



MEDECINS SANS FRONTIERES
无国界医生



MSF **Activity Report**

活动报告 2014

From the President and the Executive Director 主席和总干事的话

Dear Friends,

It is sad to describe 2014 as a year of abandonment. The largest Ebola outbreak in history struck West Africa, but many sufferers were left to die on their own, stripped of their dignity. As the war in Syria entered its fourth year, desperate people found themselves being forgotten, unable to escape to safety. Médecins Sans Frontières (MSF) had to stretch beyond its limits and work in simultaneous emergency situations across the globe.

When the Ebola outbreak was officially declared in Guinea in March, no one could have foreseen the extent of the suffering that would ensue. By the end of 2014, the disease had claimed almost 8,000 lives, including 13 MSF colleagues. The number of cases began to decline but the epidemic is not yet behind us.

Confronted with the reality that at least 50 percent of the patients would die and that no treatments exist, MSF staff, including 23 deployed by MSF-Hong Kong, worked with the fear of contracting Ebola themselves in 2014. At times, there were not enough medical staff to safely care for the sheer number of patients. Impossible compromises like turning people away at the gates had to be made.

There is no doubt that the cross-border geographical spread of this epidemic was unprecedented, and the number of experienced experts was limited. Nevertheless, the main problem of failing the sick was that there was not enough political will to combat the disease. It was not until months too late that the World Health Organization (WHO) declared the outbreak “a public health emergency of international concern”. But even then, the aid provided was insufficient. MSF appealed to the United Nations member states for more help, including the deployment of civilian and military assets with expertise in biohazard containment.

In Syria, millions of people were left abandoned to their fate too, as humanitarian organisations were prevented from accessing those in need. In January 2014, five MSF staff members were taken hostage by the Islamic State (IS) in northern Syria, despite agreements with local commanders that we would be allowed to work unhindered. We were relieved that our colleagues were released eventually, but the abduction forced us to withdraw from IS-controlled areas. Furthermore, we still do not have the permission to work in government-controlled areas. Struggling to provide substantial direct medical assistance to civilians, MSF supports networks of dedicated Syrian medics who often work in extremely hazardous conditions. This support, while valuable, falls far short of meeting the massive needs inside Syria.



Photo Source: Akin Chan

Dr. Akin Chan from Hong Kong examines a patient in a hospital in Gogrial, South Sudan

来自香港的陈健华医生，在南苏丹的戈格里亚勒医院为一名病人检查

各位朋友：

以“遗弃”来形容2014这一年，着实使人悲哀。史上最大规模的埃博拉疫情席卷西非，许多患者被任由自生自灭，丧失尊严。叙利亚战事进入第四个头，绝望无助的人赫然发现自己惨遭遗忘，无处容身。无国界医生不得不超越救援行动的极限，应对在世界各地同步出现的紧急状况。

3月，当埃博拉疫病正式宣告在几内亚爆发时，无人能预知随之而来的痛苦程度。直至2014年年底，病毒已夺去近8,000条性命，包括13名无国界医生的同僚。病例数目开始下降，但疫情仍未结束。

面对至少一半病人会死去、却苦于无疗法这个沉痛现实，在2014年，无国界医生的工作人员，包括23名由香港办事处派出的救援人员，带着感染埃博拉病毒的恐惧，坚守岗位。有时，我们没有足够医护人员可确保在安全的情况下照顾大批患者，不得不作出把病人拒之门外等难以承受的妥协。

毫无疑问，这场疫情跨越国界蔓延之广是前所未有的，而拥有处理病毒经验的专家人数也相当有限。然而，令这些病人失望的主要原因，是国际社会欠缺政治决心对抗病毒。世界卫生组织延误了数月才宣布是次疫情构成“国际关注的突发公共卫生事件”，即使如此，所提供的援助仍旧不足。无国界医生一度呼吁联合国成员国给予更多援助，包括动用民间和军方应对生化威胁的资源。

在叙利亚，数以百万计的人同样遭到遗弃，人道组织则无法接触需要援助的人群。即使无国界医生已得到伊斯兰国的当地指挥官保证救援行动不受阻挠，我们5名国际救援人员仍于1月在叙利亚北部被伊斯兰国掳走。我们对所有同僚最终获释感到宽慰，但掳走一事迫使我们撤出伊斯兰国控制的地区，同时我们也仍然未获政府许可在政府控制地区工作。无国界医生队伍设法为平民提供直接而实质的医疗援助，并支援克己任、经常身处险境的叙利亚医护人员。这些支援即使相当重要，也远远未能满足叙利亚境内的庞大需求。

过去一年，接近200万人逃离家园以寻觅安身之所，许多叙利亚人逃到黎巴嫩和约旦，也有不少人去到经历着暴力浪潮的伊拉克。炮击、空袭和打斗，再度阻碍人们获得至关重要的医疗人道援助。



Over the course of the year nearly two million people fled their homes in search of safety. Many Syrians travelled to Lebanon and Jordan while others went to Iraq, which itself experienced an upsurge in violence. Shelling, air strikes and fighting again obstructed the delivery of essential medical and humanitarian aid.

Once again, this year MSF has to face with difficult circumstances when our employees, healthcare facilities and patients are threatened or attacked. In Central African Republic where MSF doubled its medical assistance in 2014, 19 people, including three MSF national staff members, were killed during an armed robbery in an MSF hospital in Boguila. On several occasions armed groups entered hospitals. MSF staff had to physically protect patients, shielding them from attack. This lack of respect for the medical mission also occurred in South Sudan. Patients were shot in their beds, wards were burned to the ground, medical equipment was looted, and, in one case, an entire hospital – in Leer – was completely destroyed. The immediate consequence is that countless people are being denied lifesaving assistance.

When the conflict reignited between Israel and Palestine in mid-2014, MSF supported a local hospital with a full surgical team and emergency medical equipment, and donated emergency stocks to the central pharmacy. Conflict also affected Ukraine, resulting in medical supply lines severely disrupted or completely cut. In response, MSF dramatically increased its support by providing enough supplies to treat over 13,000 wounded patients on both sides of the frontline.

Other than Ebola, MSF continued to tackle tuberculosis (TB) and HIV/AIDS, looking at ways of improving treatment protocols and models of care by supporting community adherence clubs and expanding viral load testing for instance.

The Ebola crisis highlighted global failures in the humanitarian aid and health systems, which had been present for years but had never been so evident. What struck MSF most strongly, however, were the lack of global leadership and the reticence of those in power to engage in the response. We were vocal about this, but ultimately MSF is a patient-focused organisation. Our role is to save patients' lives, focusing primarily on individuals who are most in need but not on overhauling global systems. We could not work in this way without our supporters and our teams around the world. We want to take this opportunity to thank you all.

这一年，无国界医生再度面对我们的员工、医疗设施和病人被威胁和袭击的艰难状况。2014年组织对中非共和国的医疗援助增加了一倍，可是，我们在博吉拉的医院遭武装抢掠，包括我们3名当地员工在内的19人惨被杀害。另有数次，武装分子强行闯进医院，我们的员工为免病人受到袭击，不得不挺身保护。这些不尊重医疗救援任务的事件，同样发生在南苏丹。伤病者在病榻上被枪击，病房被火烧为平地，医疗设备被洗劫一空，更有一次，莱尔整家医院被彻底摧毁。这一切造成的直接后果，是无数人被剥夺了救命的援助。

2014年中旬，以色列与巴勒斯坦之间的战火重燃，无国界医生派出一支完整的外科手术队伍，配以紧急医疗设备，支援当地一家医院，并向中央药库捐赠应急储备。冲突也影响着乌克兰，导致医疗物资供应严重中断，甚至完全断绝。无国界医生为此大幅增加援助，为战线两边提供足够治疗超过1.3万名伤者的物资。

除了埃博拉以外，无国界医生继续应对结核病和艾滋病，不断寻找方法改善治疗方案和护理模式，例如支持抗病毒治疗社区支援小组，以及扩大病毒载量检测的使用。

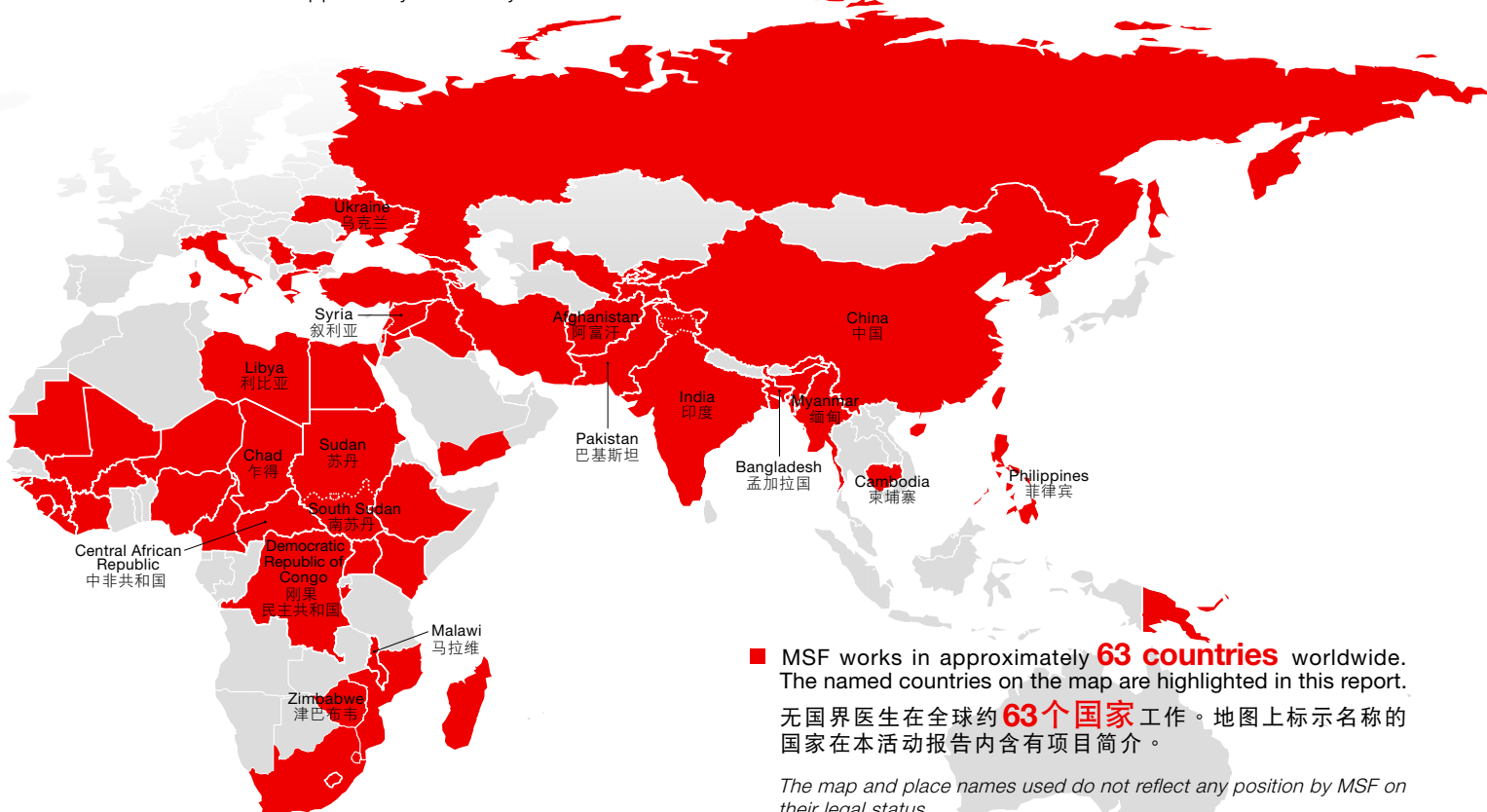
埃博拉危机凸显了全球的人道援助和医疗系统失效，这些问题存在多年，却从未如此明显。不过，对无国界医生而言，最大的冲击是全球缺乏领导，和当权者以缄默回应疫情。我们为此发声，但说到底无国界医生是个以病人为本的组织，我们的任务是拯救伤病者性命，专注援助最需要的人，而非检修全球系统。假若没有我们在世界各地的支持者和队伍，无国界医生根本无法如此运作，请容我们借此机会向各位衷心道谢！



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The map and place names used do not reflect any position by MSF on their legal status.
地图及地名并不反映无国界医生对其法律地位的立场。

Projects by Country

各地项目



Porters carry ice boxes to keep vaccines cold during a vaccination campaign in Masisi, DRC
在刚果民主共和国的马西西，疫苗接种项目进行期间，挑夫们背着确保疫苗保持在低温状态的冰箱

Africa

非洲

Democratic Republic of Congo (DRC)

Violence, fear and displacement have not abated in the eastern provinces, despite a much talk of stabilisation linked to the large peacekeeping force. In provinces of North Kivu, South Kivu, Katanga and Orientale, MSF continues to provide basic and specialist services covering outpatient and inpatient consultations, surgery, reproductive and mental healthcare, paediatric care, vaccination campaigns, treatment for malnutrition, HIV and tuberculosis (TB), and aftercare for victims of sexual violence. Teams also prevent and limit the outbreaks of malaria, cholera and measles.

When the first Ebola cases were confirmed in August, MSF set up two treatment centres to manage and control the outbreak. Of 25 patients treated, 13 recovered. The outbreak was over by November.

Four Congolese MSF staff members were abducted in 2013 in North Kivu. One of them was reunited with her family this year, and started working with MSF again. Efforts are ongoing to locate the other colleagues.

刚果民主共和国

尽管有言论称庞大的维和部队有助稳定局势，但暴力、恐惧和流徙没有在东部省份减退。无国界医生继续于北基伍省、南基伍省、加丹加省和东部省提供基本与专科服务，涵盖门诊和住院治疗、手术、生殖和精神健康护理、儿科护理、疫苗接种，并治疗营养不良、艾滋病和结核病，以及为性暴力受害者提供护理。救援队也预防及对抗疟疾、霍乱和麻疹等疫症爆发。

8月，该国确诊首批埃博拉个案，无国界医生随即设立两间治疗中心，控制疫情，共有25名患者接受治疗，当中13人康复，疫情也已于11月结束。

4名刚果籍员工于2013年在北基伍省被掳走，其中一人今年终与家人团聚，并重投无国界医生工作，组织仍然努力寻找其余3名员工的下落。



MSF staff at Mpoko camp, CAR, are attending to a wounded man, who is about to be referred for emergency surgery

在中非共和国的姆波科河营地，无国界医生医护人员正照顾一名即将转送往紧急手术的伤者



An MSF staff is vaccinating a child against measles in southern Chad

在乍得南部，无国界医生员工为一名儿童接种麻疹疫苗

Central African Republic (CAR)

Although a transitional government was formed, the situation in CAR remained catastrophic. Most of the Muslim population in the western half of CAR flooded out of the country. Several thousand remained living in enclaves, fearful for their lives. Yet, intercommunal violence and attacks by armed groups affected all communities. Some 430,000 people were internally displaced, and hundreds of thousands had crossed into neighbouring countries. MSF was also not spared. Three national staff members were killed by armed men at the Boguila hospital.

Malnutrition, malaria, diarrhoea, respiratory tract infections and measles were the main health concerns. The needs of displaced people, victims of violence, pregnant women and children were massive. MSF remained the main healthcare provider, offering comprehensive services from surgery, maternal health, basic healthcare to vaccination through long-standing programmes and emergency projects.

Chad

Over 200,000 people fleeing violence in CAR sought refuge in southern Chad. MSF provided assistance by carrying out over 35,000 consultations and vaccinating 7,000 children against measles. Teams also ran mobile clinics on the CAR border and distributed antimalarials as a prevention strategy, as 60 percent of consultations were for malaria.

In Ouddai region, MSF started supporting emergency services at Abeché hospital in June. More than 900 major surgical procedures were carried out; one in five was related to violence.

In response to a measles outbreak early in the year, MSF collaborated with the health ministry at two hospitals in N'Djamena and seven health centres, with 4,500 patients treated. Teams also vaccinated nearly 70,000 children in Massakory.

Libya

Renewed fighting erupted in spring displaced thousands of people. Many health workers fled and health facilities experienced shortages of supplies and drugs. Insecurity prevented access to the east in particular, although MSF still managed to donate drugs and medical materials.

The crisis in Libya has funnelled thousands of people through to Europe, with the majority of them by boat from Zuwara and the surrounding area on the northern coast. But many of them did not survive the perilous trip. MSF donated hygiene materials to a local crisis committee to help cope with the number of bodies washing up on the shore.

The mental health project in Tripoli was closed in December due to the deterioration of the security situation.

中非共和国

虽然过渡政府已经成立，不过中非共和国仍处于灾难性的局势之中。西部大部分穆斯林已逃离该国，另有数千人仍被围困，性命堪忧。然而，部族间的暴力事件以及武装组织的袭击影响所有族群，大约43万人在国内流离失所，数以十万计的人逃难到邻国。无国界医生也不能幸免，3名当地员工在博吉拉医院被武装分子杀害。

营养不良、疟疾、腹泻、呼吸道感染以及麻疹是主要的健康问题，而流离失所者、暴力受害者、孕妇和儿童的需求也相当庞大。无国界医生仍是主要的医疗服务提供者，透过长期与紧急项目，提供从外科手术、妇产健康护理、基本医疗到疫苗接种等全面服务。

乍得

为逃避中非共和国的暴力事件，逾20万人涌到乍得南部避难。无国界医生在当地提供援助，进行了逾3.5万次诊症，并为7,000名儿童接种麻疹疫苗，同时在中非共和国边境设立流动诊所。由于60%的诊症均与疟疾有关，队伍分发抗疟疾药物作为预防策略。

在瓦达伊地区，无国界医生于6月开始支援阿贝歇医院的紧急服务，并进行逾900宗大型手术，当中五分之一与暴力事件相关。

为应对今年初的麻疹疫情，无国界医生联同卫生部于恩贾梅纳的两所医院与7所医疗中心，治疗共4,500名病人，救援队也在马萨科里为近7万名儿童接种麻疹疫苗。

利比亚

战事在春季再度爆发，导致数千人流离失所，众多医护人员仓皇逃难，医疗设施出现物资和药物短缺。局势不稳令前往东部地区尤其困难，但无国界医生仍能捐赠药物和医疗物资到当地。

利比亚危机令数以千计人逃到欧洲，大部分人由北部海岸的祖瓦拉及周边地区出发，坐船到欧洲，但很多人在惊涛骇浪中丧生。无国界医生捐赠卫生物资给当地一个紧急委员会，协助处理冲到岸边的尸体。

鉴于黎波里的安全局势日趋恶劣，无国界医生在该市的精神健康项目被迫于12月关闭。



© Marco Longari/AFP PHOTO

In Malawi, a pregnant woman with HIV is attending a routine prenatal visit and antiretroviral assessment

在马拉维，一名感染艾滋病的孕妇正接受产前检查和抗病毒治疗评估

Malawi

MSF has been supporting the national health system to strengthen its HIV response. In Nsanje, MSF supervises the policy implementation of putting all HIV-positive pregnant and breastfeeding women on antiretrovirals (ARVs) to prevent virus transmission to their babies, and is developing a programme to integrate HIV and TB treatment.

A new project started in two prisons in Lilongwe and Blantyre, screening and treating 4,400 inmates and staff for HIV, TB and sexually-transmitted infections (STIs), and providing hepatitis B vaccination. Another project offering testing for HIV and STIs to truck drivers and sex workers began near the border with Mozambique.

In Thyolo, MSF continues to mentor local staff in providing treatments and viral load tests. In Chiradzulu, a four-year handover process of the HIV programme began in August.

Sudan

Various restrictions hindered MSF's access in conflict-affected areas of Darfur, South Kordofan and Blue Nile states, with an MSF hospital in South Kordofan being bombed. Thousands of people cut off from medical humanitarian assistance are in dire need.

Despite the restrictions, MSF offered outpatient and inpatient care when clashes took place in Tawila in North Darfur. In South Darfur, teams improved water supply and provided medical care for an additional 4,000 displaced people at El Sereif camp, as their villages were destroyed. MSF also began to offer basic medical care in four health centres in Kerenek locality, West Darfur. A health clinic was opened in White Nile state to provide basic healthcare to some 30,000 South Sudanese refugees. An average of 4,300 consultations were carried out each month.

Zimbabwe

Access to HIV treatment in Zimbabwe has improved in recent years, but remains limited for certain vulnerable groups such as children. MSF has supported the health authorities in the capital Harare and a number of other districts to develop integrated care, which includes increasing access to routine viral load monitoring of patients on treatment in government health facilities, and decentralising diagnosis and treatment to help meet people's needs close to home.

MSF's projects in Gokwe North and Harare aiming at decentralising and improving medical care for people with HIV and TB were handed over as the staff capacity was built up. The project in Tsholotsho was also handed over. More than 10,400 people were on ARVs, 85 percent of all people in need of HIV treatment in Tsholotsho.



© Pedro Ballesteros/MSF

In Tsholotsho, Zimbabwe, a health worker prescribes antiretroviral therapy to a HIV-positive patient

在津巴布韦的乔老乔地区，一名医护人员向艾滋病人开抗病毒药物处方

马拉维

无国界医生一直支持该国的医疗系统以增强应对艾滋病的能力，包括在恩桑杰督导政策执行，让所有感染艾滋病的怀孕和哺乳期妇女均开始服用抗病毒药物，以防止病毒传染给婴儿，以及开设项目结合艾滋病与结核病治疗。

设于利隆圭和布兰泰尔两所监狱内的新项目，为4,400个囚犯和职员检测及治疗艾滋病、结核病和性病，并提供乙型肝炎疫苗接种。另一个专为货车司机和性工作者提供艾滋病和性病检测的项目，则在靠近莫桑比克边境展开。

无国界医生继续在乔洛指导当地工作人员提供治疗以及病毒载量测试，并于8月起就奇拉祖卢艾滋病项目展开为期4年的移交过程。

苏丹

种种限制阻碍无国界医生于达尔富尔、南科尔多凡和青尼罗州受冲突影响的地区进行救援，组织设于南科尔多凡的一所医院也被炸毁，数以千计亟需援助的人被断绝医疗人道援助。

在重重限制下，无国界医生在北达尔富尔的泰维莱爆发冲突期间，提供门诊和住院治疗服务。在南达尔富尔，由于家园被毁，另有4,000名流离失所者逃难至埃尔塞尼夫营地，救援队改善供水以及给予医疗援助。组织亦开始于西达尔富尔克伦力的4所医疗中心提供基本医疗护理，并于白尼罗州开设了一间诊所，为3万名南苏丹难民提供基本医疗服务，每月平均诊症4,300次。

津巴布韦

近年津巴布韦艾滋病人获得抗病毒治疗的状况有所改善，但对儿童等弱势群体而言依然不足。无国界医生支援卫生部门于首都哈拉雷和其他数个地区，制定综合护理服务，包括在公营医疗设施增加正接受治疗病人的例行病毒载量监测，以及分散诊断和治疗服务，以便病人能在住所附近接受医治。

由于当地人员已经建立了能力，无国界医生向当局移交位于戈奎北和哈拉雷、旨在分散并改善艾滋病和结核病医疗服务的项目。乔老乔项目亦已移交，项目中有超过10,400人获得抗病毒药物，占该县85%需要治疗的病人。



© Matthias Steinbach

An MSF doctor examines a very weak man in a clinic in Mellut, South Sudan
在南苏丹的迈卢特，一名无国界医生在诊所为一名非常虚弱的病人检查

South Sudan

Fighting broke out in Juba in December 2013 and spread rapidly throughout the country, with 1.5 million people internally displaced by the end of 2014. MSF responded by dispatching medical supplies and staff to critically affected locations, while striving to maintain its pre-existing programmes. The number of projects increased from 13 to more than 20 across nine states.

Hundreds of thousands of people were denied lifesaving assistance as medical care came under attack. In Leer, Unity state, the MSF-supported hospital was looted and set alight. MSF staff witnessed the gruesome aftermath of armed attacks and clashes in Malakal in Upper Nile state – patients being murdered inside the teaching hospital. After fighting in Bentiu, capital of Unity state, people who had sought shelter inside the hospital were killed in the grounds.

Teams continued to offer basic and specialist medical care at clinics and hospitals, including surgery, maternal and child healthcare, as well as treatment for malnutrition, malaria, HIV, TB and visceral leishmaniasis (kala azar). They also launched vaccination campaigns.

In May, a cholera outbreak was declared in Juba. MSF opened and ran five treatment centres and three oral rehydration points, and provided technical assistance in Juba teaching hospital. Teams also responded to smaller outbreaks in a number of states, including Eastern Equatoria state and Upper Nile state.

南苏丹

2013年12月于朱巴爆发的战事迅速蔓延至全国各地，至2014年年底仍有150万人流离失所。无国界医生马上派遣工作人员和医疗物资到影响最严重的地点，同时竭力维持冲突爆发前已设立的救援项目的运作。项目遍布9个州份，数目由13个增加至逾20个。

此外，医疗服务遭受袭击，数以十万计的人因而被剥夺生命的援助。在联合州的莱尔，无国界医生支援的医院被抢掠焚毁。组织的工作人员目睹了上尼罗州马拉卡勒武装袭击和冲突的恐怖后果——病人于教学医院内被谋杀。联合州首府本提乌发生冲突后，避难至医院的人也惨遭杀害。

救援队继续在各个诊所和医院提供基本与专科医疗服务，包括外科手术、妇产科和儿童健康护理，以及治疗营养不良、疟疾、艾滋病、结核病和内脏利什曼病（黑热病），并进行疫苗接种。

在5月，朱巴宣布爆发霍乱。无国界医生开设和运作5间治疗中心和3个口服补液站，同时在朱巴教学医院提供技术支持。队伍也在数个州份应对规模较小的爆发，包括东赤道州和上尼罗州。



© Mikhail Galustov

An injured man is being led by a relative at the Kunduz Trauma Centre in northern Afghanistan
一名伤者在家人带领下来到阿富汗北部的昆都士创伤中心

Asia

Afghanistan

Access to basic and emergency medical care remains severely limited and ill-adapted to meet the growing needs in the country. MSF published its research which revealed that the majority of patients could not reach critical medical assistance due to insecurity, distance and cost.

In the west of Kabul, MSF opened an obstetric department in the hospital of Dasht-e-Barchi to provide free, around the clock care for pregnant women with complications and seriously ill newborns.

In response to tens of thousands of people seeking refuge from a military offensive in neighbouring Pakistan, MSF provided measles vaccination and medical consultations in a camp in Khost province from July to September. The activities were then handed over to other organisations.

MSF's trauma centre in Kunduz expanded its intensive care unit and bed capacity. The team treated over 22,000 people and performed 6,000 surgical procedures. The Boost hospital in Helmand province which MSF supports also expanded maternity ward's bed capacity.

China

Near the border with Myanmar, there are high numbers of injecting drug users with HIV, HIV-TB or HIV-hepatitis C co-infection. At the request of Aids Care China (ACC), a Chinese NGO, MSF started supporting a clinic in Jiegao, Yunnan province in 2011. Two years later, MSF began providing technical assistance to ACC to improve the clinical management of HIV/AIDS patients. This collaboration ended in April 2014 due to a number of reasons, including changes in ACC's objectives and the fact that the health ministry started treating HIV patients suffering from hepatitis C. MSF stopped running medical projects in China this year.

亚洲

阿富汗

在阿富汗，获得基本和紧急医疗护理仍受严重限制，服务也未能满足日益增加的需求。无国界医生发表报告，揭示大部分病人因局势不安全、路途遥远和费用昂贵而无法得到至关重要的医疗援助。

无国界医生在喀布尔以西的达什特巴尔切医院开设妇产科部门，为有妊娠并发症的孕妇和病重的新生儿提供免费的24小时护理。

为应对数以万计逃避军事攻势而来的巴基斯坦难民，无国界医生于7月至9月在霍斯特省一个难民营提供麻疹疫苗接种和医疗诊疗，其后将这些工作移交给其他组织。

无国界医生扩建了昆都士创伤中心的深切治疗部，增加病床，救援队共治疗逾2.2万人，并进行6,000次外科手术；组织还在赫尔曼德省支援的布斯医院扩建了产科病房，增加应付能力。

中国

中缅边境地区注射吸毒者患上艾滋病、艾兹病及结核病双重感染，或艾兹病及丙型肝炎双重感染的人数众多。应中国非政府组织“中国爱之关怀”的请求，无国界医生于2011年起支持云南省姐告镇的一家诊所。两年后，无国界医生开始为该组织提供技术支援，改善艾滋病患者的临床治疗。由于“中国爱之关怀”目标转变，加上卫生部门开始治疗艾滋病及丙型肝炎双重感染者等原因，双方的合作于2014年4月结束。无国界医生于同年停止在中国进行医疗项目。



MSF teams distributed leaflets and introduced the Active Case Finding TB program in the market place in Tboung Khmum, Cambodia

无国界医生队伍在柬埔寨特本克蒙县的市集派发传单，介绍结核病主动病例检测项目



MSF treats malnutrition in Bihar, India, where MSF has been working since 2009

无国界医生于印度的比哈尔邦治疗营养不良儿童，组织自2009年起在当地工作

Bangladesh

For decades, undocumented Rohingya who fled violence and persecution in Myanmar have also suffered from discrimination and healthcare exclusion in Bangladesh. In the Kutupalong makeshift camp in Cox's Bazar, MSF continued to provide basic and emergency healthcare, inpatient services and TB treatment to refugees and the host community.

In Dhaka's slum districts of Kamrangirchar and Hazaribagh, MSF visited factories and tanneries and conducted over 4,450 outpatient consultations for workers. Teams also offered sexual and reproductive health services for adolescent girls, as well as medical and psychological assistance to victims of sexual and domestic violence.

In the remote area of Bandarban, Chittagong Hill Tracts, MSF supported the health ministry's response to a malaria outbreak. Travelling in boats and hiking through forests, teams treated more than 2,280 people during the three-month intervention.

Cambodia

MSF continues to provide treatment for malaria and TB, two of the major health concerns in Cambodia.

Artemisinin-based medicines are currently the most effective antimalarial treatment, yet areas of artemisinin resistance have been identified. MSF undertook a baseline survey in 23 villages in Preah Vihear province, followed by active case detection and health promotion, in preparation for a project with a specific treatment protocol aiming to eliminate the drug-resistant malaria.

In addition to the comprehensive TB care provided in Kampong Cham, MSF completed the first phase of active case finding in Tboung Khmum district. All people older than 55 – a high-risk group – were screened, and 140 out of a total of 4,900 were found to have TB. Another round of active case finding began in October.

India

In Bihar state, MSF provides weekly outpatient treatment for severely malnourished children. The malnutrition intensive care unit, built inside Darbhanga Medical College Hospital and run by MSF, is the first of its kind in India.

To eliminate kala azar by 2015, the government adopted a single-dose first-line treatment in October. This policy change was made following sustained advocacy by MSF with data from its pilot project in Bihar.

MSF continues to focus on treating HIV and TB in Mumbai and Manipur. Apart from running HIV and TB clinics, MSF cooperated with a local NGO to offer inpatient care for HIV patients in Manipur. In Kashmir, MSF produced a TV soap opera to increase awareness and visibility of mental health issues.

孟加拉国

数十年来，为逃避在缅甸的暴力和迫害而来到孟加拉国的无证罗兴亚人，在孟加拉国同样遭受歧视，被排斥于医疗系统之外。在科克斯巴扎尔区的库图巴朗临时营地，无国界医生继续为难民和当地社群提供基本和紧急医疗护理、住院服务以及结核病治疗。

在首都达卡的坎兰格查和赫扎里巴克贫民窟，无国界医生到访工厂和皮革厂，为工人进行逾4,450次门诊诊疗。救援队也为少女提供性与生殖健康护理服务，以及为性暴力和家庭暴力受害者提供医疗和心理援助。

在吉大港山区班多尔班的偏远地区，无国界医生支援卫生部应对疟疾疫情。救援队坐船以及徒步穿越丛林，在3个月的行动中治疗逾2,280名患者。

柬埔寨

无国界医生继续在柬埔寨，为疟疾和结核病这两大主要健康问题提供治疗。

以青蒿素为基础的药物是目前最有效的抗疟疾疗法，但已确认到有地区对青蒿素呈耐药性。无国界医生在柏威夏省23条村庄进行了初步调查，其后进行主动病例检测和健康推广，准备开展以特定治疗方案消除耐药疟疾的项目。

除了磅湛的结核病综合护理项目以外，无国界医生也在特本克蒙县完成了第一阶段的主动病例检测，为所有55岁以上的高危人群进行筛查，于4,900人中有140人证实患有结核病，另一轮主动病例检测于10月展开。

印度

在比哈尔邦，无国界医生为严重营养不良的儿童提供每周一次的门诊治疗。在达尔彭加医学院附属医院内运作的营养不良重症病房，更是印度首家同类型的中心。

为达到2015年消除黑热病的目标，政府于10月通过采用一款单剂量的一线疗程。这一政策改变，是在无国界医生提供比哈尔邦试点项目的数据并持续倡议后作出的。

无国界医生在孟买和曼尼普尔邦继续医治艾滋病和结核病。其中，在曼尼普尔邦，除了运作艾滋病和结核病诊所，救援队更与当地的非政府组织合作，为艾滋病人提供住院治疗。在克什米尔，无国界医生制作电影剧集以提高公众对精神健康问题的认识和关注。



An MSF doctor begins the process for CMV injection treatment in Dawei, Myanmar, before oral drug is introduced to the project

在缅甸的土瓦，项目尚未引入口服药丸前，一名无国界医生正进行巨细胞病毒性视网膜炎注射治疗



An MSF nurse takes the blood pressure of a patient in Chaman, Pakistan

一名无国界医生的护士在巴基斯坦的杰曼为病人量血压

Myanmar

A long-established project providing basic healthcare to highly vulnerable communities in 24 displaced persons camps and in isolated villages in northern and eastern Rakhine state was suspended by the authorities in February. After the resumption of activities in mid-December, MSF teams conducted over 3,400 consultations in less than a month. Not all project activities had restarted by the end of 2014.

MSF provides HIV/AIDS care in Myanmar, supplying ARVs to more than half of the 70,000 people undergoing treatment. The newly renovated clinic in Insein Township in Yangon is Myanmar's largest of its kind, treating 10,000 HIV/TB patients. Following years of price negotiations, MSF began offering a single daily pill taken orally which replaces the injections directly into the eye to treat cytomegalovirus (CMV) retinitis – an HIV-related infection that causes blindness – in Dawei.

When active fighting resumed in northern Shan and Kachin states in April, MSF operated mobile clinics to assist displaced people.

Pakistan

Women and children in particular suffer from the lack of access to healthcare in Pakistan. MSF continues to provide healthcare with a focus on mother and child health in the most underdeveloped province Balochistan. In eastern part of the province, MSF focuses on treating malnutrition and providing specialist care to newborns, infants and children at the district hospital in Dera Murad Jamali.

In the northwest, MSF continues to support the hospital in Timergara and Hangu, and run a 35-bed maternity hospital in Peshawar. The teams also provide medical care to displaced and vulnerable communities in parts of the tribal areas.

Philippines

MSF continued to support communities affected by Typhoon Haiyan. On Leyte Island, MSF closed the temporary hospitals as local services regained the capacity but a mental health programme continued. MSF also provided human resources support in maternity, neonatology and surgery at the provincial hospital in Palo, and ensured drug and medical supplies.

MSF also started rehabilitating a hospital and two facilities on Leyte and in Eastern Samar province, which would be completed in 2015. In Guiuan, Samar Island, MSF treated patients in a tent hospital until a semi-permanent structure was built. Teams facilitated patients moving into the new hospital and handed it over to the provincial health office.

缅甸

无国界医生在若开邦北部和东部24个国内流离失所者营地和偏远村落，多年来为极度脆弱社群提供基本医疗服务的项目，于2月被当局叫停。救援工作在12月中恢复，队伍在不足一个月内进行逾3,400次诊症。当地项目截至2014年底仍未能全面重开。

无国界医生在缅甸的艾滋病护理服务，向全国7万名接受治疗的患者当中逾半的人提供抗病毒药物。位于仰光永盛镇新装修的诊所，是该国最大型的同类诊所，治疗一万名艾滋病与结核病患者。经过多年的价格谈判，无国界医生开始在土瓦提供日服一颗的口服药丸以取代直接眼球注射，治疗巨细胞病毒性视网膜炎这种导致失明的艾滋病机会性感染。

在4月掸邦北部和克钦邦再度爆发冲突期间，无国界医生设立流动医疗诊所协助流离失所者。

巴基斯坦

巴基斯坦的妇女和儿童尤其难以获得医疗护理，无国界医生继续在发展最落后的俾路支省提供医疗服务，并以母婴健康为重点。在该省东部，无国界医生专注治疗营养不良，同时在德拉穆拉贾马里地区医院为新生幼儿和儿童提供专科护理。

在该国西北部，无国界医生继续支援在蒂默加拉和亨古的医院，并在白沙瓦运作一所35张病床的妇产科医院。在部分部落地区，救援队则为流离失所和脆弱社群提供医疗护理。

菲律宾

无国界医生继续支援受台风海燕影响的社群。在莱特岛，当地服务设施重新恢复运作，因此无国界医生关闭临时医院，但维持运作一个精神健康项目。无国界医生也在帕洛一间省级医院的产科、新生儿科和外科提供人力资源支援，并确保药品和医疗物资的供应。

无国界医生开始修复在莱特岛和萨马省东部一所医院和另外两所医疗设施，预计于2015年完成。在萨马岛吉万，无国界医生在帐篷医院治疗病人，直至一所半永久性的医疗设施落成。救援队协助转移病人到新的医院，并移交项目予省卫生部。



© Julie Remy

A child with her mother are in a therapy session in Donetsk, eastern Ukraine
在乌克兰东部的顿涅茨克，一名女童和她的母亲正接受辅导

Europe

Ukraine

During the intense conflict in eastern Ukraine, over 600,000 people were displaced and 10,000 wounded. Local doctors faced an acute shortage of medical supplies. MSF donated medicines and materials to hospitals on both sides of the frontline and relief items to displaced people.

The government withdrawal of all state services from rebel-controlled areas prevented disabled and elderly people particularly from accessing healthcare. MSF expanded its medical support to include patients with chronic diseases such as diabetes. MSF psychologists ran mental health sessions and trained local medical and mental health staff to improve their skills and avoid burnout.

Throughout the conflict, MSF made every effort to keep the drug-resistant TB project within the regional penitentiary system in Donetsk running and support patients to avoid treatment interruption.

Middle East

Syria

In January, Islamic State (IS) abducted 13 MSF staff members. Eight Syrian colleagues were released relatively quickly, but five international staff members were held captive for up to five months. MSF withdrew its international teams and closed a field hospital and two health centres in IS-held areas.

Despite the increasing access restrictions, MSF continued to run health facilities, and conduct mobile clinics and vaccination campaigns in some northern parts of the country. It also supported over 100 medical facilities run by dedicated Syrian medical staff, situated along Syria's borders and across six governorates. These facilities are in both government-held areas and opposition-controlled zones where it is not possible for MSF teams to be present.

Half the Syrian population is displaced either within the country or to neighbouring Lebanon, Iraq, Turkey and Jordan, where MSF provided medical humanitarian assistance to refugees and the host communities.

欧洲

乌克兰

在乌克兰东部爆发激烈冲突期间，逾60万人流离失所，一万人受伤。当地的医护人员面临严峻的医疗物资短缺，无国界医生向战线两边的医院捐赠药品和物资，也为流离失所者分发救援物资。

乌克兰政府撤销了在反对派控制地区的社会服务，尤其阻碍残障人士和长者获得医疗护理。无国界医生加强其医疗支援，以涵盖糖尿病病人等长期病患。组织的心理学家进行心理健康辅导，同时培训当地的医护与心理健康人员，提升他们的技能以及避免过劳。

在冲突期间，无国界医生竭力维持在顿涅茨克地区监狱里耐药结核病项目的运作，为患者提供支援，以免治疗中断。

中东

叙利亚

在一月，伊斯兰国掳走13名无国界医生的工作人员，8名叙利亚籍同事不久后获释，但5名国际救援人员被挟持长达5个月。无国界医生撤走其国际救援队伍，并关闭位于伊斯兰国控制地区的一所医院与两家医疗中心。

尽管进入叙利亚的限制越来越多，无国界医生于一些北部省份继续其医疗设施的运作，并进行流动诊所和疫苗接种项目。组织支援逾百所分布于叙利亚边境与6个省份的医疗设施。它们分别位处受政府和反对派控制、但无国界医生救援队无法到达的地区。

逾半的叙利亚人口或在国内离失所，或逃难至毗邻的黎巴嫩、伊拉克、土耳其和约旦，无国界医生在这些国家为难民和当地社群提供医疗人道援助。

SURVIVING EBOLA 苦战埃博拉

In 2014, the Ebola virus coursed rapidly through Liberia, Guinea and Sierra Leone in a geographical spread never seen before. Declared on 22 March, the epidemic soon became the largest in history. MSF launched an unprecedented response and deployed thousands of staff who treated one-third of all confirmed cases in West Africa.

Despite sounding the alarm early on and calling for help, MSF teams battled Ebola for months in the face of a “global coalition of inaction”. MSF even issued a rare call at the UN in September for the mobilisation of international civilian and military medical assets with biohazard capacity.

By the end of the year, the number of cases had begun to decline but the epidemic is still far from over. MSF teams continue to run Ebola management centres and turn their attention to gaps in outreach activities, such as surveillance, contact tracing and social mobilisation.

2014年，埃博拉病毒席卷利比里亚、几内亚和塞拉利昂，地域分布之广前所未见。3月22日埃博拉疫症确认爆发，其后迅速演变成史上最大规模的疫情。无国界医生展开史无前例的应对工作，派出数千名工作人员，治疗西非三分之一的确诊患者。

即使无国界医生一早敲响警号要求协助，但面对“全球不行动同盟”，救援队苦战疫情数月，甚至于9月在联合国发出罕有呼吁，要求国际社会动用民间和军方应对生化威胁的医疗资源。

直至2014年年底，埃博拉个案开始减少，但疫情未见结束。无国界医生救援队继续运作埃博拉治疗中心，并转移救援重点至填补外展工作的不足，如疫情监测、追踪曾接触埃博拉患者的人士以及动员社会力量以对抗疫情。

22 March
3月22日

Ebola outbreak is declared in Guinea, where MSF swiftly deploys 33 tons of specialised equipment and 24 experienced staff.

几内亚当局宣布埃博拉疫症爆发，无国界医生马上派出24名富经验的救援人员并运送了33吨专门设备到当地。



© Agus Morales/MSF

In Monrovia, Liberia, a sprayer with the MSF burial team disinfects a house before the rest of the team goes inside
在利比里亚的蒙罗维亚，无国界医生埋葬队的喷雾员率先消毒房子，才让其他队员进入

31 March
3月31日

Liberia reports two confirmed cases.
利比里亚 通报两宗确诊病例。

26 May
5月26日

WHO reports the first cases and deaths in **Sierra Leone**.

世界卫生组织通报**塞拉利昂**首宗确诊病例和死亡个案。



© Sylvain Cherkaoui/Cosmos

Two MSF medical staff are bringing a patient suspected of having Ebola to the management centre in Kailahun, Sierra Leone

在塞拉利昂的凯拉洪，两名无国界医生医护人员将一名疑似感染埃博拉的病人送入治疗中心



© Sylvain Cherkaoui/Cosmos

In Kailahun, Sierra Leone, a nurse provides care for a suspected Ebola patient inside the high-risk area of an Ebola management centre
 护士正在塞拉利昂凯拉洪埃博拉治疗中心的高风险区，照顾一名怀疑感染埃博拉的病人

23 June
6月23日

MSF says the outbreak which has become the worst on record is **“out of control”** and calls for massive resources.

无国界医生指出这场有史以来最严峻的疫情**“失控”**，呼吁投放大量资源应对。

2–5 August
8月2日至5日

Two international staff from Samaritan’s Purse are infected and transferred to the US for treatment. Both are declared cured on 21 August.

两名善普施的国际救援人员感染埃博拉，被送返美国接受治疗，两人于同月21日宣布痊愈。

8 August
8月8日

WHO declares Ebola a **“public health emergency of international concern”**.

世界卫生组织宣布是次疫情构成**“国际关注的突发公共卫生事件”**。



© Caroline Van Nespen/MSF

Body bags disinfected with chlorine to prevent further contamination are incinerated in a crematorium by MSF staff in Monrovia, Liberia

在利比里亚的蒙罗维亚，无国界医生工作人员先用氯溶液消毒尸袋，再在火葬场焚烧，避免病毒扩散





© Sylvain Cherkaoui/Cosmos

An MSF staff puts on his Personal Protective Equipment (PPE) before entering the high-risk areas in the Kono district, Guinea, as a MSF medical staff member puts on his personal protective equipment before entering the high-risk areas in the Ebola treatment center in Kono district, Guinea.

2 September 9月2日

MSF's International President, Dr Joanne Liu, gives a speech to the UN member states, warning that the world is **“losing the battle against Ebola”**. MSF calls upon all states with the capacity to respond to biological disasters, including civilian and military medical resources, to assist in West Africa.

无国界医生（国际）主席廖满嫦医生向联合国成员国发言，警告全球正**“抗疫失败”**，呼吁所有具备应对生化灾难能力的国家派遣民用和军用医疗资源，协助西非抗疫。

18 September 9月18日

Jackson Naimah, an MSF physician's assistant from Liberia, gives a speech to the UN Security Council, stating that MSF has reached its limits and appealing for international aid. On the next day, the UN Secretary General announces the creation of the **Mission for Ebola Emergency Response (UNMEER)** – the first medical mission ever launched by the UN.

无国界医生的利比里亚医生助理奈曼向联合国安全理事会作简报，指出组织的救援行动已达极限，呼吁国际援助。翌日，联合国秘书长宣布成立**联合国埃博拉应急特派团 (UNMEER)**，是联合国首个医疗特派团。



© Morgana Wingard

Jackson Naimah, MSF physician's assistant from Liberia, delivers a speech to the UN Security Council

无国界医生利比里亚医生助理奈曼向联合国安全理事会作简报

3 October 10月3日

In Monrovia, Liberia, MSF starts distributing family protection and disinfection kits to protect those who have been in contact with infected people and who cannot immediately be transferred to an Ebola management centre. MSF calls them **“an imperfect response to an unprecedented epidemic situation”**.

无国界医生在利比里亚蒙罗维亚派发家居保障和消毒用具，保护那些曾经接触埃博拉患者、却未获即时送往治疗中心的人士。无国界医生称之为**“应对史无前例疫情的不完美方案”**。

"Though there are much less people getting sick from Ebola now in the middle of 2015 than there were during last year's peak, this outbreak is definitely not over. We cannot abandon West Africa at this crucial time. The world needs to remain committed, in fact needs to increase its commitment, to the fight against Ebola."

—**Dr. Natasha Theresa Reyes**, medical coordinator in Liberia from October to November 2014

“虽然来到2015年年中，埃博拉感染者人数已比去年高峰期大幅减少，但疫症绝对还未结束。我们不能在这关键时刻离弃西非。国际社会需要坚持甚至加大力度以对抗埃博拉。”——狄纯娜医生，于2014年10月至11月期间担任利比里亚医疗统筹



In ELWA3 Ebola management centre at Monrovia, Liberia, a 75-year-old patient raises her arms in triumph after being told that she is free from Ebola and will shortly be discharged

在利比里亚蒙罗维亚的ELWA 3埃博拉治疗中心，一位75岁的病人听到自己已康复并即将出院的消息后，兴奋得高举双手

25 October
10月25日

In Monrovia, Liberia, MSF starts **distributing anti-malarial treatments**

无国界医生开始在利比里亚的蒙罗维亚，**分发抗疟疾药物**。



People are waiting for distribution of protection and disinfection kits in Monrovia, Liberia
在利比里亚蒙罗维亚，居民轮候家居保障和消毒用具分发

13 November
11月13日

MSF announces that it will host **trials for Ebola treatments** in three of its centres in West Africa.

无国界医生宣布在西非其中三间治疗中心展开**埃博拉治疗临床测试**。

By the end of December
截至12月底

WHO reports **20,206 confirmed cases** and **7,905 deaths**.

世界卫生组织记录有**20,206宗确诊个案**，**7,905人死亡**。

"The stigma that Ebola patients and survivors face in the community can cause more harm than the disease itself. This may not be visible but can penetrate the whole community, making their road to recovery even longer than many may have expected."
Chiu Cheuk-pong, a field worker in Ebola mission Liberia from November to December 2014

“社区里对埃博拉感染者和康复者的歧视，往往比疾病本身更能害人。这些伤害非肉眼所可见，却能渗透整个社区，令他们的康复之路比想像中更漫长。”
——赵卓邦，于2014年11月至12月期间在利比里亚参与埃博拉救援项目

Worldwide Operations Highlights

全球前线工作概要

Below are the highlights of MSF activities around the world in 2014:

以下是无国界医生于2014年在全球进行救援工作的概要：

Conducted
进行 **8,250,700**
outpatient consultations
次门诊诊症



Admitted
接收 **511,800** inpatients
人次入院治疗



Admitted
接收 **217,900**
severely malnourished children to inpatient or
outpatient feeding programmes
名严重营养不良儿童入院或到门诊营养治疗项目

Treated
治疗 **2,114,900**
malaria cases
宗疟疾个案

Admitted
接收 **7,400** people to Ebola Management Centres in
the three main West African countries,
of which 4,700 were confirmed as
having Ebola
人到位于三个主要西非国家的埃博拉治
疗中心，其中4,700人确诊患上埃博拉

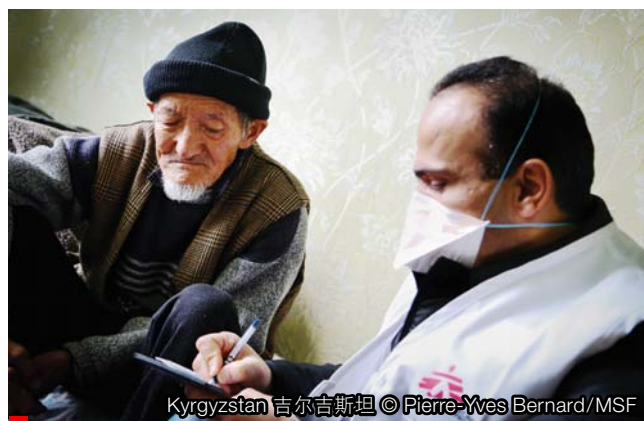
Discharged
治愈 **2,200** recovered patients from Ebola
名埃博拉患者

Registered
登记 **229,900**
HIV patients under care at end 2014
名艾滋病病毒感染者接受护理(至2014年底)



Treated
给予 **218,400**
HIV patients with first-line antiretroviral treatment at
end 2014
名病人抗艾滋病病毒第一线药物治疗(至2014年底)

Treated
给予 **8,100** patients of first-line failure with second-
line antiretroviral treatment at end 2014
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2014年底)



Admitted
接收 **21,500**
patients to tuberculosis first-line treatment
名病人在2014年开始接受结核病第一线治疗

Admitted
接收 **1,800** Admitted 1,800 patients to multidrug-
resistant tuberculosis treatment with
second-line drugs
名病人在2014年开始以第二线药物
进行耐多药结核病治疗



Central African Republic 中非共和国 © Ton Koene

Performed 进行 **81,700** major surgical interventions, including obstetric surgery, under general or spinal anaesthesia
 宗涉及全身麻醉或脊髓麻醉的大手术，包括产科手术



Burundi 布隆迪 © Martina Bucigalupo

Assisted 协助 **194,400** women to deliver babies, including caesarean sections
 名妇女分娩，包括剖腹产

Medically treated 医治 **11,200** patients for sexual violence
 名性暴力受害者

Treated 治疗 **33,700** people for measles
 名麻疹病人



Mozambique 莫桑比克 © Luca Sola

Treated 治疗 **46,900** people for cholera
 名霍乱病人



Columbia 哥伦比亚 © Anna Surinyach/MSF

Conducted 进行 **32,700** group counselling or mental health sessions
 次小组辅导或精神健康支援

Conducted 进行 **185,700** individual mental health consultations
 次个人精神健康辅导



Central African Republic 中非共和国 © Marta Soszynska/MSF

Vaccinated 为 **1,513,700** people against measles in response to an outbreak
 人接种麻疹疫苗以应对疫症爆发

To the Field

香港派出的前线救援人员



Medical Doctors 医生

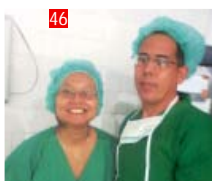
Name 姓名 # Place of Residence 来自

- 1 Rey Anicete **PH**
- 2 Gemma Arellano **PH**
- 3 Ryan Azcueta **PH**
- 4 * Hana Badando **PH**
- 5 Lukman Hakim Bauty **ID**
- 6 Jawed Iqbal Batish **PK**
- 7 Alex Bello **PH**
- 8 Honorita Bernasor **PH**
- 9 Manolo Boado Jr. **PH**
- 10 Seng Bu **MM**
- 11 * Marc Richard Dela Cruz **PH**
- 12 Marve Duka **PH**
- 13 * Joan Marie Franco **PH**
- 14 Kyaw Soe Htet **MM**
- 15 Kyi Pyar Min Htike **MM**
- 16 * Babiker Ibrahim **PK**
- 17 Htet Aung Kyi **MM**
- 18 Chenery Ann Lim **PH**
- 19 Lim Chin-siah 林振锡 **SG**
- 20 * Ma Minwu 马敏吾 **CN**
- 21 Anne Marie Morales **PH**
- 22 Zahir Muhammad **PK**
- 23 * Cicilia Gita Parwati **ID**
- 24 Elsa Ragasa **PH**
- 25 Jan Krisna Rodriguez **PH**
- 26 * Francisco Raul Salvador **PH**
- 27 Sartini Saman **ID**
- 28 Maria Melissa Sindiong **PH**
- 29 Sisca Wiguno **ID**
- 30 Wong Poh-fei 黄宝妃 **MY**
- 31 Husni Mubarak Zainal **ID**
- 32 Zou Wei 邹纬 **CN**



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 msf.org.cn/fieldwork



Surgeons

外科医生

- 33 Maria Adelwisa Belen **PH**
- 34 Chan Kin-wah, Akin 陈健华 **HK**
- 35 Crisle Dychingco **PH**
- 36 Ko Chi-cheong, Ryan 高志昌 **HK**

Anaesthetists

麻醉科医生

- 37 Karina Marie Aguilar **PH**
- 38 Lucia Fernandes Aleixo **CN**
- 39 Chen Chiun-ting 陈钧婷 **TW**
- 40 *Xenia David **PH**
- 41 Marjorie Ann Ladion **PH**
- 42 Lee Yi-chen 李一辰 **TW**
- 43 Jacqueline Caracol Ontoy **PH**
- 44 Reynaldo Soria Jr. **PH**

Obstetricians / Gynaecologists

妇产科医生

- 45 An Na 安娜 **CN**
- 46 Marie Caesarini **ID**
- 47 Heidi Cruz **PH**
- 48 Maria Teresa Dy **PH**
- 49 Sally Anne Ferguson **HK**
- 50 Jiang Li 蒋励 **CN**
- 51 *Mary Ruth Roxas **PH**
- 52 Yennz Crysenssen Tah **ID**
- 53 Damayanti Zahar **ID**
- 54 *Zhang Wenxi 张文希 **CN**

Operating Theatre Nurses

手术室护士

- 55 Yim Wai-ling 严惠玲 **HK**

Nurses

护士

- 56 *Joseph Azeem **PK**
- 57 Benny Bosang **PH**
- 58 Chiu Cheuk-pong 赵卓邦 **HK**
- 59 Mathina Bee Gulam Mydin **MY**
- 60 Maribel Gupiteo **PH**
- 61 Carola Hofstee **ID**
- 62 Maria Angelina Jimenez **PH**
- 63 Carmelita Manaois **PH**
- 64 Janoa Manganar **PH**
- 65 Honney Maymor Panes **PH**
- 66 Romell Nalitan **PH**
- 67 Wong Li-wai 黄丽惠 **SG**



有兴趣加入 无国界医生 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人员，派他们到全球不同的项目进行救援工作。详情请浏览 msf.org.cn/fieldwork

Midwives 助产士

68 Cherry Agustin **PH**

69 Darwin Diaz **PH**

Laboratory Technicians 化验室技术员

70 Anthony Arcega **PH**

71 *Genevieve Cervantes **PH**

72 Gay Heyres **PH**

Pharmacists 药剂师

73 Cheryl Armecin **SG**

74 Chee Hiu-fung 池晓枫 **HK**

75 Syed Shaukat Ali Muttaqi Shah **PK**

76 Alvin Teo 张国靖 **MY**

Logisticians 后勤人员

77 *Raees Arshad **PK**

78 Novri Asmi **ID**

79 *Sylvia Bakarbessy **ID**

80 Thimotius SP Benu **ID**

81 Allan de la Rosa **PH**

82 *Marilou Eugenio **PH**

83 *Abdel Haris Hafiz **ID**

84 Ho On-K, Angel 何安琪 **HK**

85 *Muhammad Ibrahim **PK**

86 Lau Hiu-ching, Lucy 刘晓静 **HK**

87 Leung Hon-Zoen, Eric 梁瀚臻 **HK**

88 *Mak Chun-hei, Jude 麦晋曦 **KH**

89 *Patrice Martial **ID**

90 *Francisco Diriangen Mejia **ID**

91 Hans Olijve **SG**

92 *Jonathan Pillejera **PH**

93 *May Sarah **ID**

94 Hasbi Shiddiqi **ID**

95 Farman Ullah **PK**

96 *Vanvisa Warachit **TH**





Administrators / Financial Controllers 行政 / 财务人员

- 97** Chai Xi 柴溪 **CN**
- 98** Cheong Ah-fong 张雅芳 **SG**
- 99** Cheng Chiao-yu 郑巧钰 **TW**
- 100** Andres Joaquin Hagad **PH**
- 101** Linda Isack **ID**
- 102** Beverly Molina **PH**
- 103** Sumit Punnakari **TH**
- 104** * Johanna Senft **ID**
- 105** Pratiwi Sutowo **ID**
- 106** Marie Tan Kiak-li 陈杰俐 **MY**
- 107** * Karolina Rita Wulandari **ID**

Coordinators 统筹人员

- 108** Karmina Marie Aguilar **PH**
- 109** Ivan Alt **TH**
- 110** Radoslav Antonov **MY**
- 111** * Muhammad Ashfaq **PK**
- 112** * Nardos Belay **KH**
- 113** Yvonne Biyo **PH**
- 114** * Adil Khan **PK**
- 115** * Sajjad Hussain Khan **PK**
- 116** * Marianni Peggy Layzanda **ID**
- 117** * Lee Beng-kwang **SG**
- 118** * Leung Sin-man, Gloria 梁倩雯 **HK**
- 119** * Yones Mangiri **ID**
- 120** * Sadiq Syed Muhammad **PK**
- 121** Hemanathan Nagarathnam **MY**
- 122** Imelda Palacay **PH**
- 123** * Michael Parker **TH**
- 124** Angelika Pattihahuan **ID**
- 125** Natasha Theresa Reyes **HK**
- 126** Yan Debry Dominico Syauta **ID**
- 127** Tang Pui-fun, Celia 邓贝芬 **HK**
- 128** * Xu Weibing 徐卫兵 **CN**

The above field workers departed to the following countries/ areas in 2014 for missions: Afghanistan, Armenia, Bangladesh, Burundi, Central African Republic, Democratic Republic of Congo, Ethiopia, Guinea, Haiti, India, Iraq, Lebanon, Liberia, Libya, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Papua New Guinea, Philippines, Sierra Leone, South Africa, South Sudan, Sudan, Swaziland, Syria, Tajikistan, Ukraine, Uzbekistan, Yemen and Zimbabwe.

Coordinators include head of mission, field coordinators, financial coordinators, human resources coordinators, logistical coordinators, medical coordinator and supply coordinators.

#Abbreviations 缩写

| **CN** Mainland China 中国内地 | **HK** Hong Kong 香港 | **KH** Cambodia 柬埔寨 | **ID** Indonesia 印度尼西亚 | **MY** Malaysia 马来西亚 | **MM** Myanmar 缅甸 |
| **PK** Pakistan 巴基斯坦 | **PH** Philippines 菲律宾 | **SG** Singapore 新加坡 | **TW** Taiwan 台湾 | **TH** Thailand 泰国 |

* 没有照片 No photo

上述救援人员于2014年出发，前往以下国家或地区参与救援工作：阿富汗、亚美尼亚、孟加拉国、布隆迪、中非共和国、刚果民主共和国、埃塞俄比亚、几内亚、海地、印度、伊拉克、黎巴嫩、利比里亚、利比亚、马拉维、莫桑比克、缅甸、尼日利亚、巴基斯坦、巴布亚新几内亚、菲律宾、塞拉利昂、南非、南苏丹、苏丹、斯威士兰、叙利亚、塔吉克斯坦、乌克兰、乌兹别克、也门及津巴布韦。

以上的统筹人员包括项目总管、项目统筹、财务统筹、人力事务统筹、后勤统筹、医疗统筹及物资供应统筹。

Activities Overview in Hong Kong, Mainland China and Asia

香港、中国内地及亚洲活动概览



© PK Lee/MSF

The large-scale outdoor exhibition Emergency Assignment was held in Edinburgh Place, Central in November
大型户外展览《穿梭救援间》于11月在中环爱丁堡广场举行

In response to the largest outbreak of Ebola in history, MSF mobilised massively to provide care for thousands of patients and help control its spread. 23 medical and non-medical professionals deployed by MSF-Hong Kong joined teams in West Africa to battle the deadly virus, including the Manager of the Emergency Response Support Unit stationed in the Hong Kong office. Thanks to the continuous backing of our donors, we were able to send staff and supplies at once for this epidemic. Another HKD10 million raised also helped strengthen our relief work in the affected countries.

As part of MSF's experience sharing effort, MSF-Hong Kong and its China representatives facilitated technical exchanges between our field teams and the Chinese Center for Disease Control and Prevention as well as China's other relevant actors in the countries worst hit by Ebola. At the annual conference of the China-US Collaborative Programme on Emerging and Re-emerging Infectious Diseases, MSF's China Medical Representative presented our firsthand experience combating the disease.

MSF-Hong Kong was also eager to share with our supporters how we tackled such an unprecedented outbreak and other emergencies. Through the interactive exhibition Emergency Assignment, we gave a snapshot of our frontline action through photos, stories and exhibits of real items that MSF uses, including the full Personal Protective Equipment our teams put on in Ebola management centres. The touring exhibition, hosted in 5 different venues in Hong Kong from October to November, attracted over 5,000 visitors.

为应对有史以来最大规模的埃博拉疫情，无国界医生大规模动员，为数千名患者提供护理以及协助控制疫情。无国界医生（香港）共派出23名医疗和非医疗专业人士，包括驻守香港办事处的紧急救援支援组经理，加入在西非的救援队共同抗疫。得益于捐款人一直以来的支持，我们可以第一时间将人员和物资派送到当地，也收集到一千万港币捐款加强我们在受疫情影响国家的救援工作。

作为无国界医生经验交流工作的一部分，无国界医生（香港）及其中国内地的代表协助我们的救援队与中国疾病预防控制中心及相关单位与组织，在埃博拉肆虐的国家进行会面及疫情防控经验交流。驻华医疗代表也在中美新发和再发传染病合作项目年会上，就组织防控埃博拉经验做主题发言。

与此同时，香港办事处积极与我们的支持者分享组织如何应对这场前所未有的疫情，以及其他紧急状况。我们举办了互动展览《穿梭救援间》，通过图片、故事和紧急救援项目真实使用的物品，包括救援人员进入埃博拉治疗中心必须穿上的全套保护装备，把前线救援行动呈现参观者眼前。这个展览于10月至11月期间在全港5个地点巡回展出，共吸引了超过5千名参观者。



MSF Orienteering Competition held in Cheung Chau broke the event record in terms of participants recruited and donations raised

在长洲举办的第13届无国界医生野外定向比赛，参加人数和筹得款项均打破纪录

In 2014, MSF-Hong Kong's contribution to the organisation's global medical humanitarian relief was not limited to the Ebola crisis. To support the interventions in Syria, South Sudan, Central African Republic and other places, a total of 172 mission departures (including the 23 mentioned above) were carried out. Among them, 38 were first missionaries and 36 were deployed in the capacity of coordinating or medical team leader positions. 59 new professionals were also recruited from the region. In addition, MSF-Hong Kong successfully facilitated the 7th annual surgical training in the city with participants from all over the world.

Having had to stretch beyond our limits and work in multiple emergency situations, MSF is truly thankful to our generous supporters who have allowed us to provide crucial medical and humanitarian assistance. MSF-Hong Kong raised over HKD340 million in 2014, of which over 99% came from private sources. Stable and sustainable income has in particular enabled our teams to act rapidly. Throughout the year, we were able to recruit more than 26,000 new "MSF Field Partners" who were committed to supporting MSF's relief work through monthly donations.

Moreover, MSF-Hong Kong enhanced its online donation platform, and over 25,000 one-off donations were made electronically. The organisation will continue to explore user-friendly donation methods to team up with our supporters in providing essential aid to people in distress.

2014 also marked the 20th anniversary of MSF-Hong Kong. Through the stories of 14 field workers, office volunteers, supporters and friends, the "MSF-HK 20 Years" series acknowledged contributions like these from the public for the past two decades, and called for continuous support from the Hong Kong society to aid MSF's effort of alleviating human suffering around the world.

As every year, enthusiastic members of the public supported MSF by taking part in various events. The 13th MSF Orienteering Competition held in Cheung Chau in March successfully recruited over 3,200 participants and raised more than HKD5 million. Both numbers broke the event record. At the event centre, we featured the emergency response to Typhoon Haiyan in the Philippines and simulated an operating theatre and a mobile clinic, giving participants a glimpse of our life-saving effort.



At the annual conference of the China-US Collaborative Programme on Emerging and Re-emerging Infectious Diseases, MSF's China Medical Representative presented our firsthand experience combating Ebola

在中美新发和再发传染病合作项目年会，无国界医生驻华医疗代表就组织防控埃博拉经验作主题发言

这一年，无国界医生（香港）对组织全球医疗人道救援行动的贡献，并不止于对抗埃博拉。香港办事处共派出了救援人员172人次（包括上述23人），参与在叙利亚、南苏丹、中非共和国以及其他地方的人道救援任务。其中，有38人次为首次参与救援行动的人员，另有36人次被派出任统筹或医疗队长的岗位，我们又在亚洲区招募了59名专业人员，投身人道救援工作。此外，第7届外科训练也在香港顺利进行，为来自世界各地的参加者提供培训。

无国界医生必须超越极限，同一时间应对多个紧急状况，我们衷心感谢支持者慷慨解囊，使组织能够提供至关重要的医疗和人道援助。无国界医生（香港）于年内共筹集逾3.4亿港元，其中超过99%来自私人捐款。稳定而持续的收入尤其让我们的救援队能够迅速行动，这一年间，我们招募了超过2.6万名新加入的“无国界医生救援伙伴”，每月定期捐款支持我们的工作。

无国界医生（香港）并加强了网上捐款平台，网上获得超过2.5万次单次捐款。组织将继续探索方便捐款的办法，务求与我们的支持者联手为处于危困中的人提供必不可少的援助。

2014年也标志着无国界医生（香港）成立20年。通过14位救援人员、义工、支持者和朋友细说他们的故事，《贰拾成仁》系列对像他们一样的市民大众于过去20年的贡献作出肯定，并呼吁香港社会继续支持无国界医生的工作，致力减轻世界各地人群的痛苦。

一如既往，热心的市民透过参与不同活动支持无国界医生。香港办事处于3月在长洲举办了第13届无国界医生野外定向比赛，有逾3,200人参加，筹得超过500万港元，参加人数和筹得款项均打破了活动的纪录。当日赛事中心以菲律宾台风海燕紧急救援行动为蓝本，设置了模拟手术室和流动诊所，让参赛者体验无国界医生救伤扶危的工作。



Creative sand painting during the I Love MSF campaign in Guangzhou allowed participants to imagine the front line of medical humanitarian aid in Guangzhou. The "I Love MSF" activity, creative sand painting performance let the audience imagine the situation of rescue front line.



MSF's Regional Humanitarian Representative introduced to the public in the Philippines the major emergencies that have shaped and defined MSF's identity today

无国界医生地区人道事务代表向菲律宾公众介绍重大紧急事件如何塑造和确立今日的无国界医生

MSF Day, the fundraising event organised on 7 July annually, was the most successful one to date. Mr. Moses Chan, the Honorary Campaign Leader, appealed to the public to volunteer for MSF by donating a day's income. The campaign raised over HKD5.3 million, which was a more than 40% rise from 2013.

MSF continued to reinforce its commitment to engage with mainland China. MSF's international representative and its China representatives conducted meetings with the authorities, as well as the embassies of Afghanistan, Sierra Leone and South Sudan to exchange views on health-related aid and emergency assistance to Asia and Africa. Joined by MSF's Operations Manager and Humanitarian Affairs Advisor, the China representatives conducted a round of meetings with think tanks and academics in Beijing, Jinhua and Shanghai, raising awareness of the recurring emergency in the Democratic Republic of Congo. Representatives also participated in roundtables hosted by the China Institute of International Studies, the Shanghai Institutes for International Studies and the Center for African Studies of Peking University, as well as the International Conference on Emergency Management organised by the Chinese Academy of Governance.

To foster interactions with the public, the I Love MSF campaign was launched in mainland China, with a photo exhibition, fieldworker experience sharing and creative sand painting being organised in Beijing and in Guangzhou. *Access to the Danger Zone*, a documentary revealing our medical care under fire, was screened in Beijing and in Chengdu during the 2014 Guangzhou International Documentary Film Festival.

Working out of the MSF-Hong Kong office, the Operational Support Unit focused on MSF's push to increase its operational presence in Southeast Asia. Through advocacy, research, representation, and exploratory missions, the unit was able to help MSF understand the needs in the region, design interventions to meet those needs and support the establishment of MSF's projects.

MSF-Hong Kong also continued its effort to engage civil societies in the region, by launching the first public event – "Behind the Scenes: The Journey of Doctors Without Borders" – in Manila in the Philippines in April. It featured the major emergencies that have shaped and defined MSF's identity today. The event also presented the MSF response to the Typhoon Haiyan emergency.

一年一度于7月7日举行的“无国界医生日”筹款活动上，荣誉大使陈豪呼吁公众捐出一日人工，支持无国界医生。活动共筹得超过530万，较2013年增加40%，为历年之冠。

无国界医生继续履行承诺，发展在内地的的工作。无国界医生国际以及内地的代表与有关当局，以及阿富汗、塞拉利昂和南苏丹的驻华大使馆会面，就亚洲和非洲地区的医疗和紧急援助交流意见。内地代表亦连同组织的救援行动经理以及人道事务顾问，在北京、金华和上海与智库和学者进行一轮的会面，藉以提高在刚果民主共和国反复出现的紧急状况的关注。代表亦参加由中国国际问题研究所、上海国际问题研究所和北京大学非洲研究中心举办的会议，以及由国家行政学院举办的应急管理国际研讨会。

为增进与公众的互动，无国界医生在内地举办“我爱MSF”活动，分别于北京和广州举行图片展、救援人员分享会以及创意沙画表演。揭示在冲突地方进行救援情况的纪录片《深入危城》，则入选2014年中国国际（广州）纪录片节，在北京和成都展映。

这一年，无国界医生（香港）的行动支援组重点支持组织加强在东南亚的救援行动，行动支援组透过倡议、研究、代表工作和开展评估任务，协助组织了解亚洲区的需要、设计项目以满足这些需要，以及支援组织设立救援项目。

无国界医生（香港）并继续致力加强与邻近地区民间社会的联系，于去年4月在菲律宾马尼拉举办了组织在当地首个公众活动——《救援背后》图片展及电影放映会，展示重大紧急事件如何塑造和确立今日的无国界医生，活动亦介绍了组织应对台风海燕的紧急救援行动。

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、大专院校和办事处义工对我们的支持。

Corporations

机构

7-Eleven Hong Kong
BAS (H.K.) Ltd.
BB Group Co Ltd.
Best Develop Metal Work Factory Ltd.
Centro Design & Furniture Ltd.
CNA Metals (Asia) Ltd.
Collyer Logistics International Ltd.
Communion W Ltd.
Consolidated Marketing Group
International Wealth Management Ltd.
Cypress Certified Public Accountants
Dah Chong Hong Holdings Ltd.
DLA Piper Hong Kong
DLA Piper UK LLP
Beijing Representative Office
Eggshell Creative Consultancy
Fleurs florist shop
Global Call Ltd.
Herbert Smith Freehills
Hong Kong Disneyland
Hotels.com
Jelly Belly Candy Company
Jones Day Solicitors and International
Lawyers
King Power Group
KPMG
Media Digital Technologies Corporation Ltd.
MGI (Far East) Ltd.
Morn Creations Ltd.
New Balance Athletic Shoes (HK) Ltd.
New Plaza Garment Factory Co. Ltd.
New World Telecommunications Ltd.
Omron Electronics Asia Ltd.
OneAsia Network Ltd.
Opus Two Entertainment Ltd.
Oriental Watch Holdings Ltd.
Platinum 2000 Ltd.
Popwin Giftware Manufacturing Co. Ltd.
Rayform Ltd.
Reallyenglish.com Co., Ltd.
Starbucks Coffee Company
Swiss International Air Lines Ltd.
Tai Shing Group (Holdings) Co. Ltd.
Tak Lee Machinery Co., Ltd.
The Body Shop
The Overlander

The Revolution Group
The "Star" Ferry Co., Ltd.
TPV Technology Ltd.
Twincity (Far East) Ltd.
Wellent System Consultants Ltd.
YATA Limited
干丝纺
北京亚杰登记注册代理事务所
北京库布里克书店/咖啡店
君合律师事务所
冈本(香港)有限公司
香港卓尔食品公司
陈文洲水果有限公司
通诚钟表有限公司
麦合天城(北京)国际广告有限公司
维他奶国际集团有限公司
德青源(香港)有限公司
德国罗德律师事务所驻广州代表处

Foundations / Funding bodies

资助基金

Speech & Music Recital Development
Foundation
Thomas and Linda Lau Family Foundation

Medical institutions

医疗机构

Multi-Disciplinary Simulation and Skills
Centre (MDSSC),
Queen Elizabeth Hospital
Philippine College of Surgeons
Philippine Orthopaedic Association
The Nethersole School of Nursing,
The Chinese University of Hong Kong

Community Groups & Associations

社区团体及协会

321 Action
Alliance Française de Hong Kong
Alliance Française de Manille
Inland Revenue Department Sports
Association
The Cecilian Singers
The Volunteers Orienteering Club
同社
长洲乡事委员会
青进野外定向会
香港少年领袖团
香港定向人有限公司
香港定向总会
香港家庭定向会

香港野外定向会
香港圣约翰救护机构
香港惩教署爱群义工团
新方向定向会

Schools / Tertiary Institutions

学校及大专院校

Chang Pui Chung Memorial School
Collaborating Centre for Oxford University
and CUHK for Disaster and Medical
Humanitarian Response
Ho Ngai College
(Sponsored by Sik Sik Yuen)
Kiangsu-Chekiang College (Kwai Chung)
Shun Sang Anglo-Chinese Kindergarten
Stewards Ma Kam Ming Charitable
Foundation Ma Ko Pan Memorial
College
The University of Hong Kong
天主教南华中学
佛教慧因法师纪念中学

Office Volunteers

办事处义工

Naz Bagherzadeh 唐镇浩
Ilaria Ghelardoni 梁聿彤
Margaret Glasspool 梁信彦
Aneta Kanturkova 梁紫荧
Lun Wing-yu, Nolan 梁慧玲
王俏芳 游俊威
王威理 冯海翔
汪 刘 冯维强
吴少兰 叶丽梅
何玉薇 刘月明
何荣德 刘祉君
林玉仪 刘曼璇
周汉明 蔡奕玲
姚 丹 龙镇华
陈永安 阎鑫兰
陈佩珊 罗小璐
陈淑贤 苏启豪
翁希筠 苏康婷
凌怡丽
连嘉祺

The above office volunteers provided services 36 hours or above in 2014. We are also thankful to have other volunteers contribute their precious help.

上述办事处义工于2014年服务36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。

We Need Your Support!

To help us save more lives, you can consider the following actions:

- Be our field worker or office volunteer
- Make a donation / Be a monthly donor
- Bequeath to MSF
- Create online fundraising page to raise fund for MSF
- Line up MSF philanthropy talks at your workplace
- Organise MSF educational talks and activities at your school

我们需要你的支持!

若想帮助我们救助更多生命，你可考虑以下方法：

- 成为前线救援人员或办事处义工
- 单次捐款 / 成为每月捐款者
- 捐赠保单及遗产
- 开设网上筹款网页为无国界医生筹款
- 鼓励企业举办无国界医生讲座
- 鼓励学校举办无国界医生教育讲座及活动

MSF-Hong Kong Financial Overview 2014

无国界医生香港办事处 2014 年度财政概览 ⁽¹⁾

	2014	2013
INCOME 收入		
Donations from the public 公众捐款	348,256,414	292,154,290
Other income 其他收入	89,393	31,293
TOTAL 总数:	348,345,807 ⁽²⁾	292,185,583
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	259,831,754 ⁽³⁾	217,897,008
Programme support and development 项目支援及发展	26,948,448	26,940,168
Advocacy 倡议及教育	11,147,289	9,134,932
Other humanitarian activities 其他人道救援活动	2,312,238	2,225,657
Total supporting relief operations 救援项目工作总开支	300,239,729 ⁽⁴⁾	256,197,765
Management, general and administration 行政经费	10,805,437	9,676,554
Fundraising 筹款经费	37,300,641	26,311,264
TOTAL 总数:	348,345,807	292,185,583

Balance Sheet as at 31st December 2014

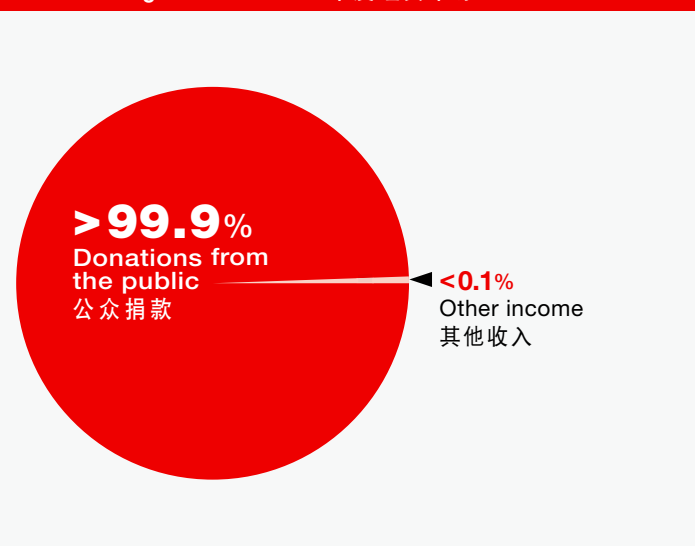
截至2014年12月31日止年度的资产负债表

	2014	2013
Fixed Assets 固定资产	821,405	114,019
Current Assets 流动资产		
Sundry debtors and receivables 杂项应收帐款及应收费用	25,392	69,946
Prepayments and deposits 预付费及押金	1,625,391	1,590,540
Amount due from other MSF offices 应收其他无国界医生办事处之帐款	2,428,903	2,486,888
Cash and bank balances 现金及银行结余	25,510,186	32,293,466
	29,589,872	36,440,840
Current Liabilities 流动负债		
Sundry creditors and accruals 应付帐款及应计费用	4,152,552	4,125,433
Deferred income 递延收入	1,199,684 ⁽⁵⁾	5,726,973
Amount due to other MSF offices 应付其他无国界医生办事处之帐款	25,059,041	26,702,453
	30,411,277	36,554,859
Net Current Liabilities 净流动负债	(821,405)	(114,019)
	0	0
Fund Balances 资金余额		
Accumulated funds 累积资金	0 ⁽⁶⁾	0

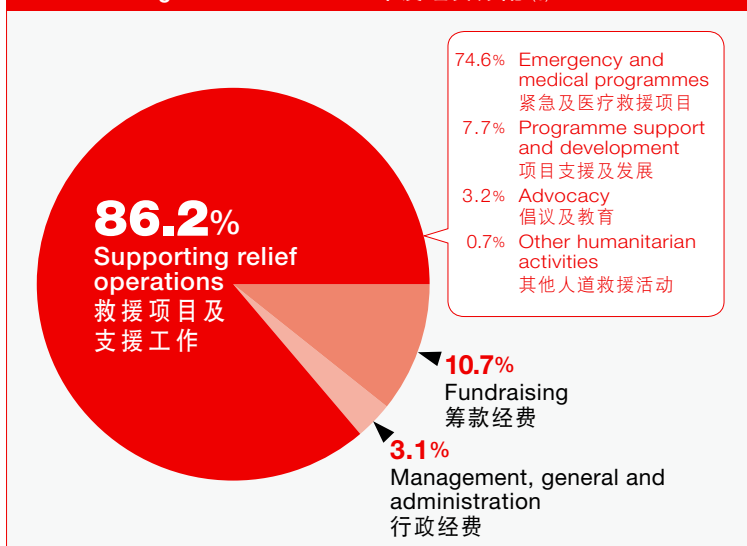
The financial statements of Médecins Sans Frontières - Hong Kong for the year ended 31 December 2014 were audited by KPMG, and approved by the Board of Médecins Sans Frontières - Hong Kong. The full financial statements are available at msf.org.cn

无国界医生(香港)于2014年12月31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 msf.org.cn, 欢迎查阅。

2014 Funding Sources · 2014年度经费来源

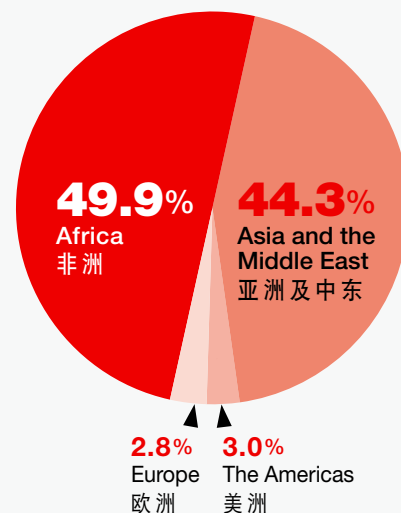


2014 Funding Allocations · 2014年度经费分配 ⁽⁶⁾



2014 Allocation of MSF-Hong Kong Funding for Relief Work by Country(HKD) · 2014年度香港办事处拨予各地区救援工作之款项 (港元)

Country 国家	Funding 拨款	Country 国家	Funding 拨款
Myanmar 缅甸	16,000,000	Libya 利比亚	3,071,412
Democratic Republic of Congo 刚果民主共和国	14,520,067	Nigeria 尼日利亚	3,000,000
Afghanistan 阿富汗	13,504,323	Niger 尼日尔	2,421,729
Pakistan 巴基斯坦	13,038,107	Kenya 肯尼亚	2,165,943
Guinea 几内亚	11,715,801	Syria 叙利亚	2,102,823
South Sudan 南苏丹	6,599,666	Jordan 约旦	2,000,000
Chad 乍得	6,000,000	Egypt 埃及	1,931,462
Zimbabwe 津巴布韦	5,857,615	South Africa 南非	1,776,850
Bangladesh 孟加拉国	5,056,331	Burundi 布隆迪	1,719,292
Papua New Guinea 巴布亚新几内亚	5,000,000	Ukraine 乌克兰	1,704,187
Philippines 菲律宾	4,829,671	Lebanon 黎巴嫩	1,496,274
Haiti 海地	4,696,242	Mauritania 毛里塔尼亚	1,213,994
India 印度	4,566,738	Italy 意大利	1,109,466
Sierra Leone 塞拉利昂	4,037,869	Greece 希腊	666,505
Malawi 马拉维	3,897,830	Bulgaria 保加利亚	653,261
Sudan 苏丹	3,160,048	Cambodia 柬埔寨	566,095
Central African Republic 中非共和国	3,114,283	Liberia 利比里亚	300,959
		Côte d'Ivoire 科特迪瓦	291,307
		Other countries and regions 其他国家和地区 (7)	592,416
TOTAL 总数:		154,378,566	



Africa 非洲	77,039,227
Asia and the Middle East 亚洲及中东	68,321,720
The Americas 美洲	4,696,242
Europe 欧洲	4,321,377

Explanatory Notes on Financial Overview 2014

- (1) All the amount is expressed in Hong Kong dollar.
- (2) 99.9% of donations came from public donations.
- (3) A total of HKD154,378,566 was allocated for emergency and medical programmes in 43 countries. HK\$105,310,153 of funding is transferred to Operational Centre Brussels and then set aside to cover relief expenses in unforeseeable emergencies, and to ensure that projects treating HIV/AIDS patients where adhesiveness is critical can be sustained. Also, HKD143,035 of funding is set aside as international fund for operational research and innovation.
- (4) 86.2% of donations in total went to supporting relief operations.
- (5) Deferred income represents donation fund received and designated for the Ebola emergency in West Africa which are unspent as at 31 December 2014 and expected to be recognised as donation income upon the fund is spent.
- (6) As of 2014, MSF-Hong Kong maintains a "zero reserve" policy: all donations received, after the fundraising and administration expenses, are fully dispensed for supporting relief operations.
- (7) Other countries and regions included Balkans, Palestine, Mozambique, Algeria, Somalia, Iraq, Indonesia and Mali.

2014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154,378,566港元被拨作于43个国家进行紧急及医疗救援项目的经费。105,310,153港元呈交至比利时行动中心，以便为无法预计的紧急灾祸作迅速回应的准备，并确保治疗艾滋病等需要持续进行的项目能得以继续。此外，143,035港元作为支持救援项目研究及创新的国际拨款。
- (4) 86.2%捐款用于救援项目及支援工作。
- (5) 「递延收入」是指因应西非爆发的埃博拉疫情而收到、但截至2014年12月31日为止尚未被使用的指定捐款。该笔款项将在使用后被拨为「公众捐款收入」。
- (6) 截至2014年，无国界医生（香港）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。
- (7) 其他国家和地区包括巴尔干半岛、巴勒斯坦、莫桑比克、阿尔及利亚、索马里、伊拉克、印度尼西亚和马里。

Board of Directors of MSF-Hong Kong · 无国界医生(香港)董事会

President 主席: Dr. Liu Chen-kun 刘镇鲲医生

Vice Presidents 副主席: Dr. Wilson Li 李威仪医生

Treasurer 司库: Leung Sin-man, Gloria 梁倩雯[@]

Directors 成员: Johann Annuar
Adrio Bacchetta
Paul Cawthorne[◇]

Dr. Fan Ning 范宁医生

Lee Seung-ngai 李湘霓^{*}

Hu Yuanqiong 胡元琼^{*}

Dr. Martin John Jarmin III

Chan Kwong-wai 陈广慧[◇]

Pan Yuan 潘渊

Dick van der Tak

^{*} Resigned on 23 August 2014 于2014年8月23日离任

[◇] Appointed on 23 August 2014 于2014年8月23日上任

[@] Appointed on 21 April 2015 于2015年4月21日上任

Advisory Committee of MSF-Hong Kong · 无国界医生(香港)顾问委员会

Members 成员: Dr. Chan Ying-yang, Emily 陈英凝医生 Fong Po-kiu, Francis 方保侨 Lawrence Hui 许卓伦

As of December 2014, the MSF offices in Hong Kong, Guangzhou and Beijing have 47 staff and 39 regular office volunteers who help with office tasks. 截至2014年12月，无国界医生在香港、广州和北京的办事处共有47名职员，另有39名义工定期协助处理日常工作。

MSF-HK Activity Report 2014 is online at msf.org.cn/report

无国界医生(香港)活动报告2014已上载网站 msf.org.cn/report

The Hong Kong branch of Médecins Sans Frontières is incorporated under the Companies Ordinance of Hong Kong as Médecins Sans Frontières (HK) Limited, a company limited by guarantee.

无国界医生在香港的组织是一家根据香港公司条例设立的担保有限公司，名为无国界医生组织(香港)有限公司。

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。

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MSF-Hong Kong Activity Report 2014 online version: 无国界医生(香港)活动报告2014电子版：



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An MSF staff gets ready to enter the high-risk area of the Ebola management centre in Kailahun, Sierra Leone

在塞拉利昂的凯拉洪，无国界医生人员准备进入埃博拉治疗中心的高风险区