

BORDERLINE 無疆

01 2015

抗戰伊波拉
FIGHTING EBOLA





總幹事的話
From the Executive Director

新一年 新挑戰 TAKING ON THE YEAR'S CHALLENGES

無國界醫生 (香港) 總幹事 卡嘉明
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正所謂「一年之計在於春」，無國界醫生的前線人員亦一樣，已就今年將要進行的救援工作做好準備。

首先是衝突地區。敘利亞的戰火已踏入第五年，至今已造成逾20萬人死亡，超過700萬人流離失所。無國界醫生本應在當地進行大規模的醫療工作，但由於有醫療人員被針對襲擊，以及去年年初時曾發生救援人員被擄走事件，均迫使我們大幅縮減在該國的工作。雖然我們仍在當地支援多所醫療設施，但與龐大的人道需要相比，只是九牛一毛。

此外是伊波拉疫情。無國界醫生自2014年3月疫情爆發以來，便在該區工作。近月病人的數字下跌，情況令人鼓舞，但疫情尚未結束，我們要進一步以「零個案」為目標，將疾病完全消滅。同時，我們亦需要作出很多努力，以重建在利比里亞、塞拉利昂和幾內亞這3個最受影響的國家當中，為一般病人而設的醫療系統。我們要確保他們在生病時，能夠看到醫生。

這期《無疆》將會和你分享曾參與抗擊伊波拉的無國界醫生（香港）救援人員的故事，他們會向大家介紹伊波拉治療中心實際的工作情況，以及他們在任務期間所面對的困難。另外，在「前線醫訊」中，我們將探討另一種疾病——麻疹。這疾病在我們身處的社會，看來不難控制，但在不少貧窮國家則可以奪走許多人的生命。

再次感謝你一直以來對無國界醫生和我們救援工作的支持，希望你喜歡今期的《無疆》。

As the Chinese saying "planning the year in spring" suggests, MSF field workers have been preparing themselves for the global humanitarian work in the coming year.

First let's look at the conflict areas. The Syrian war is entering its fifth year. More than 200,000 people have been killed and 7 million people are internally displaced. MSF should be running large-scale medical programmes in the country, but due to the targeting of medical workers and the abduction of five of our staff at the beginning of 2014, we were forced to significantly reduce our activities. Although we are still supporting more than 100 medical facilities in the country, it is just a drop in the ocean when compared with the largely unmet humanitarian needs.

And then there is the Ebola outbreak in West Africa. We have been working in the region since the outbreak started in March 2014, and it is encouraging to see the number of patient decreasing in the past few months. However, the epidemic is not over yet and we have to push to target "zero cases" and completely stamp out the disease. In the meantime, a lot of effort is needed to rebuild the health system for ordinary patients in the three most affected countries, Liberia, Sierra Leone and Guinea. We have to make sure they can see a doctor when they are sick.

In this issue of Borderline there are stories from MSF-Hong Kong field workers who went to West Africa as Ebola fighters, presenting a picture of how an Ebola treatment centre works and the challenges they faced during their missions. There is also Medical Info that sheds light on another disease, measles, which seems very controllable in our society but which can take a terrible toll in much poorer countries.

Thank you again for your continuous support towards MSF and our work, and I hope you enjoy the read.

封面故事
Cover Story

抗戰伊波拉 FIGHTING EBOLA



伊波拉在西非肆虐一年，疫情漸見緩和，無國界醫生在幾內亞、利比里亞和塞拉利昂伊波拉治療中心的患者人數顯著下降。這場前所未見的疫情，促使我們大規模動員，至今前仆後繼到當地抗疫的國際救援人員超過700人。截至二月底，香港辦事處共派出27人，包括負責統籌利比里亞所有醫療行動的狄純娜醫生，以及首位參與治療伊波拉的香港醫護人員趙卓邦。

Having ravaged parts of West Africa for a year, the Ebola outbreak is on the decline. There is a substantial decrease in the number of patients admitted in the Ebola treatment centres (ETCs) run by MSF in Guinea, Liberia and Sierra Leone. The unprecedented outbreak has prompted the organisation to mobilize massively, deploying over 700 international staff. As of late February, MSF-HK has sent 27 field workers, including Dr. Natasha Reyes, who was in charge of coordinating MSF's medical activities in Liberia, as well as Chiu Cheuk-pong, the first Hong Kong health worker in an ETC.



無國界醫生於利比里亞首都蒙羅維亞的伊波拉治療中心，是組織有史以來成立過最大型的治療中心，可容納共250張病床。

MSF's Ebola treatment centre in Monrovia, Liberia, is the biggest it has ever built. The centre can accommodate up to 250 beds.

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未知

狄純娜於2014年10至11月間在利比里亞參與抗疫工作。在香港辦事處任職緊急救援支援組經理的她，可謂縱橫疫場，曾處理在塞拉利昂以及南蘇丹的霍亂、麻疹和戊型肝炎等疫症爆發。她表示，即使組織應對伊波拉擁有壟斷性的專業經驗，但面對龐大疫情，仍有很多不足。

她解釋說：「以往無國界醫生應對的伊波拉疫情規模較小，地理集中，位置偏遠。這是我們首次在城市面對伊波拉，首次設立超過100張病床的治療中心。我們並非毫無準備，對伊波拉一無所知。然而，過去的疫情規模，不容許我們對病毒掌握更多資料。這場疫症的唯一好處，是讓我們更了解伊波拉，以應對下一次疫症爆發。」

醫護人員目前只能為病人提供支援性護理，增強其免疫力對抗病毒。狄純娜說：「其他方法如為病人輸入康復者血漿等，雖有若干研究，但尚未有確切證據顯示可以殺死病毒。」不過，無國界醫生正參與藥物臨床測試，希望有助找出新療法。

不確定的還有疫情的發展。即使疫情趨緩，追蹤曾接觸感染者人士的工作依然嚴重不足，一個新病例就足以令疫情死灰復燃。狄純娜主動出擊，派出「熱點應對小組」到首都蒙羅維亞外圍，沒有其他救援組織前往的地區應對伊波拉。「他們一行15人要先開車兩天到達某熱點，並在兩天內建好一所小型治療中心。」

壓力

作為醫療統籌，狄純娜亦要負責保障當地逾千名同事的健康。「一位同事染病，對他及其家人來說，固然極之難受，但影響不止於此。團隊士氣會受打擊，當地人對無國界醫生的信任蒙上陰影。更重要是，利比里亞經歷多年內戰，醫護人員彌足珍貴，一個醫生、一個護士都不能少！我們必須確保他們熬得過今次疫情，將來救治更多病人。」

疫情爆發前，當地每10萬人才有1名醫生，如今疫症奪去不少醫護人員的生命，勢令醫療系統更加脆弱。狄純娜指出，疫情幾乎癱瘓西非三國醫療系統，但各方集中投放資源和精力於對抗伊波拉，嚴重忽略非伊波拉病人的需要。

救援人員並非鐵人，患感冒或吃錯東西拉肚子，原來小事一椿，在伊波拉項目就不一樣。「一位同事患感冒，傳染給三四個人很正常，但感冒引致的發燒也是伊波拉病徵之一。就算同事心知機會很微，也難免會緊張，懷疑是否感染伊波拉。」狄純娜唯有勒令同事自我隔離，爭取休息。



狄純娜醫生在2014年10月至11月期間，負責統籌無國界醫生於利比里亞有關伊波拉的所有醫療行動。

Dr. Natasha Reyes was in Liberia in October and November 2014 to coordinate MSF's medical response against the Ebola outbreak.

© Laeticia Martin/MSF



無國界醫生的外展隊伍在較偏遠的郊區，設立治療中心及進行健康推廣。

MSF's outreach teams work in remote rural areas to set up treatment centres and do health promotion.

© Peter Casar/MSF

UNKNOWN

Natasha was in Liberia in October and November 2014. Currently working as the Manager of the Emergency Response Support Unit of MSF-HK, Natasha has extensive experience managing disease outbreaks, including cholera in Sierra Leone, and measles and hepatitis E in South Sudan. Although MSF knows more than anyone else about how to handle Ebola, Natasha says there were still many gaps.

"The previous outbreaks where MSF intervened were small in scale, geographically contained and in remote locations. This is the first time we faced an open epidemic reaching urban areas, the first time we set up ETCs with over 100 beds. We did not come in completely unprepared or unknowledgeable, but the scale of the past outbreaks did not allow us to gather much information. There is the one positive thing that has come out this time: now we know much more about Ebola, and that will help tackle

future outbreaks," Natasha explains.

So far, medical care for Ebola patients is limited to supportive treatment, boosting their own immune system to fight the virus. "Even though studies have been conducted on various methods such as using the blood plasma of Ebola survivors, there is no firm evidence that they can kill the virus," says Natasha. But MSF has been participating in clinical trials of experimental drugs, hoping to help find out as much as possible about potential treatments.

What is also uncertain is the evolution of the outbreak. In spite of the downward trend of new cases reported, contact tracing remains a serious weakness. The epidemic can be revived with one single new case. Natasha took the initiative to deploy "hotspot response team" to the communities on the periphery of Monrovia, the capital, where other organisations were not present tackling small outbreaks. "The 15-member team had to travel for two days to reach a hotspot, and build a small treatment centre within the next 48 hours."

STRESS

As the medical coordinator,

Natasha was also responsible for the health of over 1,000 MSF staff in Liberia. "If a colleague got infected with Ebola, it would definitely be very difficult for them and their family. However, the implications are beyond that: team morale would be affected, local communities might lose confidence in MSF, and more importantly, after years of civil war health workers are very rare in this country. Not a single doctor or nurse can be lost! We must ensure that they live beyond this epidemic so that they can save more lives in the future."

Before the outbreak, there was only one doctor per 100,000 people in Liberia. As the epidemic has claimed the lives of many health workers, the health system is now even more fragile. Natasha points out that the outbreak has almost paralyzed the health system of the three West African countries, yet the entire world has focused its resources and efforts on addressing Ebola, seriously neglecting non-Ebola health needs.

Field workers are not invincible. Getting sick with flu or food poisoning can be very common and it matters even more in Ebola projects. "If a colleague gets flu, it is normal that he would infect 3 or 4 people



香港護士趙卓邦在利比里亞期間，負責無國界醫生伊波拉治療中心的分流站工作。

Chiu Cheuk-pong, nurse from Hong Kong, worked in the triage of the MSF Ebola treatment centre during his mission in Liberia.

© Peter Casar/MSF

阿邦進入高風險區前，要穿上全套保護衣物。由於衣物防水又不透風，加上當地天氣炎熱，醫護人員難以穿著它多於一小時。

Before entering the high risk areas, Pong had to wear his Personal Protective Equipment (PPE). As the PPE is very water and air resistant, health workers can rarely wear it for more than an hour in the tropical heat.

Photo source: Chiu Cheuk-pong



矛盾

在港任職急症室護士的趙卓邦（阿邦），在2014年11月至12月駐守蒙羅維亞無國界醫生最大的伊波拉治療中心最前線——分流站。阿邦必須根據求診者的病徵、居住地、職業與接觸史，尤其是曾否參加葬禮或接觸屍體，決定他們是否需要進入高風險區接受抽血化驗，每日徘徊於矛盾與抉擇之間。

他說：「分流最困難之處，在於一些似是而非的個案，譬如說伊波拉與瘧疾的病徵非常相似，而瘧疾在這裡是很普遍的；也有人故意隱瞞，或答案模稜兩可。我不能把所有人都收進疑似個案區，讓他們增加受感染風險，還要擔驚受怕；但我亦需確保不會把應該隔離的人放走。」

就算生活小節如剪指甲，阿邦都要左思右想。阿邦笑說：「指甲太長，可能會弄薄甚至弄穿手套，但剪指甲又有機會造成傷口，尤其是看不見的傷口，讓病毒有機會入侵。拿着指甲鉗那一刻，我真的在衡量弄穿手套的機會大，或是剪傷的機會大？最終我沒有剪下去。」

耐力

阿邦有時要到高風險區協助其他同事，每次都必須穿上全套保護裝備，包括外科手術衫褲、護目鏡、口罩、頭套、手套、圍裙、保護衣以及膠靴。保護得了自己，護理病人卻不容易。

阿邦解釋說：「在香港的醫院，醫護人員經常要為病人吊鹽水，替他們開靜脈輸液口，俗稱打黃豆，在伊波拉治療中心進行這個程序就加倍困難：手指的敏感度因戴上兩層手套大大降低，護目鏡起霧令視野不清，侷促的保護裝備容易讓人煩躁，減低專注力，此時此刻，保持精準並非易事；整個程序必須緩慢進行，防止出現針刺意外。一個原本只需兩至三分鐘的程序，最少要10分鐘才能完成。」

當地天氣跟香港的夏天一樣，酷熱潮濕，就算沒有穿着保護裝備也大汗淋漓。阿邦說：「脫手套時，發現汗水積聚於十隻指尖位置，形成小水塘，加起來可能夠養金魚了。」

自伊波拉疫情爆發以來，無國界醫生已治療近5,000名伊波拉患者，約佔所有報告病例的五分之一。現時仍有逾2,000名人員在西非工作。



醫護人員不但要穿上侷促的保護衣物，而且每個步驟均要小心翼翼地進行，以防感染病毒，即使只是靜脈注射等本應只需兩三分鐘的工作，往往要10分鐘才能完成。

Health workers in the stifling PPE have to work with extreme care to avoid being infected. In the end, it takes at least 10 minutes to complete a procedure like giving an IV therapy, which can usually be done in two or three minutes. © Yann Libessart

and that fever from flu might seem like Ebola. Even if they know that the chance is very slim, they cannot help getting stressed, thinking that it could be Ebola.” Natasha had to order colleagues to self-quarantine and rest.

DILEMMA

Trained as an accident and emergency nurse, Chiu Cheuk-pong (Pong) was in Liberia in November and December 2014 and worked in the front line of MSF's biggest ETC in Monrovia – the triage. He had to determine if new arrivals should be put into the high risk zone for a further blood test. That critical decision depended on their medical condition, place of residence, occupation and contact history, especially if they had attended funerals or been near dead bodies.

“The most difficult bit of the triage is to deal with borderline cases,” says Pong. “For instance, Ebola and

malaria have similar symptoms, and malaria is very common here; some patients might deliberately conceal information or give ambiguous answers. I cannot simply put everyone into the suspected area, because that would increase their chance of getting infected from unnecessary exposure and make them feel anxious. But I also have to ensure that I didn't let the wrong person out.”

Even tiny, seemingly inconsequential things such as trimming fingernails meant another difficult decision. “The gloves could get thin or damaged if my fingernails are too long. But I might create a wound, especially a small, invisible one when I cut my nails. And that makes an entry point for the virus. Holding the nail clipper, I pondered the probability of both scenarios. In the end, I did not get my nails trimmed throughout the mission,” Pong laughs.

ENDURANCE

From time to time, Pong had to enter the high risk areas to assist his colleagues. He had to wear full Personal Protective Equipment (PPE), which includes scrub suits and pants, goggles, mask, head cover, plastic apron, waterproof gown and rubber boots. So health workers are

well protected but it makes caring for patients more difficult.

“Health workers in hospitals in Hong Kong often give intravenous (IV) therapy, which involves inserting an IV line inside a patient's vein,” explains Pong. “This procedure is exceptionally complicated to perform in an ETC: two sets of gloves reduce sensitivity of the fingers, goggles fogging up hinders visibility; and the stifling protective suit makes it hard to stay focused. It is really not easy to be accurate given all these. The entire procedure has to be carried out slowly to prevent needlestick injury. In the end, it takes at least 10 minutes to complete a procedure which can usually be done in two or three minutes.”

Liberia is as hot and humid as summer in Hong Kong. One can get drenched in sweat even without the PPE. “When I took off the gloves, I could see my sweat accumulated inside, which was enough to fill a tiny fish pond!” Pong laughs again.

Since the Ebola outbreak was declared, MSF has provided care to nearly 5,000 patients – almost 20% of all reported cases. Currently, the organisation has over 2,000 staff working in Guinea, Liberia and Sierra Leone.

中堅 THE CORE

醫療人員穿著全套保護衣物，每日兩次進出高風險區，每次逗留最多一小時，已是極限。由於醫學界至今未有康復者再度感染的報告，他們只需穿著簡單的防護衣物，便可以逗留在高風險區較長時間，令他們得以成為伊波拉護理中的中堅分子。

康復者莎樂美是蒙羅維亞治療中心的精神健康輔導員，她跟父母、未婚夫、姐姐與外甥同時染病，病重時的一點一滴，記憶猶新。「我對周遭的一切毫無意識，只感到身體強烈痛楚。伊波拉像來自另一個星球的病毒，帶來痛楚，每根骨頭都覺得痛……」後來她病況好轉，但父母都因病去世了。

雖然經歷喪親之痛，不過她深信自己存活下來是有原因的，驅使她重返治療中心，協助其他病人。「我訴說一己經歷，激勵病人，讓他們知道，他們同樣可以生存。」

Given the constraints of the full PPE, health workers are restricted to working only twice a day in the high risk areas, with each shift lasting a maximum of one hour. Ebola survivors therefore play a crucial role in Ebola care, as so far there is no report of reinfection. They can remain inside far longer with only light protection.

Ebola survivor Salome Karwah is now working as a mental health counsellor in the treatment centre in Monrovia. Her parents, fiancé, sister and niece had all fallen sick. Salome still remembers vividly the moments she was severely ill. "I barely understood what was going on around me. All I could feel was severe pain inside my body. The feeling was overpowering. Ebola is like a sickness from a different planet. It comes with so much pain, the kind of pain that you can feel in your bones..." Gradually, Salome's condition improved, but her parents passed away.

Salome is very sad at the loss of her patients, yet she believes that she survived Ebola for a reason. That drives her to return to the treatment centre, helping other patients to recover. "I talk to them about my own experiences. I tell them my story to inspire them, and to let them know that they too can survive."



莎樂美在戰勝伊波拉病毒後，決定重返治療中心，成為一名精神健康輔導員。

After winning the battle against Ebola, Salome returned to the treatment centre and is now working as a mental health counsellor.

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後方 THE REAR

支援抗疫的後勤同事，在對抗伊波拉的戰疫中同樣功不可沒。他們在興建治療中心時，必須考慮到在高風險區，除了必要的人員以外，任何物品「有入無出」，譬如內裡設有掃描器，以電腦傳送病人記錄，一旦有醫療設備或其他器材失靈，維修員都要穿上全套防護衣物入內維修。

在塞拉利昂博城（Bo）擔任後勤人員的劉曉靜（Lucy）指出，她其中一個主要的工作，是要嚴防病毒擴散。「當地治安其實不錯，然而我們要將治療中心當成高度設防監獄，設置圍欄，閒人免進。」

Lucy亦看到疫症帶來更廣泛的影響。「當地的經濟受嚴重影響，沒有人再建房子，原來替我們興建治療中心的臨時工說，根本找不到工作。」

人們對伊波拉的恐懼仍未消除，而被伊波拉影響的社區，亦將需要長時間才能復原。無國界醫生在這些地方，仍有很多工作要做。

Logistical staff are equally indispensable in the fight against the epidemic. When they build an ETC they have to take into account that nothing entering the high risk zone can come out, except personnel. Scanners, for instance, are installed inside to allow the transfer of patient files electronically. Yet, if any medical equipment or other devices fail to function, technicians have to enter in full PPE for repair.

Hong Kong engineer Lucy Lau worked as a logistician in Bo, Sierra Leone. A large part of her job was to prevent the spread of the virus. "It is actually quite safe in Bo. But we have to regard the ETC as a high security prison, installing fences and restricting entry!"

Lucy also saw some of the wider effects of the epidemic. "The local economy is severely impacted. No one is building new houses. The temporary workers who helped us build the ETC say it is impossible for them to look for another job."

So while the fear of Ebola has yet to subside, the societies that were invaded by it will take a long time to recover. MSF still has a lot to contribute there.



來自香港的後勤人員劉曉靜在塞拉利昂參與伊波拉救援期間，看到疫情對當地社區帶來嚴重的經濟影響。

Lucy Lau, logistician from Hong Kong, witnessed the severe economic impact of the epidemic on local communities during her Ebola mission in Sierra Leone.

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當病毒展翅 WHEN A VIRUS HAS WINGS

在西非，致命病毒伊波拉攪亂了人們的生活。至於在剛果民主共和國東部，則有另一種傳染性更強的病毒，駐紮在一個名叫米諾瓦的地區。這種病毒除了可以通過咳嗽和噴嚏的飛沫，以及與病人密切接觸而傳播之外，還可以在空氣裡持續活躍數小時。

這就是在今年年初開始，攻擊中國北京和美國17個州的麻疹病毒。儘管在

較發達的社區，麻疹病毒較容易控制，但在像米諾瓦般貧窮而缺乏資源的地區，麻疹病毒不但沒有對居民網開一面，更往往導致很多人失去生命。

麻疹可引發許多醫療併發症，如肺炎、營養不良、嚴重脫水、耳部感染及可導致失明的眼部感染。據世界衛生組織數據，2013年全球麻疹死亡人數達到14.5萬人，比2012年增加近20%。雖然只要接種疫苗便可以預防染病，而為一名兒童接種疫苗的費用只需約0.25美元，但麻疹仍是導致兒童死亡的主要原因之一。

自2010年起，剛果民主共和國就一直爆發麻疹疫情。無國界醫生每年均為數十萬計兒童接種疫苗，但也面對諸多難題，例如在東方省的亞胡瑪，醫療中心只有兩台冰箱和一台舊的摩托車，卻要為面積超過7個香港的地區提供服務。在同樣偏遠的米諾瓦，病童的生死則完全取決於母親是否有錢去求診並接受治療。當地大多

數診所並不提供免費的治療。

無國界醫生的緊急救援隊伍提供免費的麻疹疫苗接種和治療，並到村落進行推廣教育，告訴人們相關的資訊。醫療隊也捐贈藥物和支援醫療中心，以協助預防或治療麻疹病毒引發的併發症，並建立轉介系統，將最嚴重的病人轉到醫院進行治療。在2014年12月，無國界醫生隊伍在兩周內為米諾瓦地區近10萬名6個月到15歲的兒童接種疫苗。

不少非洲國家都已承諾採取行動，務求在2020年前控制並消滅麻疹，這將有助降低兒童的死亡率。要達到這個目標，便需要向最偏遠的地區提供更多資源來解決後勤、交通、冷藏鏈和人手的局限，以提升疫苗接種覆蓋率。至於在武裝衝突地區，例如南蘇丹和中非共和國等地，醫療系統崩潰，人們甚至不敢外出接種疫苗，這將令消滅麻疹之路更加艱難。

In West Africa, the deadly Ebola virus has disrupted peoples' lives. While in eastern Democratic Republic of Congo (DR Congo), there is another more contagious virus settled in a region called Minova. This virus is not only spread by droplets from coughing, sneezing, and close personal contact, but also remains active in the air for a few hours.

It is measles, the virus which has been attacking Beijing, China, as well as 17 states of the USA since the beginning of 2015. While it can be more easily managed in more developed communities, the virus shows no mercy and is taking a much heavier toll in some of the poorest areas with limited resources, like Minova.

Measles can cause complications such as pneumonia, malnutrition, diarrhoea, severe dehydration, ear and eye infections that can even lead to blindness. According to the World Health Organization, there were 145,000 measles deaths globally in 2013, an increase of nearly 20%

compared to 2012. Measles is still one of the leading causes of death among young children even though it is easy to prevent and it only costs about USD\$0.25 to vaccinate a child against the disease.

DR Congo has been in the grip of an ongoing measles epidemic since 2010. Year after year, MSF vaccinates and treats hundreds of thousands of children against measles with manifold challenges. In the Yahuma health zone in Orientale province, for example, the health centre has only two refrigerators and one broken motorcycle to serve an area more than 7 times the size of Hong Kong. In Minova, another rural area, the difference between life and death for a child with measles can depend simply on whether his or her mother has money for consultation and treatment. Most health centres there do not offer free treatment.

MSF teams provide measles vaccination and treatment for free. They go to the villages for health

education and inform people about these services. The medical teams donate drugs and support the health centres to help prevent and manage possible complications. A system was also established to refer the most serious cases to the hospital. In December 2014, MSF carried out a measles vaccination campaign in Minova that reached nearly 100,000 children between 6 months and 15 years in only two weeks.

Many African countries have committed themselves to eliminate measles by 2020, which will help reduce childhood mortality. To reach that target, hard-to-reach areas will certainly need additional resources to cope with logistics, transport, cold chain and human response limitations, to increase the vaccination coverage rate. In conflict settings with collapsed healthcare systems, where people dare not even go out to be vaccinated, like South Sudan and the Central African Republic, the road to eliminating measles gets even rougher.



Left page

無國界醫生隊伍亦在中非共和國及喀麥隆的邊界，為從衝突地區遠道而來的中非難民兒童提供麻疹疫苗接種。

At the Central African and Cameroonian borders, MSF also vaccinates refugee children who came all the way from conflict areas against measles.

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Right page

剛果民主共和國的米諾瓦位處偏遠地區，兒童要接種麻疹疫苗和獲得治療均非常困難。無國界醫生的電單車隊伍有時要帶同重達150公斤的疫苗前往當地村落，為兒童進行接種。

Minova is a remote region in DR Congo and there is limited access for children to be vaccinated or treated for measles. MSF motorcyclists sometimes have to carry a load of 150 kilos of vaccines to villages for immunisation campaign.

© Pau Miranda/MSF



來自你的聲音 VOICES FROM THE SUPPORTERS

感動仍需行動 BE TOUCHED, AND TO ACT

Mona是一位退休人士，她成為無國界醫生的月捐支持者，至今已經14年。談及當初為何會支持無國界醫生，她憶述說：「起初是被無國界醫生這名稱吸引，因為我認同幫助有需要的人，是不應被任何種族界線或政治因素左右的。」作為多年支持者，Mona接觸過許多與救援任務有關的資料，也明白當中種種困難，但每當看到傷病者的危急情況，她仍會感到心酸。

Mona在工作上雖已退下火線，但助人的行動則從沒停下來。現時，她在兩間社福機構義務為長者舉辦健體小組活動。她深信有健康就會有將來，亦希望遠方在危難中的人群同樣得到健康。「我每月付出的只是一點點的金錢，但透過無國界醫生就變成幫助全球身處困境的人的工具，我覺得很值得。」

Mona也特別敬佩救援人員的志願精神。她說：「前線人員為人道救援工作無私付出，將傷病者的需要放在第一位，而自己本身享有的一切，包括職位、薪酬都統統放下，相信沒有太多人願意作這樣的犧牲。」Mona表示沒有期望過能在一時三刻看到前線有重大改變，只知道若人人都各於踏出第一步，問題就永遠不會解決。

Mona雖然已經退休，但不時會參與探訪護理院等義工活動，亦希望透過每月的捐款，幫助在遠方受困於人道危機中的人群。

Despite her retirement, Mona often participates in voluntary work like visiting nursing homes for the elderly. She wants to help those trapped in humanitarian crises in the distant parts of the world by donating monthly to MSF. *Photo source: Mona Chan*



Mona is retired and has been an MSF monthly donor for 14 years. When asked what prompted her to support MSF, Mona recalls, "I was struck by the name 'Doctors Without Borders' at first. I got drawn to it because I also believe that helping those in need should not be hindered by racial boundaries or politics." As a loyal supporter, Mona has read a lot about MSF's work in the front line as well as the difficulties and challenges MSF has been tackling. But even now, whenever she reads about patients trapped in crises, she feels very bitter.

Mona's retirement doesn't stop her from helping people who are less fortunate. She is now volunteering in two local non-governmental organisations to help organise fitness classes for the elderly. She believes that one can only build a brighter future with good health, and she hopes those who are suffering in the distant parts of the world can do the same. "I am only contributing a small amount of money each month, but MSF translates it into tools that save people in devastated places. It is really worth it."

Mona also admires the volunteering spirit of MSF's field workers. "They dedicate themselves to humanitarian work, putting patients' needs first but all their privileges including their job and salary second. It is hard to see people making such sacrifice nowadays." Mona understands that it takes time to create significant change at the front line, but if nobody is willing to take the first step, there will never be a change.

想表達對無國界醫生的意見、分享當初支持無國界醫生的原因和對你的意義？歡迎你在「來自你的聲音」暢所欲言！有興趣受訪的支持者請以電郵 (office@msf.org.hk) 聯絡我們。

If you are looking for somewhere to share your opinions about MSF, to talk about how you became our supporters and what it means to you, here is the place! If you have something to say, please feel free to contact us at office@msf.org.hk.

人道救援種子 THE SEEDS OF HUMANITARIAN AID

余Sir在青少年中心裡工作多年，經常接觸到不同背景的兒童。他認為香港大部分的小孩都十分幸福。「他們很少捱餓，生病時亦很容易看到醫生，小小年紀，家人可能已為他們將來的升學作打算。」相反生活在疫症、戰亂和天災頻繁國家中的小孩，處境則十分無助。

他記得曾在電視上看到有關無國界醫生的影片，片段的背景是在非洲，一位醫生除下薄薄的手套，再吹進空氣，使它變成一個氣球般，送給一位剛接受治療的小孩。「一件微不足道的『玩具』，對當地小孩來說已是非常珍貴。在這麼惡劣的環境，生存已變得十分困難，更不用談將來。」余Sir認為無國界醫生不僅治療病人身體上的傷痛，還治療病人的心靈，延續了生存的希望。

余Sir亦希望讓青少年中心的兒童親身體驗志願精神，同時培養他們的同理心。「現在他們可能夢想成為醫生、護士或其他專業人士，但願他日他們會好像無國界醫生的救援人員一樣，充滿熱誠，不計較得失，那怕需要支援的是住在隔壁的鄰居還是千里以外的陌生人。」感恩、反思和行動，就是余Sir期望能種植到小孩心中的種子。

余Sir邀請無國界醫生到青少年中心舉辦講座，讓中心的小孩認識人道救援工作。

Mark invited MSF to give a talk at the social centre where he works to educate children about humanitarian work. *Photo source: Mark Sheh*



烏克蘭戰事升級 加強援助 UKRAINE: EXPANDING SUPPORT UNDER ESCALATED FIGHTING

今年初，烏克蘭東部戰事升級，無國界醫生迅速擴展對戰線兩邊醫院的支援，以應付大批傷者。雖然交戰方在2月中曾達成停火協議，但戰區裡衝突持續。無國界醫生派出流動隊伍到不同城鎮提供藥物、物資、心理支援，並向郊區居民和受衝突影響的人提供基本醫療服務。

As fighting in eastern Ukraine intensified early this year, MSF urgently stepped up its help to hospitals on both sides of the front line to deal with influxes of wounded. Though a ceasefire came into effect in mid-February, fighting continued in parts of the conflict zone. MSF mobile teams went to different towns and cities to provide medicines, relief materials, psychological support and basic healthcare to people in rural areas and to those displaced by the conflict.



© Manu Brabo

敘利亞：炮轟下援助困難重重 SYRIA: STRUGGLING TO ASSIST

大馬士革近郊的東高塔於1月遭猛烈炮轟達數星期，醫療設施被擊中，病人和醫護人員要撤離。無國界醫生支援的醫院醫治了數以百計傷者。2月，在北部的阿勒頗，政府軍與反對派戰事激烈，無國界醫生的醫院員工要被迫撤離。

Intense bombing lasted for weeks in January in the East Ghouta rural area near Damascus. Medical facilities were hit and patients and staff evacuated. Hundreds of wounded were treated in MSF-supported medical facilities. In the north, medical staff in an MSF hospital in Aleppo were forced to evacuate due to fierce fighting between government and opposition forces in February.

南蘇丹：疫苗注射抗麻疹 SOUTH SUDAN: VACCINATION AGAINST MEASLES



© Karin Ekholm

因應聯合州的伊達難民營出現的麻疹個案急升，無國界醫生於2月進行疫苗注射項目，目標是在5日之內，為營地及周邊社群的九成兒童，即約3.5萬人接種麻疹疫苗。

In response to the spike in measles cases in Yida refugee camp in Unity State, MSF teams launched a mass vaccination campaign in February to immunise 90% of the children in the camps and the nearby host communities—an estimated 35,000 children in all—over a period of five days.

回應歐洲的入境者和難民的需要 EUROPE: PATIENTS WITHOUT BORDERS



© Julie Remy

大部分來自敘利亞、利比亞和伊拉克的入境者、尋求庇護者和難民，在橫渡地中海抵達意大利後，都有人道和醫療援助需要，無國界醫生遂自2月起，在西西里島向剛抵岸的有需要人士提供醫療護理。在塞爾維亞，無國界醫生亦向棲身於森林和廢棄房屋的入境者、尋求庇護者和難民，提供必需用品和醫療護理。

In response to the humanitarian and medical needs of the migrants, asylum seekers and refugees, crossing the Mediterranean Sea and arriving in Italy, MSF has provided medical care when they land in Sicily. They have travelled mainly from Syria, Libya and Iraq. In Serbia, MSF also provided essential relief items and medical care to people who were left stranded in forests and abandoned buildings after crossing the border.

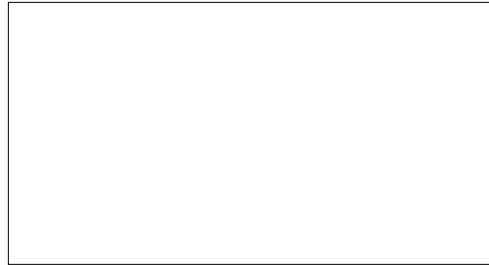
莫桑比克：霍亂爆發令人憂慮 MOZAMBIQUE: WORRYING CHOLERA OUTBREAK

莫桑比克其中3個省份的霍亂個案於2月急升，超過3,500人受感染。無國界醫生與當地衛生部合作，在太特和莫阿蒂澤設立兩間霍亂治療中心，並支援推廣教育、主動尋找感染個案，和氯化食水的工作。

The number of cholera cases in three provinces of Mozambique quickly expanded in February, rising to more than 3,500 people. In collaboration with the Ministry of Health, MSF has built two cholera treatment centres in Tete and Moatize, and helped with awareness campaigns about cholera and its prevention, active case finding in the communities, and chlorination of water.

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Ebola survivor in Liberia © Morgana Wingard