

MSF **ACTIVITY REPORT**

活动报告 2010



MEDECINS SANS FRONTIERES
无国界医生

FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR

主席和总干事的话

Dear Friends,

The year 2010 was an unprecedented year in terms of the scale and nature of emergencies and the devastation involved, resulting in a tremendous growth in the operational volume of Médecins Sans Frontières (MSF). We had a record 6,561 departures of international field workers in the past year, working around the clock in around 65 countries. The total expenditure in 2010 was 813 million euros, equating to a 32% increase in activities.

The year was started, and unfortunately rounded up as well, with two huge emergencies in Haiti. On 12 January an earthquake flattened Port-au-Prince, the capital of the poorest country in the western hemisphere in seconds. MSF, which had worked with the Haitian people for nearly two decades, was at the heart of the disaster response, and the first critically wounded started to come into MSF health facilities within minutes. MSF launched the largest emergency response in its history thereafter.

In mid-October, Haiti suffered a second blow when a cholera outbreak spread throughout the country. The disease caused panic among the already battered population. But there was a breakdown of trust between the Haitian people and the United Nations (UN) and its affiliated agencies. Despite the fact that there were around 12,000 non-governmental organisations present, MSF was the major provider of care during the epidemic alongside doctors from neighbouring Cuba – MSF alone treated more than 91,000 patients which accounted for more than half of all the cases countrywide since the start of the epidemic through 1 January 2011.

The present international aid system – a UN-coordinated “cluster” system – has proven to be ineffective in handling the dynamics of a major emergency like the one in Haiti and is not meeting the needs of the people it claims to help. The recognition of MSF’s independence from the UN allowed our medical staff to continue treating cholera patients across the country. The experience in Haiti once again reinforced our commitment to this position.

各位朋友：

二〇一〇年是史无前例的一年，这一年内发生的紧急灾难，其规模之大、灾难类别之广和造成的破坏皆前所未见，无国界医生的工作量也因此大幅增加——我们在一年内派出的前线救援人员数目创新高，达六千五百六十一人次，他们在全球约六十五个国家日以继夜地工作；总开支达八亿一千三百万欧元，相当于救援工作增加了百分之三十二。

甫踏入这一年，先是海地发生大地震，不幸地在同一个国家，另一场灾难亦为这年划上句号。一月十二日，海地这个西半球最贫穷国家的首都太子港，在地震中顷刻间被夷为平地。在海地工作了近二十年的无国界医生身处重灾区，首批重伤者在震后数分钟内就被送到无国界医生的医疗设施。之后无国界医生启动了有史以来规模最庞大的紧急救援行动。

十月中，海地再遭重创，霍乱肆虐全国。疫情让饱受磨难的民众更加惶恐不安，但海地人民对联合国及其附属机构经已失去信心。尽管约有一万二千个非政府组织参与救援，无国界医生与来自邻国古巴的医生却在疫症中成为医疗护理的主要提供者——仅是无国界医生，由疫情爆发至二〇一一年一月一日期间，就治疗超过九万一千名病人，占该国所有病例的半数以上。

这说明了现时的国际救援体系——由联合国协调的“集群”体系在处理像这次海地的紧急灾难时，根本起不了作用，而且无法满足它声称要帮助的民众所需。无国界医生独立于联合国之外的立场得到承认，使我们的医护人员可以继续在该国各地治疗霍乱病人。海地的救援经验再次增强了我们对此立场的坚定信念。

另一场大规模灾难于夏天在巴基斯坦展开。该国发生有史以来最严重水灾，波及二千万人。在救灾过程中，数个联合国和美国代表把向巴基斯坦人民提供援助与打击恐怖主义活动混为一谈。这样将水灾救援政治化，只加深了长期以来巴基斯坦人民对外国救援动机的怀疑。



Dr KO Chi Cheong (left) examines a patient with fracture in Haiti
高志昌医生（左）于海地为一名骨折病人检查

■ MSF works in approximately **65 countries** worldwide. The named countries in the map are highlighted in this report.

无国界医生在全球约**六十五个国家**工作。地图上标示名称的国家在本活动报告内含项目简介。



Another disaster on an immense scale unfolded during the summer in Pakistan, as 20 million people were affected by the worst flood in the country's history. In the due course, several UN and US representatives linked the provision of aid to the Pakistani population to the fight against terrorism. This politicisation of flood assistance has only deepened long-held Pakistani suspicions of the intentions of foreign aid.

It is more vital than ever that MSF adheres to its principle of providing impartial and independent aid. MSF does not accept any funds from donor governments for our work in Pakistan, Afghanistan, the Caucasus and countries with highly-charged political environment. Our reliance on private funds gathered from the general public worldwide ensures that we remain strictly independent from any government or military and allows us to be responsive to the needs that we identify. This also helps us to be accepted by all parties involved in the conflict as well as the local communities.

MSF continues to provide medical care to patients forgotten by the global community, such as in the Democratic Republic of Congo, the Sahel region of Africa and central India. Along with our direct patient care, we are persistent on advocating for improved access to healthcare. In this Activity Report, you will see how MSF strives to innovate in order to bring essential medical assistance to people in need while the environments or contexts that our teams are working in are becoming more and more complex.

MSF is approaching its 40th year in 2011. We are grateful and proud that so many donors have committed to stand by us so that we can deliver medical aid to wherever is needed. In 2010, MSF-Hong Kong saw an over 28% increase in private donations to our work. We hope our supporters like you will continue caring about not only the crisis in the media spotlight, but also to the tens of thousands being neglected but struggling to survive. With your support, we can ensure MSF reaches those most in need of medical care.

Thank you very much for standing by us.

无国界医生恪守不偏不倚和独立的救援原则，如今更为重要。在巴基斯坦、阿富汗、高加索以及其他高度政治化的国家，无国界医生的救援项目不接受任何政府的捐助。无国界医生有赖于从全球公众筹募所得的私人捐款，确保我们维持完全独立于任何政府或军事组织之外，只根据我们确认的受灾人民的需要去开展救援工作。这亦有助于我们被冲突各方及当地社群接受。

无国界医生亦继续在刚果民主共和国、非洲撒哈拉南缘的萨赫勒地区和印度中部等地，向被国际社会所遗忘的病人提供医疗护理。除向病人提供直接护理外，我们亦坚持提倡改善病人获取医疗服务的情况。你可以从本活动报告了解，当无国界医生身处的环境或状况日趋复杂时，他们如何以创新方式向人们提供关键的医疗援助。

二〇一一年是无国界医生成立四十年。众多捐款人坚实的支持，使我们得以向有需要的地区提供医疗援助，我们为此心存感激，并感到自豪。二〇一〇年，无国界医生香港办事处筹得的私人捐款增加了百分之二十八以上。除了媒体镁光灯下的危机外，我们亦希望支持者继续关注数以万计默默地挣扎求存却被忽略的人民。有你的支持，无国界医生一定能为那些亟需医疗护理的人民提供援助。

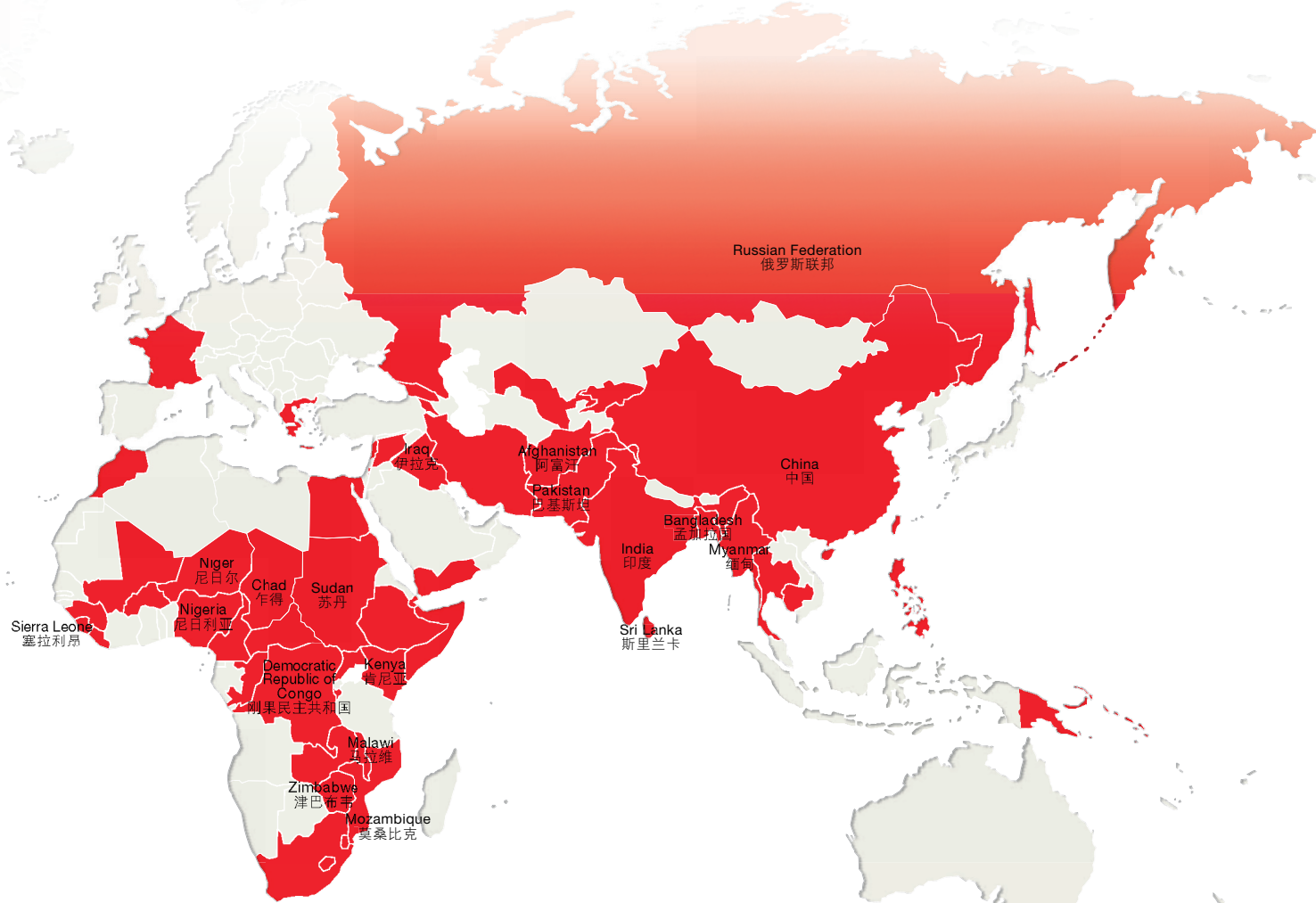
衷心感谢大家对我们的鼎力支持。



Dr. FAN Ning
President,
MSF-Hong Kong
无国界医生香港董事会主席
范宁医生



Rémi CARRIER
Executive Director,
MSF-Hong Kong
无国界医生香港办事处总干事
卡磊明



PROJECTS BY COUNTRY

各地项目



© Kate GERAGHTY / Fairfax Media

MSF medical staff treats a woman whose hand became infected at the mobile clinic in southern Sudan
在南苏丹，无国界医生的流动医疗队人员正治疗一名手部感染的妇女

Africa

Sudan

Medical needs among the people of Sudan remain significant, where access to healthcare is particularly poor in the south. Working in seven states in southern Sudan as well as the territory of Abyei, MSF carried out over 588,000 outpatient consultations, provided antenatal care to some 96,000 women and treated over 25,900 patients for malnutrition.

Despite the insecurity and administrative constraints hampering the access to the most vulnerable, MSF responded to several medical emergencies in 2010, including the biggest kala azar outbreak in the country in eight years, treating victims of violence in Darfur and launching emergency nutrition programmes in Al Gedaref state.

In Port Sudan, MSF provided reproductive healthcare in hospital, including raising awareness about the harmful medical effects of female genital cutting. At the end of the year, MSF handed this project over to the Ministry of Health.

非洲

苏丹

苏丹人民的医疗需求依然庞大，其中南部地区医疗护理更为匮乏。无国界医生在苏丹南部七个省以及阿卜耶伊地区工作，进行了逾五十八万八千次门诊诊疗，向超过九万六千名妇女提供产前护理，并治疗了超过二万五千九百名营养不良的病人。

尽管局势不安全和行政措施限制，阻碍救援队接触最需要援助的人群，无国界医生于二〇一〇年仍作出了几次紧急救援，包括应对近八年来该国最大规模的黑热病爆发、在达尔富尔地区医治暴力冲突受害者，以及在加达里夫州开展紧急的营养不良治疗项目。

在苏丹港，无国界医生在医院提供生殖健康护理，包括就女性生殖器切割对身体带来的有害影响，提高民众的认知。无国界医生已于年底把该项目移交予卫生部。



© Robin MELDRUM

New supplies being delivered by dugout to the MSF sleeping sickness mobile team in a village in the DRC

在刚果民主共和国一条村落，无国界医生用独木舟运送物资给治疗昏睡病的流动医疗队



© Finbarr O'REILLY / REUTERS

A Somali mother feeds her malnourished six-month-old son at a camp in Dadaab in Kenya

在肯尼亚达达阿布一个难民营里，一名索马里妇女正给六个月大、营养不良的儿子喂食

Chad

In 2010, Chadians faced a major food crisis and several outbreaks of disease. MSF treated malaria and meningitis in the south, responded to outbreak of measles and cholera in the capital city N'Djamena while running 12 emergency nutrition programmes in different regions. In total, MSF treated over 27,000 children, of whom over 21,000 were severely malnourished.

Conflict continued in eastern Chad. MSF provided medical care to the displaced people and local community in Dogdoré, Kerfi and Am Timan. But due to insecurity, MSF was forced to close the programme in Dogdoré in July.

Democratic Republic of Congo (DRC)

MSF offered general and specialised medical care in hospitals and mobile clinics in various provinces in the DRC. Teams responded to outbreak of measles and cholera, while also treated malaria, sleeping sickness, HIV/AIDS and tuberculosis (TB). MSF staff carried out over one million medical consultations, performed more than 10,000 surgeries and assisted 19,200 births.

In the wartorn east of the DRC, MSF provided healthcare and medical supplies to the communities affected by violence, as well as medical and psychological support for sexual violence victims. MSF handed over its activities in Bon Marché hospital to the Ministry of Health.

Kenya

MSF's work in Kenya continues with a strong focus on HIV care, ensuring treatment available in Homa Bay. Besides, in the capital Nairobi, MSF provided HIV/AIDS and TB treatment in two slum areas, Mathare and Kibera, with 7,400 people living with HIV/AIDS receiving care and 5,800 on antiretroviral (ARV) treatment. Medical and psychological services were also provided to patients of sexual violence.

In the northeast, teams provided relief and healthcare to hundreds of thousands of Somali refugees living in camps around the town of Dadaab. An average of 10,000 general consultations were held and 600 patients were admitted to the hospital every month.

乍得

二〇一〇年，乍得人民面对一次大型食物危机以及数次疾病爆发。无国界医生分别在南部医治疟疾及脑膜炎的病人，在首都恩贾梅纳对抗麻疹和霍乱爆发，同时在不同地区进行十二个紧急营养不良治疗项目。无国界医生共医治了超过二万七千名儿童，其中逾二万一千人患上严重营养不良。

乍得东部的冲突持续，无国界医生在多戈尔、克尔非及安提曼地区，为流离失所者和当地社群提供医疗护理。由于局势不安全，无国界医生七月被迫结束在多戈尔的援助项目。

刚果民主共和国

无国界医生在刚果民主共和国不同省份的医院及流动诊所提供一般和专科医疗护理，除了医治疟疾、昏睡病、艾滋病和结核病外，同时应对麻疹及霍乱爆发。无国界医生共进行了超过一百万次诊症、一万多宗手术，并协助接生一万九千二百名婴儿。

在饱经战事蹂躏的东部，无国界医生向受冲突影响的社群提供医疗护理和医疗物资，并向性暴力受害者提供医疗和心理支援。无国界医生在邦马尔凯医院的工作，则已移交予卫生部。

肯尼亚

在肯尼亚，无国界医生继续以提供艾滋病护理为工作重点，包括确保霍马贝地区有治疗服务。在首都内罗毕，无国界医生则在玛萨瑞和基贝亚两个贫民区提供艾滋病及结核病治疗，有七千四百名艾滋病病毒感染者接受护理，五千八百人接受抗艾滋病病毒治疗。无国界医生亦向性暴力受害者提供医疗和心理支援服务。

在东北部，医疗队在达达阿布镇一带，为数以十万计在营地栖身的索马里难民提供援助和医疗护理。医疗队平均每月进行一万宗诊症，接收六百名病人入院治疗。



© Anthony BOURASSEAU / MSF

MSF distributes supplementary food to reduce the number of children becoming malnourished in Niger

无国界医生在尼日尔派发营养补充食品，以减少营养不良儿童数目

Malawi, Mozambique, Zimbabwe

MSF responded to Malawi's worst outbreak of measles since 1997 by conducting a vaccination campaign among 3.3 million children and supporting the treatment of nearly 23,000 people. MSF also conducted measles vaccination campaign in neighbouring Mozambique.

MSF continued to support the provision of HIV/AIDS care and treatment in Malawi, Mozambique and Zimbabwe, with a total of over 114,000 patients on ARV treatment. However, the funding retreat by the Global Fund to Fight HIV, Tuberculosis and Malaria in late 2010 will further prevent the authorities of Malawi and Zimbabwe from implementing the new World Health Organization guidelines on ARV treatment and may limit the number of new patients for treatment.

Niger, Nigeria

The poor harvest in 2009 made the nutritional crises far worse in 2010 in Niger. In Maradi, Tahoua and Zinder regions, MSF provided medical care for over 148,000 malnourished children. MSF also treated malaria and cholera, supported maternal and child healthcare, and conducted meningitis vaccination campaigns.

In Nigeria, ethnic and religious tensions flared again both in the north and south. MSF provided medical care and relief items to the displaced families and the injured patients. In the central and northern regions, MSF provided maternal and child healthcare, responded to flooding and outbreaks of measles, meningitis and cholera. Teams also treated over 400 children for lead poisoning in Zamfara state.

Sierra Leone

MSF continued its focus on improving maternal and child health, as well as treating malnutrition and malaria. Teams worked in the capital Freetown, Bo and Pujehun districts. MSF also assisted the Ministry of Health in the implementation of the new policy of free healthcare for children under five, and pregnant and breastfeeding women.

In total, MSF treated more than 14,000 hospital patients in critical condition and carried out more than 210,000 consultations.



© Juan Carlos TOMASI

An MSF doctor examines a malnourished child in Sierra Leone

在塞拉利昂，无国界医生为一名营养不良儿童进行检查

马拉维、莫桑比克、津巴布韦

为回应马拉维爆发该国自一九九七年以来最严重的麻疹疫情，无国界医生随即展开疫苗注射运动，为三百三十万儿童接种疫苗，并支援近二万三千名病人的治疗。无国界医生亦在邻国莫桑比克开展麻疹疫苗接种工作。

无国界医生继续在马拉维、莫桑比克及津巴布韦，支援当地提供艾滋病护理和治疗，总共为超过十一万四千名病人提供抗艾滋病病毒治疗。然而，抗击艾滋病、结核病和疟疾全球基金于二〇一〇年年底削减资助，进一步使马拉维和津巴布韦当局难以实施世界卫生组织的抗病毒治疗新指引，并可能限制了接受治疗的新病人人数。

尼日尔、尼日利亚

二〇〇九年农作物失收，导致二〇一〇年尼日尔营养危机更加严重。无国界医生在马拉迪、塔瓦及津德尔地区，向超过十四万八千名营养不良儿童提供医疗护理。无国界医生亦治疗疟疾及霍乱、提供母婴健康护理，并开展脑膜炎疫苗注射运动。

在尼日利亚，种族和宗教的紧张局势在南、北部分地区再次升温，无国界医生向流离失所家庭及伤病者提供医疗护理和救援物资。在中部和北部地区，无国界医生提供母婴医疗护理，并就水灾以及麻疹、脑膜炎和霍乱爆发进行紧急救援。在扎姆法拉州，医疗队为逾四百名铅中毒的儿童提供治疗。

塞拉利昂

无国界医生继续集中改善母婴健康状况，以及治疗营养不良和疟疾。医疗队在首都弗里敦、博城和普杰洪地区工作。无国界医生亦协助卫生部落实为五岁以下儿童、孕妇及哺乳妇女提供免费医疗的新政策。

无国界医生共为超过一万四千名病情危重的住院病人提供治疗，并进行了超过二十一万次诊症。



A displaced flood victim who suffers from severe diarrhea and dehydration being sent for further treatment in Pakistan
巴基斯坦水灾使这名灾民无家可归，他因出现严重腹泻及脱水，由医护人员送往接受进一步治疗

Asia

亚洲

Pakistan, Afghanistan

To respond to the flood affecting around 14 million people in Pakistan, MSF supported hospitals, treated injuries and illnesses, ran mobile clinics, distributed relief items and tents, and provided water (up to 2.1 million litres a day) and sanitation services. Overall in the emergency, MSF conducted over 100,000 consultations in five hospitals, seven mobile clinics and six diarrhoea treatment centres.

In the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa province, MSF teams provided emergency services for people caught up in fighting between government forces and armed opposition groups. In Balochistan, MSF assisted Afghan refugees and Pakistanis with medical services and nutrition programmes.

In Afghanistan, MSF improved quality of care in Ahmed Shah Baba hospital in eastern Kabul, with a focus on treatment protocols, emergency room and maternity services. MSF also extended its medical support to all wards in the Boost Hospital in Helmand's provincial capital Lashkargah, and provided medicines and medical equipment.

巴基斯坦、阿富汗

约一千四百万人受巴基斯坦水灾影响，无国界医生通过支援医院、医治伤病者、派出流动诊所、分发救援物资和帐篷，并提供食水（达每日二百一十万公升）和卫生水利设施，为灾民提供援助。在整个紧急救援行动中，无国界医生在五间医院、七间流动诊所及六间腹泻治疗中心，共进行了超过十万次诊症。

在联邦直辖部落地区和开伯尔巴图克瓦省，无国界医生为受困于政府与武装反对派之间冲突的人民，提供紧急医疗服务。在俾路支省，无国界医生亦向阿富汗难民与巴基斯坦人民提供医疗服务和营养不良治疗项目。

在阿富汗，无国界医生改善喀布尔东部的艾哈迈沙巴巴医院的护理质量，尤以治疗方案、急诊室和产科服务为改善重点。无国界医生在赫尔曼德省首府拉什卡尔加的布斯医院，把医疗支援扩展至所有病房，并提供药物和医疗设备。



MSF outreach workers test people for kala azar in Mymensingh district, Bangladesh

在孟加拉国迈门辛县，无国界医生外展医疗队为村民检测黑热病



An MSF physiotherapist conducts a physiotherapy session with a 22-year-old patient in Sri Lanka

无国界医生的物理治疗师为斯里兰卡这名二十二岁的病人进行治疗

Bangladesh, Myanmar

In Bangladesh, MSF opened a health centre and a therapeutic feeding centre in a slum in capital Dhaka to improve access to free medical care for children, focusing on severe acute malnutrition. MSF also opened a clinic providing free treatment for kala azar in Mymensingh district. Provision of medical care to people in Kutupalong, including an estimated 30,000 unregistered Rohingya refugees, and in Chittagong Hill Tracts also continued.

In Myanmar, apart from treating 18,300 people living with HIV/AIDS, MSF offered basic and reproductive healthcare, and nutritional assistance in Shan, Rakhine and Kachin states, in Yangon and Tanintharyi regions through HIV/AIDS clinics and health centres. MSF teams conducted nearly 660,000 general consultations in 2010.

China

After seven years of providing HIV care in Nanning, Guangxi province, MSF and the Guangxi Centre for Disease Prevention and Control (CDC) handed over their project to local health authorities. About 1,700 patients received free and confidential treatment and care. Around 80 per cent of them were continuing to follow treatment at the time of the handover.

In April, a 6.9 magnitude earthquake hit Qinghai province. MSF donated coal, medical kits and other equipment to help the affected population in Jiegu, the worst affected town, where around 100,000 people were made homeless.

Sri Lanka

Though the 26-year civil war in Sri Lanka ended in 2009, the impact on people's medical needs is still there. In Vavuniya, MSF ran a rehabilitation programme to assist patients suffering from spinal cord injuries and provided surgeries for complicated war-related injuries. Teams also offered counselling to people suffering mental trauma in Kilinochchi district. In Mullaitivu district, MSF supported the district hospital to provide emergency care, gynaecological and obstetric care and surgery.

MSF also continued to support specialist activities in Point Pedro hospital with nearly 3,000 consultations in emergency department and around 1,000 major surgeries.

孟加拉国、缅甸

在孟加拉国首都达卡的贫民区，无国界医生开设了一间医疗中心和一间营养不良治疗中心，以改善儿童获得免费医疗的情况，并集中治疗严重急性营养不良。无国界医生又在迈门辛县开设诊所，免费治疗黑热病，同时继续在库图巴朗及吉大港山区提供医疗护理，对象包括约三万名没有登记的罗兴亚难民。

在缅甸，除了为一万八千三百名艾滋病病毒感染者提供治疗外，无国界医生分别在掸邦、若开邦、克钦邦、仰光以及德林达依地区，通过艾滋病诊所及医疗中心，提供基本医疗、生殖健康护理以及营养支援。无国界医生在二〇一〇年共进行了近六十六万次诊症。

中国

在广西南宁市提供艾滋病医疗护理七年后，无国界医生与广西疾病预防控制中心把其合作项目移交予当地医疗部门。约一千七百名病人接受了免费及保密的治疗和护理，其中约有八成病人于项目移交时仍继续接受治疗。

四月，青海省发生六点九级地震。无国界医生在有约十万人无家可归的重灾区结古镇，向灾民捐赠了煤、医疗套装及其他物资。

斯里兰卡

虽然斯里兰卡长达二十六年的内战已在二〇〇九年结束，但战事对人民医疗需求的影响依然存在。在瓦武尼亚地区，无国界医生进行康复项目，以援助脊髓损伤的病人，并为在战争中受重伤的伤者进行手术。医疗队亦在基利诺奇区，为精神受创的病人提供辅导。在穆莱蒂武区，无国界医生支援地区医院，提供紧急护理、妇产科护理及手术服务。

无国界医生亦继续支援佩德罗角医院的专科工作，包括进行了近三千宗急诊诊症和约一千宗大手术。



© Giulio DI STURCO / VII Mentor

The population of Kashmir are heavily traumatised by more than two decades of violence
克什米尔地区的人民因超过二十年的暴力而饱受创伤

India

MSF provided general healthcare and treatment for TB, malaria, HIV/AIDS, kala azar and severe acute malnutrition in the states of Bihar, Nagaland and Manipur. In Mumbai, MSF focused on providing HIV/AIDS treatment not yet available in the public sector.

In Chhattisgarh where people affected by the conflict between Naxalite (Maoist) groups and government forces, MSF offered healthcare and nutritional support through operating clinics in villages and camps, and a mother and child health centre in Bijapur town. Almost 60,000 consultations were conducted in clinics. In Kashmir, MSF treated physical injuries and offered psychosocial care to population affected by violence.

MSF also responded to the emergencies of cyclone Laila in Andhra Pradesh, flash floods in Leh, outbreak of acute diarrhea in south Chhattisgarh and sharp increase in malaria cases in Mumbai.

印度

无国界医生分别在比哈尔邦、那加兰邦和曼尼普尔邦，就结核病、疟疾、艾滋病、黑热病及严重急性营养不良，提供医疗护理和治疗。在孟买，无国界医生专注提供当地公共医疗体系尚未提供的艾滋病治疗。

在切蒂斯格尔邦，人们受困于毛派组织与政府军之间的武装冲突，无国界医生分别在村庄和临时营地设有诊所，以及在比贾布尔镇设立母婴健康中心，提供医疗护理及营养支援。有关诊所共进行了近六万宗诊症。在克什米尔地区，无国界医生医治伤者，又向暴力冲突受害者提供心理支援。

无国界医生亦就紧急灾难，包括安德拉邦受飓风莱拉吹袭、列城的山洪暴发、切蒂斯格尔邦南部爆发急性腹泻，以及孟买的疟疾个案急增，都开展紧急救援行动以作应对。



© Misha FRIEDMAN

One of the MSF's focuses in Chechnya is to improve quality of TB dispensaries and laboratories

无国界医生在车臣的工作重点之一是改善结核病诊所和化验室的质量



© Mads NISSEN

MSF staff screens for Chagas disease at a mobile clinic in Arauca in Colombia

在哥伦比亚阿劳卡省，无国界医生流动诊所的工作人员正检测美洲锥虫病

Europe

Russian Federation

The number of violent incidents in North Caucasus, in the south of Russia, increased in 2010. MSF ran a psychosocial support programme for residents and displaced people in Ingushetia and Chechnya. In Dagestan, MSF provided general healthcare and counselling services to displaced people and migrants in Khasavyurt city.

In Chechnya, MSF continued to run gynaecological and paediatric clinics in Grozny and two rural districts in the north. Teams also helped strengthen the Chechen TB programme, with a focus on improving quality in TB dispensaries and laboratories.

欧洲

俄罗斯联邦

二〇一〇年，位于俄罗斯南面的北高加索地区，暴力事件有所增加。无国界医生在印古什和车臣，为居民及流离失所者进行心理支援。在达吉斯坦，无国界医生在哈萨维尤尔特市为流离失所者和移民提供一般医疗护理及辅导服务。

在车臣，无国界医生继续在格罗兹尼和北部两个郊区，开设妇科和儿科诊所。医疗队亦协助强化车臣的结核病治疗项目，集中改善结核病诊所和化验室的质量。

Middle East

Iraq

The ability to travel and work in some stable parts of Iraq has increased MSF's capacity to provide assistance. MSF started a project to improve the quality of obstetric and perinatal care in the main specialist referral hospital in Najaf governorate, as well as a renal treatment programme for patients with severe kidney failure in Kirkuk city. An MSF surgical team composed of Iraqi doctors also began to work in the hospital in Hawijah in Kirkuk governorate.

MSF continued its reconstructive surgery programme for severely wounded people who were brought to neighbouring Jordan for treatment. Counsellors trained by MSF also continued to provide mental healthcare in hospitals in Baghdad and Fallujah.

中东

伊拉克

无国界医生能够前往伊拉克部分稳定地区，并在当地工作，增强了其提供援助的能力。医疗队开展了一个新项目，旨在提高纳杰夫省一间专科转介医院的产科和产前及产后护理的质量，又在基尔库克市开设新项目，医治严重肾衰竭病人。一支由伊拉克籍医生组成的无国界医生手术队，亦开始在基尔库克省哈维亚镇一间医院工作。

无国界医生继续其矫形外科手术项目，把重伤者转送到邻国约旦接受治疗。经无国界医生培训的辅导员亦继续在巴格达和费卢杰的医院提供精神健康护理。

The Americas

Colombia

In 2010, formally demobilised paramilitary groups re-emerged in many areas across Colombia. MSF focused on providing primary, reproductive, antenatal, psychological and mental healthcare to the people affected by conflict in the districts of Sucre, Bolívar, Norte de Santander, Cauca, Putumayo, Nariño and Caquetá. In total, MSF teams carried out over 72,000 general medical consultations.

MSF handed over the project in Quibdó town and clinics along the San Juan River, while continuing to provide free healthcare in other areas in Chocó department. The provision of medical care in Buenaventura city and Chagas disease treatment programme in Arauca also continued.

美洲

哥伦比亚

二〇一〇年，已正式遣散的民兵组织在哥伦比亚全国多处再次出现。无国界医生分别在苏克雷省、玻利瓦尔省、北桑坦德省、考卡省、普图马约省、纳里尼奥省和卡克塔省，向受冲突影响的人民提供基层、生殖健康、产前、心理及精神健康护理，全年共进行了超过七万二千宗诊症。

无国界医生已将基布多镇的项目及圣胡安河沿岸的诊所移交予其他机构，而在乔科省内其他地区和布埃纳文图拉市的免费医疗护理工作，以及在阿劳卡省的美洲锥虫病治疗项目则继续运作。



© Julie REMY

A surgical team carries out lifesaving procedures in a makeshift operating theatre in Port-au-Prince, Haiti
在海地太子港临时搭建的手术室，外科医疗队正为伤者进行救命的手术

Haiti

In the wake of the devastating earthquake of 12 January 2010, which killed an estimated 222,000 people and left 1.5 million homeless in Haiti, MSF mobilised the largest emergency response in the organisation's 40-year history. Staff worked in 26 hospitals and four mobile clinics. As of the end of October, medical teams treated over 358,000 people and performed more than 16,500 surgeries. Around 85,000 relief supply kits and over 28,000 tents were distributed. Sadly, 12 Haitian MSF staff members were killed in the earthquake.

In mid-October, MSF supported its Haitian colleagues to tackle a nationwide cholera outbreak. From 22 October until the end of the year, MSF treated over 91,000 of the 171,300 people reported as having cholera nationwide. Over 1,000 tons of medical and logistical supplies were delivered.

Besides, MSF continued its support for emergency obstetric care in its field hospital and the Ministry of Health maternity hospital.

海地

二〇一〇年一月十二日发生的海地大地震，据估计夺去了二十二万二千人性命，令一百五十万人无家可归。无国界医生随即发动了该组织成立四十年来最大规模的救援行动，救援人员在二十六间医院及四间流动诊所工作。截至十月底，医疗队治疗超过三十五万八千人，进行超过一万六千五百宗手术，又派发约八万五千套救援物资及超过二万八千顶帐篷。无国界医生有十二名海地籍员工不幸地在此次地震中遇难。

十月中，无国界医生支援其海地籍员工对抗全国的霍乱爆发。自十月二十二日至年底，在全国十七万一千三百名有统计的霍乱病人中，无国界医生医治了超过九万一千人，同时派发了超过一千吨医疗和后勤物资。

此外，无国界医生分别在其医院及卫生部的妇产医院，继续支援紧急产科护理服务。

Video: Haiti One Year Later
Scan the QR Code using smartphone for video

短片：海地灾后一周年
用智能手机读取 QR Code 看片





MSF staff unload cold box containing meningitis vaccines in Niger. The development of vaccination kit helps MSF to increase its capacity for rapidly organising vaccination campaign

无国界医生员工卸下装着脑膜炎疫苗的冷藏箱。疫苗注射医疗套装的开发，帮助无国界医生提升快速开展疫苗注射运动的能力

Since it was first created by a small group of doctors and journalists in France in 1971, MSF has always strived to find better ways of saving lives and improving the health of more people through emergency medical response. This persistent search for innovation in public health emergencies is rarely highlighted, but it has been a crucial part of how MSF delivers humanitarian medical assistance today.

MSF provides medical aid to people whose lives are threatened by epidemics, malnutrition, healthcare exclusion, natural disasters and armed conflict. During its first decade, it gradually became clear that certain obstacles were standing in the way of MSF making a difference to the lives of people most in need. For example, the very nature of medical humanitarian intervention is working with large numbers of people from poor communities in remote and insecure places, but the capacity to train staff of varying levels in such settings can be limited. These environments are often unfamiliar to international doctors, materials and facilities tend to be limited, and staff turnover is generally high, thus limiting the possibility of building an experienced workforce. That is why MSF piloted and implemented a number of innovations in order to adapt its work to the demands specific to the countries it is present in.

无国界医生自一九七一年由一群医生和新闻工作者在法国创立以来，一直于紧急医疗救援行动中，致力探索更好的方法来救助生命和改善更多人的健康状况。我们很少提及这种对寻求创新以应对公共卫生紧急情况的坚持不解，但它是一直影响着无国界医生今日如何提供医疗人道援助的重要一环。

无国界医生给因为疫病、营养不良、被排斥而得不到医疗护理、自然灾害及武装冲突等而导致生命受威胁的人，提供医疗援助。在成立最初的十年里，无国界医生逐渐认识到，若要救助那些亟需援助的生命，必需先克服一些障碍。例如，医疗人道行动的本质，就是在偏远及不安全地区，与很多活在困苦中的人民，共同面对困境；但要在这类环境为水平参差的员工进行培训，医疗人道组织的能力会很有限：来自海外的医生往往对这类环境不熟悉，物资及设施趋于短缺，工作人员又经常更替，局限了建立富有经验的团队的可能性。因此无国界医生尝试了不同的创新方法，以期救援工作能够因应不同国家的个别需要而有所配合。

The First Emergency Kit

One of the earliest innovations took place in the 1980s, when, in a bid to standardise medical procedures, streamline operational management, and empower staff, MSF adapted a technique already used by the emergency medical services in France, and introduced guidelines and standardised drugs and equipment. This soon led to MSF developing pre-packed, ready-to-go, custom-designed medical kits that contained basic drugs, supplies and equipment that were adapted to specific field situations, climates, and diseases. The first emergency kit, applicable to many emergency situations, formed the basis for an interagency kit. The World Health Organization (WHO) coordinated the development of this kit, which was first available in 1990 and has been regularly revised since. Advances such as these resulted in an increased capacity for rapid intervention on a higher technical level, which had previously existed only in the military and civil defence forces of developed countries. MSF has since developed many other kits for vaccination campaigns, surgery, and even one for building a field hospital from inflatable tents.

In continually trying to find innovative ways to supply the best drugs to patients, and in recognising the need for further research, MSF created the non-profit organisation Epicentre in 1987. The aim was to provide scientific evidence that would support operations. Epicentre carries out studies on the incidence, prevalence, and causes of epidemics and infectious diseases in large populations. At the time, few other non-governmental organisations were capable of doing research in the emergency situations in which MSF operated.



©Remi VALLET / MSF

Inflatable tent hospital was first used by MSF in 2005 following the earthquake that devastated Pakistani Kashmir. From the outside, they are enormous white tents each measured 100m². While the structure supporting the roof is made of inflatable tubes, the tent interior is arranged according to need – they can be adapted to the set up of operating theatres, intensive care units, and wards with hospital beds.

二〇〇五年巴基斯坦克什米尔地区遭受地震破坏，无国界医生首次用上充气帐篷来搭建医院。从外观上看，医院由每个面积为一百平方米的白色帐篷组成。帐篷的顶部结构由充气管支撑，内部则可因需要作出配合，可装置为手术室、深切治疗部以及设有病床的病房。

首个紧急救援套装

其中一项最早期的创新于一九八〇年代出现。当时，无国界医生内部为了统一医疗程序、精简项目管理，和赋予员工更大的救援能力，采用了当时已被法国的紧急医疗服务界使用的一项技术，并引入各种指引与标准化的药物和设备。不久，无国界医生进而开发专门设计、预先分门别类包装、可以随时出发使用的多款医疗套装，里面包含的基本药物、物资及设备，都适用于特定的前线处境、气候和疾病。首个紧急救援套装适用于多种紧急情况，成为了跨机构救援套装的雏形。该套装在世界卫生组织统筹下开发，并于一九九〇年面世，自此定期改善更新。这类的新进展，提升了在较高技术层面上快速救援的能力。而这种能力，过去只有发达国家的军队或民防队才会拥有。无国界医生之后还开发了许多其他医疗套装，用来进行疫苗注射运动、外科手术，甚至利用充气帐篷来搭建临时医院。

无国界医生一直积极探索向病人提供最佳药物的创新方式，而且认识到进一步研究的需要，遂于一九八七年创办非牟利组织流行病学研究中心（Epicentre），旨在为支援救援行动提供科学根据。流行病学研究中心就人口众多地区的流行病和传染疾病，研究其发病率、流行程度和成因。在当时，几乎没有其他非政府组织有能力在无国界医生做紧急救援的环境里进行研究。



© Bruno STEVENS / Cosmos

The inflatable tent hospital set up by MSF in Haiti after the earthquake provides sanitary environment for surgery even when other medical structures have been damaged

海地地震后，医疗设施被毁，无国界医生设立充气帐篷医院提供卫生的手术环境

Research in Emergency

For more than 20 years, Epicentre has conducted many surveys, often under very difficult conditions, producing research that has contributed to improving patient care. Between 1996 and 2004, the centre, mandated by MSF, carried out studies and clinical trials on malaria treatment in order to officially prove drug-resistance to the most commonly used medication at the time, and to give leverage to changing the protocols. Epicentre's research also contributed to proving how much more effective several artemisinin-based combination therapies (ACT) were. In several malaria-endemic countries, these results helped support changes in national treatment protocols for malaria.

Unfounded perceptions and unfairness were preventing many HIV-positive people from receiving treatment in the 1990s. Although medication to treat the pandemic already existed in the form of antiretroviral (ARV) treatment, the cost was between US\$10,000 and US\$15,000 per year – prohibitive for millions, particularly in developing countries. Some also had the perception that it would be too difficult to implement complex ARV regimens in resource-poor settings.

MSF, seeing the need for advocacy to challenge this notion, and in order to overcome the price barriers to treatment, set up the Campaign for Access to Essential Medicines in 1999. MSF's Access Campaign pushed for the production of more affordable, generic versions of ARV medicines. Soon, the drugs were being manufactured in Brazil, India and Thailand, opening up the possibility of treating many millions of HIV-positive people. Today, the price of a year's treatment has dropped by 99% and more than six million patients are being treated with ARV drugs. MSF alone provides ARV treatment to more than 170,000 patients in 19 countries. Access Campaign has also been very active in raising awareness about other neglected diseases prevalent in developing countries, and in securing the production of much-needed affordable or adapted medication to treat them.

In recent years, major changes have occurred in the international pharmaceutical market, as drugs are now being produced in countries where the markets are less regulated than those in Europe and the US. Therefore, under the supervision of MSF medical directors, the organisation's pharmacists established and implemented a qualification system that would ensure that any medication used to treat people in MSF projects is no less effective and no more toxic than that used in developed countries.

Access to Essential Medicines

The market-driven nature of the pharmaceutical industry meant that in the 1990s, drugs for certain diseases were still too expensive, or else ineffective or highly toxic. In some rare cases, production had stopped altogether. In 2003, seven agencies from around the world, including MSF, came together to form the Drugs for Neglected Diseases initiative (DNDi), a non-profit drug research and development organisation.

In 2003, MSF and Epicentre sponsored clinical trials for the treatment of sleeping sickness (human African trypanosomiasis), a deadly parasitic disease threatening 60 million people across sub-Saharan Africa. The medication available was either highly toxic or difficult to administer, especially in remote settings. The following year, DNDi, along with other organisations joined the research. The trials proved that nifurtimox-



MSF's HIV/AIDS treatment centre in Uganda. The production of generic versions of ARV medicines opens up the possibility of treating many millions of HIV-positive people

无国界医生在乌干达的艾滋病治疗中心。抗病毒药物的仿制药的出现，使医治数以百万计艾滋病病毒感染者变得有可能

紧急救援研究

二十多年来，流行病学研究中心常常在十分艰难的条件下进行调查，多项研究结果均有助于改善病人护理。一九九六年至二〇〇四年间，该中心获无国界医生委托进行疟疾治疗的研究及临床试验，以正式证实病患对当时最常用的药物已产生耐药，这就为更改治疗方案起了推动的作用。流行病学研究中心的研究，亦有助于证实几种以青蒿素为基础的复方疗法如何更为有效。在一些疟疾属地方性流行病的国家，这些研究结果有助于支持改变有关国家的疟疾治疗方案。

上世纪九十年代，毫无事实根据的观点及不公平阻碍了许多艾滋病病毒感染者获得治疗。尽管当时已有对抗艾滋病疫情的抗逆转录病毒治疗，但药价成本介乎每人每年一万美元至一万五千美元之间——对数以百万计、尤其是发展中国家的病人而言，这实在昂贵得无法负担。有人甚至认为，要在资源匮乏地区进行复杂的抗病毒治疗，是太过困难的事。

考虑到有必要通过倡议来挑战这种观念，以及克服药价过高对病人获得治疗造成的障碍，无国界医生于一九九九年设立“病者有其药”运动，推动生产价格较可负担的抗病毒药物的仿制药。不久，巴西、印度及泰国开始生产仿制药，使医治数以百万计艾滋病病毒感染者变得有可能。今天，治疗的药费已下降百分之九十九，超过六百万名病人正接受抗病毒治疗。单是无国界医生，就在十九个国家为超过十七万名病人提供治疗。“病者有其药”运动亦一直非常积极引起大众关注流行于发展中国家的其他被忽略疾病，并致力确保用以治疗这些疾病的经改良或价格可负担的药物得以生产。

近年，国际制药市场出现重大改变，药物都在规管不及欧洲和美国那么严格的国家里生产。因此，在无国界医生的医疗总监的监督下，我们的药剂师建立和执行一套合格证明制度，确保所有用于无国界医生项目的药物，其效力不会较用于发达国家的药物为差或毒性更强。

eflornithine combination therapy (NECT) was the best combination medication, showing it to be efficient, well tolerated by patients and easier for healthcare staff to administer. In 2009, nifurtimox (to be used in combination with eflornithine) was added to the WHO's list of essential medicines, so NECT could be used throughout Africa, leading to improved healthcare for patients with sleeping sickness.

MSF has also taken an innovative approach to treating malnutrition in areas prone to food shortages by supplying nutritious “ready-to-use food”, before children at risk develop severe malnutrition. It can be administered to children at home. Since opting for this pre-emptive tactic, rather than the previously used reactive approach alone, in which malnourished children were treated after displaying symptoms, teams have found that the number of admissions to feeding centres has been lower than in preceding years.

New Treating Approaches

The nature of MSF is to act as a medical humanitarian organisation in crisis periods when people's very survival is threatened. Over the years, it has implemented sustainable models of care that have been proven effective, efficient and affordable, and which have since been built upon by other actors, including ministries of health. In South Africa, e.g., MSF operates an HIV and tuberculosis treatment project in the township of Khayelitsha, near Cape Town. The programme uses a decentralised model of care, training nurses to initiate treatment and counsellors to test for the virus. This increases the number of people being diagnosed and treated, and also provides training that benefits people long after MSF has gone.

These are examples of only some of the innovations that MSF has initiated in its first forty years. As Dr Unni KARUNAKARA, MSF International President, summarises, “Throughout the decades, the organisation has always tried to adhere to its social mission of protecting and alleviating the suffering of the poorest and most disadvantaged, while respecting human dignity. MSF will strive to continue its work of saving lives, reducing pain and suffering, and helping restore the lives, potential and dignity of people who find themselves in life-threatening circumstances.”



© Juan Carlos TOMASI

By supplying nutritious “ready-to-use food” to children at risk of severe malnutrition, MSF finds that the number of admission to feeding centres has lower than in preceding years

透过向面对严重营养不良风险的儿童提供高营养的「即食营养食品」，无国界医生发现营养治疗中心接收的营养不良儿童数目较往年少

获得救命药物

制药行业的本质以市场为主导。这令治疗某些疾病的药物，在上世纪九十年代里，要不是价格仍然太贵，就是依然低效或者毒性太强，有个别药物甚至完全停产了。在这样的背景下，包括无国界医生在内的七间来自各地的机构，于二〇〇三年共同成立了一家非牟利的药物研发组织——被忽略疾病药物研发组织（DNDi）。

那一年，无国界医生和流行病学研究中心赞助了昏睡病（非洲锥虫病）治疗的数项临床试验。昏睡病是可致命的寄生虫病，威胁着非洲撒哈拉以南六千万人的性命。当时可用的药物不是毒性极强就是难于使用（尤其于偏远地区）。翌年，被忽略疾病药物研发组织联同其他组织参与了这项研究。试验证明，硝呋替莫－依氟鸟氨酸复方疗法（nifurtimox-eflornithine combination therapy, NECT）是现今最好的联合治疗，不但有效，而且病人体质能够承受，医护人员亦较易使用。二〇〇九年，硝呋替莫（与依氟鸟氨酸联合使用）被纳入世界卫生组织的基本药物名单，现在硝呋替莫－依氟鸟氨酸复方疗法可以在非洲广泛使用，从而改善对昏睡病患者的医疗护理。

在容易发生食物短缺的地区，无国界医生采用了创新手法治疗营养不良——在高风险儿童病情恶化至严重营养不良之前，向他们提供高营养的“即食营养食品”。这种治疗性食品，可让病童留在家中接受治疗。相比之前仅采取有病治病的回应手法——即在营养不良儿童出现症状后才予以治疗，自采用此预防策略后，医疗队发现营养治疗中心接收的营养不良儿童，数目较往年少。

新治疗手法

无国界医生的本质是在危机期间，当人们的生存受到威胁时，它便担起医疗人道救援组织的角色。多年来，无国界医生采用了不同的可持续护理模式，很多都被证明有实效、高效率 and 可负担，并得到其他医疗、救援机构，包括多国的卫生部以此为基础，再按各自的需要加以发展。以南非为例，无国界医生在开普敦附近的卡雅利沙镇进行的

艾滋病和结核病治疗项目，便采用了下放管理的护理模式，培训护士给患者开展治疗，也培训辅导员做病毒测试。此举令确诊和治疗的人数增加，同时也提供了培训，让人们在无国界医生他日离开后仍能继续受惠。

以上只是无国界医生成立后头四十年里众多创新的部分例子。正如无国界医生国际议会主席卡云勒卡亚医生所概括的，“数十年来我们常力求谨守使命，保护境况堪虞、最弱势的人们，减轻其痛苦，并尊重他们生而为人的尊严。在未来的日子，无国界医生会致力继续工作：救助生命，纾缓痛苦，帮助生命受威胁的人们恢复正常生活，再发挥潜能，重拾尊严。”

WORLDWIDE OPERATIONS HIGHLIGHTS

全球前线工作概要

Below are the highlights of MSF activities around the world in 2010 :

以下是无国界医生于二〇一〇年在全球进行救援工作的概要：

Conducted 进行 **7,334,066** outpatient consultations 次门诊诊症

Admitted 接收 **362,266** inpatients 人次入院治疗

Admitted 接收 **301,297** severely malnourished children to inpatient or outpatient feeding programmes 名严重营养不良的儿童入院或到门诊营养治疗项目

Admitted 接收 **69,258** moderately malnourished children to supplementary feeding centres 名中度营养不良的儿童到补充营养治疗中心

Treated 治疗 **983,425** confirmed malaria cases 宗疟疾确诊个案



Admitted 接收 **174,220** people to cholera treatment centres or treated with oral rehydration solution 名病人到霍乱治疗中心或以口服补液盐溶液治疗

Assisted 协助 **151,197** women to deliver babies, including Caesarean sections 名妇女分娩，包括剖腹产

Medically treated 医治 **10,430** cases of sexual violence 宗性暴力个案



Performed 58,326 major surgical interventions including obstetric surgery, under general or spinal anaesthesia
进行 58,326 宗涉及全身麻醉或脊髓麻醉的大手术，包括产科手术

Performed 39,993 medical and surgical interventions in response to direct violence
进行 39,993 宗治疗及外科手术，应对直接暴力事件

Conducted 163,799 individual mental health consultations
进行 163,799 次个人心理健康辅导

Conducted 24,794 mental health group counselling or group support sessions
进行 24,794 次心理健康小组辅导或支援

Registered 210,450 HIV-positive patients under care at end 2010
登记 210,450 名艾滋病病毒感染者接受护理(至二〇一〇年底)

Treated 180,868 patients with first-line antiretroviral (ARV) drugs at end 2010
给予 180,868 名病人抗艾滋病病毒第一线药物治疗(至二〇一〇年底)

Treated 2,936 patients of first-line treatment failure with second-line ARV drugs at end 2010
给予 2,936 名第一线治疗失败的病人抗艾滋病病毒第二线药物治疗(至二〇一〇年底)

Provided 10,854 HIV-positive pregnant women with prevention of mother-to-child transmission (PMTCT) treatment
为 10,854 名感染艾滋病病毒的孕妇提供预防母婴传染的治疗

Provided 9,745 eligible babies born to HIV-positive mothers in 2010 with post-exposure treatment
为 9,745 名在二〇一〇年由感染了艾滋病病毒的母亲诞下的婴儿，提供防止感染的治疗

Admitted 30,090 new patients to tuberculosis first-line treatment in 2010
接收 30,090 名病人在二〇一〇年开始接受结核病第一线治疗

Admitted 1,159 new patients to tuberculosis second-line treatment in 2010
接收 1,159 名病人在二〇一〇年开始接受结核病第二线治疗

Vaccinated 4,542,353 people for measles in response to disease outbreak
为 4,542,353 人接种麻疹疫苗以应对疫症爆发

Treated 188,704 people for measles
医治 188,704 名麻疹病人

Vaccinated 1,339,873 people for meningitis in response to disease outbreak
为 1,339,873 人接种脑膜炎疫苗以应对疫症爆发

Treated 5,911 people for meningitis
医治 5,911 名脑膜炎病人

Treated 8,128 people for visceral leishmaniasis (kala azar)
医治 8,128 名内脏利什曼病(黑热病)病人

Treated 1,293 people for human African trypanosomiasis (sleeping sickness)
医治 1,293 名非洲锥虫病(昏睡病)病人

Treated 1,254 people for Chagas disease
医治 1,254 名美洲锥虫病病人



Sudan 苏丹
© Joseph Thomas NORIEGA



Lebanon 黎巴嫩
© Dina DEBBAS



Malawi 马拉维
© Nabila KRAM



Democratic Republic of Congo 刚果民主共和国
© Robin MELDRUM

IN THE FIELD

香港派出的前线志愿工作人员



Medical Doctors

医生

Name 姓名 # Place of Residence 居住地

- 1 Aristomo Ibnu Chalid ANDRIES **ID**
- 2 *Rey ANICETE **PH**
- 3 Gemma ARELLANO **PH**
- 4 *Honorita BERNASOR **PH**
- 5 Jay BUENSUCESO **PH**
- 6 Ngoc Khanh Uyen DO **VN**
- 7 Marve DUKA **PH**
- 8 Roderick EMBUIDO **PH**
- 9 *Joan Marie FRANCO **PH**
- 10 *Erwin Lloyd GUILLERGAN **PH**
- 11 David Agus ISWANTO **ID**
- 12 Mira JIMENEZ **PH**
- 13 LAU Wing See 刘颖思 **HK**
- 14 LEUNG Wai Hung 梁卫红 **HK**
- 15 *Hemant Kumar PANGTEY **IN**
- 16 Cicilia Gita PARWATI **ID**
- 17 Elsa RAGASA **PH**
- 18 Sartini SAMAN **ID**
- 19 *Maria C. Juan SARTE **PH**
- 20 Karam Jeet Singh Sarjit SINGH **MY**
- 21 Heru Sutanto KOERNIAWAN 陈礼雄 **ID**
- 22 Natasha Theresa TICZON **PH**
- 23 Sisca WIGUNO **ID**



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 www.msf.org.cn/fieldwork

Surgeons / Orthopaedic Surgeons 外科 / 骨科医生

- 24** Jasmin BATARA *PH*
- 25** Marie Jeanne BERTOL *PH*
- 26** Geraldine BITON *PH*
- 27** Taweessilp BOONSATHIENWONG 林玉升 *TH*
- 28** CHOW Shew Ping 周肇平 *HK*
- 29** FAN Ning 范宁 *HK*
- 30** Martin John III JARMIN *PH*
- 31** KO Chi Cheong 高志昌 *HK*
- 32** Carmelo MENDOZA *PH*
- 33** Joseph Thomas NORIEGA *PH*



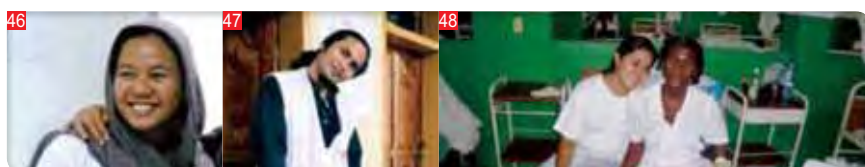
Anaesthetists 麻醉科医生

- 34** Yusmalinda *ID*
- 35** Marjorie Ann LADION *PH*
- 36** LIU Chen Kun 刘镇鲲 *TW*
- 37** Margarita QUILALA *PH*
- 38** SEE Hooi Geok 徐惠菊 *MY*
- 39** Reynaldo Jr. SORIA *PH*
- 40** ZHANG Dingyu 张定宇 *CN*



Obstetricians / Gynaecologists 妇产科医生

- 41** Heidi CRUZ *PH*
- 42** Medilyn GUEVARRA *PH*
- 43** *Adelaida RIVERA *PH*
- 44** TU Zheng 屠铮 *CN*
- 45** Damayanti ZAHAR *ID*



Operating Theatre Nurses 手术室护士

- 46** Judy Amor EBAN *PH*
- 47** Regidor ESGUERRA *PH*
- 48** Arlene SAPIDA *PH*



Nurses 护士

- 49 * Joseph AZEEM **PK**
 50 Mathina Bee GULAM MYDIN **MY**
 51 Teresita Baltazar SABIO **PH**
 52 TAM Lee Lik 谭利力 **HK**

Midwives 助产士

- 53 LEE Hi Yeen 李海燕 **MY**

Mental Health Specialists 精神健康专家

- 54 Kamini DESHMUKH **IN**
 55 Yenni FEBRINA **ID**

Information, Education & Communications Officer 资讯教育主任

- 56 Faye SCARLET **ID**

Laboratory Technicians 化验室技术员

- 57 Julius Ceazar PAPANGO **PH**

Logisticians 后勤人员

- 58 Dennis ALUND **ID**
 59 * Dilip Kumar BHASKARAN **IN**
 60 John Arthur BUNNELL **ID**
 61 Denis DUPUIS **ID**
 62 Yenti EFRIYANTI **ID**
 63 * Bagus Emir IKHWANTO **ID**
 64 LIM Suet Fong 林雪芳 **MY**
 65 Yones MANGIRI **ID**
 66 Shahid MUHAMMAD **PK**
 67 Hans OLJVE **SG**
 68 * Abubakar RIFAMOLE **ID**
 69 Hasbi SHIDDIQI **ID**
 70 Yan Debry Dominico SYAUTA **ID**
 71 Vanmonika VAT **KH**
 72 WANG Jun 王俊 **CN**
 73 * XU Wei Bing 徐卫兵 **CN**
 74 ZENG Sibin 曾思斌 **CN**





Coordinators 统筹人员

- 75 Sweet C ALIPON **PH**
- 76 *Radoslav ANTONOV **MY**
- 77 Muhammad ASHFAQ **PK**
- 78 *Yvonne BIYO **PH**
- 79 Morpheus CAUSING **PH**
- 80 *Roy Anthony COSICO **PH**
- 81 *Dewi DWIYANTI **ID**
- 82 *Taufik HAMZAL **ID**
- 83 Linda ISACK **ID**
- 84 *Imee Jaleco JAPITANA **PH**
- 85 *Ashay KURNURKAR **IN**
- 86 Beatrice LAU Tin Wai 柳天蕙 **HK**
- 87 Abelardo Jr. LAVENTE **PH**
- 88 Gloria LEUNG Sin Man 梁倩雯 **HK**
- 89 Ezequiela MACARANAS **PH**
- 90 Khalid MAHMOOD **PK**
- 91 Robin MENDOZA **PH**
- 92 *Imelda PALACAY **PH**
- 93 Angelika PATTIHAHUA **ID**
- 94 Daisy PLANA **PH**
- 95 Parthesarathy RAJENDRAN **IN**
- 96 Johanna SENFT **ID**
- 97 *TAN Zhi Xian 陈致娴 **SG**
- 98 *Supaporn TANGMANATTRONG **TH**
- 99 Samuel David THEODORE **IN**
- 100 Julie Anna WAN-MIN-KEE 兰丽 **MU**

The above field workers departed to the following countries / areas in 2010 for missions: Afghanistan, Bangladesh, Central African Republic, Democratic Republic of Congo, Egypt, Ethiopia, Georgia, Haiti, India, Kenya, Kyrgyzstan, Liberia, Malawi, Myanmar, Niger, Nigeria, Pakistan, Sierra Leone, South Africa, Sri Lanka, Sudan, Swaziland, Thailand, Uganda, Uzbekistan, Yemen, Zambia and Zimbabwe.

The above coordinators include administration coordinators, field coordinators, financial coordinators, human resources coordinators, logistical coordinators and medical coordinators whom are either based in the capital or project level.

上述志愿人员于二〇一〇年出发，前往以下国家或地区参与救援工作：阿富汗、孟加拉国、中非共和国、刚果民主共和国、埃及、埃塞俄比亚、格鲁吉亚、海地、印度、肯尼亚、吉尔吉斯、利比里亚、马拉维、缅甸、尼日尔、尼日利亚、巴基斯坦、塞拉利昂、南非、斯里兰卡、苏丹、斯威士兰、泰国、乌干达、乌兹别克、也门、赞比亚和津巴布韦。

以上的统筹人员包括行政管理统筹、项目统筹、财务管理统筹、人事事务统筹、后勤统筹和医疗统筹，分别驻守国家的首都或项目地区。

#Abbreviations 缩写

CN China 中国 | **HK** Hong Kong 香港 | **ID** Indonesia 印度尼西亚 | **IN** India 印度 | **KH** Cambodia 柬埔寨 | **MU** Mauritius 毛里求斯 | **MY** Malaysia 马来西亚 | **PH** Philippines 菲律宾 | **PK** Pakistan 巴基斯坦 | **SG** Singapore 新加坡 | **TH** Thailand 泰国 | **TW** Taiwan 台湾 | **VN** Vietnam 越南 |

* 没有照片 / No photo

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 www.msf.org.cn/fieldwork

ACTIVITIES OVERVIEW IN HONG KONG, MAINLAND CHINA AND ASIA

香港、中国内地及亚洲活动概览



© P.K. LEE / MSF

The truck exhibition gives the public a glance of MSF emergency medical frontline response by simulating the operating theatre of a field hospital 模拟前线医院的手术室及急诊病房的货柜展览，让市民了解无国界医生前线紧急救援工作

MSF-Hong Kong has been actively recruiting field workers from the Asian region. In 2010, medical and non-medical professionals from Asia dedicated their time, energy and expertise to provide medical assistance to people in need in a spectrum of contexts, including the emergency response to the devastating earthquake and cholera outbreak in Haiti as well as the floods in Pakistan.

A record number of 13 recruitment sessions, where applicants were interviewed and assessed, were carried out in Hong Kong, Guangzhou, the Philippines, Indonesia and Malaysia. The session held in Guangzhou in July was also the first recruitment session in mainland China. In total 122 mission departures were sent out by MSF-Hong Kong serving in field projects worldwide.

To continue the collaboration with the surgical societies in Asia, the second Surgical Round Table conference was successfully organised in Manila in June. The conference will be held again in Penang, Malaysia in 2011. The third annual Surgical Training was also successfully held in Hong Kong and better equipped our field workers to face the complex realities on the front line.

无国界医生香港办事处一直在亚洲地区积极招募前线志愿人员加入成为救援团队的一员。二〇一〇年，来自亚洲地区的医疗及非医疗专业人士，奉献出自己的时间、精力及专业知识，在各种情况下为有需要的人提供医疗援助，包括就海地大地震与霍乱爆发，以及巴基斯坦水灾提供紧急救援。

香港办事处在香港、广州、菲律宾、印度尼西亚和马来西亚共举办了十三场招募活动，对申请者进行面试及考核，活动次数为历来最多。其中于七月在广州举办的招募，更是我们在中国内地的首项招募活动。二〇一〇年，香港办事处共派出志愿人员一百二十二人次，参与世界各地不同的前线救援项目。

为继续与亚洲区内的外科医学组织保持合作，第二届外科手术圆桌会议于六月在马尼拉成功举行。下一届会议将于二〇一一年在马来西亚檳城举行。而第三届外科训练也在香港成功举行，该训练旨在装备志愿人员更妥善地处理前线的复杂情况。

During 2010, MSF-Hong Kong received a total of around HKD226 million, of which 99.9% was donations from individuals and private sources. Our supporters and many people from the public responded to the devastating earthquake that struck Haiti on 12 January by making immediate and generous donations. Adhering to its fundamental principle that funds should always be raised according to the need on the front line, rather than the potential fundraising capacity generated by immense media and public interest, MSF has taken a very conservative approach in accepting donations restricted for post-earthquake response. A total of HKD24.6 million was received in Hong Kong. 100% of all these restricted donations collected have been used in support of the Haitian post-disaster relief efforts within 2010.

二〇一〇年间，无国界医生香港办事处共筹得约二亿二千六百万港元，其中百分之九十九的捐款来自个人及私人来源。其中，我们的支持者及许多公众人士对于一月十二日在海地发生的大地震及其所造成的破坏积极回应，即时慷慨捐款，支持我们的救援工作。

无国界医生坚守筹款的基本原则——筹募捐款应根据前线救援工作的需要，而并非因传媒及公众的巨大关注所产生的潜在筹款空间而进行，因此无国界医生采取十分审慎的方法来接收指定用于海地地震救援工作的捐款。香港办事处共收到二千四百六十万港元指定用于海地地震救援的捐款，这些款项已于二〇一〇年内全部用于灾后救援工作。



Going up and down the hills in Discovery Bay, 2,400 participants join the "MSF Orienteering Competition 2010"
走遍愉景湾的高坡山径，二千四百名市民一同参与“无国界医生野外定向2010”



Campaign leader Sammi CHENG and MSF field worker Alice YEUNG (right) appeal to the public to support "MSF Day"
“无国界医生日2010”荣誉行动大使郑秀文与无国界医生志愿人员杨凯霞（右）一同呼吁市民支持活动

The public also supported MSF through a variety of events. The annual fundraising event MSF Orienteering Competition was held on 19 January in Discovery Bay, Lantau. It successfully attracted 2,400 participants to support MSF. Hong Kong's celebrated pop singer Ms. Sammi CHENG supported "MSF Day" by being the Honorary Campaign Leader of the event and appealed to people from all walks of life to volunteer for MSF by giving a day's income or more. Over HKD5.7 million was raised from these two events.

大众也通过参与不同活动支持无国界医生。一年一度的筹款活动“无国界医生野外定向”于一月十九日于大屿山愉景湾举行，共吸引了二千四百人参加。另外，香港知名流行歌手郑秀文支持“无国界医生日”活动，担任活动的荣誉行动大使，呼吁各界人士通过捐出一日或更多的人工，支持无国界医生的工作。该两项活动共筹得超过五百七十万港元。

To raise public awareness about the plight of people trapped in violence or conflict settings, MSF-Hong Kong ran an interactive multimedia campaign "Living in Conflict" since late August in Hong Kong and mainland China. It consisted of both online and offline elements. A truck exhibition toured around Hong Kong for more than two months to give visitors a glance of MSF emergency life-saving work through the simulated operating theatre and emergency ward of field hospital in a 40-foot container. A thematic website www.livinginconflict.hk was also launched, letting visitors put themselves into the shoes of a mother in the DR Congo and an MSF surgeon in Gaza as they make choices in difficult situations. The website won the Best New .hk Website Award and the Silver Award (SME Group) in the Top Ten .hk Website Competition 2010 organised by Hong Kong Internet Registration Corporate Limited.

为了使市民更了解暴力冲突地区平民所面临的困境，无国界医生香港办事处自八月下旬起在香港和中国内地举办了名为“冲突·求生”的互动多媒体活动，其中包括在网络世界和实体活动的元素。为期两个多月的货柜展览在香港巡回展出，透过在四十尺货柜里模拟前线医院的手术室及急症病房，参观者可以对无国界医生的紧急救援工作有所了解。专题网站 <http://www.chongtuqiusheng.com> (香港网址：www.livinginconflict.hk) 同时推出，浏览者可通过这个网站代入刚果民主共和国一位母亲和在加沙工作的一位外科手术医生的角色，在两难困境中作出抉择。该网站在由香港互联网注册管理有限公司举办的《香港十大.hk网站选举》中，获得最佳新晋.hk网站奖和中小企组银奖。



Students from the Peking University pay attention to the information of MSF in the NGO Festival

在北京大学的非政府组织文化节，学生对无国界医生的资讯深感兴趣



Presentation by Dr. FAN Ning, President of MSF Hong Kong, at Capital Medical University in Beijing

无国界医生香港董事会主席范宁医生在北京的首都医科大学分享前线经验

In view of the fast-growing use of smartphones, MSF-Hong Kong launched a mobile website and iPhone app in June. An MSF account was registered on Sina Weibo - a Chinese social media - on top of the already set up page on Facebook and account on Twitter, to better utilize online social networks to raise awareness. A blog (www.msf.org.hk/blogs) featuring stories written by MSF field workers and staff was also set up to share their first-hand field experience with the online community.

MSF-Hong Kong continued to contribute to the development of operational strategies of MSF worldwide programmes. Through networking with academics, researchers and relevant authorities in Hong Kong and mainland China, MSF helped the organisation to better liaise with China on issues such as the security of humanitarian workers in conflict areas and health-related aid to developing countries. Views on the perception of medical humanitarian action today were also exchanged.

In mainland China, the MSF-Guangzhou office continues its effort to raise awareness of humanitarian crisis and MSF's response through different activities. Screenings of MSF related documentaries and school talks were held in art venues and universities, including the Peking Union Medical College, throughout the year. One of the films "The Positive Ladies Soccer Club" was also screened at the Guangzhou Documentary Film Festival in 2010.

To share the MSF experience with different sectors, President of MSF-Hong Kong Dr FAN Ning gave a presentation in the second National Summit for Emergency and Disaster Medicine while representatives from MSF-Guangzhou attended the Peking University NGO Festival.

智能手机的使用率快速增长，有鉴于此，无国界医生香港办事处于六月推出手机版网站和iPhone应用程序。另一方面，我们在中文社交网站新浪微博注册了无国界医生的帐号，连同早已开设的Facebook专页和Twitter帐号，进一步善用现时的社交网站，提高大众对人道危机的关注。香港办事处又开设博客网站（www.msf.org.cn/blogs），集结无国界医生志愿人员和工作人员在全球不同角落所写的故事，与网民分享他们在前线工作的亲身体验。

为配合无国界医生全球项目行动策略的发展，香港办事处继续积极协助组织与香港及国内的学者、研究单位和有关部门沟通，沟通重点包括了人道工作者在冲突地区的安全问题、对发展中国家的医疗援助等，并交流对现时医疗人道救援的看法。

在中国大陆，无国界医生广州代表处继续积极开展多项活动，增进民众对人道危机及无国界医生救援工作的认识。于过去一年里，我们在艺术场地及大学（如北京协和医学院）都曾放映有关无国界医生的纪录片和举行讲座。其中“阳光女足”一片亦在二〇一〇年的广州纪录片电影节上放映。

为了与不同组织分享经验，无国界医生香港办事处主席范宁医生出席了第二届全国急救与灾难救援高峰论坛并作演讲，而无国界医生广州办事处代表亦参加了北京大学非政府组织文化节。



Download MSF iPhone app
下载无国界医生iPhone应用程序



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以及下列机构、团体、学校、大专院校和办公室义工对我们的支持。

Corporations

机构

AECOM Asia Company Ltd.
AIA
American Express Company
Asiaworks Ltd. (HK)
AsiaWorld-Expo Management Ltd.
Autotoll Ltd.
Carsac Ltd.
Cathay Pacific Airways Ltd.
Centro Design & Furniture Ltd.
Chan Man Chau Fruit Co., Ltd.
China Aerospace International Holdings Ltd.
Chong Hing Bank Ltd.
CITIC Securities International Company Ltd.
Citigroup Inc.
CLP Power Hong Kong Ltd.
Colliers International Agency Ltd.
Communion W Ltd.
Conceptable
Cyberport Facilities Management Office
Decca Holdings Ltd.
DeQingYuan (HK) Ltd.
Discovery Bay Services Management Ltd.
DLA Piper Hong Kong
Flextronic Manufacturing (H.K.) Ltd.
Fubon Bank
G4S Holdings (Hong Kong) Ltd.
Gate Way Valve & Fitting Ltd.
Hair Culture Ltd.
Harbour City
Hong Kong Air Cargo Terminals Ltd.
Hong Yip Service Co. Ltd.
Hutchison Global Communications Ltd.
Hyatt Regency Hong Kong
Intrasia.com
Jenny's Bakery
Jets Technics Ltd.
Jones Day Solicitors and International Lawyers
Kerry Logistics
KPMG
Langham Place
Leo Burnett Ltd.
Many Way (HK) Ltd.
Mekim Ltd.
Midas Health Care Ltd.
Nature Valley
Network Technology Ltd.
New World Department Store China Ltd.
New World Development Co. Ltd.
New World First Bus Services Ltd.
Okamoto Industries (H.K.) Ltd.
OKIA Optical Co., Ltd.
Oriental Watch Holdings Ltd.
Ove Arup & Partners HK Ltd.
PARKnSHOP
Principal Trust Company (Asia) Ltd.
RCG (Hong Kong) Ltd.
Roedl & Partner

Senses Marketing International Ltd.
Shun Tak Group
Shun Tak Holdings Ltd.
Standard Chartered Bank
Sterling & Grant Ltd.
Sum Kee Construction Ltd.
Super Hunter Services Co. Ltd.
Super Star Group
Swiss International Air Lines Ltd.
Tai Shing Group (Holdings) Co. Ltd.
Telford International Co. Ltd.
The Hong Kong Institution of Engineers
The Overlander
UL International Ltd.
W. L. Gore & Associates (HK) Ltd.
Wharf T&T Ltd.
Wing Lung Bank Ltd.
Wong Tung & Partners Ltd.
You Eal (HK) Ltd.
一田百货
三号干线（郊野公园段）有限公司
文艺制作公司
慈辉雅集协会
广州宇闻网络科技有限公司

Government / Public Organisations

政府及公营机构

香港天文台
康乐及文化事务署
渔农自然护理署
职业训练局

Medical Institutions

医疗机构

Ateneo School of Medicine and Public Health, Ateneo de Manila University
College of Surgeons, Academy of Medicine of Malaysia
College of Surgeons, Singapore
Department of Anesthesiology, Dr. Kariadi Hospital, Semarang, Indonesia
Faculty of Medicine, University of Malaya
Hong Kong Sanatorium & Hospital
Integrated Midwives' Association of the Philippines, Inc.
Malaysian Medical Association
Obstetrical & Gynaecological Society of Malaysia
Peking University Health Science Centre
Philippine College of Surgeons
Queen Elizabeth Hospital, Hong Kong
Queen Mary Hospital, Hong Kong

Schools / Tertiary Institutions

学校及大专院校

Chinese International School
Kellet School
Renaissance College
South Island School
St. Mary's Canossian School
The University of Hong Kong
Tutor Time International Nursery & Kindergarten

长洲圣心幼稚园
马鞍山灵粮小学
圣母院书院
嘉诺撒小学
宝血会伍季明纪念学校

Media

传媒

China.org.cn
Dreamer-HK.com
weR.asia
XD 专业论坛
中国时刻网
失败论坛
明报通识网
香港高登
时代周报
新浪网香港
网易
数码天地论坛
亲子王国有限公司

Community Groups & Associations

社区团体及协会

Inland Revenue Department
Sports Association
The Volunteers Orienteering Club
同社
香港少年领袖团
香港定向人
香港红十字会
香港家庭定向会
香港野外定向总会
新方向定向会
医疗辅助队
惩教署爱群义工团

Foundations

资助基金

Speech & Music Recital Development Foundation

Office Volunteers

办事处义工

Gordon TROLLEY	Fanny YAU	
吴少兰	陈淑贤	叶知勇
李强	张艾	叶丽梅
李玉兴	张宝铃	郭晓萍
李浩祯	康嫣倪	蔡奕玲
李添翼	陆航宇	刘曼璇
何荣德	冯维强	刘凤珍
阮雅薇	冯睿	潘韵诗
周汉明	汤颖思	龙镇华
邵汉忠	黄如汉	关志远
侯婧	黄智聪	谭丽妍
陈永安	杨永勤	
陈敏敏	杨彦婷	

The above office volunteers provided services of 36 hours or above in 2010. We are also thankful to have other volunteers contribute their precious help.

上述办事处义工于二〇一〇年服务三十六小时或以上，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 2010

无国界医生香港办事处二〇一〇年度财政概览 ⁽¹⁾

	2010	2009
INCOME 收入		
Donations from the public 公众捐款	223,629,450	172,905,258
Donations from the public – sponsorship 公众捐款——赞助	2,500,500	2,516,000
Other income 其他收入	9,925	15,524
TOTAL 总数:	226,139,875 ⁽²⁾	175,436,782
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	175,903,473 ⁽³⁾	131,415,825
Programme support and development 项目支援及发展	19,069,025	15,900,841
Advocacy 倡议及教育	5,334,112	4,009,374
Other humanitarian activities 其他人道救援活动	1,557,835	1,646,524
Total supporting relief operations 救援项目工作总开支	201,864,445 ⁽⁴⁾	152,972,564
Management, general and administration 行政经费	6,227,461	5,229,109
Fundraising 筹款经费	18,047,969	17,235,109
TOTAL 总数:	226,139,875	175,436,782

BALANCE SHEET AS AT 31 DECEMBER 2010

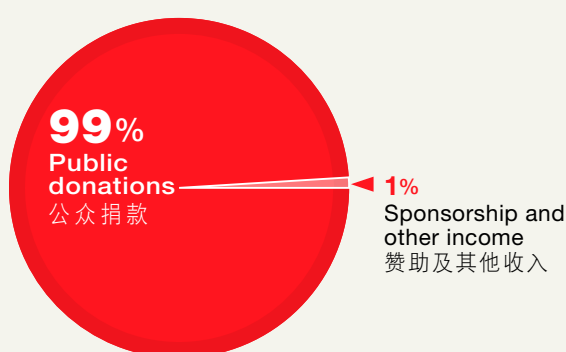
截至二〇一〇年十二月三十一日止年度的资产负债表

	2010	2009
Fixed Assets 固定资产	333,556	749,108
Current Assets 流动资产		
Sundry debtors 杂项应收帐款	60,178	25,679
Prepayments and deposits 预付费用及押金	702,925	589,847
Amount due from other MSF offices 应收其他无国界医生办事处之帐款	1,434,242	1,013,312
Cash and bank balances 现金及银行结余	8,052,875	11,040,733
	10,250,220	12,669,571
Current Liabilities 流动负债		
Sundry creditors and accruals 应付帐款及应计费用	2,012,031	1,202,301
Amount due to other MSF offices 应付其他无国界医生办事处之帐款	8,571,745	12,216,378
	10,583,776	13,418,679
Net Current Liabilities 净流动负债	(333,556)	(749,108)
	0	0
Fund Balances 资金余额		
Accumulated funds 累积资金	0 ⁽⁵⁾	0

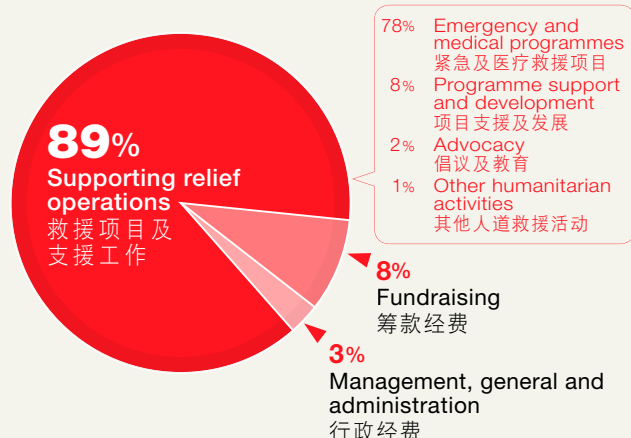
The financial statements of Médecins Sans Frontières-Hong Kong for the year ended 31 December 2010 were audited by KPMG, and approved by the Board of Médecins Sans Frontières-Hong Kong. The full financial statements are uploaded online at www.msf.org.hk.

无国界医生香港办事处于二〇一〇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及无国界医生香港董事会认可。有关报告全文已上载网站 www.msf.org.cn，欢迎查阅。

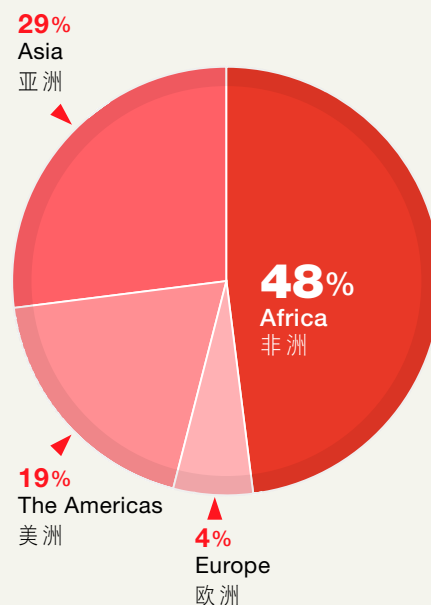
2010 Funding Sources · 二〇一〇年度经费来源



2010 Funding Allocations · 二〇一〇年度经费分配



Country 国家	Funding 拨款	Country 国家	Funding 拨款
Haiti 海地	25,410,766	Chad 乍得	2,915,001
Democratic Republic of Congo		Uzbekistan 乌兹别克	2,915,001
刚果民主共和国	12,418,979	Burundi 布隆迪	2,662,207
India 印度	9,730,306	South Africa 南非	2,760,853
Sudan 苏丹	9,349,794	Ethiopia 埃塞俄比亚	2,540,508
Zimbabwe 津巴布韦	8,143,081	Guinea 几内亚	2,150,340
Myanmar 缅甸	6,996,004	Papua New Guinea 巴布亚新几内亚	1,749,000
Pakistan 巴基斯坦	5,536,395	Somalia 索马里	1,727,094
Niger 尼日尔	5,505,180	Mali 马里	1,486,091
Mozambique 莫桑比克	4,781,573	Liberia 利比里亚	1,369,369
Bangladesh 孟加拉国	4,742,008	Côte d'Ivoire 科特迪瓦	1,091,230
Russia 俄罗斯	4,664,002	Thailand 泰国	1,009,199
Colombia 哥伦比亚	4,395,127	Egypt 埃及	998,765
Sri Lanka 斯里兰卡	4,275,336	Kyrgyzstan 吉尔吉斯斯坦	581,937
Iraq 伊拉克	4,190,595	Italy 意大利	570,393
Malawi 马拉维	4,038,563	Malta 马耳他	519,698
Afghanistan 阿富汗	3,954,393	Brazil 巴西	298,153
Sierra Leone 塞拉利昂	3,570,605	Ukraine 乌克兰	221,989
Nigeria 尼日利亚	3,498,002	China 中国	200,000
Kenya 肯尼亚	3,307,369	Other countries 其他国家 (6)	249,228
TOTAL 总数:		156,524,134	



Explanatory Notes on Financial Overview 2010

- (1) All the amount is expressed in Hong Kong dollar.
- (2) 99.9% of donations came from public donations.
- (3) A total of HKD156,524,134 was allocated for emergency and medical programmes in 42 countries. HKD18,141,260 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. HKD1,238,079 of funding is set aside as international fund for operational research and innovation.
- (4) 89% of donations in total went to supporting relief operations.
- (5) As of 2010, MSF-Hong Kong maintains a "zero reserve" policy: all donations received, after the fundraising and administration expenses, are fully dispensed for supporting relief operations.
- (6) Other countries included Indonesia, Chile, Burkina Faso and Belgium.

二〇一〇年度财政概览说明

- (1) 所有汇算以港元为单位。
- (2) 99.9%经费来自公众捐款。
- (3) 合计156,524,134港元被拨作于四十二个国家进行救援项目的经费。18,141,260港元作为救援拨备，为无法预计的紧急灾祸作迅速回应的准备，及确保一些疗程不能突然中断的医疗项目能维持运作。1,238,079港元作为支持救援项目研究及创新之国际拨款。
- (4) 89%捐款用于救援项目及支援工作。
- (5) 截至二〇一〇年，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。
- (6) 其他国家包括印度尼西亚、智利、布基纳法索和比利时。

Board of Directors of MSF-Hong Kong 无国界医生香港董事会

President 主席: Dr. FAN Ning 范宁医生

Vice Presidents 副主席: Dr. CHAN Shut Wah 陈述华医生 (1/2010-8/2010)
Janice LEE Soo Fern 李淑芬 (8/2010 -)
PAN Yuan 潘渊 (1/2010 - 8/2010)
WONG Kit Sum 黄洁心 (8/2010 -)

Treasurer 司库: Carmen LEE Kar Man 李家文

Directors 成员: Dr. Morpheus Salarda CAUSING
Dr. Yvonne CHAN Nga Yu 陈雅瑜医生
Dr. Stanley CHAU Yau Ming 邹有铭医生 ▲
Loris DE FILIPPI ■
HU Yuan Qiong 胡元琼 ★
Dr. Albert KO Wing Yin 高永贤博士 ▲
Dr. Wilson LI 李威仪医生 ★
Kate MACKINTOSH
Meintje Trijntje NICOLAI ▲
Jean-Michel PEIDAGNEL ●
Dr. David WILSON ▲

- ▲ Resigned on 28 August 2010 于二〇一〇年八月二十八日离任
★ Appointed on 28 August 2010 于二〇一〇年八月二十八日上任
● Appointed on 29 August 2010 于二〇一〇年八月二十九日上任
■ Appointed on 27 September 2010 于二〇一〇年九月二十七日上任

Advisory Committee of MSF-Hong Kong 无国界医生香港办事处顾问委员会

Members 成员: Dr. Emily CHAN Ying Yang 陈英凝医生
Roger CHAU 周汉旋 ◆
Francis FONG Po Kiu 方保侨 ◇
Lawrence HUI 许卓伦
Tammy WONG 黄沛虹

- ◆ Resigned on 2 August 2010 于二〇一〇年八月二日离任
◇ Appointed on 2 August 2010 于二〇一〇年八月二日上任

As of December 2010, the office of MSF-Hong Kong, including the representative office in Guangzhou, consists of 33 staff and 37 office volunteers who help carrying out office tasks regularly.

截至二〇一〇年十二月，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，另有三十七名义工定期协助处理日常工作。

**MSF-HK Activity Report 2010 is online at
无国界医生香港办事处活动报告2010已上载网站**

www.msf.org.cn/baogao

Editors: LEE Pik Kwan, Gloria CHAN Kwong Wai • Design & Printing: ManGraphic Production Co.
编辑: 李璧君、陈广慧 • 设计及印刷: 文艺制作公司

The Médecins Sans Frontières Charter

Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

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。

MSF-Hong Kong

无国界医生(香港)

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

香港西环德辅道西 410 至 418 号太平洋广场 22 楼

Tel 电话：(852) 2959 4229 (General / 查询)

(852) 2338 8277 (Donation / 捐款)

Fax 传真：(852) 2337 5442 (General / 查询)

(852) 2304 6081 (Donation / 捐款)

Website 网址：<http://www.msf.org.hk>

E-mail 电邮：office@msf.org.hk

MSF in Guangzhou

无国界医生在广州

Room 1104-05, 11/F, Block A, Fuqian Mansion, No.618-620 JieFangBei Road, Guangzhou, P.R.China

广州市越秀区解放北路 618-620 号府前大厦 A 座 1104-1105 室

Postal Code 邮编：510030

Tel 电话：(86) 20 8336 7085

Fax 传真：(86) 20 8336 7120

Website 网址：<http://www.msf.org.cn>

E-mail 电邮：info@msf.org.cn

MSF in Beijing

无国界医生在北京

Room 604, 6/F, Building 4, Teda Times Centre, 15 Guanhua Road, Chaoyang District, Beijing, P.R. China

北京市朝阳区光华路 15 号韦伯国际发展中心 4 号楼 6 层 604 室

Postal Code 邮编：100026

Tel 电话：(86) 10 8559 7148

Fax 传真：(86) 10 8559 7150

Website 网址：<http://www.msf.org.cn>

E-mail 电邮：info@msf.org.cn

Connect with us 与我们联系

<http://www.msf.org.cn/lianxi>



Coloured printing is sponsored by the printing company
彩色印刷由印刷商赞助

MSF medical staff measures the height of a sick child affected by the flood in a mobile clinic in Pakistan

无国界医生医疗人员在巴基斯坦一个流动诊所，为一名受水灾影响的病童量量身高



© Seb Geo