BORDERLINE 无疆

01 2014

阿富汗医疗护理：
掌声背后的残酷现实

AFGHAN HEALTHCARE:
BRUTAL TRUTH BEHIND THE APPLAUSE

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阿富汗病人的 "奢侈"
A "LUXURY" FOR AFGHAN PATIENTS

无国界医生 (香港) 总干事 卡磊明
Rémi CARRIER, Executive Director, Médecins Sans Frontières Hong Kong

国际社会对阿富汗展开介入至今已经超过12年，多国军队及捐助机构正计划撤出当地，这个国家将要更依赖其脆弱稀少的资源。

无国界医生在阿富汗工作30多年，是当地目前其中一个主要的医疗提供者。尽管国际社会和阿富汗当局均对重建该国医疗系统的成就作出乐观评价，但我们的研究发现，当地人仍无法获得足够医疗护理，很多人道需要亦未得到满足。这对一般的阿富汗妇女和她的家人而言，意味着什么？

在香港，人们要获得医疗护理，固然也有一些问题，包括公立医院候诊及手术排期时间长等。在阿富汗，要获得医疗护理则代表要跨越一些难以逾越的障碍，例如人们要长途跋涉才能去到一间运作正常、有合格医疗人员及物资的诊所，路上要通过多个由不同敌对派系设立的检查站，而且外出求医时其安全随时受到威胁。

谈到阿富汗人民无法获得足够医疗护理，我们指的是很多阿富汗人在生病时，连有医生在旁或接受正确的治疗也是种奢侈。当地情况令人忧虑，无国界医生希望国际能将焦点放在阿富汗人正实际面对的问题，以及救助生命的紧急工作之上。

今期《无疆》亦会探讨当大型天灾如台风及地震发生，造成大量伤亡后，疫症爆发的实际风险。遇难者的尸体会否危害到幸存者？"前线医讯" 将会从医学角度澄清这个问题。

我们亦会向你呈现我们在中非共和国目睹的情况。这个小国正深陷一场人道危机之中，各社群因为宗教和种族的紧张关系而反目成仇。"图片特写" 把当地的危急情况展现眼前。

无国界医生致力接触那些被忽略、被遗忘但急需护理的人群，而《无疆》将带你看到我们的医疗队伍在全球各地正面对的一些现实情况。我们的救援若要事成，你的帮助和支持始终不可或缺。

It has been more than 12 years since international community launched its intervention in Afghanistan, and now many of the armies and donors are planning to withdraw, leaving the country to rely more on its own, fragile resources.

MSF, which has worked in Afghanistan for more than 30 years, is one of the main healthcare providers in the country today. Despite optimistic accounts from the international community and the Afghan authorities about the achievements of rebuilding the national health system, our study found that there is inadequate access to healthcare and that many humanitarian needs are left unmet. What does this mean for an ordinary Afghan woman, her children and their father?

In Hong Kong, of course there are some issues about accessing healthcare, which include a long waiting time to get a medical appointment or have an operation in the public sector. In Afghanistan, access to healthcare means crossing some very formidable barriers. It's about the long distances that people have to travel to reach a functional clinic with qualified medical staff and supplies, the number of checkpoints from hostile groups that they need to pass through on their journey, and the security risks they are taking when going out for a doctor.

By saying there is inadequate access to healthcare in Afghanistan, we mean that many Afghans don't have the luxury to have a doctor next to them or proper treatment when they are sick. The situation today is alarming and MSF is trying to focus international attention on the practical issues facing the Afghans and the urgent business of saving lives.

This issue of Borderline will also look at the real risks of epidemic outbreaks in the aftermath of natural disasters like typhoons or earthquakes which kill lots of people. Are those bodies then a hazard to the people who survive? Medical Info will clarify this topic from a medical perspective.

We also want to present to you what we are witnessing in the Central African Republic, a small country in a deep humanitarian crisis as communities are turning on each other, mainly due to religious and ethnic tensions. In the Photo Feature, you will be able to confront the acute situation on the ground.

MSF is committed to reach the most neglected and forgotten populations who are in urgent need of care and Borderline brings you some of the realities faced by our medical teams deployed in so many parts of the world today. For them to succeed, your help and support remains indispensable.

阿富汗医疗护理：
掌声背后的残酷现实

AFGHAN HEALTHCARE:
BRUTAL TRUTH BEHIND THE APPLAUSE

对于长年深陷战争的阿富汗来说，2014年是关键一年：新一届总统选举于4月举行，美国及北约部队亦将于年底前撤出。各界一再声称及保证国际社会协助阿富汗重建的工作已有所成，包括在医疗护理方面。不过，无国界医生早前的调查发现，阿富汗民众要获得医疗护理，仍要面对重重挑战。

For Afghanistan, a country which has been trapped in war for so many years, 2014 is a critical year, with the presidential election in April and the withdrawal of the US army by the end of the year. Claims and reassurances have been made about the achievements of the international community in rebuilding the country, including the provision of healthcare. MSF's own study though finds that Afghan people are still facing multiple challenges in getting treatment.

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持续的战争导致平民遭受枪炮、炸弹和地雷的袭击。

The civilians have been affected by the gunfire, bombings and landmines in the ongoing war. © *Andrea BRUCE/Noor*

无国界医生去年在阿富汗4个地区开展了一项为期6个月的调查，访问800名病人及其照顾者。结果显示，五分之一受访病人去年有亲友因缺乏医疗护理而死亡，而被送至无国界医生医院的病人中，40%说曾在路上遇到打斗、地雷、检查站或骚扰。

医疗护理的障碍

遥远的路程、动荡的局势及高昂的费用是人们面对的主要障碍。有12%受访者称需要花超过两小时才能抵达医院，而一些人因为不敢在晚上出门求医，唯有整夜照料生病或受伤的亲人，希望他们能活到早上，再将他们送往医院。

此外，多数受访者的生活贫困，每个家庭每日生活费用仅为一美元，但问及他们最近一次看病所花的费用，平均要近40美元，尚未包括交通、住宿等其他费用，许多人为此而负债，需要变卖仅有的家当。

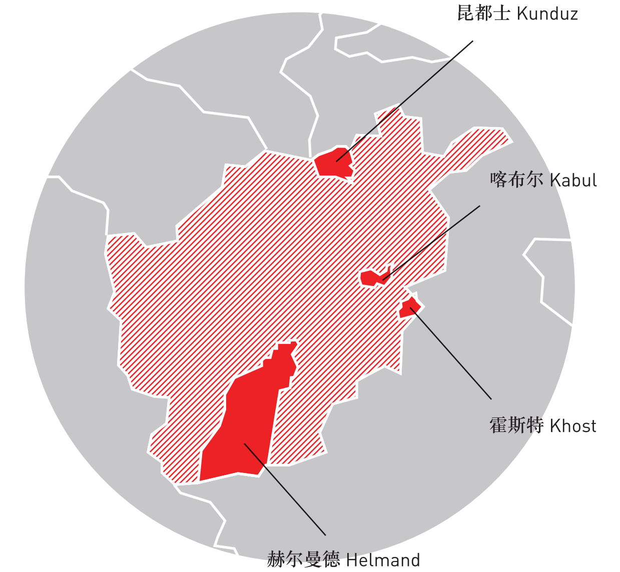
尽管当地一些公立医院承诺提供免费医疗，但都缺乏有质量的医疗人员、设施和药物，候诊时间冗长，而且转介系统不畅。赫尔曼德省一名33岁的妇女说："公立诊所每天挤满病人，却没有有质量的医生能够提供治疗。人们要贿赂医生才能接受诊症，医生也不关心病人，从早到晚只坐在办公室里，等着下班回家。"因此，许多病人宁愿多花金钱、冒着巨大的风险地去较远的私家医院求医。但同时，不少受访者亦曾遇上私家医生误诊或处方过量药物的情况，充分说明公营医疗设施提供有质量且病人可负担服务的需要。

人道组织的困境

阿富汗医疗系统至今仍无法满足民众需求，原因之一是交战政府决定在哪里以及如何提供援助时，往往是基于稳定局势、反叛乱策略以及"赢取民心"的考虑，而不是医疗需求。受反对派控制及有国际驻军的地区获得较多援助，但其他地区则被忽视。

持续不安全的局势，以及进入冲突地区的限制，亦令包括无国界医生在内的人道组织难以持续应对人们的医疗需求。曾任无国界医生阿富汗国家代表的霍夫曼表示，与冲突各方展开协商是在当地工作的唯一方法。他说："我们透过与交战各方进行定期、直接且高透明度的沟通，以及确保财政完全独立于西方及阿富汗政府，争取空间工作。"

阿富汗多个地区持续处于冲突中，救援组织又未能应付日益增加的医疗人道需要，再加上随着美国撤兵，国际社会对当地兴趣减弱，无国界医生对此感到忧虑。国际捐助机构、援助提供者及阿富汗当局必须作出更多努力，放下民众需求以外的其他考虑，确保伤病者能获得不偏不倚的医疗护理。



无国界医生于1981年开始在阿富汗工作，2004年曾因安全问题撤离，2009年重返当地工作。无国界医生现时在喀布尔、赫尔曼德、昆都士及霍斯特提供免费医疗护理，共有70名国际救援人员及1,600名当地员工。

MSF first started working in Afghanistan in 1981. It withdrew from the country in 2004 due to security reasons and returned in 2009. MSF is now providing free healthcare in Kabul, Helmand, Kunduz and Khost, with 70 international staff and 1,600 national staff.

Last year, MSF conducted six months of research, interviewing 800 patients and their caretakers in four distinct regions. One in every five of the patients had a family member or close friend who had died last year due to a lack of access to medical care, while 40% of patients faced fighting, landmines, checkpoints or harassment on their journey to MSF hospitals.

BARRIERS TO HEALTHCARE

Distance, insecurity and high cost are the main obstacles. 12% of interviewees said it took more than two hours to get to the hospital. Some people, too afraid to go out and find a doctor in the dark, were forced to watch over their sick or injured relatives throughout the night, hoping they would survive until morning to bring them to a hospital.

Most interviewees live in poverty, with each household surviving on US$1 per day but having spent an average of nearly US$40 on a recent medical consultation. They also need to pay for transportation, accommodation and other costs, which push many into debt or force them to sell their few possessions.

Some public hospitals, while promising to provide free healthcare, lack quality medical staff, facilities and drugs. Waiting times are too long and the referral system is weak. A 33-year-old woman from Helmand province said, "The government clinics are always crowded with sick people. You have to bribe the doctors to be seen. They don't really care about the patients. They are just waiting in their office for the day to end so they can go home." Many patients prefer to travel greater distances, at significant cost and risk, to seek care from private hospitals. But interviewees also spoke of misdiagnosing and overprescribing from the private practitioners they visited. All the more reason that public health facilities should offer quality care as an accessible and affordable alternative.

DIFFICULTIES FACING HUMANITARIAN ORGANISATIONS

One reason the health system is failing to address peoples' needs is that decisions taken by belligerent governments on where and how to provide assistance in Afghanistan have too often been based on considerations such as stabilisation, counter-insurgency strategies or "winning hearts and minds", rather than medical needs. Aid was directed towards insurgency-affected areas where international troops were present, while other areas were overlooked.

The consistent insecurity and limitations on access to conflict areas prevent humanitarian organizations like MSF from providing a sustained response. Michiel HOFMAN, the former representative for MSF in Afghanistan, says the only answer is to talk to all sides. "MSF has been able to carve out operational space in Afghanistan through regular, direct, and transparent negotiations with all the warring parties, and complete financial independence from western and Afghan government sources."

MSF is very concerned that continuing conflict in many parts of the country and a failure to meet rising medical humanitarian needs will coincide with a reduction of interest from international community after the withdrawal of the US army. International donors, aid providers and Afghan authorities must take more efforts to ensure impartial healthcare can be provided to all sick and wounded, while putting aside any considerations other than people's needs.

"我花了太多钱医治女儿，现在已经没有钱了。我的钱全用在私家诊所和交通费上。我们来这里（布斯医院）是因为这里免费。但她出院后，我们必须住在邻近医院的镇上，每天带她去做检查。即使医疗费用全免，我们仍要花许多住宿费用。"

—— 赫尔曼德省一名39岁的穆拉*

"I've already paid so much to help my daughter. Now I've run out of money. I spent it all on private doctors or travelling to them. We came here (to Boost hospital) because it's free. Yet when she was discharged we needed to stay here in the town, near the hospital, to bring her for daily follow-up appointments. So, even though the healthcare here is free, it still costs money for me to stay close to it."

- A 39-year-old Mullah from Helmand*

"我们在晚上根本不能随处走动，否则全都会在路上被杀掉。所以，我们宁愿病人快点死去，而不用整晚受苦，待到隔天或在路上才死去。这就是现实。"

—— 卡皮萨省一名55岁的农夫

"We can't move at night or all of us would be killed on the road. So, we prefer that they die quickly rather than having to suffer through the night only to die the next day or on the way. This is our reality."

- A 50-year-old farmer from Kapisa

"在我居住的地方只有一个私家医生，他以前是修理轮胎的，没有读过医科，只有一本很大的普什图语医科书。有次我因为头痛而求诊，他竟然叫我自己看书找疗法。那根本不是一位医生！试问他怎能治疗病重的人？"

—— 赫尔曼德省一名22岁的农夫

"In my area, there's just one private doctor and he used to fix tyres. He didn't study medicine, but has one big medical book in Pashto. When I went to see him with head pains he told me to look up the book myself to find a treatment. That's not a doctor! How can he treat anyone who is seriously sick?"

- A 22-year-old farmer from Helmand

*即穆斯林教师 Muslim teacher

阿富汗妇女：艰难的命运
AFGHAN WOMEN:HARSH FATE

阿富汗是全球妇女生育最危险的地方之一，每10万宗分娩便有460名孕妇死亡，是中国的20倍。

Afghanistan is one of the most dangerous places in the world to give birth, with a maternal mortality rate of 460 per 100,000 live births. 20 times the rate in China. ©Andrea BRUCE/Noor

据统计，阿富汗每42名妇女中，就有一名因怀孕或分娩而死亡，产妇死亡率在全球名列前茅。

造成这情况的首要原因，是阿富汗极其缺乏女性医疗人员，特别是在偏远地区。许多孕妇不愿意接受男性医疗人员的检查和治疗，而且由于安全问题，她们亦不敢出门求医。在拉什卡尔加的一名居民说："我们区内的公立诊所中午12时便关门，因此有妊娠并发症的孕妇要等到次日路况安全后才能求医。很多孕妇因为来不及到达医院而死去。"令情况更糟的是，许多地区的孕妇若要前往医疗设施，必须先获得丈夫准许，并通常要由一名男性亲属陪同。

为降低产妇死亡率，无国界医生于2012年在霍斯特省开设了一所妇产科医院，医护人员全部为女性，提供24小时的免费治疗。2013年，无国界医生在该院协助下进行了近1.2万次分娩。

Statistics show that one in 42 women in Afghanistan is likely to die of issues related to pregnancy and childbirth. The maternal mortality rate is one of the highest in the world.

One reason for this is the dire lack of female medical staff, particularly in rural areas. Many women are reluctant to be examined or treated by male medical staff. And then there are travel and safety fears. "The government clinic in our area is only open until 12 noon. So pregnant women with complications have to wait for the next day until the road is secure." A resident from Lashkar Gar said. "Most of them die because they can't reach a hospital in time to save them." What makes things worse is that women in most areas require consent from their husbands to visit a health facility, and usually have to be accompanied by a male relative.

To reduce the maternal mortality rate, MSF has operated a maternity hospital in Khost province since 2012, with an all-female medical team providing 24-hour free healthcare. In 2013, MSF performed nearly 12,000 deliveries in the hospital.

在乌克兰开展紧急救援项目
MOUNTED EMERGENCY RESPONSE IN UKRAINE

在2月中，乌克兰基辅的反政府示威者与警方爆发激烈冲突后，无国界医生派出一支紧急队伍支援当地一所医疗设施。组织并提供精神健康支援，以及向其他医疗机构提供及时的捐助。

Following violent clashes between anti-government protestors and police in mid-February, MSF sent an emergency team to support a health facility. It is also providing mental health support and making donations to other health structures.

在印度开设营养不良深切治疗部
OPENED A MALNUTRITION INTENSIVE CARE UNIT (MICU) IN INDIA

©Alfons RODRIGUEZ/MSF

这个营养不良深切治疗部由无国界医生和卫生部合办，于3月初开始运作，目的是在比哈尔邦治疗病情最复杂的急性严重营养不良儿童。这个部门是印度首个同类型项目。

The facility started work in early March, jointly operated by MSF and the Ministry of Health to treat the most complicated cases of severe acute malnutrition in children in Bihar. The MICU is the first of its kind in India.

在几内亚应对伊波拉疫情
RESPONDED TO EBOLA EPIDEMICS IN GUINEA

©Kjell Gunnar BERAAS

几内亚南部于3月爆发伊波拉出血热疫情，截至4月初共有134宗确诊个案，共84人死亡。无国界医生在发现个案的地区成立隔离部门，并追踪曾与确诊病人接触的人士，以截断病毒的传播链。

An outbreak of Ebola haemorrhagic fever was declared in southern Guinea in March. As of early April there were 134 confirmed cases and 84 deaths. MSF set up isolation units in affected areas and traced all contacts of patients to break the chain of transmission of the virus.

在墨西哥预防美洲锥虫病
STARTED PREVENTION OF CHAGAS IN MEXICO

医疗队伍将向该国瓦克卡州（Oaxaca）的居民提供美洲锥虫病诊断及治疗，包括为当地医疗人员提供技术支援和培训，以及设立传播媒介控制项目，以杜绝当地带病昆虫的滋生。

Medical teams started providing Chagas disease diagnosis and treatment to the populations in Oaxaca state, including technical support and training to medical staff and implementation of a vector control programme to eradicate the insect carrying the disease in intervention area.

尸体必引致疫病爆发？
WILL DEAD BODIES LEAD TO EPIDEMICS?

在菲律宾风灾其中一个重灾区吉万，无国界医生救援队清理水井，确保灾民有清洁饮用水供应。

An MSF team cleaned the wells in one of the worst-hit areas Guiuan to ensure the typhoon survivors have access to a clean water supply. ©*Florian LEMS/MSF*

前线医讯
Medical Info

去年十一月，超级台风海燕横扫菲律宾中部，造成超过6,000人死亡，数百万人无家可归。一如其他大型天灾发生后，从传媒报道上看到灾区一片狼藉和不幸遭殃的灾民尸体时，总会有人忧心地说：灾区大量尸体没有被埋葬，随时导致疫症爆发。但其实，这是否是事实？

传说与科学

在海燕吹袭后次日即抵达菲律宾的无国界医生（香港）紧急救援支援组经理狄纯娜医生说："有一个很普遍的迷思认为尸体会导致传染病传播，但其实是错的。"

她续说："死去或腐烂的人类尸体本身一般不会对健康造成严重威胁，除非是尸体内的排泄物流出来污染了水源，或是死者生前染上瘟疫或斑疹伤寒，那么滋生的虱子便可能会传播这些疾病。"

正如世界卫生组织的指引*指出，灾难中的罹难者多是创伤致死，故一般而言其尸体造成疾病爆发的风险不大。相反，灾区内的各种因素如缺乏清洁饮用水供应、灾民栖身处环境挤迫、卫生环境和设施恶劣、当地居民疫苗接种率偏低、医疗服务覆盖和质量不足、当地的疾病生态如疟疾、登革热或其他传染病的流行性，对灾后是否出现传染病的风险影响更大。

最大但看不见的影响

另一方面，尸体对幸存者造成的最大影响，正是肉眼看不见的心理创伤，而那是绝不能忽略的。狄纯娜医生说："幸存者在灾难中已失去了挚爱，目睹很多人丧生。看到尸体，只会令他们更难从灾难中恢复过来。"

这次菲律宾风灾紧急救援过程中，有几个由菲律宾政府率领的组织专门负责处理灾区的尸体，而无国界医生则集中向幸存者提供心理创伤急救和预防措施。风灾发生后三个月，无国界医生向超过2.7万名灾民提供精神健康支援。

Super typhoon Haiyan ripped through the central Philippines last November, leaving over 6,000 people dead and millions displaced. As in the aftermath of other large scale natural disasters, when people see images of dead bodies in media reports they often worry that unburied corpses can cause disease outbreaks. But is it true?"

MYTH AND SCIENCE

There is a widespread myth that dead bodies cause the spread of infectious diseases, but actually it is not true," says Dr Natasha REYES, Manager of the Emergency Response Support Unit in MSF-Hong Kong's office, who arrived at the Philippines for the emergency intervention the day after the typhoon hit.

"Dead or decayed human bodies do not generally create a serious health hazard; unless they are polluting sources of drinking water with faecal matter, or they are infected with plague or typhus, in which case they may be infested with the fleas or lice that spread these diseases."

The World Health Organization guideline* agrees that dead bodies after disasters, as they usually have died from trauma, generally do not carry a high risk of disease outbreaks. It is the lack of access to adequate clean water, overcrowding, poor hygiene and sanitation facilities, low vaccination coverage among the population, poor coverage and quality of health services, or the local disease ecology, such as endemicity of malaria, dengue or other infectious diseases that pose the real risk of infectious diseases after natural disasters.

BIGGEST YET INVISIBLE IMPACT

On the other hand, the major impact of dead bodies on survivors is through the psychological trauma, something which should not be neglected, Dr Reyes emphasizes. "People have lost their loved ones and witnessed death on a large scale. The presence of dead bodies makes it more difficult for the survivors to recover."

There were several groups led by the Philippine government dealing with the dead bodies during the Haiyan emergency response, while MSF focused on providing mental health support, including psychological first aid and preventive measures to the survivors. Over 27,000 people were assisted with mental health support from MSF in the first three months after the typhoon hit.

**http://www.who.int/water_sanitation_health/hygiene/envsan/tn08/en/#*

重灾区塔克洛班市街道旁堆满尸袋，传出阵阵恶臭。

Body bags are lining up on the street in the hardest hit city Tacloban, creating an unbearable smell.
© *Yann LIBESSART/MSF*

在吉万，参与社会心理支援活动的儿童通过绘画表达他们在风灾中经历的一切。

Kids were asked to draw their experience of the typhoon during a psychosocial activity in Guiuan.
© *Julie REMY/MSF*

中非共和国 持续不断的暴力事件
RELENTLESS VIOLENCE IN THE CENTRAL AFRICAN REPUBLIC

30岁的赫蒂彻目睹丈夫和3个孩子中枪和被杀。她的脖子被射中但她活了下来。

Khadidja, a 30-year-old woman, witnessed her husband and three children being shot and killed. She was shot in the neck but survived.

© Marcus BLEASDALE/VII

自2013年12月初中非共和国首都班吉爆发残暴的冲突以来，部族间的暴力事件已席卷全国，激烈程度前所未有。平民被针对性袭击，村庄被焚毁，妇女被强暴，民众被杀害，所有社群都被卷入这场人道灾难之中。

超过120万人（占该国人口25%）已经逃离家园。由于该国仅有的医疗设施亦被抢掠和破坏，人们难以获得医疗护理。全国一半人口现正需要紧急援助。

Since atrocious fighting broke out in Bangui, the capital of the Central African Republic (CAR) in early December 2013, inter-communal violence has swept the country and reached unprecedented levels. Civilians are being targeted – villages burned, women raped and people killed – all communities are slipping into this humanitarian catastrophe.

More than 1.2 million people – 25% of the population – have fled their homes. With the few existing health facilities being looted and destroyed, healthcare is hardly accessible. Half the country is now in desperate need of emergency aid.

"当我在博祖姆时，我们发现了17名身受枪弹、大砍刀和手榴弹袭击的伤者，藏匿在一个小院子里。他们不敢去医院，怕再次受袭。他们伤势严重，但仍默默坐着，任由伤口不停淌血，可见人们是如此害怕寻求医疗护理。他们默默坐在那里，已经失去所有希望。"

－无国界医生（国际）主席廖满嫦医生，于2014年2月探访中非共和国救援项目

"那天早上，我们乘坐救护车走遍全镇寻找伤者……在滂沱大雨中，我们看到在车子驶经的街角和大街上，堆起了许多尸体，有些就在友谊医院的对面被绑起来，遭冷血地杀死，有些则半裸着，彷佛是对路人的一个警告。雨水溅湿了街道，泥土里混着鲜血……"

－无国界医生于中非共和国班吉的紧急项目统筹坎波斯

"我到了市集，回来的时候，有人告诉我住所附近受袭。我和兄长会面，一些邻舍用货车载我们一程。在车队里，两辆在我们后面的车辆被手榴弹击中。它们终于到了机场。实在非常可怕，人人都在逃跑，我也跑着搭上飞机。"

－18岁的穆罕默德原本计划与兄长一起逃到乍得，但在班吉机场与兄长失散，之后再没听到兄长的消息

"When I was in Bozoum, we found 17 injured people with wounds from gunshots, machetes, and a grenade, hiding in a small courtyard. They were too scared to go to the hospital in case they were targeted again. Their injuries were serious—yet they were all sitting in silence, bleeding. That's how terrified people are of seeking medical care. They just sat there in silence, having lost all hope."

- Dr. Joanne LIU, MSF International President, who visited MSF projects in Central African Republic in February 2014

"That morning we went out in our ambulances driving through the town in search of injured people…in that torrential rain we watched, as we drove past corners and avenues, dozens of dead bodies piled up in the streets. Some of them had been tied up and killed in cold blood opposite Hôpital Amitié, others were half naked and left as a warning for all passers-by. The rain splashed the streets with the mud concealing the blood…"

- Jose Mas COMPOS, MSF Emergency Coordinator in Bangui, Central African Republic

"I managed to go to the market. On my way back I was told that our neighborhood was being attacked. I met with my older brother and some neighbors gave us a lift in their truck. The two vehicles behind us in the convoy were hit by grenades. They finally reached the airport. It was horrible, everybody was running, I ran too to reach the plane."

- 18-year-old Mahmat planned to flee to Chad with his brother, but was separated from him at the airport and has not had any news since

图片特写
Photo Feature

1/

武装组织烧毁住着整个家庭的房屋，而且容许人们自由使用大砍刀，狂轰滥杀。

Armed groups burnt down houses with entire families inside and gave free rein to the vile rule of the machete and indiscriminate mutilation.

© Marcus BLEASDALE/VII

2/

一名儿童在逃离袭击期间受伤，伤口受到感染，在博桑戈阿接受治疗。

A child is treated for an infected wound in Bossangoa. He hurt himself running for his life from attackers.

© Marcus BLEASDALE/VII

3/

约3.5万人正在乍得的南部避难。在距离中非共和国边境10公里的城镇比托耶，无国界医生队伍进行了一个麻疹、小儿麻痹症及脑膜炎疫苗接种项目。

Approximately 35,000 people are now taking refuge in southern Chad. In Bitoye, a town located 10 kilometers from the CAR border, an MSF team conducted a vaccination campaign against measles, polio and meningitis.

© Samantha MAURIN/MSF

4/

每当发生激烈冲突，便会有大量伤者涌进无国界医生的医院。病人首先会在长椅或地上接受急救，之后会被安排住院或送到外科部门。

Whenever there is a violent armed clash, there will be an influx of wounded rushing to MSF's hospitals. First aid is often delivered on benches or on the floor, before patients are given beds or transported to the surgical unit.

© Camille LEPAGE/Polaris

5/

50岁的阿马杜在寓所前面坐着的时候受到袭击。他身中4枪并被武装分子殴打，失去了部分的手掌。他说："我和孩子都在这里出生，但如果情况没有改善，我无法继续留在这里。"

50-year-old Amadou was attacked while sitting in front of his house. He was shot 4 times and beaten by armed men. He lost part of his hand. "I was born here and my children were born here, but if things don't improve, I can't stay."

© Aurelie LACHANT/MSF

6/

中非共和国难民正等候被送到位于喀麦隆姆博戈奈的中转营地。

Refugees from CAR waiting to be transferred to transit camps in Mbogorné, Cameroon

© Laurence HOENIG/MSF

7/

班吉居民活在对武装组织和报复行为的恐惧当中，超过6万人聚集在机场附近。

People in Bangui live in fear of armed group and revenge acts. More than 60,000 people have gathered inside the airport.

© Juan Carlos TOMASI/MSF

乌云背后的幸福线
EVERY CLOUD HAS A SILVER LINING

Assalam Alaykum! 这是阿拉伯语的 "愿你平安"，是塔吉克斯坦常用的问候语。

记得我还在担任筹款总监时，结核病对我来说是一个很难和支持者讨论的话题。很多捐款人希望看到无国界医生把捐款用在能带来即时效果和巨大影响的医疗工作上，如疫苗接种项目。而在他们眼中，结核病，尤其是耐多药结核病，治疗过程则太过漫长，而且非常昂贵。

确实，耐多药结核病治疗需时两年，而且有很多副作用，感染者要承受很多生理上的不适、疼痛以及情绪上的痛苦。即使很多成人感染者都会因为难以坚持长期治疗而选择放弃，更遑论年轻感染者了。治疗过程既漫长又昂贵，病人又可能中途放弃，导致较高的治疗失败机会，那捐款人还能从中看到什么希望，继而愿意支持我们呢？

直到我遇上米赫科娜，我的想法有了改变。

在我到达项目后不久，队伍为一位名为米赫科娜的女孩举办了一个简单但充满欢乐的派对。米赫科娜是我们的第一个病人，她的病人档案编号是 "001"。两年前，我们刚开始为她提供治疗时，她只有15岁。就像其他年轻人一样，米赫科娜会上学，会和朋友一起玩乐，喜欢穿好看的衣服，把自己打扮得漂漂亮亮。但当她被诊断出感染耐多药结核病后，她没法再上学。其中一种她要注射的药物令她十分疼痛，其他药物则令她出现呕吐和严重头痛，她似乎 "病得更严重" 了。她没有力气再打扮自己，事实上，她感到非常痛苦，甚至不想见到任何人。

和其他青少年一样，她希望以反叛的行为来证明自己，建立自己的个性，所以她和母亲吵架，逃避我们的辅导员，尝试不接受治疗……我想，如果我要经历类似的治疗过程的话，我也会做出这些 "正常" 和 "合理" 的行为吧。

终于，在无国界医生的医生、护士和辅导员，以及她家人的支持下，米赫科娜完成了整整两年的治疗，现在已经完全从耐多药结核病中痊愈！多么令人高兴！

在她的派对当日，很多其他感染了结核病的孩子来和米赫科娜一同庆祝。他们来见证她的喜悦，更重要的是他们从中知道这可怕的疾病是有希望治好的。

柳天蕙（中）与无国界医生塔吉克斯坦项目的首位耐多药结核病康复者米赫科娜（左）。
Beatrice (middle) with Michkona (left), the first fully cured MDR-TB patient in MSF's programme in Tajikistan. *Photo source: Beatrice LAU*

Assalam Alaykum! Greetings from Tajikistan.

I remember when I was the Director of Fundraising, TB was a topic that I was always shy of talking about to our supporters because many donors thought that treatment of TB is a long process, especially if it is multi-drug resistant tuberculosis (MDR-TB), and it is very costly. Donors would prefer to see MSF using their donations in medical actions that produce instant results and with massive impact, like vaccination campaigns.

Indeed, MDR-TB treatment takes two years to complete, which is a very long process. There are a lot of side effects, causing both physical and emotional discomfort, pain, and even suffering. Even adult patients find it difficult to stick to the treatment and many would give up, let alone young patients. With a long and costly treatment process and a relatively high chance of failure as patients drop out, what hope is there to offer to our donors and attract their support?

Until I met Michkona.

Just a few days after my arrival in the project, the team threw this modest but very delightful "party" for Michkona – she is our first patient and her medical file is numbered "001". Two years ago when we first started treatment with her, she was just 15 years old – and like any other teenagers, Michkona went to school, liked to hang out with her friends and wear beautiful dresses to make herself pretty. But when she was found out that she was infected with MDR-TB, she was kept away from school. One of the drugs she had to take had to be injected and it was very painful. The side effects of the other drugs made her even sicker as she was having nausea and serious headache. She didn't have energy to make herself pretty any more. In fact, she felt really miserable, and she didn't want to see anyone.

And just like any other teenager, she wanted to prove and establish her individuality by being "rebellious" – she put up big fights with her mother, ran away from our counsellors and tried to skip treatment...all these behaviors are very "normal" and "reasonable" if I think of myself having to go through a similar treatment process.

But with the help of MSF doctors, nurses and counsellors, together with the support from her family, Michkona finally completed her two full years of treatment and she is now entirely cured from MDR-TB! It was such a joyful moment!

On the day of her "party", many other kids infected with TB came to celebrate with Michkona. They came to witness her joy, and more importantly, the fact that there is indeed hope of being cured of this horrible disease.

/ 柳天蕙是来自香港的财务及行政统筹人员，曾先后于尼日尔及海地参与救援任务，曾担任无国界医生（香港）筹款总监。她在2013年9月前往塔吉克斯坦担任项目统筹，为期两年。

Beatrice LAU is a financial and administration coordinator from Hong Kong. She has served on missions in Niger and Haiti. She was formerly the Director of Fundraising in MSF-Hong Kong. In September 2013, she departed to Tajikistan as a Project Coordinator for 2 years.

/ 无国界医生和塔吉克斯坦卫生部门于2011年开始儿科结核病项目，在全面应对模式之下，儿童和家人都会接受治疗。项目鼓励以引导痰涎的方法，为疑似感染结核病的儿童进行快速检测，并希望扩大追踪密切接触者的工作，以及推广儿科药物配方。

2012年，全球共有45万人感染耐药结核病。他们面对的处境和塔吉克斯坦的病人相似，同样急需疗程更短、更安全和更有效的治疗。无国界医生发起全球签署《检测我、治疗我》宣言（www.msf.org.cn/tb），要求有能力为耐药结核病疫情带来改变的各国政府、捐助机构、药厂和政策制定者，从根本上改善这个疾病的护理模式。

In 2011, MSF and the Ministry of Health in Tajikistan started a paediatric TB programme. Under the holistic approach family members as well as the children are being treated. The programme promotes the use of sputum induction, a rapid test for every child with suspected TB, the scale up of contact tracing activities and paediatric drug compounding.

There are 450,000 people infected with drug-resistant tuberculosis (DR-TB) in 2012. They face similar challenges as patients in Tajikistan do, and are in urgent need for shorter, safer and more effective treatment. MSF has launched the "Test me, treat me" manifesto (www.msf.org.cn/tb) to ask for global support in urging key power brokers, including governments, funders, pharmaceutical companies and policymakers, to radically transform DR-TB care.

耐多药结核病的疗程要求感染者每日服用多达20粒药丸，而且伴有呕吐、头痛、失明、失聪甚至精神病等难以承受的副作用，不少感染者因此中途放弃治疗。
The treatment of MDR-TB requires patients to take as many as 20 pills every day with intolerable side effects, including nausea, headache, blindness, deafness and even psychosis, causing many patients to give up treatment. ©*Bruno DE COCK/MSF*

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无国界医生(香港) MSF - Hong Kong

香港西环德辅道西410 – 418号太平洋广场22楼
22/F, Pacific Plaza, 410 – 418 Des Voeux Road West, Sai Wan, Hong Kong

电话 Tel (852) 2338 8277 传真 Fax (852) 2304 6081 电邮 E-mail office@msf.org.hk

无国界医生在北京 MSF in Beijing

中国北京市朝阳区三里屯东三街外交公寓2号楼3单元031房间
2-3-31, SanLiTun Diplomatic Residence Compound, SanLiTun Dong San Jie,
Chaoyang District, Beijing, P.R. China 邮编 Postal Code 100600

电话 Tel (86) 10 8532 6607 传真 Fax (86) 10 8532 6717 电邮 E-mail info@msf.org.cn

无国界医生在广州 MSF in Guangzhou

广州市越秀区解放北路618 – 620号府前大厦A座1201室
Room 1201, 12/F, Block A, Fuqian Mansion,
No. 618 – 620 JieFangBei Road, Guangzhou, P.R. China 邮编 Postal Code 510030

电话 Tel (86) 20 8336 7085 传真 Fax (86) 20 8336 7120 电邮 E-mail info@msf.org.cn

网址 Website www.msf.org.cn

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