# BORDERLINE 無疆

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## 阿富汗醫療護理：
## 掌聲背後的殘酷現實

## AFGHAN HEALTHCARE:
## BRUTAL TRUTH BEHIND THE APPLAUSE

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

無國界醫生（香港）總幹事 卡磊明
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國際社會對阿富汗展開介入至今已經超過12年，多國軍隊及捐助機構正計劃撤出當地，這個國家將要更依賴其脆弱稀少的資源。

無國界醫生於阿富汗工作已超過30年，是當地目前其中一個主要的醫療提供者。儘管國際社會和阿富汗當局均對重建該國醫療系統的成就作出樂觀評價，但我們的研究發現，當地人仍無法獲得足夠醫療護理，很多人道需要亦未得到照顧。這對一般的阿富汗婦女和她的家人而言，又是甚麼意思？

在香港，人們要獲得醫療護理，固然也有一些問題，包括公立醫院候診及手術排期時間長等。在阿富汗，要獲得醫療護理則表示要跨越一些難以逾越的障礙，例如人們要長途跋涉才能去到一間運作正常、有合資格醫療人員及物資的診所，路上要通過多個由不同敵對派系設立的檢查站，而且外出求醫時其安全隨時受到威脅。

談到阿富汗人民無法獲得足夠醫療護理，我們指的是很多阿富汗人在生病時，連有醫生在旁或接受正確的治療也是種奢侈。當地情況令人憂慮，無國界醫生希望國際能將焦點放在阿富汗人正實際面對的問題，以及救助生命的緊急工作之上。

今期《無疆》亦會探討當大型天災如颱風及地震發生，造成大量傷亡後，疫症爆發的實際風險。遇難者的屍體會否危害到倖存者？「前線醫訊」將會從醫學角度澄清這個問題。

我們亦會向你呈現我們在中非共和國目睹的情況。這個小國正深陷一場人道危機之中，各社群因為宗教和種族的緊張關係而反目成仇。「圖片特寫」把當地的危急情況展現眼前。

無國界醫生致力接觸那些被忽略、被遺忘但急需護理的人群，而《無疆》將帶你看到我們的醫療隊伍在全球各地正面對的一些現實情況。我們的救援若要事成，你的幫助和支持始終不可或缺。

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

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

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

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

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

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

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



# 阿富汗醫療護理：掌聲背後的殘酷現實

# AFGHAN HEALTHCARE: BRUTAL TRUTH BEHIND THE APPLAUSE

對於長年深陷戰爭的阿富汗來說，2014年是關鍵一年：新一屆總統選舉於4月舉行，美國及北約部隊亦將於年底前撤出。各界一再聲稱及保證國際社會協助阿富汗重建的工作已有所成，包括在醫療護理方面。不過，無國界醫生早前的調查發現，阿富汗民眾要獲得醫療護理，仍要面對重重挑戰。

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

*©Andrea BRUCE/Noor*

持續的戰爭導致平民遭受槍炮、炸彈和地雷的襲擊。

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

**無國界醫生去年在阿富汗4個地區開展了一項為期6個月的調查，訪問800名病人及其照顧者。結果顯示，五分之一受訪病人去年有親友因缺乏醫療護理而死亡，而被送至無國界醫生醫院的病人中，40%說曾在路上遇到打鬥、地雷、檢查站或騷擾。**

## 醫療護理的障礙

遙遠的路程、動盪的局勢及高昂的費用是人們面對的主要障礙。有12%受訪者稱需要花超過兩小時才能抵達醫院，而一些人因為不敢在晚上出門求醫，唯有整夜照料生病或受傷的親人，希望他們能活到早上，再將他們送往醫院。

此外，多數受訪者的生活貧困，每個家庭每日生活費用僅為一美元，但問及他們最近一次看病所花的費用，平均要近40美元，尚未包括交通、住宿等其他費用，許多人為此而負債，需要變賣僅有的家當。

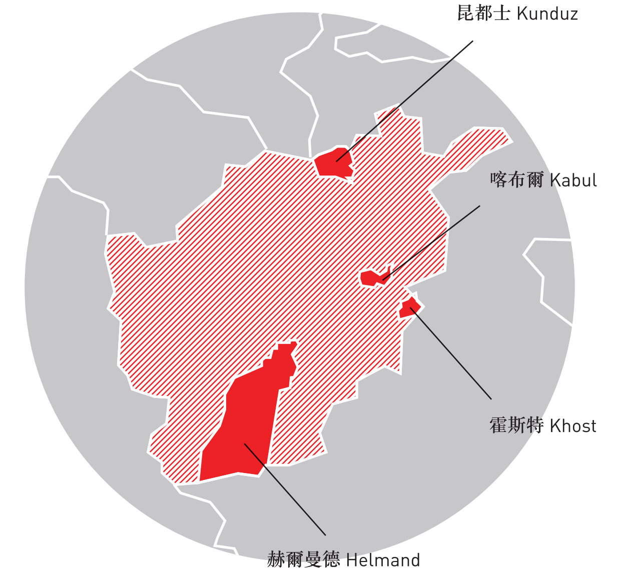
儘管當地一些公立醫院承諾提供免費醫療，但都缺乏具質素的醫療人員、設施和藥物，候診時間冗長，而且轉介系統不濟。赫爾曼德省一名33歲的婦女說：「公立診所每天擠滿病人，卻沒有具質素的醫生能夠提供治療。人們要賄賂醫生才能接受診症，醫生也不關心病人，從早到晚只坐在辦公室裡，等著下班回家。」因此，許多病人寧願多花金錢、冒著巨大的風險地去較遠的私家醫院求醫。但同時，不少受訪者亦曾遇上私家醫生誤診或處方過量藥物的情況，充分說明公營醫療設施提供具質素而病人可負擔服務的需要。

## 人道組織的困境

阿富汗醫療系統至今仍無法滿足民眾需求，原因之一是交戰政府決定在哪裡以及如何提供援助時，往往是基於穩定局勢、反叛亂策略以及「贏取民心」的考慮，而不是醫療需求。受反對派控制及有國際駐軍的地區獲得較多援助，但其他地區則被忽視。

持續不安全的局勢，以及進入衝突地區的限制，亦令包括無國界醫生在內的人道組織難以持續應對人們的醫療需求。曾任無國界醫生阿富汗國家代表的霍夫曼表示，與衝突各方展開協商是在當地工作的唯一方法。他說：「我們透過與交戰各方進行定期、直接且高透明度的溝通，以及確保財政完全獨立於西方及阿富汗政府，爭取空間工作。」

阿富汗多個地區持續處於衝突，救援組織又未能應付日益增加的醫療人道需要，再加上隨著美國撤兵，國際社會對當地興趣減弱，無國界醫生對此感到憂慮。國際捐助機構、援助提供者及阿富汗當局必須作出更多努力，放下民眾需求以外的其他考慮，確保傷病者能獲得不偏不倚的醫療護理。




無國界醫生於1981年開始在阿富汗工作，於2004年曾因安全問題撤離，但於2009年重返當地工作。無國界醫生現時於喀布爾、赫爾曼德、昆都士及霍斯特提供免費醫療護理，共有70名國際救援人員及1,600名當地員工。

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

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

## BARRIERS TO HEALTHCARE

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

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

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

## DIFFICULTIES FACING HUMANITARIAN ORGANISATIONS

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

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

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

“「我花了太多錢醫治女兒，現在已經沒有錢了。我的錢全用在私家診所和交通費上。我們來這裡（布斯特醫院）是因為這裡免費。但她出院後，我們必須住在鄰近醫院的鎮上，每天帶她去做檢查。即使醫療費用全免，我們仍要花許多住宿費用。」
——赫爾曼德省一名39歲的穆拉*

*"I've already paid so much to help my daughter. Now I've run out of money. I spent it all on private doctors or travelling to them. We came here (to Boost hospital) because it's free. Yet when she was discharged we needed to stay here in the town, near the hospital, to bring her for daily follow-up appointments. So, even though the healthcare here is free, it still costs money for me to stay close to it."*
*- A 39-year-old Mullah* from Helmand*

「我們在晚上根本不能隨處走動，否則全都會在路上被殺掉。所以，我們寧願病人快點死去，而不用整晚受苦，待到隔天或在路上才死去。這就是現實。」
——卡皮薩省一名55歲的農夫

*"We can't move at night or all of us would be killed on the road. So, we prefer that they die quickly rather than having to suffer through the night only to die the next day or on the way. This is our reality."*
*- A 50-year-old farmer from Kapisa*

「在我居住的地方只有一個私家醫生，他以前是修理輪胎的，沒有讀過醫科，只有一本很大的普什圖語醫科書。有次我因為頭痛而求診，他竟然叫我自己看書找療法。那根本不是一位醫生！試問他怎能治療病重的人？」
——赫爾曼德省一名22歲的農夫

*"In my area, there's just one private doctor and he used to fix tyres. He didn't study medicine, but has one big medical book in Pashto. When I went to see him with head pains he told me to look up the book myself to find a treatment. That's not a doctor! How can he treat anyone who is seriously sick?"*
*- A 22-year-old farmer from Helmand*”

*即伊斯蘭教師 Muslim teacher

## 阿富汗婦女：艱難的命運
# AFGHAN WOMEN:HARSH FATE

阿富汗是全球婦女生育最危險的地方之一，每10萬宗分娩便有460名孕婦死亡。在香港，這個數字接近零。

Afghanistan is one of the most dangerous places in the world to give birth, with a maternal mortality rate of 460 per 100,000 live births. In Hong Kong, this rate is close to zero. ©Andrea BRUCE/Noor

據統計，阿富汗每42名婦女中，就有一名因懷孕或分娩而死亡，產婦死亡率在全球名列前茅。

造成這情況的首要原因，是阿富汗極其缺乏女性醫療人員，特別是在偏遠地區。許多孕婦不願意接受男性醫療人員的檢查和治療，而且由於安全問題，她們亦不敢出門求醫。在拉什卡爾加的一名居民便說：「我們區內的公立診所中午12時便關門，因此有妊娠併發症的孕婦要等到翌日路況安全後才能求醫。很多孕婦因為來不及到達醫院而死去。」令情況更糟的是，許多地區的孕婦若要前往醫療設施，必須先獲得丈夫准許，並通常要由一名男性親屬陪同。

為降低產婦死亡率，無國界醫生於2012年在霍斯特省開設了一所婦產科醫院，醫護人員全部為女性，提供24小時的免費治療。2013年，無國界醫生在該院協助進行了近1.2萬次分娩。

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

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

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



## 在烏克蘭開展緊急救援項目
# MOUNTED EMERGENCY RESPONSE IN UKRAINE

在2月中，烏克蘭基輔的反政府示威者與警方爆發激烈衝突後，無國界醫生派出一支緊急隊伍支援當地一所醫療設施。組織並提供精神健康支援，以及向其他醫療機構提供及時的捐助。

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

## 於印度開設營養不良深切治療部
# OPENED A MALNUTRITION INTENSIVE CARE UNIT (MICU) IN INDIA

©Alfons RODRIGUEZ/MSF

這個營養不良深切治療部由無國界醫生和衛生部合辦，於3月初開始運作，目的是於比哈爾邦治療病情最複雜的急性嚴重營養不良兒童。這個部門是印度首個同類型項目。

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

## 於幾內亞應對伊波拉疫情
# RESPONDED TO EBOLA EPIDEMICS IN GUINEA

©Kjell Gunnar BERAAS

幾內亞南部於3月爆發伊波拉出血熱疫情，截至4月初共有122宗確診個案，共78人死亡。無國界醫生於發現個案的地區成立隔離部門，並追蹤曾與確診病人接觸的人士，以截斷病毒的傳播鏈。

An outbreak of Ebola haemorrhagic fever was declared in southern Guinea in March. As of early April there were 122 confirmed cases and 78 deaths. MSF set up isolation units in affected areas and traced all contacts of patients to break the chain of transmission of the virus.

## 於墨西哥預防美洲錐蟲病
# STARTED PREVENTION OF CHAGAS IN MEXICO

醫療隊伍將向該國瓦克卡州（Oaxaca）的居民提供美洲錐蟲病診斷及治療，包括為當地醫療人員提供技術支援和培訓，以及設立傳播媒介控制項目，以杜絕當地帶病昆蟲的滋生。

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

# 屍體必引致疫病爆發？WILL DEAD BODIES LEAD TO EPIDEMICS?

於菲律賓風災其中一個重災區吉萬，無國界醫生救援隊清理水井，確保災民有清潔食水供應。

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

前線醫訊
Medical Info

Super typhoon Haiyan ripped through the central Philippines last November, leaving over 6,000 people dead and millions displaced. As in the aftermath of other large scale natural disasters, when people see images of dead bodies in media reports they often worry that unburied corpses can cause disease outbreaks. But is it true?"There is a widespread myth that dead bodies cause the spread of infectious diseases, but actually it is not true," says Dr Natasha REYES, Manager of the Emergency Response Support Unit in MSF-Hong Kong's office, who arrived at the Philippines for the emergency intervention the day after the typhoon hit.

## MYTH AND SCIENCE

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

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

## BIGGEST YET INVISIBLE IMPACT

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

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

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

去年十一月，超級颱風海燕橫掃菲律賓中部，造成超過6,000人死亡，數百萬人無家可歸。一如其他大型天災發生後，從傳媒報道上看到災區一片狼藉和不幸遭殃的災民屍體時，總會有人憂心地說：災區大量屍體沒有被埋葬，隨時導致疫症爆發。但其實，這是否事實？

## 傳說與科學

於海燕吹襲後翌日即抵達菲律賓的無國界醫生（香港）緊急救援支援組經理狄純娜醫生說：「有一個很普遍的迷思認為屍體會導致傳染病傳播，但其實是錯的。」

她續說：「死去或腐爛的人類屍體本身一般不會對健康造成嚴重威脅，除非是屍體內的排泄物流出來污染了水源，或是死者生前染上瘟疫或斑疹傷寒，那麼滋生的虱子便可能會傳播這些疾病。」

正如世界衞生組織的指引*指出，災難中的罹難者多是創傷致死，故其屍體一般對造成疾病爆發的風險不大。反而，災區內的各樣因素如缺乏清潔食水供應、災民棲身處環境擠迫、衛生環境和設施惡劣、當地居民疫苗接種率偏低、醫療服務覆蓋和質素不足、當地的疾病生態如瘧疾、登革熱或其他傳染病的流行性，對災後是否出現傳染病的風險影響更大。

## 最大但看不見的影響

另一方面，屍體對倖存者造成的最大影響，正是肉眼看不見的心理創傷，而那是絕不能忽略的。狄純娜醫生說：「倖存者於災難中已失去了摯愛，目睹很多人喪生。看到屍體，只會令他們更難從災難中恢復過來。」

是次菲律賓風災緊急救援過程裡，有幾個由菲律賓政府率領的組織專門負責處理災區的屍體，而無國界醫生則集中向倖存者提供心理創傷急救和預防措施。風災發生後三個月，無國界醫生向超過2.7萬名災民提供精神健康支援。

重災區塔克洛班市街道旁堆滿屍袋，傳出陣陣惡臭。

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

在吉萬，參與社會心理支援活動的小孩透過繪畫表達他們在風災中經歷的一切。

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

# 中非共和國 持續不斷的暴力事件
# RELENTLESS VIOLENCE IN THE CENTRAL AFRICAN REPUBLIC

30歲的赫蒂徹目睹丈夫和3個孩子中槍和被殺。她的脖子被射中但活了下來。

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

*© Marcus BLEASDALE/VII*

自2013年12月初中非共和國首都班吉爆發殘暴的衝突以來，部族間的暴力事件已席捲全國，激烈程度前所未有。平民被針對襲擊，村莊被焚毀，婦女被強暴，民眾被殺害，所有社群都被捲入這場人道災難之中。

超過120萬人（佔該國人口25%）已經逃離家園。由於該國僅有的醫療設施亦被搶掠和破壞，人們難以獲得醫療護理。全國一半人口現正需要緊急援助。

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

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

*「當我在博祖姆時，我們發現了17名身受槍彈、大砍刀和手榴彈襲擊的傷者，藏匿在一個小院子裡。他們不敢去醫院，怕再次受襲。他們傷勢嚴重，但仍默默坐著，任由傷口不停淌血，可見人們是如此害怕尋求醫療護理。他們默默坐在那裡，已經失去所有希望。」*

*－無國界醫生（國際）主席廖滿嫦醫生，於2014年2月探訪中非共和國救援項目*

*「那天早上，我們乘坐救護車走遍全鎮尋找傷者……在滂沱大雨中，我們看到在車子駛經的街角和大街上，堆起了許多屍體，有些就在友愛醫院的對面被綁起來，遭冷血地殺死，有些則半裸著，彷彿是對路人的一個警告。雨水濺濕了街道，泥土裡混著鮮血……」*

*－無國界醫生於中非共和國班吉的緊急項目統籌坎波斯*

*「我到了市集，回來的時候，有人告訴我住所附近受襲。我和兄長會面，一些鄰舍用貨車載我們一程。在車隊裡，兩架在我們後面的車輛被手榴彈擊中。它們終於到了機場。實在非常可怕，人人都在逃跑，我也跑著搭上飛機。」*

*－18歲的穆罕默德原本計劃與兄長一起逃到乍得，但在班吉機場與兄長失散，之後再沒聽到兄長的消息*

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

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

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

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

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

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

圖片特寫
Photo Feature

**1/**

武裝組織燒毀住著整個家庭的房屋，而且容許人們自由使用大砍刀，狂轟濫殺。

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

*© Marcus BLEASDALE/VII*

**2/**

一名兒童在逃離襲擊期間受傷，傷口受到感染，在博桑戈阿接受治療。

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

*© Marcus BLEASDALE/VII*

**3/**

約3.5萬人正在乍得的南部避難。在距離中非共和國邊境10公里的城鎮比托耶，無國界醫生隊伍進行了一個麻疹、小兒麻痺症及腦膜炎疫苗接種項目。

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

*© Samantha MAURIN/MSF*

**4/**

每當發生激烈衝突，便會有大量傷者湧進無國界醫生的醫院。病人首先會在長椅或地上接受急救，之後會被安排住院或送到外科部門。

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

*© Camille LEPAGE/Polaris*

**5/**

50歲的阿馬杜在寓所前面坐著的時候受到襲擊。他身中4槍並被武裝分子毆打，失去了部分的手掌。他說：「我和孩子都在這裡出生，但如果情況沒有改善，我無法繼續留在這裡。」

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

*© Aurelie LACHANT/MSF*

**6/**

中非共和國難民正等候被送到位於喀麥隆姆博戈奈的中轉營地。

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

*© Laurence HOENIG/MSF*

**7/**

班吉居民活在對武裝組織和報復行為的恐懼當中，超過6萬人聚集在機場附近。

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

*© Juan Carlos TOMASI/MSF*

# 希望，不絕望
# EVERY CLOUD HAS A SILVER LINING

Assalam Alaykum! 這是阿拉伯語的「願平安與你」，是塔吉克斯坦常用的問候語。

記得我還在擔任籌款總監時，結核病對我來說是一個很難和支持者討論的話題。很多捐款人希望看到無國界醫生把捐款用在能帶來即時效果和巨大影響的醫療工作上，如疫苗接種項目。而在他們眼中，結核病，尤其是耐多藥結核病，治療過程則太過漫長，而且非常昂貴。

確實，耐多藥結核病治療需時兩年，而且有很多副作用，感染者要承受很多生理上的不適、疼痛以及情緒上的痛苦。即使很多成人感染者都會因為難以堅持長期治療而選擇放棄，更遑論年輕感染者了。治療過程既漫長又昂貴，病人又可能中途放棄，導致較高的治療失敗機會，那捐款人還能從中看到甚麼希望，繼而願意支持我們呢？

直到我遇上米赫科娜，我的想法有了改變。

在我到達項目後不久，隊伍為一位名為米赫科娜的女孩舉辦了一個簡單但充滿歡樂的派對。米赫科娜是我們的第一個病人，她的病人檔案編號是「001」。兩年前，我們剛開始為她提供治療時，她只有15歲。就像其他年輕人一樣，米赫科娜會上學，會和朋友一起玩樂，喜歡穿好看的衣服，把自己打扮得漂漂亮亮。但當她被診斷出感染耐多藥結核病後，她沒法再上學。其中一種她要注射的藥物令她十分痛楚，其他藥物則令她出現嘔吐和嚴重頭痛，她似乎「病得更嚴重」了。她沒有力氣再打扮自己，事實上，她感到非常痛苦，甚至不想見到任何人。

和其他青少年一樣，她希望以反叛的行為來證明自己，建立自己的個性，所以她和母親吵架，逃避我們的輔導員，嘗試不接受治療……我想，如果我要經歷類似的治療過程的話，我也會做出這些「正常」和「合理」的行為吧。

終於，在無國界醫生的醫生、護士和輔導員，以及她家人的支持下，米赫科娜完成了整整兩年的治療，現在已經完全從耐多藥結核病中痊癒！多麼令人高興！

在她的派對當日，很多其他感染了結核病的孩子來和米赫科娜一同慶祝。他們來見證她的喜悅，更重要的是他們從中知道這可怕的疾病是有希望可以治好的。

Beatrice（中）與無國界醫生塔吉克斯坦項目的首位耐多藥結核病康復者米赫科娜（左）。
Beatrice (middle) with Michkona (left), the first fully cured MDR-TB patient in MSF's programme in Tajikistan. *Photo source: Beatrice LAU*

Assalam Alaykum! Greetings from Tajikistan.

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

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

Until I met Michkona.

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

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

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

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

/ 柳天蕙是來自香港的財務及行政統籌人員，曾先後於尼日爾及海地參與救援任務，曾擔任無國界醫生（香港）籌款總監。她在2013年9月前往塔吉克斯坦擔任項目統籌，為期兩年。

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

/ 無國界醫生和塔吉克斯坦衞生部門於2011年開始兒科結核病項目，在全面應對模式之下，兒童和家人都會接受治療。項目鼓勵以引導痰涎的方法，為疑似感染結核病的兒童進行快速檢測，並希望擴大追蹤密切接觸者的工作，以及推廣兒科藥物配方。

2012年，全球共有45萬人感染耐藥結核病。他們面對的處境和塔吉克斯坦的病人相似，同樣急需更短、更安全和更有效的治療。無國界醫生發起全球簽署《檢測我、治療我》宣言（www.msf.hk/tb），要求有能力為耐藥結核病疫情帶來改變的各國政府、捐助機構、藥廠和政策制定者，從根本改善這個疾病的護理模式。

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

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

耐多藥結核病的療程要求感染者每日服用多達20粒藥丸，而且伴有嘔吐、頭痛、失明、失聰甚至精神病等難以承受的副作用，不少感染者因此中途放棄治療。
The treatment of MDR-TB requires patients to take as many as 20 pills every day with intolerable side effects, including nausea, headache, blindness, deafness and even psychosis, causing many patients to give up treatment. ©*Bruno DE COCK/MSF*

MEDECINS SANS FRONTIERES
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