THEODORA 司徒多婵	Indonesia 印度尼西亚
108 WANG Jun 王俊	Mainland China 中国内地

## Administrators / Financial Controllers 行政 / 财务管理人员

109 James MONDOL 闵铎	Bangladesh 孟加拉国
110 Imelda PALACAY 彭荔琼	Philippines 菲律宾
111* TAN Zhi Xian 陈致娟	Singapore 新加坡
112 Alice YEUNG Hoi Ha 杨凯霞	Hong Kong 香港

## Others 其他

113 CHEUNG Man Yee (Humanitarian Affairs Officer) 张敏宜	Hong Kong 香港
114 Wilhelmus JM VAN LIPPEN (Human Resources Consultant) 礼韦林	Holland (Based in Hong Kong) 荷兰 (于香港居住)
115 Joanne WONG Kit Sum (Press Officer) 黄洁心	Hong Kong 香港

\* No photo 没有照片

The above field workers were sent to work in the following countries / areas in 2008: Armenia, Bangladesh, Cambodia, Central African Republic, Chad, China, Colombia, Democratic Republic of Congo, Ethiopia, Haiti, India, Indonesia, Iran, Iraq, Jordan, Kenya, Laos, Liberia, Malawi, Moldova, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Palestinian Territories, the Philippines, Sierra Leone, Somalia, South Africa, Sri Lanka, Sudan, Thailand, Turkmenistan, Uganda, Uzbekistan, Yemen, Zambia and Zimbabwe.

Coordinators include administration coordinator, assistant head of mission, field coordinator, financial coordinator, logistical coordinator and medical coordinator.

上列志愿人员于二〇〇八年被派往以下国家或地区参与救援工作：亚美尼亚、孟加拉国、柬埔寨、中非共和国、乍得、中国、哥伦比亚、刚果民主共和国、埃塞俄比亚、海地、印度、印度尼西亚、伊朗、伊拉克、约旦、肯尼亚、老挝、利比里亚、马拉维、摩尔多瓦、莫桑比克、缅甸、尼泊尔、尼日利亚、巴基斯坦、巴勒斯坦地区、菲律宾、塞拉利昂、索马里、南非、斯里兰卡、苏丹、泰国、土库曼、乌干达、乌兹别克、也门、赞比亚和津巴布韦。

统筹人员包括行政管理统筹、助理项目总管、项目统筹、财务管理统筹、后勤统筹和医疗统筹。

As a general rule, MSF does not allow anyone carrying weapons to enter MSF premises to avoid associating MSF with any armed group.  
无国界医生一般来说不允许任何人持械进入其设施，避免令人将无国界医生与任何武装派系联系起来。



## GROWING SECURITY THREATS TO AID WORKERS IN ARMED CONFLICT 武装冲突地区 救援人员安全威胁日增

*“The humanitarian situation in Somalia is exceedingly concerning. Existing medical assistance is insufficient to cover the needs...The attack on our team in Kismayo has been an attack on the very idea of humanitarianism and our ability to alleviate the suffering in Somalia,” said Christoph HIPPCHEM, MSF Head of Mission for Somalia after the killing of three MSF staff members in Kismayo, Somalia on January 2008.*

「索马里的人道情况极度令人关注。现有的医疗援助并不足以应付当地的需要……我们的队伍在基斯马尤受到的袭击，实在是沉重打击了人道工作的基本理念，以及我们在索马里救助危难者的能力。」二〇〇八年一月，三名无国界医生救援人员在索马里基斯马尤被杀后，无国界医生索马里项目总管希普申沉重地说。

Democratic Republic of Congo 刚果民主共和国 © Seb GEO

Accessing victims of armed conflict posed a tremendous challenge for MSF teams throughout 2008. Continued deterioration of the security of aid workers made it increasingly difficult to provide medical care in conflict zones.

The beleaguered residents of the Somali capital of Mogadishu faced nearly daily bouts of violence in 2008 and yet had almost no access to healthcare. MSF could not run a proper ambulance service due to the security risk to our staff. The kidnapping (and release) of two MSF staff, and then the brutal killing of three other staff members forced MSF to scale back health activities and withdraw all international staff from the country. MSF is currently relying on the commitment of Somali staff to keep our projects running.

Pakistan, like Somalia, is another example of how the targeting of violence towards aid workers makes working in conflict zones extremely difficult. Fighting between government forces and local militia displaced millions of people. In early 2009, two MSF staff members travelling in a clearly marked MSF ambulance were caught in crossfire in the Swat district and killed, forcing the suspension of that vital ambulance service.

In Sudan, insecurity hindered MSF's response to the crisis in Darfur. After a series of attacks against MSF staff in August 2008, teams were forced to suspend projects in Tawila and Shangil Tobaya in North Darfur for several weeks, leaving tens of

接触身处武装冲突的伤者，是无国界医生在二〇〇八年面对的严峻考验。救援人员的人身安全每况愈下，令医疗队在冲突地区提供援助倍添困难。

二〇〇八年，索马里首都摩加迪沙被困的平民几乎每天都面对暴力冲突，却几乎无法获得任何医疗护理。基于救援人员所受到的安全威胁，无国界医生不能提供正常的救护车服务。两名无国界医生救援人员被绑架（其后获释），加上之后有另外三名工作人员被杀，令无国界医生被迫缩减救援项目的规模，以及把所有国际救援人员撤离该国。全赖索马里籍员工的承担，现有的救援项目才得以继续运作。

和索马里一样，巴基斯坦是另一个例子，说明针对救援人员的暴力事件，令在冲突地区的工作变得异常困难。政府军与当地民兵的战斗，令数以百万计的人流离失所。二〇〇九年年初，两名无国界医生救援人员乘坐着一辆清晰地标示了无国界医生名称的救护车，在史瓦特地区武装分子交火时遇害，迫使无国界医生需要暂停这个重要的救护车服务。

苏丹不稳的局势也阻碍了无国界医生回应达尔富尔的人道危机。在二〇〇八年八月发生一连串针对无国界医生员工的袭击后，救援队伍被迫暂停位于达尔富尔北部泰维勒莱及尚吉多巴亚的项目数周，使数以万计平民得不到医疗援助。

thousands of people without access to medical care.

The core value of humanitarian action is to preserve the lives and dignity of populations in distress. Humanitarian action cannot be carried out when aid workers are not safeguarded. However, the humanitarian environment has experienced significant changes in recent years. There is increased confusion between political processes and humanitarian operations, and between political actors and humanitarian organisations, which leads to growing insecurity of field workers. In some armed conflict settings, humanitarians, MSF included, are seen as playing a part in the Western political agenda.

In order to enable the provision of humanitarian assistance while reducing the risks to staff and beneficiaries, MSF seeks to maximise its acceptance within communities in the areas of operations by ensuring a clear understanding of our humanitarian position and of our activities among the populations. MSF does not only uphold our principles to be neutral, impartial and independent, but also has to be recognised to have this identity.

To be neutral means MSF is not to take sides in hostilities. This provides the best chance for the organisation to access people affected by a conflict. As an impartial humanitarian organisation MSF ensures its assistance is based solely on need, and is provided to vulnerable people without discrimination. And MSF strives for strict independence from any political, religious and economic powers in its operations.

Nearly 90% of MSF's income globally comes from private resources – approximately 3.7 million individuals worldwide donated to MSF in 2008. In politically highly sensitive countries or areas, such as Pakistan, Iraq, Darfur, Palestinian Territories and the Caucasus, MSF's relief work does not accept funding from any government or donor agency, and relies 100% on donations from the general public to underline its independent and impartial nature.

The work of humanitarian organisation does not take place in a vacuum. In order to have access to populations in need, MSF often has to establish and maintain a dialogue with various actors on the ground, including local authorities, armies, rebel groups, militias and community leaders. It takes a lot of work to gain the acceptance of each of the parties to a conflict, and trust can be destroyed overnight if there arises doubts as to the independence of a humanitarian actor. This is the reason why carrying out field operations, from assessment, distribution to medical action, with our core principles upheld, is something that MSF can never compromise.



Violence is so widespread in Somalia that very few aid agencies are working in that country.  
索马里出现广泛的暴力事件，只有极少数救援组织在该国工作。

人道工作的核心价值，在于维护处于危难中的人民的生命及尊严。当救援人员的安全不能得到保障时，人道工作便不能进行。然而，近年人道工作的环境出现了显著变化，政治工作与人道事务，以及政治参与者与人道救援组织越来越混淆，导致前线救援人员的处境变得越来越危险。在一些武装冲突中，人道工作者包括无国界医生，会被视为参与西方政治议题的一员。

为了能够提供人道救援，同时减低救援人员及平民百姓的安全风险，无国界医生致力在工作的地区，扩大不同社群对无国界医生的接纳，确保各界清楚明白我们的人道救援立场，以及我们在民众之间的工作。无国界医生不单在工作上要坚持中立、不偏不倚和独立的原则，更要外界认知到我们拥有这个身分。

保持中立，代表无国界医生不会支持冲突中的任何一方；这令我们最大可能地接触受冲突影响的平民。作为一个不偏不倚的人道救援组织，无国界医生只会依据人道需要提供救援，不带任何歧视协助危困的平民。无国界医生执行救援任务时，也绝对独立于任何政治、宗教和经济力量。

无国界医生的全球收入有接近九成来自私人捐助——二〇〇八年，世界各地有差不多三百七十万名人士捐款支持无国界医生。在政治高度敏感的国家或地区，如巴基斯坦、伊拉克、达尔富尔、巴勒斯坦地区和高加索地区，无国界医生的救援工作不接受任何政府或拨款机构的资助，在那些地方的项目百分百依赖来自公众的捐款，以持守独立和不偏不倚的原则。

人道救援组织并非在一个与外界隔绝的环境中工作。为了接触有需要的人民，无国界医生在前线要不时与各方面建立和保持沟通，包括当地政府、军队、叛军、民兵和社区领袖等。要得到冲突各方的接纳需要做大量工作，但所获得的信任，却能因为出现对工作人员独立性的怀疑，而在一夜之间被摧毁。因此，无国界医生所进行的前线救援工作，由进行评估到分发物资和提供医疗援助，都必须坚守我们的核心原则，不能作出妥协。



Pakistan 巴基斯坦 © Marta RAMONEDA

It is of utmost importance for MSF to uphold its neutrality and independence in order to reach the populations affected by armed conflict.  
为接触到受冲突影响的人民，无国界医生坚守其独立和中立性非常重要。



Winter chill, heavy fog, passionate participants – an unforgettable MSF Orienteering Competition 2008  
市民不惧严寒浓雾，参与「无国界医生野外定向2008」

## HONG KONG ACTIVITIES OVERVIEW 香港活动概览

In 2008, there was an upward trend in the number of professionals from the Asian region contributing their time and energy to MSF missions worldwide. A total number of 115 field workers recruited from 13 Asian countries/cities were on mission with MSF-Hong Kong to 164 field assignments. The major drawback still appears to be the limited number of French speakers in the region as there is an increased need of field workers to provide assistance for MSF programmes in some French-speaking countries, where MSF responds to an uprising number of emergencies. To better prepare and equip our field workers, a first tailor-made surgical training was organised from 31 August to 7 September. The training was a great success and will be conducted again in the future.

With the generous support of individual and corporate donors, MSF-Hong Kong raised more than HKD178.6 million in 2008, including donations for the Myanmar cyclone and Sichuan earthquake. Thanks to ongoing donations by our donors, MSF was able to launch an emergency project to combat the nutritional crisis that hit Ethiopia as soon as it started in May. Nevertheless, the crisis was so grave and serious that our operations needed to be extended. In September, MSF made an emergency appeal to raise more funds to be channeled to the frontline.

Fundraising television programme “On the Medical Frontline II” was broadcasted on Television Broadcasting Company Limited (TVB) on 2 October, featuring Hong Kong field workers providing medical and humanitarian assistance in Haiti, Liberia and Bangladesh. The last quarter of 2008 was also when the whole world slipped into the global financial crisis. It is at difficult times like this that monthly contributions by our supporters are particularly crucial to allow us to be able to respond to emergencies and to continue our medical relief work in about 70 countries worldwide.

于二〇〇八年，越来越多亚洲地区的专业人士付出他们的时间及精力，为无国界医生全球人道救援任务作出贡献。无国界医生香港办事处派出一百一十五名在十三个亚洲国家/城市招募的志愿人员，参与一百六十四项救援项目。有鉴于在一些法语系国家出现的紧急人道危机，以及无国界医生在那些地区的救援工作有所增加，我们需要更多会法语的志愿人员加入，而区内少有会法语的人士仍然是我们面对的挑战。为了让志愿人员更好地装备自己，我们于八月三十一日至九月七日，举办首个为前线工作度身订造的外科训练，这次训练非常成功，将来亦会继续举办。

全赖个人及企业捐款者的慷慨支持，无国界医生香港办事处于二〇〇八年共筹得一亿七千八百六十万港元，其中包括缅甸风灾和四川地震的捐款。捐款者的持续支持，令无国界医生得以于五月埃塞俄比亚爆发营养危机时，立即展开紧急救援。有关的营养危机后来转趋严重，我们遂于九月作出紧急捐款呼吁，以筹募更多款项，应付急需扩大的救援行动。

无国界医生电视筹款节目《救援最前线》第二辑，于十月二日在电视广播有限公司（无线电视）播出。该特辑纪录了香港志愿人员在海地、利比里亚和孟加拉国提供医疗人道救援的实况。二〇〇八年第四季，金融海啸席卷全球，在这个艰难的环境下，全赖支持者的每月捐款，令无国界医生能够迅速回应突发的人道危机，以及继续全球约七十多个国家的医疗人道救援工作。

「无国界医生野外定向」充份体现了公众对我们的支持。这个一年一度的活动，于一月二十七日假大屿山昂坪举行，当日的严寒和浓雾并没有减退超过一千八百名参加者的热情，为无国界医生筹得超过二百零六万港元。公众亦透过参与七月七日举行的「无国界医生生日」，捐出一天人工予无国界医生。这次活动得到财政司司长曾俊华先生担任荣誉行动大使，共筹得二百六十万港元。



Celebrities from different sectors call on the public to support MSF Day by donating a day's income  
来自不同界别的名人齐声呼吁市民捐一日人工支持「无国界医生生日」



Dr. Wilson LI shares his field experience in Iraq with MSF donors  
李威仪医生与捐款者分享在伊拉克的救援经验

Support from the public towards MSF can be fully visualised through the MSF Orienteering Competition. This annual public event was held on 27 January in Ngong Ping, Lantau. It raised over HKD2 million with the support from more than 1,800 participants despite the winter chill and heavy fog. Members of the public also support MSF by donating a day's income on MSF Day 2008, which was held on 7 July with Mr. John TSANG Chun Wah, Financial Secretary as the Honourable Campaign Leader. HKD2.6 million was collected in this event.

To enhance communication with donors, we organised two donor sharing sessions with our field workers who returned from Iraq and Bangladesh in February and November respectively. At the same time, MSF-Hong Kong sends out the “Sans Frontières” bulletin, with a new design and improved content, twice a year to keep supporters informed on how donation dollars are spent, and up-to-date on MSF's worldwide work.

MSF-Hong Kong keeps up the effort on online communication, a cost-effective way of communication nowadays. In 2008, we set up a page on Facebook, one of the most popular online social networks and made use of more online multimedia platforms to raise awareness. The MSF-Hong Kong website was enriched with more audio-visual materials to bring the viewers to the frontline. To facilitate communication of MSF projects in Asia, special sections highlighting MSF's work in Thailand, Cambodia and Indonesia were set up in the official website.

Knowledge exchange between NGOs and academics is vital for improving relief modules. In October, MSF-Hong Kong organised an NGO workshop to exchange experience in nutritional programmes and share MSF's experience in treating malnutrition. MSF International Council President, Dr. Christophe FOURNIER gave a seminar to the School of Public Health of the Chinese University of Hong Kong (CUHK) on the topic “Medical-Humanitarian Need in Conflicts” in March.

MSF International Council President, Dr. Christophe FOURNIER (right) receives a souvenir from Prof. Joseph SUNG in the CUHK seminar  
无国界医生国际议会主席符尼尔医生（右）在香港中文大学的演讲上，接受沈祖尧教授的纪念品

为加强和捐款者的沟通，无国界医生香港办事处于二月及十一月共举办了两场分享会，由分别参与伊拉克和孟加拉国救援工作的志愿人员，与捐款者分享经验。同时，香港办事处每年出版两次通讯《无疆》，以全新的设计及加强内容，向支持者交代捐款的用途和无国界医生全球工作的最新消息。

无国界医生香港办事处继续致力发展网上传讯这个具成本效益的沟通渠道。于二〇〇八年，我们在其中一个最受欢迎的社交网站Facebook设立专页，并利用网上多媒体平台，与公众分享我们的救援点滴。无国界医生香港办事处的网站，亦加入更多影音元素，带领浏览的公众走到救援前线。为加强无国界医生在亚洲地区的救援资讯，香港办事处的网站也特别加入三个分页，重点介绍我们在泰国、柬埔寨及印度尼西亚的工作。

要改善救援方案，非政府组织之间的沟通，以及与学术研究单位的交流相当重要。无国界医生香港办事处在十月举办工作坊，让不同的非政府组织就推行营养治疗项目作出交流，无国界医生也分享了一些治疗营养不良个案的经验。无国界医生国际议会主席符尼尔医生于三月应香港中文大学公共卫生学院的邀请，以「冲突地区的医疗人道需要」为题演讲。



© PK LEE / MSF



Guangzhou office facilitates media interviews with MSF field teams after the Sichuan earthquake  
广州代表处在四川地震后协助安排灾区的无国界医生队伍接受媒体访问

## GUANGZHOU ACTIVITIES OVERVIEW 广州活动概览

On 12 May 2008, a devastating earthquake hit Sichuan province, China. This catastrophe sparked tremendous interest among people in China about the work of NGOs and humanitarian work. The MSF Guangzhou office facilitated numerous media interviews to provide regular updates of our work, including interviews by China Central Television (CCTV) which were broadcasted nationally.

Media in China was also interested to learn more about MSF's response to worldwide humanitarian crises. In April, three returned MSF field workers attended the popular talk show "Date with Luyu", produced by Phoenix Television but also broadcasted by Hunan Satellite Television, and helped MSF further build up its profile as an independent medical humanitarian organisation.

MSF was seeking an innovative approach to fight malnutrition on the frontline. "Food is not Enough", an exhibition on global nutritional crisis was organised in December in the Guangzhou Library to advocate increasing the standards of international food aid to provide the right nutrients needed for small children. The event attracted about 12,000 visitors. MSF Guangzhou office also launched its first-ever online interactive campaign in co-operation with NetEase before the exhibition started, and placed pro bono online advertisements in various websites. Online media was mobilised to report on the nutrition issue, including the China Internet Information Center (www.china.org.cn), the portal site led by the State Council Information Office.

Experience sharing sessions by MSF were organised in a number of universities and libraries in Beijing and Guangzhou. About 1,200 people attended these sessions.

MSF HIV/AIDS project in Xiangfan prefecture, Hubei province was handed over to local authority in March. The Guangzhou office helped produce a report documenting the experience of this project as well as a video about the prevention of drug resistance.

"Food is not Enough" exhibition zooms in on the global malnutrition crisis  
「我要良食」展览聚焦全球的营养不良危机

二〇〇八年五月十二日，中国四川省发生大地震。这场灾难引起国内民众对非政府组织的工作和人道救援的广泛关注。无国界医生广州代表处协助在灾区的无国界医生队伍处理和接受不少媒体采访，包括全国广播的中央电视台，以保持持续向公众交代我们最新的工作情况。

中国传媒也关注无国界医生在世界各地进行的人道救援工作。四月，三名无国界医生志愿人员接受了由凤凰卫视制作、并同时在湖南卫视播出的著名访谈节目《鲁豫有约》的访问，协助无国界医生进一步建立独立的医疗人道救援组织的形象。

无国界医生积极寻求创新的方法，在前线治疗营养不良。「我要良食」——全球营养不良危机展览，于二〇〇八年十二月在广州图书馆举行。这个展览倡议提升国际粮食援助的标准，为幼儿提供适当的营养，共吸引约一万二千人参观。在展览开幕前，无国界医生广州代表处与内地网站网易合作，首次推出网上互动宣传，并在多个网站刊登免费广告，同时推动网上媒体，包括由国务院新闻办公室领导的中国互联网新闻中心(www.china.org.cn)，报道全球的营养不良情况。

无国界医生在北京及广州多间大学和图书馆，举行经验分享讲座，共吸引约一千二百人参加。

无国界医生在湖北省襄樊市的艾滋病综合关怀与治疗项目，已于二〇〇八年三月移交至当地卫生部门。无国界医生广州代表处协助前线医疗队撰写报告，总结项目的经验，并摄制一套关于预防耐药性的短片。



© LI Guang / MSF

## ACKNOWLEDGEMENTS 鸣谢

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

无国界医生衷心感谢所有捐款人及下列机构、团体、学校、大专院校和办事处义工对我们的支持。

### Corporations 机构

American Express Bank Ltd.  
AsiaWorld-Expo Management Ltd.  
Ball Watch (Asia) Co. Ltd.  
Bank Consortium Trust Co. Ltd.  
Bao Shinn International Express Ltd.  
Beste Technik Co., Ltd.  
Canon Hongkong Co., Ltd.  
Cathay Pacific Airways Ltd.  
Chan Man Chau Fruit Co. Ltd.  
CITIC Securities International Co. Ltd.  
CLP Power  
CMP Asia Ltd.  
Communion W Ltd.  
Dah Sing Bank and MEVAS Bank  
DeQingYuan (HK) Ltd.  
F & S Consultants  
Gate Way Valve & Fitting Ltd.  
Give Me 5 Catering Ltd.  
Global Call Ltd.  
Grand Power Express International Ltd.  
Grey Hong Kong  
Hang Seng Bank Ltd.  
Hong Kong Dragon Airlines Ltd.  
Intrasia Information Technology Company  
JCDecaux Texon  
Jets Technics Ltd.  
Many Way (HK) Ltd.  
MUSE  
Nanyang Commercial Bank Ltd.  
New World Department Store China Ltd.  
New World Development Co. Ltd.  
Northwest Airlines  
OKIA Optical Co., Ltd.  
Paragon Education Centre  
Rainbow International Industrial Ltd.  
RCG (Hong Kong) Ltd.  
Standard Chartered Bank (Hong Kong) Ltd.  
Sterling & Grant Ltd.  
Super Hunter Services Co. Ltd.  
Susion Advertising Solution  
Swire Coca-Cola HK Ltd.  
Swiss International Air Lines  
The Bank of East Asia  
The Hongkong Electric Co., Ltd.  
The Overlander  
Triple Faith Engineering & Supply Ltd.  
United Italian Corp. (HK) Ltd.  
W. L. Gore & Associates (HK) Ltd.  
Wing Lung Bank Ltd.  
Wong Tung & Partners Ltd.  
九方科技(零售)有限公司  
大盛集团(控股)有限公司  
中国发展简报  
天智集团  
文艺制作公司  
旭日丝棉制品厂有限公司

全记海鲜菜馆  
快易通  
恒地会  
昂坪360  
香港电车有限公司  
荃新天地  
雅居乐地产控股有限公司

### Government / Public Organisations 政府及公营机构

食物环境卫生署  
香港海关  
消防处  
税务局体育局  
运输署  
广州图书馆  
渔农自然护理署  
惩教职员义工团

### Schools / Tertiary Institutions 学校及大专院校

Park View International Kindergarten  
上水官立中学  
天主教母佑会萧明中学学生会  
仁济医院王华湘中学  
青年会专业书院  
香港大学  
香港大学学生会扶轮青年服务队  
香港科技大学学生会社会服务队  
香港理工大学学生会扶轮青年服务队  
救恩学校  
圣贞德中学  
慈云山信生中英文幼稚园

### Media 传媒

Beauty & Hair - the trade magazine  
Benchmark Ltd.  
EyePress  
ReviewAsia Magazine  
Time Asia (Hong Kong) Ltd.  
weR.asia  
XD 专业论坛  
Yahoo! Hong Kong Ltd.  
生活区报  
失败论坛  
有线电视月刊  
良友之声出版社  
明报资讯网  
香港讨论区  
流动通讯论坛  
钓游天下  
商业电台  
新浪网  
经济一周  
广州羊城网  
网易新闻  
数码天地论坛  
亲子王国有限公司  
环球媒体动力

### Professional Bodies 专业团体

HKIE-MMNC  
Jones Day Solicitors and International Lawyers  
KPMG  
The Chartered Institute of Architectural Technologists  
The Hong Kong Institution of Engineers  
建造业议会

### Community Groups & Associations 社区团体及协会

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  
香港圣约翰救伤队  
新方向定向会  
宝莲禅寺

### Foundations 资助基金

Hong Kong Youth Arts Foundation  
Speech & Music Recital Development Foundation  
友邦慈善基金  
腾讯公益慈善基金会

### Office Volunteers 办事处义工

Samuel CHAN	Hanna KITE
Selina HWANG	Fanny YAU
王亦纬	伦清明
田倩	马骅
司徒庆朗	陈永安
白瑜	陈玥
吴戈	张洋
何佩沕	曹姝蓉
吴芷晴	陈思焯
余培南	麦圈
余惠静	陈敏敏
阮雅薇	陈淑贤
黎广	陈雁娟
何荣德	梁雅茜
吴莹	崔恺
岑丽春	梁绮韵
林瑜	梁宝嫦
姚子远	彭宇
袁莉敏	黄如汉
伦雪兰	叶知勇

The above office volunteers provided services over 36 hours in 2008. We are also thankful to have other volunteers contribute their precious help.

上列办事处义工于二〇〇八年服务三十六小时以上，我们亦感谢其他义工于过去一年提供的宝贵协助。

# MSF-HONG KONG FINANCIAL OVERVIEW 2008

## 无国界医生香港办事处二〇〇八年度财政概览<sup>①</sup>

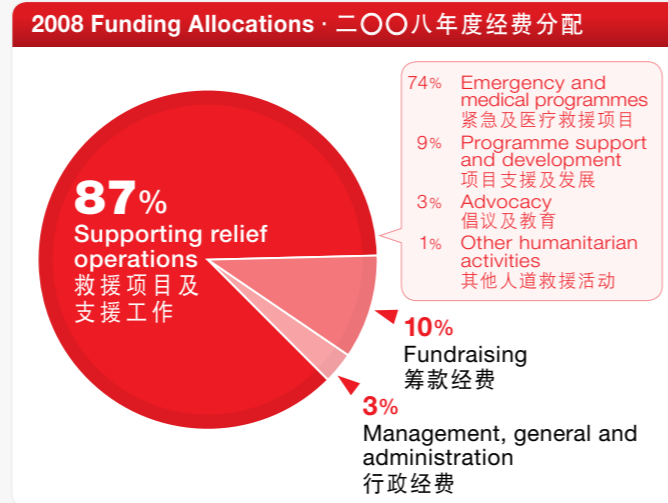
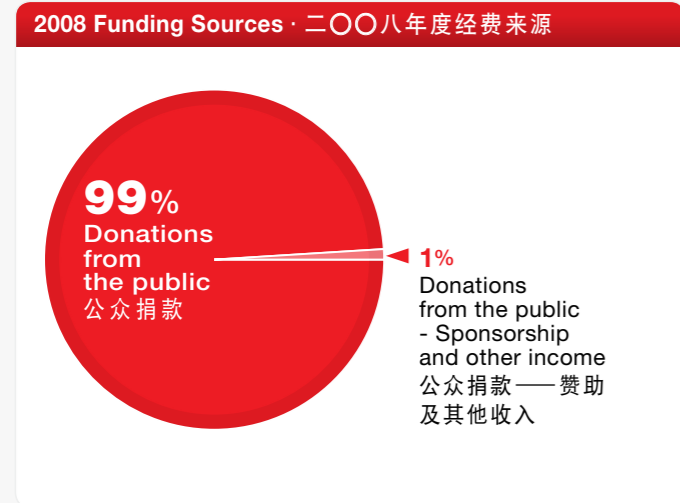
	2008	2007
<b>INCOME 收入</b>		
<b>Donations from the public 公众捐款</b>	<b>176,047,375</b>	<b>153,223,800</b>
<b>Donations from the public – sponsorship 公众捐款 — 赞助</b>	<b>2,515,000</b>	<b>1,400,000</b>
<b>Other income 其他收入</b>	<b>39,511</b>	<b>187,345</b>
<b>TOTAL 总数:</b>	<b>178,601,886</b>	<b>154,811,145</b>
<b>EXPENDITURE 支出</b>		
<b>Supporting relief operations 救援项目及支援工作</b>		
Emergency and medical programmes 紧急及医疗救援项目	132,946,514	117,554,532
Programme support and development 项目支援及发展	16,422,670	14,980,012
Advocacy 倡议及教育	4,940,761	4,109,321
Other humanitarian activities 其他人道救援活动	1,700,376	1,825,694
<b>Total supporting relief operations 救援项目工作总开支</b>	<b>156,010,321</b>	<b>138,469,559</b>
<b>Management, general and administration 行政经费</b>	<b>4,642,027</b>	<b>4,061,140</b>
<b>Fundraising 筹款经费</b>	<b>17,949,538</b>	<b>12,280,446</b>
<b>TOTAL 总数:</b>	<b>178,601,886</b>	<b>154,811,145</b>

### BALANCE SHEET AS AT 31 DECEMBER 2008

#### 截至二〇〇八年十二月三十一日止年度的资产负债表

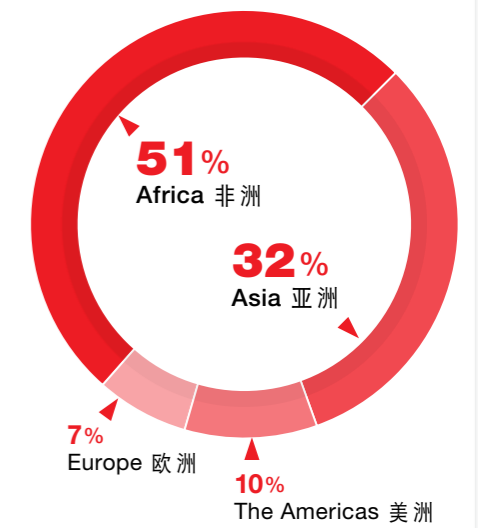
	2008	2007
<b>Fixed Assets 固定资产</b>	<b>1,213,755</b>	<b>1,163,993</b>
<b>Current Assets 流动资产</b>		
Sundry debtors 杂项应收帐款	53,436	30,281
Prepayments and deposits 预付费用及押金	285,720	401,853
Amount due from other MSF offices 应收其他无国界医生办事处之帐款	690,698	757,779
Cash and bank balances 现金及银行结余	23,014,729	13,652,555
<b>24,044,583</b>	<b>14,842,468</b>	
<b>Current Liabilities 流动负债</b>		
Sundry creditors and accruals 应付帐款及应计费用	1,541,678	391,294
Amount due to other MSF offices 应付其他无国界医生办事处之帐款	23,716,660	15,615,167
<b>25,258,338</b>	<b>16,006,461</b>	
<b>Net Current Liabilities 净流动负债</b>	<b>(1,213,755)</b>	<b>(1,163,993)</b>
<b>Fund Balances 资金余额</b>	<b>0</b>	<b>0</b>
Accumulated funds 累积资金	<b>0</b>	<b>0</b>

The financial statements of Médecins Sans Frontières-Hong Kong for the year ended 31 December 2008 were audited by KPMG, and approved by the Board of Médecins Sans Frontières-Hong Kong. The full financial statements can be made available upon request.  
无国界医生香港办事处于二〇〇八年十二月三十一日止年度之财务报告，经毕马威会计师事务所核数师审核及无国界医生香港办事处董事会认可。欢迎查阅有关报告全文。



### 2008 Allocation of MSF-Hong Kong Funding for Relief Work by Country · 二〇〇八年度香港办事处拨予各地区救援工作之拨款

Country 国家	Funding 拨款	Country 国家	Funding 拨款
Ethiopia 埃塞俄比亚	14,885,446	Chad 乍得	3,056,904
Haiti 海地	8,773,452	Malawi 马拉维	3,016,791
Democratic Republic of Congo 刚果民主共和国	7,703,820	Nepal 尼泊尔	2,938,272
Myanmar 缅甸	6,932,000	Sri Lanka 斯里兰卡	2,938,272
China 中国	6,613,209	Guinea 几内亚	2,528,510
Russian Federation 俄罗斯联邦	5,708,704	Uzbekistan 乌兹别克	2,350,617
Sudan 苏丹	5,351,981	Niger 尼日尔	2,311,209
Bangladesh 孟加拉国	4,830,055	Liberia 利比里亚	2,224,671
Iraq 伊拉克	4,701,234	Pakistan 巴基斯坦	2,076,509
Mozambique 莫桑比克	4,644,081	Burundi 布隆迪	1,762,975
Colombia 哥伦比亚	4,605,976	Thailand 泰国	1,638,052
India 印度	4,393,298	Italy 意大利	1,621,313
South Africa 南非	3,997,224	Côte d'Ivoire 科特迪瓦	1,391,283
Kenya 肯尼亚	3,765,917	Indonesia 印度尼西亚	1,279,340
Sierra Leone 塞拉利昂	3,619,827	Cambodia 柬埔寨	1,148,191
Nigeria 尼日利亚	3,525,926	Jordan 约旦	982,683
Central African Republic 中非共和国	3,457,981	Belgium 比利时	859,837
		Other countries 其他国家	270,487
<b>TOTAL 总数:</b>		<b>131,906,047</b>	



#### Explanatory Notes on Financial Overview 2008

- All the amount is expressed in Hong Kong dollar.
- 99.9% of donations came from donations from the public.
- A total of HKD131,906,047 was allocated for emergency and medical programmes in 41 countries. HKD1,040,467 of funding is set aside as "International Fund for Operational Research and Innovation" to promote innovation in MSF's field activities so as to improve the way we respond to healthcare needs in where we are working.
- 87% of donations in total went to supporting relief operations.
- As of 2008, MSF-Hong Kong maintained a "zero reserve" policy: all donations received, after the fundraising and administration expenses, were fully dispensed for supporting relief operations.
- "Other countries" included Somalia, Lebanon, Georgia, Brazil, Rwanda, Peru and Syria.

#### 二〇〇八年度财政概览说明

- 所有汇算以港元为单位。
- 99.9% 经费来自公众捐款。
- 合计131,906,047港元被拨作于四十一个国家和地区进行救援项目的经费；另1,040,467港元作为「救援项目研究及创新之国际拨款」，透过在前线工作中鼓励创新，改善应对医疗需要的方法。
- 87% 捐款用于救援项目及支援工作。
- 截至二〇〇八年，无国界医生香港办事处采取「零储备」政策：所有筹得的捐款，扣除筹款及行政经费后，全数拨予救援项目及支援工作。
- 「其他国家」包括索马里、黎巴嫩、格鲁吉亚、巴西、卢旺达、秘鲁和叙利亚。

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As of December 2008, the office of MSF-Hong Kong, including the representative office in Guangzhou, consisted of 33 staff and 56 office volunteers who help carrying out office tasks regularly.

截至二〇〇八年十二月，无国界医生香港办事处及其广州代表处共有三十三名职员，另有五十六名义工定期协助处理日常工作。

#### Glossary of Abbreviations

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral
CAR	Central African Republic
DRC	Democratic Republic of Congo
HIV	Human immunodeficiency virus
HKD	Hong Kong dollar
IDP	Internally displaced person
LTTE	Liberation Tigers of Tamil Eelam (here also refers to Tamil Tiger rebels)
MSF	Médecins Sans Frontières (here also refers to MSF teams, international field workers and national staff)
NGO	Non-governmental organisation
NWFP	North West Frontier Province
TB	Tuberculosis

MSF-HK Activity Report 2008 is online at [www.msf.org.cn/baogao](http://www.msf.org.cn/baogao)

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