

BORDERLINE 無疆

02 2015

也門：戰火下的傷痛
YEMEN: MISERY UNDER FIRE



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記住被遺忘的戰爭

REMEMBER THE FORGOTTEN WAR

無國界醫生(香港) 總幹事 卡嘉明

Rémi Carrier, Executive Director, Médecins Sans Frontières Hong Kong



或許你已經知道，無國界醫生在2015年正面對一個艱難的十月。在阿富汗，我們於昆都士的創傷醫院被炸，該院是昆都士唯一的同類設施。事件造成無國界醫生在空襲中最嚴重的人命損失——至少12名員工和10名病人被殺。

我們強烈譴責這次襲擊，因它不但違反國際人道法，更令當地民眾在最需要時，無法獲得醫療護理。在執筆之時，無國界醫生正呼籲就事件進行高透明度和高問責性的獨立調查。

襲擊的消息佔據國際新聞頭條，但我們不應該忘記，在中東地區，有一場無情的戰爭正在發生，媒體報道卻少之又少。

2015年3月，也門爆發武裝衝突，全國迅速被捲入極端暴力和動盪的局勢之中。無國界醫生治療超過1.3萬名戰爭傷者，但有更多人因為醫療設施被毀、沒有燃料運作，或是路況太危險，而根本無法獲得醫療護理。從食物和飲用水，到棲身處和醫療護理，人們對一切都有龐大需要，但國際社會的應對工作極度不足。我們今期以也門作為「封面故事」的題目，希望把這場被遺忘的戰爭重新放於鎂光燈下，讓它得到應該獲得的關注。

除了因為殘酷的衝突外，不少人也在逃離戰禍的路上受苦。「圖片特寫」將介紹無國界醫生在地中海和歐洲各地，沿著遷移路線幫助難民的工作。

此外，我們亦有病人因為肺炎等可預防的疾病而生命受威脅，只因難以負擔相關的疫苗。「前線醫訊」將探討天價疫苗的謎思，並解釋為何這情況需要改變。

要在全球一些最動盪和形勢複雜的地方工作，我們不但仰賴專業和靈活的救援人員迅速及有效的行動，更需要你不同方式的持續支持，正如在「無國界醫生(香港)」欄目介紹的兩位小朋友一樣。謝謝你一直與我們同行。

As you may be aware, MSF is facing a tough October in 2015. In Afghanistan, our trauma hospital in Kunduz, which is the only facility of its kind in the area, was bombed. It results in the biggest loss of life for MSF in an airstrike - at least 12 MSF staff and 10 patients were killed.

We strongly condemned the attack for it constitutes a violation of International Humanitarian Law, and it deprives the local populations of receiving medical care when they need it most. At the time of writing this article, MSF is calling for an independent investigation with maximum transparency and accountability.

While news about the attack has been hitting the headlines, we must not forget that another merciless war is now taking place in the Middle East and is getting minimal coverage.

The armed conflicts in Yemen started in March 2015 and quickly dragged the whole country into extreme violence and insecurity. MSF has treated more than 13,000 war wounded, but many more are left without healthcare because health facilities are destroyed, have no fuel to operate or the roads are too dangerous to travel. The population is in great need of everything, from food and water to shelters and healthcare, but the international response is far too low. By featuring Yemen in our Cover Story, we want to put this forgotten war into the spotlight and give it the attention it deserves.

Meanwhile, people are not only suffering from brutal wars, but also when they are fleeing their countries because of wars. In the Photo Feature, we will talk about MSF's work on the Mediterranean and across Europe to assist refugees along their migration routes.

There are also patients dying from preventable diseases such as pneumonia, simply because the vaccine prices are not affordable. The Medical Info looks at the mystery behind skyrocketed vaccine prices and explains why this has to be changed.

Working in some of the most unstable and complicated places, we not only count on our professional and flexible field workers to act efficiently and effectively, but also so many of you, who have been continuously supporting us in different ways - including the two youngsters featured in the MSF-Hong Kong section. Thank you very much for being with us.

也門：戰火下的傷痛

YEMEN: MISERY UNDER FIRE



一場波及歐洲的難民危機，令危機的起源——已經踏入第五年的敘利亞衝突，重新受到關注。然而，從敘利亞往南走，在阿拉伯半島的另一端，一場同樣由戰火造成的人道災難正在上演，卻更鮮為人知。

今年3月底以來，也門不同武裝組織間的衝突已造成逾百萬人流離失所，逾萬人傷亡。大部分醫療設施關閉或被炸毀，加上藥物短缺，令人們難以獲得醫療護理，徹夜空襲和道路封鎖等更令情況雪上加霜。無國界醫生隊伍正在該國8個省份工作，截至2015年8月，已治療逾萬名戰爭傷者，並目睹平民正因衝突付上高昂的代價。

The refugee crisis sweeping Europe has drawn world attention back to its origins in the Syrian conflict, which is already in its fifth year. However, to the south of Syria, on the other side of the Arabian Peninsula, another humanitarian catastrophe created by brutal war is unfolding but even more neglected.

In Yemen, the fighting that erupted at the end of March between a range of armed belligerents displaced more than one million people and injured or killed tens of thousands. People have not been able to get medical care as most health facilities have been destroyed, shut down or run out of medicine. Ongoing airstrikes and roadblocks made the situation even worse. MSF teams are working in eight governorates in Yemen and have treated more than 10,000 war wounded as of August 2015. We have seen the disproportionate price civilians are paying in this conflict.



在哈杰省，一名流離失所的兒童正等待分發飲用水。

A displaced child is waiting for water distribution in Hajjah province.

© Narciso Contreras/MSF

空襲恐懼下何去何從

無國界醫生在也門的項目統籌比塞爾抵達該國西南部加泰拜當天，便感受到空襲的威脅。每次有炸彈擊中她工作和居住的醫院的附近時，她都感到地面震動。「空襲期間，婦孺擠在醫院的走廊裡，有些人在哭。其他病人則在轟炸開始時便離開醫院，去尋找家人的下落，或是擔心醫院成為下個遇襲目標而慌忙逃走。」比塞爾和她的隊友們從早到晚都忙於接收重傷者，亦努力用沙包加固醫院，並帶來更多醫療物資。

一名在無國界醫生醫院工作的護士，說起第一次聽到空襲的經歷：「我一生從來沒聽過這樣的爆炸聲。」這次空襲對他構成嚴重影響，他說：「現在我只要聽到槍聲或任何爆炸聲，都會戰慄發抖。」

26歲的賈絲明是一所小學的老師，她所在的學校因為鄰近中央保安辦公室，也受到空襲的波及。轟炸令她和學生十分害怕，她與妹妹一直有逃離城鎮的念頭，但考慮到她們共有26個家庭成員住在同一屋簷下，她說：「我們不知道何去何從。」

物資短缺 難以為生

戰火下，汽油、藥物、飲用水和食物嚴重短缺，平民難以為生。無國界醫生團隊目睹有孕婦和孩子因為汽油不足或道路封鎖，最終未能及時到達醫療中心而死亡。

為無國界醫生工作的達希醫生說：「這裡嚴重缺乏燃料和電力，這也就意味著沒有飲用水，因為無法把水抽上來……我們需要更多的物資供給。」由於燃料不足，賈絲明居住地區的主要供水設施停止運作，因此她必須徒步3到4個小時到另一處水井取水。然而因為燃料耗盡，最終這個水井也不能再用了。

食物短缺問題同樣嚴峻。在主要城市亞丁，麵粉的價格在某些地區上升七成，更根本完全找不到肉類。無國界醫生在另外兩個地區搜集的數據顯示，15%的小孩處於營養不良的狀態。

也門平民正陷入雙重的苦難之中：持續的戰事已造成生靈塗炭，而物資短缺亦導致民不聊生。無國界醫生呼籲參戰方停止狂轟濫炸和針對平民的襲擊，並確保人道援助可以到達全國有需要的人手上。



在亞丁，一名傷者在無國界醫生支援的醫院接受緊急治療。

A wounded patient receives emergency treatment at the MSF supported hospital in Aden.

© Guillaume Binet/MYOP

NOWHERE TO HIDE FROM THE FEAR OF AIRSTRIKES

Christine Buersser, MSF's field coordinator in Yemen, felt the threat of airstrikes on the day she arrived in Qataba, the southwestern part of the country. Each time a bomb hit near the hospital where she lived and worked, she could feel the ground shake. "During the strikes, the women and children huddled together in the hospital corridor, some of them crying. Other patients left the hospital when the bombing

started, either to check on family members, or because they were afraid the hospital would become the next target." The team has been receiving seriously injured patients day and night. They were also working hard to reinforce the hospital building with sandbags and bring in more medical supplies.

"I had never heard such explosions in my life," said a nurse working in the MSF hospital. "Now I start shivering and trembling even when I hear a gunshot or any sound of explosions."

26-year-old Jasmin Mohammed Ali, a primary school teacher, said the school was affected by the airstrikes as it is close to the central security office. The explosions terrified her and the children. Since the conflict erupted, Jasmin and her sister have been thinking of leaving the town but they have 26 family members living in one house, "We don't know where to go."

THE HARDSHIPS OF LIFE WITHOUT ESSENTIALS

It's tough to make a living as petrol, medicine, water and food is in short supply during the conflict. MSF teams have witnessed pregnant women and children dying after

arriving too late at the health centre because of petrol shortages or roadblocks.

Dr. Ali Dahi, who works for MSF, said, "There are severe shortages of fuel and electricity, which also means a shortage of water, as it cannot be pumped.... we need to get more supplies in." The main water facility for the town where Jasmin lived stopped working due to fuel issue. She had to walk to another well and this trip usually takes three to four hours on foot. Unfortunately, this borehole wasn't working either because of the fuel problem.

Food shortages are also a grim reality for people in Yemen. In the main city, Aden, the price of flour and meat is all but non-existent. Data collected by MSF in two other areas show that 15% of children are undernourished.

Civilians in Yemen are now trapped in double suffering, as continuous fighting brings heavy casualties and the shortage of supplies makes life nearly impossible. MSF has been urging warring parties to stop the indiscriminate bombing and the targeting of civilians, and to ensure humanitarian assistance can reach people in need across the country.

壓力下工作的醫生 DOCTORS UNDER STRESS

來自英國的急症室醫生羅伯茨，在也門北部一所無國界醫生支援醫療中心的急症室工作。自從衝突爆發以來，急症室每周都要接收40到50名傷者。「通常每次我來到這裡，就會看到滿地鮮血，病床上躺滿受傷的病人。」隊伍經常要應對「大規模傷亡事件」，即有四、五名，甚至六、七名傷者同時到達。在一天繁重的工作之後，羅伯茨躺在床上，無法入睡，她耳邊聽到的，除了蚊子飛來飛去的聲音外，就是炮彈的聲音。

菲律賓的麻醉科醫生阿吉拉爾自2013年起，先後4次被無國界醫生香港辦事處派到也門參與救援，但今次第五次的情形是她經歷過最糟糕的。自今年3月衝突升級以來，無國界醫生在亞丁管理、共有50張病床的緊急外科部門就不堪重負了，無論何時，病人數目都超過100人。

她說：「病人大量湧入，迫使我們把醫院的應對能力倍增，有些病人要在會議室內，躺在床墊上休息，隊伍亦在趕忙中把另一間物理治療室變成病房。」

阿吉拉爾強調說：「也門人需要我們的幫助，他們缺水缺糧，也沒有燃料和電力。平民有醫療需要，而我們是衝突期間亞丁地區唯一正常運作的醫院，這些都促使我和我的隊伍堅持下去。」

來自菲律賓的阿吉拉爾醫生第五次前往也門參與救援，亦是當地情況最差的一次。Dr. Karina Marie Aguilar from the Philippines on her fifth and worst deployment to Yemen.

© Benoit Finck/MSF



Dr. Natalie Roberts from the United Kingdom worked in an emergency room of a health centre that MSF has been supporting in northern Yemen. Since the conflict started she and her colleague have been seeing 40-50 wounded patients a week. "Usually every time I come here there is blood all over the floor and there are injured patients lying on all the beds." The team is often trying to manage a "mass casualty event" of four, five, six or even seven wounded patients all arriving at once. After a busy day, she was still wide awake lying on the bed with the mosquitoes buzzing around and the sound of anti-aircraft fire.

Dr. Karina Marie Aguilar, an anaesthetist from the Philippines, had been deployed to Yemen four times by the MSF-Hong Kong office, but this fifth assignment in Yemen was the worst year she had seen. MSF runs a 50-bed capacity Emergency Surgical Unit in Aden but since the conflict in March, the facilities have been overstretched and the number of patients at any given time ballooned to more than a hundred.

"The influx of patients forced us to double the capacity of the hospital with some patients recuperating on mattresses in our meeting room and one physiotherapy room was hastily converted into the inpatient ward," she said.

"Yemenis need OUR help," Dr. Aguilar stressed, "They live day by day without food, fuel, electricity and water. The medical needs of the civilians and the fact that ours is the only hospital fully functioning in Aden during the war kept my team going."

在也門，無國界醫生不時要處理大批傷者湧入醫院的情況。

In Yemen, MSF teams often need to manage "mass casualty incidents" in which patients are all arriving at once.

© Guillaume Binet/MYOP



全球工作 Worldwide Work

阿富汗：無國界醫生昆都士創傷醫院被炸 AFGHANISTAN: MSF'S TRAUMA HOSPITAL BOMBED IN KUNDUZ



該醫院是阿富汗東北部唯一的同類設施。10月3日凌晨，醫院被連串空襲擊中，造成最少12名無國界醫生員工及10名病人死亡。無國界醫生正要求由國際人道主義實況調查委員會，就這場殘酷的襲擊進行獨立調查以尋找真相，並確立在衝突之中醫院的受保護地位。

The hospital was the only facility of its kind in northeastern Afghanistan. On the early morning of 3 October, it was hit by a series of aerial bombing raids, which killed at least 12 MSF staff and 10 patients. MSF is calling for an independent investigation by the International Humanitarian Fact-Finding Commission (IHFFC) into the brutal attack, to establish the truth and reassert the protected status of hospitals in conflicts.

尼日利亞：於博爾諾州對抗霍亂 NIGERIA: FIGHTING AGAINST CHOLERA IN BORNO STATE

9月，霍亂疫情擴散到首都邁杜古里的幾個流離失所者營地，營內住有160萬名因尼日利亞軍和「博科聖地」組織衝突而流徙的人。無國界醫生運作一間有100張病床的霍亂治療中心，並協助改善營地的衛生情況。

In September, cholera spread in the displaced persons camps in state capital Maiduguri sheltering over 1.6 million people, mostly displaced by the conflict between Nigerian army and Boko Haram. In response, MSF ran a treatment centre with 100-bed capacity and improved hygiene and sanitation in the camps.

約旦：專治戰爭傷者的新醫院 JORDAN: NEW HOSPITAL FOR WAR VICTIMS



為治療更多病人，無國界醫生於9月初在安曼開設了一間升級的整形外科手術醫院。該院專門醫治戰爭傷者，他們大多來自敘利亞、伊拉克、也門和加沙，無法得到骨科、領面與整形手術等專科手術護理。

To treat even more patients, MSF opened a newly upgraded reconstructive surgery hospital in Amman in early September. It serves war wounded patients, mainly from Syria, Iraq, Yemen and Gaza who otherwise have no access to specialised surgical care, including orthopaedic, maxillofacial and plastic reconstructive surgery.

敘利亞：再多50萬人遭圍困 SYRIA: HALF A MILLION MORE PEOPLE UNDER SIEGE

鄰近大馬士革、被圍困的東高塔，於8月連續20日遭猛烈轟炸，當地13間由無國界醫生支援的臨時醫院接收了大批傷者。同時，大馬士革周邊地區被圍困情況趨嚴密，並向外擴展多3個地方，受影響人口至少達60萬。圍困亦令無國界醫生的醫療物資運送愈趨困難。

13 makeshift hospitals supported by MSF experienced a series of extreme mass-casualty influxes resulting from 20 consecutive days of intense bombing attacks in August in the besieged communities of East Ghouta, near Damascus. The sieges around Damascus have also tightened and expanded to three new areas where at least 600,000 people live. It has become increasingly difficult for MSF to get medical supplies through the siege lines.





沿著遷徙路線的救援任務 SAVING LIVES ALONG THE MIGRATION ROUTE

每一年，數以萬計的人為逃離祖國的暴力、動亂與迫害，踏上從北非橫渡地中海前往歐洲的危險旅途。在2015年，已有逾2,800人在旅途中喪生。

他們來自多個不同地方：敘利亞、厄立特里亞、阿富汗、伊拉克、索馬里、蘇丹、岡比亞甚至遠至孟加拉，在經歷地中海的驚濤駭浪後，經希臘、意大利、西班牙和馬爾他抵達歐洲。

截至2015年9月，無國界醫生沿著難民逃亡路線，在5個國家設有陸上救援項目，並在地中海運作搜救船，提供基層醫療護理和心理社交支援，以及向有需要的人分發救援物資。

Every year, tens of thousands of people fleeing violence, insecurity, and persecution at home attempt a treacherous journey via North Africa and across the Mediterranean to reach Europe. More than 2,500 people have lost their lives on these journeys in 2015.

They came from all different places: Syria, Eritrea, Afghanistan, Iraq, Nigeria, Somalia, Sudan, Gambia and as far away as Bangladesh. After overcoming the terrifying waves on the Mediterranean Sea, they reached Europe via Greece, Italy, Spain and Malta.

As of September 2015, MSF is operating land-based projects in five countries along migration routes and on search-and-rescue ships on the Mediterranean Sea. The teams are providing basic healthcare and mental health support, as well as distributing relief items to people in need.



- MSF protect location 無國界醫生項目點
- Search & rescue boat 搜救船
- MSF mobile clinics 無國界醫生流動診所
- Balkan Migration Route 巴爾幹遷移路線



1/ 分發救援物資 DISTRIBUTING RELIEF ITEMS

無國界醫生在希臘伊多梅尼地區，向難民分發救援物資。

MSF distributes relief items to people in Idomeni, Greece.
© Boria Ruiz Rodriguez/MSF



2/ 越過邊境 CROSSING THE BORDER

一群由約150名敘利亞人組成的隊伍正要出發，越過希臘與前南斯拉夫馬其頓共和國的邊境。

A group of around 150 Syrians set off to cross the Greek border with the Former Yugoslavia Republic of Macedonia. © Alessandro Penso



3/ 煙霧彈 SMOKE BOMBS

匈牙利警方使用煙霧彈驅散嘗試跨過邊境的難民。無國界醫生派出兩支流動隊伍，協助受衝突影響人士。

Hungarian police used smoke bombs to disperse refugees who were trying to cross the border. MSF sent two mobile teams to assist those affected by the clashes.
© John Carlos Tomasi/MSF



4/ 流動診所 MOBILE CLINIC

無國界醫生隊伍在希臘和前南斯拉夫馬其頓共和國之間的邊境工作，提供醫療診症。

MSF teams are working at the border between Greece and Former Yugoslav Republic of Macedonia to provide medical consultations. © Boria Ruiz Rodriguez/MSF

透視無國界醫生的海上救援工作 TAKE A LOOK AT MSF'S SEA OPERATIONS

無國界醫生隊伍於地中海3艘搜救船—MY Phoenix、Bourbon Argos與Dignity I，截至2015年9月初，已救出14,533人。其中MY Phoenix的救援任務已在9月底結束，另外兩艘船隻的行動則仍然繼續。

MSF worked on three search-and-rescue boats on the Mediterranean Sea - MY Phoenix, Bourbon Argos and Dignity I. As of early September 2015, the three boats have assisted a total of 14,533 people. The operation on MY Phoenix came to an end in late September, but MSF's work continues on the other two boats.

1/ 搜救與轉介 RESCUE AND TRANSFER

MY Phoenix搜救船將獲救者帶往意大利。

People rescued by MSF were transferred to the MY Phoenix and brought to Italy. © *Gabriele François Casini/MSF*

3/ 暫時鬆一口氣 TEMPORARY RELIEF

一些獲救者睡在MY Phoenix的甲板上。

A group of men sleep on the Phoenix's lower deck.

© *Gabriele François Casini/MSF*

5/ 救援繁忙的一天 A BUSY RESCUE DAY AT SEA

2015年9月2日是無國界醫生在地中海海上工作以來最忙碌的一天。無國界醫生搜救船共救起1,658人。

2 September 2015 was the busiest day for MSF's three boats in the Mediterranean Sea, rescuing 1,658 people.

© *Anna Surinyach/MSF*

2/ 狹小又擠擁的木船 TINY AND OVERCROWDED WOODEN BOATS

難民乘搭的小船經常超載，非常擠迫和簡陋，不適合在海上航行。

The boats that carry refugees are often overloaded, very crowded and unseaworthy.

© *Gabriele François Casini/MSF*

4/ 多天後的第一餐 THE FIRST MEAL FOR DAYS

獲救者正在MY Phoenix的主甲板享用熱食。

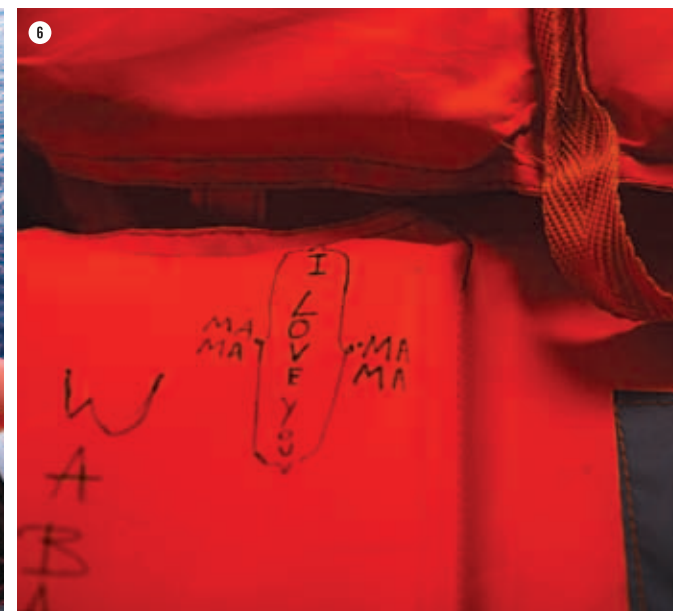
People on the MY Phoenix's main deck are eating a hot meal.

© *Gabriele François Casini/MSF*

6/ 救生衣 A LIFE JACKET

難民會寫上祝願旅途平安的禱文，或是萬一在渡海途中遭遇不測，可聯繫的親友電話號碼。

Refugees write handwritten prayers for a safe passage, or phone numbers of relatives and friends to be contacted in case the person wearing it does not make it. © *MSF*



公平的疫苗接種 A FAIR SHOT

一名南蘇丹兒童正接受肺炎鏈球菌疫苗接種。

A child is vaccinated against pneumococcal diseases in South Sudan, © Yann Libessart

疫苗接種可保護兒童免受傳染病感染，但肺炎鏈球菌這種可透過接種疫苗預防的疾病，每年仍導致100萬名兒童死亡，原因之一是不少發展中國家無法負擔昂貴的肺炎鏈球菌疫苗。究竟這疫苗有多昂貴呢？

過去十多年，不同疫苗的價格持續飆升，在最貧窮的國家，兒童全面接種疫苗的價格高達2001年的68倍。未來5年，較富有的捐助國將要額外投放75億美元，以透過「全球疫苗免疫聯盟」（GAVI）*資助貧窮國家購買疫苗，當中超過三分之一的款項，正是用於昂貴的肺炎鏈球菌疫苗。

由於現時只有葛蘭素史克和輝瑞藥廠生產這種疫苗，缺乏競爭導致它們能在發達國家賺取數十億計的利潤，同時繼續在貧窮國家圖利。兩家藥廠目前向GAVI受惠國以每名兒童約10

美元的價格出售疫苗，對不少發展中國家來說根本難以負擔，再加上GAVI就疫苗研究提供的額外補貼，意味GAVI正以每名兒童21美元購買疫苗。無國界醫生一直呼籲藥廠把肺炎鏈球菌疫苗價格調低至每名兒童5美元，但始終不得要領。

除了壟斷外，由於現時缺乏市場缺乏資訊，藥廠得以在不同市場以不同價格出售同一產品，令各國政府難以比較及議價。據僅有的資料指出，摩洛哥和突尼斯的價格分別為每劑63.7美元及67.3美元，竟較法國的58.4美元還要高，定價的背後明顯沒有足夠理據。

我們促請國際社會和我們一同向藥廠施壓，要求它們增加價格透明度，及確保疫苗價格在發展中國家處於可負擔的水平。

Vaccination protects children from different infectious diseases. But every year, a million children still die of pneumococcal disease which can be prevented by vaccination. One of the reasons is that many developing countries cannot afford this new high-priced pneumococcal vaccine. So, how expensive is it really?

Vaccine prices have surged in the past decade or so. In the poorest countries, the price to fully vaccinate a child is now a colossal 68 times what it was in 2001. Over the next five years, the richer donor countries will need to pay US\$7.5 billion dollars more to sponsor the purchase of vaccines for poor countries via Global Alliance for Vaccines and Immunization (GAVI)*, with over one third of that paying just for the costly pneumococcal vaccine.

Since GlaxoSmithKline (GSK) and Pfizer are the only two pneumonia vaccine producers, the oligopoly has enabled them to earn billions in sales in developed countries while they are still reaping profits from the poorest countries. As they are selling the vaccine to GAVI-eligible countries at US\$10 per child, which is already unaffordable to many buyers, GAVI is offering them an additional subsidy for their research, meaning that GAVI is paying up to US\$21 per child for the vaccine. MSF has been asking GSK and Pfizer to slash the price of the vaccine to US\$5 per child - but in vain.

In addition, with limited pricing data, pharmaceutical companies can charge wildly different prices in different markets for the same product, making it difficult for

governments to compare prices and negotiate for better deals. The data available shows that the pricing today has no clear rationale, with Morocco paying US\$63.7 and Tunisia paying US\$67.3 per dose, higher than France which pays US\$58.4.

We urge the international community to join us in exerting pressure on pharmaceutical companies, asking them to make prices more transparent and affordable for developing countries.

*「全球疫苗免疫聯盟」是一個集結公共和私營組織的全球健康合作夥伴，致力「為所有人提供免疫接種」。

Global Alliance for Vaccines and Immunization (GAVI) is a global health partnership of public and private sector organizations dedicated to "immunisation for all".



藥廠說...

Pharma says...

「肺炎鏈球菌疫苗已降至每名兒童5美元以下。」
"The pneumonia vaccine is already priced under US\$5 per child."

「我們已經以特惠價格提供肺炎鏈球菌疫苗予GAVI支援國家。」

"We already provide our pneumococcal vaccine to GAVI-eligible countries at a deeply discounted price."

「所有被困衝突或危機中的兒童，都應該獲得疫苗接種。」

"Vaccination should be available to all children, including those living in conflict and affected by crisis."

實際情況

The reality

最低的肺炎鏈球菌疫苗售價是每劑3.3美元，兒童需接種最少三劑，即共約10美元。

The lowest price for the vaccine is US\$3.3. Children need at least three doses, costing around US\$10.

這些折扣是以富裕國家的過高價錢為基礎，而且GAVI捐助國需要向藥廠提供額外補貼。GAVI以約21美元為每名兒童購買疫苗。

These discounts are off of over-inflated prices in rich countries. Plus, GAVI donors pay pharmaceutical companies an extra subsidy. GAVI is paying up to US\$21 per child for the vaccine.

無國界醫生對此十分認同，但葛蘭素史克和輝瑞，拒絕向無國界醫生等人道救援組織提供最低價格。

MSF agrees but Pfizer and GSK have refused to offer humanitarian organisations, such as MSF, the lowest available price.

一切由年幼開始 STARTING YOUNG

大家在《無疆》內看到有關兒童的故事，通常與來自遠方、因遭逢不幸而需要無國界醫生醫療援助的兒童有關。不過這裡要談及的小孩，就在你我身邊，他們並無遭受天災人禍，但同樣被人道精神所觸動，打開了他們對人道援助的認識和支持之門。無國界醫生（香港）一直尋找不同方法，希望讓孩童和家長更關心幸福與繁華以外的世界，以下是其中兩個例子。

向浪費說不

有關避免浪費食物的公眾宣傳，在香港愈趨普及。因此，當幼兒班上一個小女孩在午膳時，突然熱衷地要把碟子上的食物吃得一乾二淨，你或許會想，她應是受電視廣告所影響。儘管實踐方式和「避免浪費食物」如出一轍，但原來，她關注的是另一個議題。

這名小女孩就讀的香港信義會天恩幼兒學校，早前參加了「無國界醫生日2015」，協助招募學生成為「無國界醫生日」學生大使。為配合活動，學校亦就無國界醫生其中一個較簡單和易明的醫療議題——營養不良治療項目，為同學們安排講座。

不久後，老師發現有位小女生堅決要吃光碟子上的食物，細問下得到女孩一個明確的答案：「是啊！很多小

孩子也沒有食物！」這正好是「同理心」鏈子裡的重要一環。

無禮物、無玩具

相對於毫不費力地將支票放進信封內，要自行舉辦籌款活動似乎繁重惱人得多。但過程的重點在於加強發起者的參與程度，並以行動感染身邊的親友。孿生兄弟Gerard和Bernard的五歲生日會就是其中一例——出席的親友們不帶禮物，帶來的只有給無國界醫生的捐款。

母親Michelle是這次活動的策劃人，她早就為兒子做了不少準備，她說：「我們在事前看了無國界醫生的網站和救援工作片段。他們會問那些小朋友為什麼沒有食物，又會好奇醫院為何是在帳篷裡，跟香港的醫院不同。當聽過我們的解釋後，他們都樂意付出自己的禮物來幫助有需要的人。」

Michelle認為這跟過往支持慈善機構的傳統方式的最大分別，在於次生日會讓她有更多的參與和策劃：「50個家庭透過這次生日會認識到自發性籌款活動捐款這個渠道。我們不單結合了各人的支持，亦可藉此機會教育下一代。」



Gerard和Bernard度過了一個沒有禮物的五歲生日會。Gerard and Bernard had their 5-year-old birthday party without any gifts.

Photo source: Michelle



無國界醫生為學校安排講座，即場示範如何使用「營養狀況量度尺」，以快速評估兒童的營養不良情況。MSF organises school talks and demonstrates how our field workers use the mid-upper arm circumference (MUAC) to do rapid assessment on malnourished children.

Photo source: ELCHK Grace Nursery School

Stories about children in the Borderline normally come from faraway places and feature kids that have the misfortune to need MSF medical care. But the ones we're going to talk about here are much closer to home and yet they are still touched by the humanitarian spirit. They are the beginning of a chain of understanding and sympathy that connects all who work in and support MSF. The MSF office in Hong Kong has been trying to find new ways of involving children and their parents to create that awareness of the wider world. Here are just two examples of how that can work.

WASTE NOT, WANT NOT

Public information campaigns about how to avoid wasting food are getting more insistent in Hong Kong. So when a little girl in a nursery class suddenly got very enthusiastic about cleaning her plate at lunch, you might suppose that she had got the message from those TV ads. But no. She had made the connection with a different issue and come to the same practical conclusion.

Her ELCHK Grace Nursery School took part in "MSF Day 2015" and helped to recruit students to become MSF Day Student Ambassadors. The school then had a follow up talk about one of the MSF medical topics that is not too technical or difficult to get across: the malnutrition treatment programmes.

Not long afterwards, the form teacher noticed the very determined cleaning of the plate. And then she heard a

very clear explanation, a link in that chain of sympathy. "Yes! There are many children who don't have food to eat!"

No Gift, No Toy

"Self-initiated fundraising" sounds like a rather burdensome way of making a contribution, which could otherwise be done by slipping a cheque in an envelope. But the whole point of the process is to maximize the involvement of the person who wants to give and to multiply their generosity outwards to their family and friends. In this case, through a birthday party for five year old twins, Gerard and Bernard. The guests didn't bring presents, they brought donations to MSF.

The boys' mother, Michelle, had prepared the ground with her sons of course. "We watched MSF's field work videos and website together beforehand. They asked 'Why do these children have no food? How come their hospital is in a tent and it's different from that in Hong Kong?' After hearing our explanation, they were willing to sacrifice their gifts to help others."

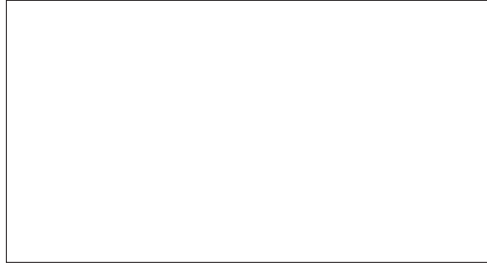
The difference for Michelle was that, unlike her previous, more traditional ways of giving to charities, the birthday party got her totally involved in the cause and the mechanisms. "Through this event all the fifty families at the party learnt about this self-initiated fundraising channel. We not only gathered their support but also got an opportunity to educate the kids."

如有興趣舉辦活動為無國界醫生籌款，請到<http://msf.hk/舉辦籌款活動>下載申請表格，填妥後交回無國界醫生辦事處。你亦可透過我們的網站設立「我的籌款專頁」。

If you are interested in organising fundraising events to support MSF, please download the Application Form at <http://msf-seasia.org/5502> and return the completed form to MSF Hong Kong office. You can also set up "Online fundraising page" on our website.

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Bulk Economy



網上瀏覽 VIEW ONLINE

《無疆》已上載網站“Borderline” is online at www.msf.hk/bulletin

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無國界醫生(香港) MSF-HONGKONG

香港西環德輔道西410 - 418號太平洋廣場22樓

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

捐款熱線 Donation Hotline (852) 2338 8277

傳真 Fax (852) 2304 6081

香港網址 Hong Kong Website www.msf.hk

電郵 E-mail office@msf.org.hk



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