



**MEDECINS SANS FRONTIERES**

**無國界醫生**

# **MSF Activity Report**

## **活動報告 2014**

# From the President and the Executive Director

## 主席和總幹事的話

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.



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

來自香港的陳健華醫生，在南蘇丹的戈格里亞勒醫院為一名病人檢查

各位朋友：

以「遺棄」來形容2014這一年，着實教人悲哀。史上最大規模的伊波拉疫情席捲西非，然而許多患者落得自生自滅，喪失尊嚴。敘利亞戰事進入第四個年頭，絕望無助的人赫然發現自己慘遭遺忘，無處容身。無國界醫生不得不超越救援行動的極限，應對在世界各地同步出現的緊急狀況。

3月，當伊波拉疫症正式宣告在幾內亞爆發時，無人能預知隨之而來的痛苦程度。直至2014年年底，病毒已奪去近8,000條性命，包括13名無國界醫生的同僚。病例數目開始下降，但疫情仍未結束。

面對最少一半病人會死去、卻苦無療法這個沉痛現實，在2014年，無國界醫生的工作人員，包括23名由香港辦事處派出的救援人員，帶着感染伊波拉病毒的恐懼，緊守崗位。有時，我們沒有足夠醫護人員可確保在安全的情況下照顧大批患者，不得不作出把病人拒諸門外等難以承受的妥協。

毫無疑問，這場疫症跨越國界蔓延之廣是前所未見的，而擁有處理病毒經驗的專家人數亦相當有限。然而，令這些病人失望的主要原因，是國際社會欠缺政治決心對抗病毒。世界衛生組織延誤了數個月才宣佈是次疫情構成「國際關注的突發公共衛生事件」，即使如此，所提供的援助仍舊不足。無國界醫生一度呼籲聯合國成員國給予更多援助，包括動用民間和軍方應對生化威脅的資源。

在敘利亞，數以百萬計的人同樣遭到遺棄，人道組織則無法接觸需要援助的人群。縱使無國界醫生已得到伊斯蘭國的當地指揮官保證救援行動不受阻撓，我們5名國際救援人員仍於1月在敘利亞北部被伊斯蘭國擄走。我們對所有同僚最終獲釋感到寬慰，但擄走一事迫我們撤出伊斯蘭國控制的地區，同時我們也仍然未獲政府許可在政府控制地區工作。無國界醫生隊伍設法為平民提供直接而實質的醫療援助，並支援克盡己任、經常身處險境的敘利亞醫護人員。這些支援即使相當重要，卻遠遠未能滿足敘利亞境內的龐大需求。

過去一年，接近200萬人逃離家園以尋覓安身之所，許多敘利亞人逃到黎巴嫩和約旦，亦有不少人去到經歷着暴力浪潮的伊拉克。炮擊、空襲和打鬥，再度阻礙人們獲得至關重要的醫療人道援助。





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.

這一年，無國界醫生再度面對我們的員工、醫療設施和病人被威脅和襲擊的艱難狀況。2014年組織對中非共和國的醫療援助增加了一倍，可是，我們在博吉拉的醫院遭武裝搶掠，包括我們3名當地員工在內的19人慘被殺害。另有數次，武裝分子強行闖進醫院，我們的員工為免病人受到襲擊，不得不挺身保護。這些不尊重醫療救援任務的事件，同樣發生在南蘇丹。傷病者在病榻上被槍擊，病房遭燒為平地，醫療設備被洗劫一空，更有一次，萊爾整家醫院被徹底摧毀。這一切造成的直接後果，是無數人被剝奪救命的援助。

2014年中旬，以色列與巴勒斯坦之間的戰火重燃，無國界醫生派出一支完整的外科手術隊伍，配以緊急醫療設備，支援當地一家醫院，並向中央藥庫捐贈應急儲備。衝突亦影響烏克蘭，導致醫療物資供應嚴重中斷，甚至完全斷絕。無國界醫生為此大幅增加援助，為戰線兩邊提供足夠治療超過1.3萬名傷者的物資。

除了伊波拉以外，無國界醫生繼續應對結核病和愛滋病，不斷尋方法改善治療方案和護理模式，例如支持抗病毒治療社區支援小組，以及擴大病毒載量檢測的使用。

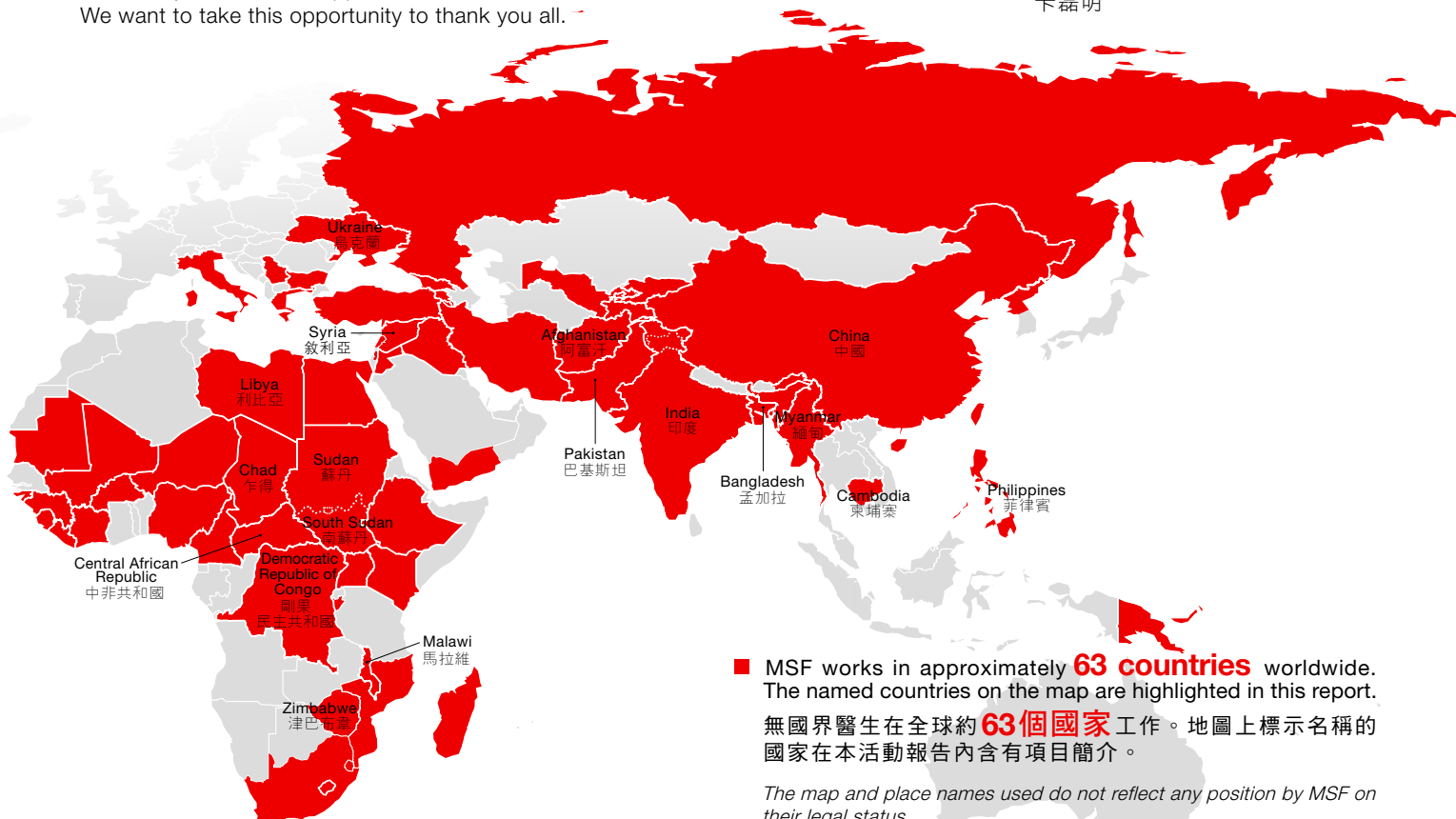
伊波拉危機凸顯了全球的人道援助和醫療系統失效，這些問題存在多年，卻從未如此明顯。不過，對無國界醫生而言，最大的衝擊是全球缺乏領導，和當權者以緘默回應疫情。我們為此發聲，但说到底無國界醫生是個以病人為本的組織，我們的任務是拯救傷病者性命，專注援助最需要的人，而並非檢修全球系統。假若沒有我們在世界各地的支持者和隊伍，無國界醫生根本無法如此運作，請容我們藉此機會向各位衷心道謝！



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The map and place names used do not reflect any position by MSF on their legal status.  
地圖及地名並不反映無國界醫生對其法律地位的立場。

# Projects by Country

## 各地項目



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Porters carry ice boxes to keep vaccines cold during a vaccination campaign in Masisi, DRC  
在剛果民主共和國的馬西西，疫苗接種項目進行期間，挑夫們揹著確保疫苗保持於低溫狀態的冰箱

## Africa

### 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.

## 非洲

### 剛果民主共和國

儘管有指龐大的維和部隊有助穩定局勢，但暴力、恐懼和流徙未有在東部省份減退。無國界醫生繼續於北基伍省、南基伍省、加丹加省和東部省提供基本與專科服務，涵蓋門診和住院治療、手術、生殖和精神健康護理、兒科護理、疫苗接種，和治療營養不良、愛滋病和結核病，並為性暴力受害者提供護理。救援隊亦防止及對抗瘧疾、霍亂和麻疹等疫症爆發。

8月，該國確診首批伊波拉個案，無國界醫生隨即設立兩間治療中心，控制疫情，共有25名患者接受治療，當中13人康復，疫情亦已於11月結束。

4名剛果籍員工於2013年在北基伍省被擄走，其中一人今年終與家人團聚，並重投無國界醫生工作，組織仍然努力尋找其餘3名員工的下落。





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

在中非共和國的姆波科河營地，無國界醫生醫護人員正照顧一名即將轉送往緊急手術的傷者



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

在乍得南部，無國界醫生員工為一名兒童接種麻疹疫苗

## 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.

## 中非共和國

雖然過渡政府已經成立，不過中非共和國仍處於災難性的局勢之中。西部大部分穆斯林人口已逃離該國，另有數千人仍被圍困，擔憂性命不保。然而，部族間的暴力事件以及武裝組織的襲擊影響所有族群，大約43萬人在國內流徙，數以十萬計的人逃難到鄰國。無國界醫生亦不能倖免，3名當地員工在博吉拉醫院被武裝分子殺害。

營養不良、瘧疾、腹瀉、呼吸道感染以及麻疹是主要的健康問題，而流徙者、暴力受害者、孕婦和兒童的需求相當龐大。無國界醫生仍是主要的醫療服務提供者，透過長期與緊急項目，提供從外科手術、婦產健康護理、基本醫療到疫苗接種等全面服務。

## 乍得

為逃避中非共和國的暴力事件，逾20萬人湧到乍得南部避難。無國界醫生於當地提供援助，進行逾3.5萬次診症，並為7,000名兒童接種麻疹疫苗，同時在中非共和國邊境設立流動診所。由於60%的診症均與瘧疾有關，隊伍分發抗瘧疾藥物作為預防策略。

在瓦達伊地區，無國界醫生於6月開始支援阿貝歇醫院的緊急服務，並進行逾900宗大型手術，當中五分之一與暴力事件相關。

為應對今年初的麻疹疫情，無國界醫生聯同衛生部於恩賈梅納的兩所醫院與7所醫療中心，治療共4,500名病人，救援隊亦在馬薩科里為近7萬名兒童接種麻疹疫苗。

## 利比亞

戰事在春季再度爆發，導致數千人流徙，眾多醫護人員倉皇逃難，醫療設施出現物資和藥物短缺。局勢不穩令前往東部地區尤其困難，但無國界醫生仍能捐贈藥物和醫療物資到當地。

利比亞危機令數以千計人逃到歐洲，大部分人由北部海岸的祖瓦拉及周邊地區出發，坐船到歐洲，但很多人在驚濤駭浪中喪生。無國界醫生捐贈衛生物資予當地一個緊急委員會，協助處理沖到岸邊的屍體。

鑒於的黎波里的安全局勢愈趨惡劣，無國界醫生在該市的精神健康項目被迫於12月關閉。



© Marco Longari/AFP PHOTO

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

在馬拉維，一名感染愛滋病的孕婦正接受產前檢查和抗病毒治療評估

## 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

在津巴布韋的喬老喬地區，一名醫護人員向愛滋病人處方抗病毒藥物

## 馬拉維

無國界醫生一直支持該國的醫療系統以增強應對愛滋病的能力，包括在恩桑傑督導政策執行，讓所有感染愛滋病的懷孕和哺乳婦女均開始服用抗病毒藥物，以防止病毒傳染給嬰兒，以及開設項目結合愛滋病與結核病治療。

設於利隆圭和布蘭泰爾兩所監獄內的新項目，為4,400個囚犯和職員檢測及治療愛滋病、結核病和性病，並提供乙型肝炎疫苗接種。另一個專為貨車司機和性工作者提供愛滋病和性病檢測的項目，則在靠近莫桑比克邊境展開。

無國界醫生繼續在喬洛指導當地工作人員提供治療以及病毒載量測試，並於8月起就奇拉祖盧愛滋病項目展開為期4年的移交過程。

## 蘇丹

種種限制阻礙無國界醫生於達爾富爾、南科爾多凡和青尼羅州受衝突影響的地區進行救援，組織設於南科爾多凡的一所醫院亦被炸毀，數以千計亟需援助的人被斷絕醫療人道援助。

在重重限制下，無國界醫生在北達爾富爾的泰維萊爆發衝突期間，提供門診和住院治療服務。在南達爾富爾，由於家園被毀，另有4,000名流離失所者逃難至埃爾塞尼夫營地，救援隊改善供水以及給予醫療援助。組織亦開始於西達爾富爾克倫力的4所醫療中心提供基本醫療護理，並於白尼羅州開設了一間診所，為3萬名南蘇丹難民提供基本醫療服務，每月平均診症4,300次。

## 津巴布韋

近年津巴布韋愛滋病人獲得抗病毒治療的狀況有所改善，但對兒童等弱勢群體而言依然不足。無國界醫生支援衛生部門於首都哈拉雷和其他數個地區，制定綜合護理服務，包括在公營醫療設施增加正接受治療病人的例行病毒載量監測，以及分散診斷和治療服務，以便病人能在住所附近接受醫治。

由於當地人員已經建立了能力，無國界醫生向當局移交位於戈奎北和哈拉雷、旨在分散並改善愛滋病和結核病醫療服務的項目。喬老喬項目亦已移交，項目中有超過10,400人獲得抗病毒藥物，佔該縣85%需要治療的病人。





© Matthias Steinbach

An MSF doctor examines a very weak man in a clinic in Mellut, South Sudan  
在南蘇丹的邁盧特，一名無國界醫生在診所為一名非常虛弱的病人檢查

## 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.

## 南蘇丹

2013年12月於朱巴爆發的戰事迅速蔓延至全國各地，至2014年年底仍有150萬人流離失所。無國界醫生馬上派遣工作人員和醫療物資到影響最嚴重的地點，同時竭力維持衝突爆發前已設立的救援項目的運作。項目遍佈9個州份，數目由13個增加至逾20個。

此外，醫療服務遭受襲擊，數以十萬計的人因而被剝奪救命的援助。在聯合州的萊爾，無國界醫生支援的醫院被搶掠焚毀。組織的工作人員目睹了上尼羅州馬拉卡勒武裝襲擊和衝突的恐怖後果——病人於教學醫院內被謀殺。聯合州首府本提烏發生衝突後，避難至醫院的人亦慘遭殺害。

救援隊繼續在各個診所和醫院提供基本與專科醫療服務，包括外科手術、婦產科和兒童健康護理，以及治療營養不良、瘧疾、愛滋病、結核病和內臟利什曼病（黑熱病），並進行疫苗接種。

在5月，朱巴宣布爆發霍亂。無國界醫生開設和運作5間治療中心和3個口服補液站，同時在朱巴教學醫院提供技術支援。隊伍亦在數個州份應對規模較小的爆發，包括東赤道州和上尼羅州。





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An injured man is being led by a relative at the Kunduz Trauma Centre in northern Afghanistan  
一名傷者在家人帶領下來到阿富汗北部的昆都士創傷中心

## Asia

## 亞洲

### 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.

### 阿富汗

在阿富汗，獲得基本和緊急醫療護理仍受嚴重限制，服務亦未能滿足日益增加的需求。無國界醫生發表報告，揭示大部分病人因局勢不安全、路途遙遠和費用昂貴而無法得到至關重要的醫療援助。

無國界醫生在喀布爾以西的達什特巴爾切醫院開設婦產科部門，為有妊娠併發症的孕婦和病重的新生兒提供免費的24小時護理。

為應對數以萬計逃避軍事攻勢而來的巴基斯坦難民，無國界醫生於7月至9月在霍斯特省一個難民營提供麻疹疫苗接種和醫療診症，其後將這些工作移交至其他組織。

無國界醫生擴建了昆都士創傷中心的深切治療部，增加病床，救援隊共治療逾2.2萬人，並進行6,000次外科手術；組織在赫爾曼德省支援的布斯醫院亦擴建了產科病房，增加應付能力。

### 中國

中緬邊境地區注射吸毒者患上愛滋病、愛滋病及結核病雙重感染，或愛滋病及丙型肝炎雙重感染的人數眾多。應中國非政府組織「中國愛之關懷」的請求，無國界醫生於2011年起支持雲南省姐告鎮的一家診所。兩年後，無國界醫生開始為該組織提供技術支援，改善愛滋病患者的臨床治療。由於「中國愛之關懷」目標轉變，加上衛生部門開始治療愛滋病及丙型肝炎雙重感染者等原因，雙方的合作於2014年4月結束。無國界醫生於同年停止在中國進行醫療項目。





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

無國界醫生隊伍在柬埔寨特本克蒙縣的市集派發單張，介紹結核病主動病例檢測項目



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

無國界醫生於印度的比哈爾邦治療營養不良兒童，組織自2009年起已在當地工作

## 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

數十年來，為逃避在緬甸的暴力和迫害而來到孟加拉的無證羅興亞人，在孟加拉同樣遭受歧視，被排斥於醫療系統之外。在科克斯巴扎爾區的庫圖巴朗臨時營地，無國界醫生繼續為難民和當地社群提供基本和緊急醫療護理、住院服務以及結核病治療。

在首都達卡的坎蘭格查和赫扎里巴克貧民窟，無國界醫生到訪工廠和皮革廠，為工人進行逾4,450次門診診症。救援隊亦為年輕少女提供性與生殖健康護理服務，以及為性暴力和家庭暴力受害者提供醫療和心理援助。

無國界醫生在吉大港山區班多爾班的偏遠地區，支援衛生部應對瘧疾疫情。救援隊坐船以及徒步穿越叢林，於3個月的行動中治療逾2,280名患者。

## 柬埔寨

無國界醫生繼續在柬埔寨，為瘧疾和結核病這兩大主要健康問題提供治療。

以青蒿素為基礎的藥物是目前最有效的抗瘧疾治療，但已確認到有地區對青蒿素呈耐藥性。無國界醫生在柏威夏省23條村莊進行了初步調查，其後進行主動病例檢測和健康推廣，準備開展以特定治療方案消除耐藥瘧疾的項目。

除了磅湛的結核病綜合護理項目以外，無國界醫生亦於特本克蒙縣完成第一階段的主動病例檢測，為所有55歲以上的高危人群進行篩檢，於4,900人中有140人證實患有結核病，另一輪主動病例檢測於10月展開。

## 印度

在比哈爾邦，無國界醫生為嚴重營養不良的兒童提供每周一次的門診治療。在達爾彭加醫學院附屬醫院內運作的營養不良深切治療中心，更是印度首家同類型的中心。

為達到2015年消除黑熱病的目標，政府於10月通過採用一款單劑量的一線療程。這一政策改變，是在無國界醫生提供比哈爾邦試點項目的數據並持續倡議後作出的。

無國界醫生在孟買和曼尼普爾邦繼續醫治愛滋病和結核病。其中，在曼尼普爾邦，除了運作愛滋病和結核病診所，救援隊更與當地的非政府組織合作，提供住院治療予愛滋病人。在克什米爾，無國界醫生製作電影劇集以提高公眾對精神健康問題的認識和關注。



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

在緬甸的土瓦，項目尚未引入口服藥丸前，一名無國界醫生正進行巨細胞病毒性視網膜炎注射治療

## 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.



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

一名無國界醫生的護士在巴基斯坦的傑曼量度病人的血壓

## 緬甸

無國界醫生在若開邦北部和東部24個國內流離失所者營地和偏遠村落，多年來為極度脆弱社群提供基本醫療服務的項目，於2月被當局叫停。救援工作於12月中恢復，隊伍在不足一個月內進行逾3,400次診症。當地項目截至2014年底仍未能全面重開。

無國界醫生在緬甸的愛滋病護理服務，向全國7萬名接受治療的患者當中逾半的人提供抗病毒藥物。位於仰光永盛鎮新裝修的診所，是該國最大型的同類診所，治療一萬名愛滋病與結核病患者。經過多年的價格談判，無國界醫生開始於土瓦提供日服一顆的口服藥丸以取代直接眼球注射，治療巨細胞病毒性視網膜炎這種導致失明的愛滋病機會性感染。

在4月揮霍邦北部和克欽邦再度爆發衝突期間，無國界醫生設立流動醫療診所協助流徙者。

## 巴基斯坦

巴基斯坦的婦女和兒童尤其難以獲得醫療護理，無國界醫生繼續在發展最落後的俾路支省提供醫療服務，並以母嬰健康為重點。在該省東部，無國界醫生專注治療營養不良，同時在德拉穆拉賈馬里地區醫院為新生幼兒和兒童提供專科護理。

在該國西北部，無國界醫生繼續支援在蒂默加拉和亨古的醫院，並在白沙瓦運作一所有35張病床的婦產科醫院。在部份部落地區，救援隊則為流離失所和脆弱社群提供醫療護理。

## 菲律賓

無國界醫生繼續支援受颱風海燕影響的社群。在萊特島，當地服務重新恢復運作，因此無國界醫生關閉臨時醫院，但維持運作一個心理健康項目。無國界醫生亦在帕洛一間省級醫院的產科、新生兒科和外科提供人力資源支援，並確保藥品和醫療物資的供應。

無國界醫生開始修復在萊特島和薩馬省東部一所醫院和另外兩所醫療設施，預計於2015年完成。在薩馬島吉萬，無國界醫生在帳篷醫院治療病人，直至一所半永久性的醫療設施落成。救援隊協助轉移病人到新的醫院，並移交項目予省衛生部。





© Julie Remy

A child with her mother are in a therapy session in Donetsk, eastern Ukraine  
在烏克蘭東部的頓涅茨克，一名女童和她的母親正接受輔導

## 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.

## 歐洲

### 烏克蘭

在烏克蘭東部爆發激烈衝突期間，逾60萬人流離失所，一萬人受傷。當地的醫護人員面臨嚴峻的醫療物資短缺，無國界醫生向戰線兩邊的醫院捐贈藥品和物資，亦為流徙者分發救援物資。

烏克蘭政府撤銷在反對派控制地區的社會服務，尤其阻礙殘障人士和長者獲得醫療護理。無國界醫生加強其醫療支援，以涵蓋患糖尿病等長期病患者。組織的心理學家進行精神健康輔導，同時培訓當地的醫護與精神健康人員，提升他們的技能以及避免過勞。

在衝突期間，無國界醫生竭力維持於頓涅茨克地區監獄裡耐藥結核病項目的運作，為患者提供支援，以免治療中斷。

## 中東

### 敘利亞

在一月，伊斯蘭國擄走13名無國界醫生的工作人員，8名敘利亞籍同事不久後獲釋，但5名國際救援人員被挾持長達5個月。無國界醫生撤走其國際救援隊伍，並關閉位於伊斯蘭國控制地區的一所醫院與兩家醫療中心。

儘管進入敘利亞的限制越來越多，無國界醫生於一些北部省份繼續其醫療設施的運作，並進行流動診所和疫苗接種項目。組織支援逾百所分佈於敘利亞邊境與6個省份的醫療設施。它們分別位處受政府和反對派控制、但無國界醫生救援隊無法到達的地區。

逾半的敘利亞人口或在國內流徙，或逃難至毗鄰的黎巴嫩、伊拉克、土耳其和約旦，無國界醫生在這些國家為難民和當地社群提供醫療人道援助。

# SURVIVING EBOLA 苦戰伊波拉

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，伊波拉病毒席捲利比里亞、幾內亞和塞拉利昂，地域分佈之廣前所未見。3月22日伊波拉疫症確認爆發，其後迅速演變成史上最大規模的疫情。無國界醫生展開史無前例的應對工作，派出數千名工作人員，治療西非三分之一的確診患者。

即使無國界醫生一早敲響警號要求協助，但面對「全球不行動同盟」，救援隊苦戰疫情數個月，甚至於9月在聯合國發出罕有呼籲，要求國際社會動用民間和軍方應對生化威脅的醫療資源。

直至2014年年底，伊波拉個案開始減少，但疫情未見結束。無國界醫生救援隊繼續運作伊波拉治療中心，並轉移救援重點至填補外展工作的不足，如疫情監測、追蹤曾接觸伊波拉患者的人士以及動員社會力量以對抗疫情。

**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.

**幾內亞當局宣佈伊波拉疫症爆發**，無國界醫生馬上派出33噸專門設備以及24名富經驗的救援人員到當地。



In Monrovia, Liberia, a sprayer with the MSF burial team disinfects a house before the rest of the team goes inside  
在利比里亞的蒙羅維亞，無國界醫生埋葬隊的噴霧員率先消毒房子，才讓其他隊員進入

**31 March**  
**3月31日**

**Liberia** reports two confirmed cases.  
**利比里亞**通報兩宗確診病例。

**26 May**  
**5月26日**

WHO reports the first cases and deaths in **Sierra Leone**.  
世界衛生組織通報**塞拉利昂**首宗確診病例和死亡個案。



Two MSF medical staff are bringing a patient suspected of having Ebola to the management centre in Kailahun, Sierra Leone  
在塞拉利昂的凱拉洪，兩名無國界醫生醫護人員將一名疑似感染伊波拉的病人送入治療中心





© 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  
護士正在塞拉利昂凱拉洪伊波拉治療中心的高風險區，照顧一名懷疑感染伊波拉的病人

**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.

無國界醫生指出這場有史以來最嚴峻的疫情「**失控**」，呼籲投放大量資源應對。

**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.

**兩名善普施的國際救援人員感染伊波拉**，被送返美國接受治療，兩人於同月21日宣佈痊癒。

**8 August**  
**8月8日**

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

世界衛生組織宣佈是次疫情構成「**國際關注的突發公共衛生事件**」。



© Caroline Van Nespen/MSF

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

在利比里亞的蒙羅維亞，無國界醫生工作人員先用氯溶液消毒屍袋，再於火葬場焚燒，避免病毒擴散





© Sylvain Cherkaoui/Cosmos

An MSF staff puts on his Personal Protective Equipment (PPE) before entering the high-risk areas in Kono, Liberia, as an MSF medical worker enters the high-risk area before wearing personal protective equipment

**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.

無國界醫生（國際）主席廖滿娣醫生向聯合國成員國發言，警告全球正**「抗疫失敗」**，呼籲所有具備應對生化災難能力的國家派遣民用和軍用醫療資源，協助西非抗疫。

**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.

無國界醫生的利比里亞醫生助理奈曼向聯合國安全理事會作簡報，指出組織的救援行動已達極限，呼籲國際援助。翌日，聯合國秘書長宣佈成立**聯合國伊波拉應急特派團 (UNMEER)**，是聯合國首個醫療特派團。



© Morgana Wingard

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

無國界醫生利比里亞醫生助理奈曼向聯合國安全理事會作簡報

**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"**.

無國界醫生在利比里亞蒙羅維亞派發家居保障和消毒用具，保護那些曾經接觸伊波拉患者、卻未獲即時送往治療中心的人士。無國界醫生稱之為**「應對史無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

「雖然來到2015年年中，伊波拉感染者人數已比去年高峰期大幅減少，但疫症絕對還未結束。我們不能在這關鍵時刻離棄西非。國際社會需要堅持甚至加大力度以對抗伊波拉。」——狄純娜醫生，於2014年10月至11月期間擔任利比里亞醫療統籌



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

在利比里亞蒙羅維亞的ELWA 3伊波拉治療中心，一位75歲的病人聽到自己已康復並即將出院的消息後，興奮得高舉雙手

**25 October**  
**10月25日**

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

無國界醫生開始在利比里亞的蒙羅維亞，**分發抗瘧疾藥物**。



People are waiting for distribution of protection and disinfection kits in Monrovia, Liberia  
在利比里亞蒙羅維亞，居民輪候家居保障和消毒用具分發

**13 November**  
**11月13日**

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

無國界醫生宣佈在西非其中三間治療中心展開**伊波拉治療臨床測試**。

**By the end of December**  
**截至12月底**

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

世界衛生組織錄得**20,206宗確診個案**，**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

「社區裡對伊波拉感染者和康復者的歧視，往往比疾病本身更能害人。這些傷害非肉眼所能見，卻能滲透整個社區，令他們的復康之路比想像中更漫長。」

——趙卓邦，於2014年11月至12月期間在利比里亞參與伊波拉救援項目

# Worldwide Operations Highlights

## 全球前線工作概要

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

以下是無國界醫生於2014年在全球進行救援工作的概要：

Conducted  
進行 **8,250,700**  
outpatient consultations  
次門診診症



Haiti 海地 © Diana Zeyneb Alhindawi

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



South Sudan 南蘇丹 © Petterik Wiggers/MSF

Admitted  
接收 **217,900**  
severely malnourished children to inpatient or  
outpatient feeding programmes  
名嚴重營養不良兒童入院或到門診營養治療項目

Treated  
治療 **2,114,900**  
malaria cases  
宗瘧疾個案

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  
人到位於三個主要西非國家的伊波拉治  
療中心，當中4,700人確診患上伊波拉

Discharged  
治療 **2,200** recovered patients from Ebola  
名伊波拉患者

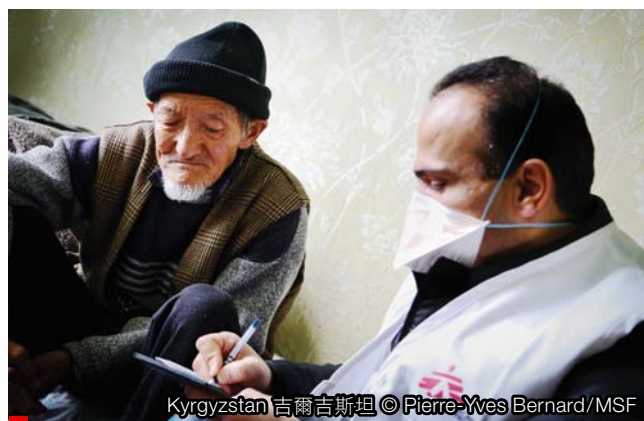
Registered  
登記 **229,900**  
HIV patients under care at end 2014  
名愛滋病毒感染者接受護理(至2014年底)



Uganda 烏干達 © Isabel Corthier

Treated  
給予 **218,400**  
HIV patients with first-line antiretroviral treatment at  
end 2014  
名病人抗愛滋病毒第一線藥物治療(至2014年底)

Treated  
給予 **8,100** patients of first-line failure with second-  
line antiretroviral treatment at end 2014  
名第一線治療失敗的病人抗愛滋病毒  
第二線藥物治療(至2014年底)



Kyrgyzstan 吉爾吉斯斯坦 © Pierre-Yves Bernard/MSF

Admitted  
接收 **21,500**  
patients to tuberculosis first-line treatment  
名病人在2014年開始接受結核病第一線治療

Admitted  
接收 **1,800** Admitted 1,800 patients to multidrug-  
resistant tuberculosis treatment with  
second-line drugs  
名病人在2014年開始以第二線藥物  
進行耐多藥結核病治療





Central African Republic 中非共和國 © Ton Koene

Performed 進行 **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術，包括產科手術



Burundi 布隆迪  
© Martina Bucigalupo

Assisted 協助 **194,400** women to deliver babies, including caesarean sections  
名婦女分娩，包括剖腹生產

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

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



Mozambique 莫桑比克 © Luca Sola

Treated 治療 **46,900** people for cholera  
名霍亂病人



Columbia 哥倫比亞 © Anna Surinyach/MSF

Conducted 進行 **32,700** group counselling or mental health sessions  
次小組輔導或精神健康支援

Conducted 進行 **185,700** individual mental health consultations  
次個人精神健康輔導



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

Vaccinated 為 **1,513,700** people against measles in response to an outbreak  
人接種麻疹疫苗以應對疫症爆發



# To the Field

## 香港派出的前線救援人員



## Medical Doctors

### 醫生

Name 姓名 # Country of Residence 來自

- 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 林振錫 **SG**
- 20 \* Ma Minwu 馬敏吾 **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 黃寶妃 **MY**
- 31 Husni Mubarak Zainal **ID**
- 32 Zou Wei 鄒緯 **CN**









## 有興趣加入 無國界醫生 行列?

無國界醫生經常招募積極並具有專業能力的醫療或非醫療人員，派他們到全球不同的項目進行救援工作。詳情請瀏覽 [msf.hk/fieldwork](http://msf.hk/fieldwork)



## Midwives 助產士

68 Cherry Agustin **PH**

69 Darwin Diaz **PH**

## Laboratory Technicians 化驗室技術員

70 Anthony Arcega **PH**

71 \*Genevieve Cervantes **PH**

72 Gay Heyres **PH**

## Pharmacists 藥劑師

73 Cheryl Armecin **SG**

74 Chee Hiu-fung 池曉楓 **HK**

75 Syed Shaukat Ali Muttaqi Shah **PK**

76 Alvin Teo 張國靖 **MY**

## Logisticians 後勤人員

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 劉曉靜 **HK**

87 Leung Hon-Zoen, Eric 梁瀚臻 **HK**

88 \*Mak Chun-hei, Jude 麥晉曦 **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 / 財務人員

- 97** Chai Xi 柴溪 **CN**
- 98** Cheong Ah-fong 張雅芳 **SG**
- 99** Cheng Chiao-yu 鄭巧鈺 **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 陳杰俐 **MY**
- 107** \* Karolina Rita Wulandari **ID**

## Coordinators 統籌人員

- 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 鄧貝芬 **HK**
- 128** \* Xu Weibing 徐衛兵 **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 縮寫

| **CN** China 中國 | **HK** Hong Kong 香港 | **KH** Cambodia 柬埔寨 | **ID** Indonesia 印尼 | **MY** Malaysia 馬來西亞 | **MM** Myanmar 緬甸 | **PK** Pakistan 巴基斯坦 |  
| **PH** Philippines 菲律賓 | **SG** Singapore 新加坡 | **TW** Taiwan 台灣 | **TH** Thailand 泰國 |

\* 沒有照片 No photo

上述救援人員於2014年出發，前往以下國家或地區參與救援工作：阿富汗、亞美尼亞、孟加拉、布隆迪、中非共和國、剛果民主共和國、埃塞俄比亞、幾內亞、海地、印度、伊拉克、黎巴嫩、利比里亞、利比亞、馬拉維、莫桑比克、緬甸、尼日利亞、巴基斯坦、巴布亞新幾內亞、菲律賓、塞拉利昂、南非、南蘇丹、蘇丹、斯威士蘭、敘利亞、塔吉克斯坦、烏克蘭、烏茲別克、也門及津巴布韋。

以上的統籌人員包括項目總管、項目統籌、財務統籌、人力事務統籌、後勤統籌、醫療統籌及物資供應統籌。



# Activities Overview in Hong Kong, Mainland China and Asia

## 香港、中國內地及亞洲活動概覽



The large-scale outdoor exhibition Emergency Assignment was held in Edinburgh Place, Central in November  
大型戶外展覽《穿梭救援間》於11月在中環愛丁堡廣場舉行

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.

為應對有史以來最大規模的伊波拉疫情，無國界醫生大規模動員，為數千名患者提供護理以及協助控制疫情。無國界醫生（香港）共派出23名醫療和非醫療專業人士，包括駐守香港辦事處的緊急救援支援組經理，加入在西非的救援隊共同抗疫。全賴捐款人一直以來的支持，我們可以第一時間將人員和物資派送當地，另收集到一千萬港元捐款加強我們在受疫情影響國家的救援工作。

作為無國界醫生經驗交流工作的一部分，無國界醫生（香港）及其中國內地的代表協助我們的救援隊與中國疾病預防控制中心及相關單位與組織，在伊波拉肆虐的國家進行會面及疫情防控經驗交流。駐華醫療代表亦在中美新發和再發傳染病合作項目專案年會上，就組織防控伊波拉經驗做主題發言。

與此同時，香港辦事處積極與我們的支持者分享組織如何應對這場前所未見的疫情，以及其他緊急狀況。我們舉辦了互動展覽《穿梭救援間》，透過圖片、故事和緊急救援項目真實使用的物品，包括救援人員進入伊波拉治療中心必須穿上的全套保護裝備，把前線救援行動呈現參觀者眼前。這個展覽於10月至11月期間在全港5個地點巡迴展出，共吸引了超過5千名參觀者。





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

在長洲舉辦的第13屆無國界醫生野外定向比賽，參加人數和籌得款項均打破紀錄

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

在中美新發和再發傳染病合作項目病專案年會，無國界醫生駐華醫療代表就組織防控伊波拉經驗作主題發言

這一年，無國界醫生（香港）對組織全球醫療人道救援行動的貢獻，並不止於對抗伊波拉。香港辦事處共派出了救援人員172人次（包括上述23人），參與在敘利亞、南蘇丹、中非共和國以及其他地方的人道救援任務。其中，有38人次為首次參與救援行動的人員，另有36人次被派出任統籌或醫療隊長的崗位，我們又在亞洲區招募了59名專業人員，投身人道救援工作。此外，第7屆外科訓練亦在香港順利舉行，為來自世界各地的參加者提供培訓。

無國界醫生必須超越極限，同一時間應對多個緊急狀況，我們衷心感謝支持者慷慨解囊，使組織能夠提供至關重要的醫療和人道援助。無國界醫生（香港）於年內共籌得逾3.4億港元，其中超過99%來自私人捐款。穩定而持續的收入尤其讓我們的救援隊能夠迅速行動，這一年間，我們招募了超過2.6萬名新加入的「無國界醫生救援伙伴」，每月定期捐款支持我們的工作。

無國界醫生（香港）並加強了網上捐款平台，網上錄得超過2.5萬次單次捐款。組織將繼續探索方便捐款的辦法，務求與我們的支持者聯手為處於危困中的人提供必不可少的援助。

2014年亦標誌着無國界醫生（香港）成立20年。透過14位救援人員、義工、支持者和朋友細說他們的故事，《貳拾成仁》系列對像他們一樣的市民大眾於過去20年的貢獻作出肯定，並呼籲香港社會繼續支持無國界醫生的工作，致力減輕世界各地人群的痛苦。

一如既往，熱心的市民透過參與不同活動支持無國界醫生。香港辦事處於3月假長洲舉辦了第13屆無國界醫生野外定向比賽，有逾3,200名賽員參加，籌得超過500萬港元，參加人數和籌得款項均打破了活動的紀錄。當日賽事中心以菲律賓颶風海燕緊急救援行動為藍本，設置了模擬手術室和流動診所，讓賽員體驗無國界醫生救傷扶危的工作。



Creative sand painting during the I Love MSF campaign in Guangzhou allowed participants to imagine the front line of medical humanitarian aid in廣州舉行的「我愛 MSF」活動，創意沙畫表演讓參觀者想像救援前線的情況



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

無國界醫生地區人道事務代表向菲律賓公眾介紹重大緊急事件如何塑造和確立今日的無國界醫生

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.

一年一度於7月7日舉行的「無國界醫生日」籌款活動上，榮譽大使陳豪呼籲公眾捐出一日人工，支持無國界醫生。活動共籌得超過530萬，較2013年增加40%，為歷年之冠。

無國界醫生繼續履行承諾，發展在內地的工作。無國界醫生國際以及內地的代表與有關當局，以及阿富汗、塞拉利昂和南蘇丹的駐華大使館會面，就亞洲和非洲地區的醫療和緊急援助交流意見。內地代表亦連同組織的救援行動經理以及人道事務顧問，在北京、金華和上海與智庫和學者進行一輪的會面，藉以提高在剛果民主共和國反復出現的緊急狀況的關注。代表亦參加由中國國際問題研究所、上海國際問題研究所和北京大學非洲研究中心舉辦的會議，以及由國家行政學院舉辦的应急管理國際研討會。

為增進與公眾的互動，無國界醫生在內地舉辦「我愛 MSF」活動，分別於北京和廣州舉行圖片展、救援人員分享會以及創意沙畫表演。揭示在衝突地方進行救援情況的紀錄片《深入危城》，則入選2014年中國國際（廣州）紀錄片節，在北京和成都展映。

這一年，無國界醫生（香港）的行動支援組重點支持組織加強在東南亞的救援行動，行動支援組透過倡議、研究、代表工作和開展評估任務，協助組織了解亞洲區的需要、設計項目以滿足這些需要，以及支援組織設立救援項目。

無國界醫生（香港）並繼續致力加強與鄰近地區民間社會的聯繫，於去年4月在菲律賓馬尼拉舉辦了組織在當地首個公眾活動——《救援背後》圖片展及電影放映會，展示重大緊急事件如何塑造和確立今日的無國界醫生，活動亦介紹了組織應對颱風海燕的緊急救援行動。



# Acknowledgements

## 鳴謝

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.

無國界醫生衷心感謝所有捐款人以及下列機構、團體、學校、大專院校和辦事處義工對我們的支持。

### Corporations

#### 機構

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  
千絲紡  
北京亞杰登記註冊代理事務所  
北京庫布里克書店／咖啡店  
君合律師事務所  
岡本（香港）有限公司  
香港卓爾食品公司  
陳文洲水果有限公司  
通城鐘錶有限公司  
麥合天城（北京）國際廣告有限公司  
維他奶國際集團有限公司  
德青源（香港）有限公司  
德國羅德律師事務所駐廣州代表處

### Foundations / Funding bodies

#### 資助基金

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

### Medical institutions

#### 醫療機構

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

#### 社區團體及協會

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  
長洲鄉事委員會  
青進野外定向會  
香港少年領袖團  
香港定向人有限公司  
香港定向總會  
香港家庭定向會

香港野外定向會  
香港聖約翰救護機構  
香港懲教署愛群義工團  
新方向定向會

### Schools / Tertiary Institutions

#### 學校及大專院校

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 Ko Pan Memorial  
Foundation Ma Ko Pan Memorial  
College

### The University of Hong Kong

天主教南華中學  
佛教慧因法師紀念中學

### Office Volunteers

#### 辦事處義工

Naz Bagherzadeh	唐鎮浩
Ilaria Ghelardoni	梁聿彤
Margaret Glasspool	梁信彥
Aneta Kanturkova	梁紫熒
Lun Wing-yu, Nolan	梁慧玲
王俏芳	游俊威
王威理	馮海翔
汪 劉	馮維強
吳少蘭	葉麗梅
何玉薇	劉月明
何榮德	劉祉君
林玉儀	劉曼璇
周漢明	劉鳳珍
姚 丹	蔡奕玲
陳永安	龍鎮華
陳佩珊	閻鑫蘭
陳淑賢	羅小璐
翁希筠	蘇啟豪
凌怡麗	蘇康婷
連嘉琪	

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

上述辦事處義工於2014年服務36小時或以上，我們亦感謝其他義工於過去一年提供的寶貴協助。

## 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

## 我們需要你的支持！

若想幫助我們救助更多生命，你可考慮以下方法：

- 成為前線救援人員或辦事處義工
- 單次捐款 / 成為每月捐款者
- 捐贈保單及遺產
- 開設網上籌款專頁為無國界醫生籌款
- 鼓勵企業舉辦無國界醫生講座
- 鼓勵學校舉辦無國界醫生教育講座及活動

# MSF-Hong Kong Financial Overview 2014

## 無國界醫生香港辦事處 2014 年度財政概覽 <sup>(1)</sup>

	2014	2013
<b>INCOME 收入</b>		
Donations from the public 公眾捐款	348,256,414	292,154,290
Other income 其他收入	89,393	31,293
<b>TOTAL 總數:</b>	<b>348,345,807 <sup>(2)</sup></b>	<b>292,185,583</b>
<b>EXPENDITURE 支出</b>		
Supporting relief operations 救援項目及支援工作		
Emergency and medical programmes 緊急及醫療救援項目	259,831,754 <sup>(3)</sup>	217,897,008
Programme support and development 項目支援及發展	26,948,448	26,940,168
Advocacy 倡議及教育	11,147,289	9,134,932
Other humanitarian activities 其他人道救援活動	2,312,238	2,225,657
<b>Total supporting relief operations 救援項目工作總開支</b>	<b>300,239,729 <sup>(4)</sup></b>	<b>256,197,765</b>
Management, general and administration 行政經費	10,805,437	9,676,554
Fundraising 籌款經費	37,300,641	26,311,264
<b>TOTAL 總數:</b>	<b>348,345,807</b>	<b>292,185,583</b>

### Balance Sheet as at 31<sup>st</sup> December 2014

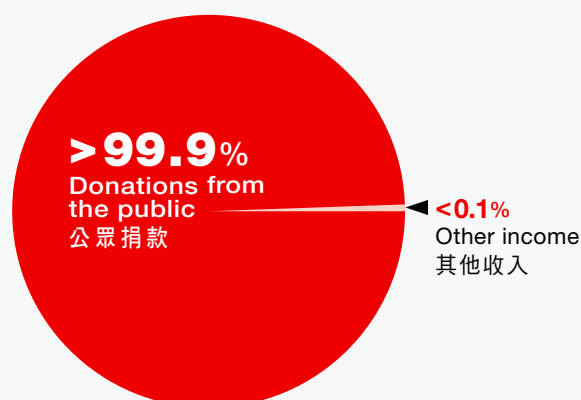
#### 截至2014年12月31日止年度的資產負債表

	2014	2013
<b>Fixed Assets 固定資產</b>	<b>821,405</b>	<b>114,019</b>
<b>Current Assets 流動資產</b>		
Sundry debtors and receivables 雜項應收帳款及應收費用	25,392	69,946
Prepayments and deposits 預付費用及押金	1,625,391	1,590,540
Amount due from other MSF offices 應收其他無國界醫生辦事處之帳款	2,428,903	2,486,888
Cash and bank balances 現金及銀行結餘	25,510,186	32,293,466
	<b>29,589,872</b>	<b>36,440,840</b>
<b>Current Liabilities 流動負債</b>		
Sundry creditors and accruals 應付帳款及應計費用	4,152,552	4,125,433
Deferred income 遞延收入	1,199,684 <sup>(5)</sup>	5,726,973
Amount due to other MSF offices 應付其他無國界醫生辦事處之帳款	25,059,041	26,702,453
	<b>30,411,277</b>	<b>36,554,859</b>
<b>Net Current Liabilities 淨流動負債</b>	<b>(821,405)</b>	<b>(114,019)</b>
	<b>0</b>	<b>0</b>
<b>Fund Balances 資金餘額</b>		
Accumulated funds 累積資金	<b>0 <sup>(6)</sup></b>	<b>0</b>

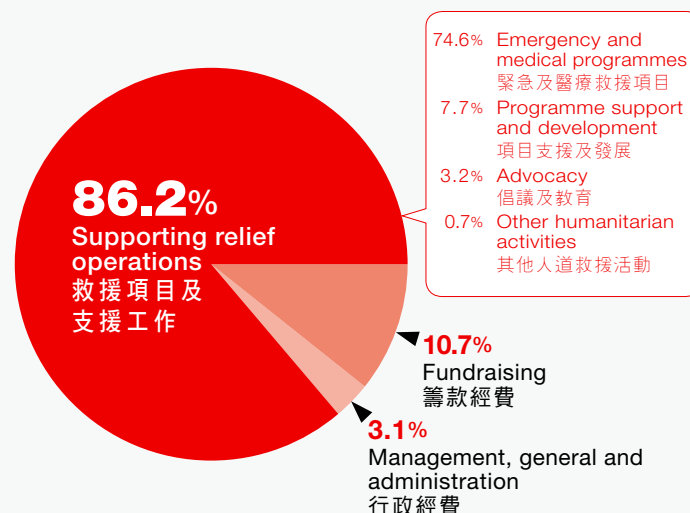
The financial statements of Médecins Sans Frontières - Hong Kong for the year ended 31 December 2014 were audited by KPMG, and approved by the Board of Médecins Sans Frontières - Hong Kong. The full financial statements are available at msf.hk

無國界醫生(香港)於2014年12月31日止年度之財政報告,經畢馬威會計師事務所核數師審核及無國界醫生(香港)董事會認可。有關報告全文已上載網站msf.hk,歡迎查閱。

#### 2014 Funding Sources · 2014年度經費來源



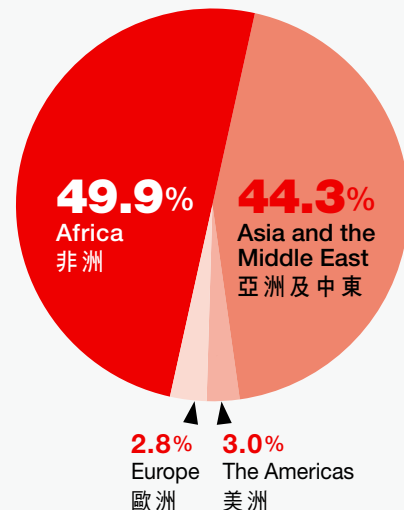
#### 2014 Funding Allocations · 2014年度經費分配 <sup>(6)</sup>





# 2014 Allocation of MSF-Hong Kong Funding for Relief Work by Country(HKD) · 2014年度香港辦事處撥予各地區救援工作之款項 (港元)

Country 國家	Funding 撥款	Country 國家	Funding 撥款
Myanmar 緬甸	16,000,000	Libya 利比亞	3,071,412
Democratic Republic of Congo 剛果民主共和國	14,520,067	Nigeria 尼日利亞	3,000,000
Afghanistan 阿富汗	13,504,323	Niger 尼日爾	2,421,729
Pakistan 巴基斯坦	13,038,107	Kenya 肯尼亞	2,165,943
Guinea 幾內亞	11,715,801	Syria 敘利亞	2,102,823
South Sudan 南蘇丹	6,599,666	Jordan 約旦	2,000,000
Chad 乍得	6,000,000	Egypt 埃及	1,931,462
Zimbabwe 津巴布韋	5,857,615	South Africa 南非	1,776,850
Bangladesh 孟加拉	5,056,331	Burundi 布隆迪	1,719,292
Papua New Guinea 巴布亞新幾內亞	5,000,000	Ukraine 烏克蘭	1,704,187
Philippines 菲律賓	4,829,671	Lebanon 黎巴嫩	1,496,274
Haiti 海地	4,696,242	Mauritania 毛里塔尼亞	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 希臘	666,505
Malawi 馬拉維	3,897,830	Bulgaria 保加利亞	653,261
Sudan 蘇丹	3,160,048	Cambodia 柬埔寨	566,095
Central African Republic 中非共和國	3,114,283	Liberia 利比里亞	300,959
		Côte d'Ivoire 科特迪瓦	291,307
		Other countries and regions 其他國家和地區 (7)	592,416
<b>TOTAL 總數:</b>			<b>154,378,566</b>



Africa 非洲	77,039,227
Asia and the Middle East 亞洲及中東	68,321,720
The Americas 美洲	4,696,242
Europe 歐洲	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年度財政概覽說明

- (1) 所有匯算以港元為單位。
- (2) 99.9%經費來自公眾捐款。
- (3) 合計154,378,566港元被撥作於43個國家進行緊急及醫療救援項目的經費。105,310,153港元呈交至比利時行動中心，以便為無法預計的緊急災禍作迅速回應的準備，和確保治療愛滋病等需要持續進行的項目能得以繼續。此外，143,035港元作為支持救援項目研究及創新之國際撥款。
- (4) 86.2%捐款用於救援項目及支援工作。
- (5) 「遞延收入」是指因應西非爆發的伊波拉疫情而收到、但截至2014年12月31日為止尚未被使用的指定捐款。該筆款項將在使用後被撥為「公眾捐款收入」。
- (6) 截至2014年，無國界醫生（香港）採取「零儲備」政策：所有籌得的捐款，扣除籌款及行政經費後，全數撥予救援項目及支援工作。
- (7) 其他國家和地區包括巴爾幹半島、巴勒斯坦、莫桑比克、阿爾及利亞、索馬里、伊拉克、印尼和馬里。

## Board of Directors of MSF-Hong Kong · 無國界醫生（香港）董事會

**President 主席:** Dr. Liu Chen-kun 劉鎮鯤醫生

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Hu Yuanqiong 胡元琼<sup>\*</sup>

Dr. Martin John Jarmin III

Chan Kwong-wai 陳廣慧<sup>◇</sup>

Pan Yuan 潘淵

Dick van der Tak

<sup>\*</sup> Resigned on 23 August 2014 於2014年8月23日離任

<sup>◇</sup> Appointed on 23 August 2014 於2014年8月23日上任

<sup>@</sup> Appointed on 21 April 2015 於2015年4月21日上任

## Advisory Committee of MSF-Hong Kong · 無國界醫生（香港）顧問委員會

**Members 成員:** Dr. Chan Ying-yang, Emily 陳英凝醫生 Fong Po-kiu, Francis 方保僑 Lawrence Hui 許卓倫

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，無國界醫生在香港、廣州和北京的辦事處共有47名職員，另有39名義工定期協助處理日常工作。

MSF-HK Activity Report 2014 is online at [msf.hk/ar](http://msf.hk/ar)

無國界醫生（香港）活動報告2014已上載網站 [msf.hk/ar](http://msf.hk/ar)

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.

無國界醫生在香港的組織是一家根據香港公司條例設立的擔保有限公司，名為無國界醫生組織（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.

## 無國界醫生憲章

無國界醫生是一個國際的非政府組織，其成員主要為醫生和其他醫務人員，也歡迎有助於組織完成自身使命的其他專業人員參與。全體成員同意遵循以下準則：

無國界醫生不分種族、宗教、信仰和政治立場，為身處困境的人們以及天災人禍和武裝衝突的受害者提供援助。

無國界醫生遵循國際醫療守則，堅持人道援助的權利，恪守中立和不偏不倚的立場，並要求在其行動中不受任何阻撓。

全體成員嚴格遵循其職業規範，並且完全獨立於任何政治、經濟和宗教勢力之外。

作為志願者，全體成員深諳執行組織的使命所面臨的風險和困難，並且不會要求組織向其本人或受益人作出超乎該組織所能提供的賠償。

## MSF-Hong Kong

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## MSF in Guangzhou

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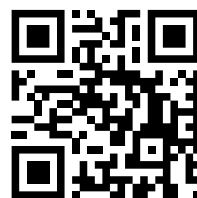
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報告2014電子版：



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

在塞拉利昂的凱拉洪，無國界醫生人員準備進入伊波拉治療中心的高風險區