



MEDECINS SANS FRONTIERES
無國界醫生



MSF 2015 ACTIVITY REPORT

活動報告

主席和總幹事的話

Dear Friends,

In October 2015, the Médecins Sans Frontières (MSF) Kunduz Trauma Centre in Afghanistan was targeted by US airstrikes. 14 staff, 24 patients and four patient caretakers were killed. One million people in northeastern Afghanistan remain deprived of lifesaving surgical care.

MSF was able to work in Kunduz through negotiated agreements with all parties to the conflict that they would respect the neutrality of the medical facility. An independent and impartial inquiry into the facts and circumstances of the attack is needed, as we cannot rely only on the US internal military investigations. Aerial bombardments of hospitals cannot simply be dismissed as “mistakes”.

Meanwhile, medical care in Syria has also become the target of deliberate and indiscriminate violence. Throughout 2015, 94 aerial and shelling attacks hit 63 MSF-supported facilities, of which 12 were completely destroyed; 81 MSF-supported medical staff were killed or wounded. In Yemen, airstrikes conducted by the Saudi-led coalition destroyed an MSF-supported hospital in October, leaving 200,000 people without access to medical assistance. The repercussions of attacks on health facilities continue long after the initial impact: civilians cannot receive essential medical care when they need it most, and some regard visits to hospitals as riskier than not seeking assistance at all.

Conflict and violence have forced hundreds of thousands of people to flee, but the global responsibility for hosting refugees is largely shouldered by countries bordering conflict zones. Lebanon is struggling to cope with the 1.5 million refugees from Syria, while Jordan has registered 600,000 Syrian refugees. In the Lake Chad region in western Africa, 2.5 million people in Cameroon, Chad, Niger and Nigeria sought shelter and protection following attacks by Boko Haram. MSF works in all these countries that rarely make the headlines.

This year, one million people fled to Europe. Among them, half came from Syria. At least 3,771 people died while attempting the dangerous sea crossing. MSF conducted search and rescue operations at sea and provided assistance at Europe's entry points and along the “migration route”.

The humanitarian crisis that has unfolded on the borders of the European Union (EU) is largely policy-driven – the EU fails to put in place effective and humane responses, but rather concentrates on

各位朋友：

2015年10月，無國界醫生設於阿富汗昆都士的創傷中心成為美軍空襲目標，14名工作人員、24名病人和4名病人照顧者遇害，該國東北部100萬人至今仍被剝奪救命的外科手術治療。

無國界醫生能夠在昆都士工作，乃通過與衝突各方談判達成協議，確保他們會尊重醫療設施的中立性。我們不能單靠美軍的內部調查，必須展開獨立和不偏不倚的調查，以釐清這次襲擊的事實和事發經過。醫院遭受空襲，絕不能隨便打發說成「錯誤」。

與此同時，敘利亞的醫療服務也成為蓄意和狂轟濫炸的攻擊目標。2015年一整年間，94次空襲和炮擊中63家無國界醫生支援的設施，其中12家盡毀，81名組織支援的醫護人員被殺或受傷。在也門，以沙特阿拉伯為首的聯軍進行空襲，在10月摧毀了無國界醫生支援的醫院，20萬人因而無法獲得醫療援助。針對醫療設施的襲擊不僅造成即時損害，影響更為深遠：平民在最需要時得不到必要的醫療服務，有些人更認為前往醫院的風險比不求醫的更大。

衝突和暴力迫使數十萬計的人流離失所，但收容難民的國際責任則主要由毗鄰衝突地區的國家承擔。黎巴嫩疲於應付150萬來自敘利亞的難民，而約旦亦已登記了60萬名敘利亞難民。在西非乍得湖區，有250萬來自喀麥隆、乍得、尼日爾和尼日利亞的人，在博科聖地發動連串襲擊後尋求保護，無國界醫生在這些鮮見於新聞頭條的國家均有工作。

這一年，100萬人逃往歐洲，其中半數來自敘利亞。至少有3,771人冒險橫越大海期間喪命。無國界醫生進行海上搜救行動，並在歐洲的登陸點和沿著「流徙路線」提供援助。

在歐盟邊境出現的人道危機，很大程度上是政策所致——歐盟未能作出有效和合乎人道的應對，反而集中推行阻嚇措施，旨在遏止難民和移民湧入其領土。世界各國領袖卻置之不理，然而，在一些情況下，他們正是造成苦難的其中一方——聯合國安理會5個常任理事國之中，就有4國參與轟炸敘利亞平民。



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Association members and staff of MSF-Hong Kong show solidarity with the team in Kunduz, Afghanistan, and call for independent investigation on the MSF hospital attack by US airstrikes

無國界醫生（香港）協會成員及辦事處職員一起聲援在阿富汗昆都士遇襲的隊伍，並促請就美軍空襲組織在當地的醫院，展開獨立調查



deterrence measures aimed at stemming the flow of refugees and migrants arriving on its soil. World leaders turn their backs, although in some cases they themselves are contributing to the suffering. Four of the five permanent members of the UN Security Council are involved in bombing Syrian civilians.

With no end to the war in sight, the numbers will only continue to grow. The EU has externalised its border management to Turkey, handing over billions of euros in return for a clampdown on Syrians attempting the crossing. The end result of border closures from Europe all the way back to Syria is that civilians are being trapped in one of the most brutal wars of our times.

In Southeast Asia, MSF closely monitors the migration routes, and engages local actors in Indonesia, Malaysia and Thailand to explore ways to care for people who risk their lives to escape persecution and unacceptable hardship. In Indonesia and Malaysia, small scale projects giving direct medical support to migrants have begun.

Towards the end of 2015, the Ebola outbreak was declared over in Sierra Leone and Guinea, but new cases have since been reported. Many survivors still suffer from physical and mental problems. Public health systems in West Africa have been devastated. Routine vaccine campaigns have fallen by the wayside. Reinstating healthcare and re-establishing people's trust in it is crucial, but this is complicated by a lack of trained medical personnel.

Ebola is not the only disease threatening populations. Outbreaks of measles, meningitis and cholera are common in places where people are forced to live in unsanitary conditions, or where routine vaccinations are interrupted. In 2015, the MSF Access Campaign launched its "A Fair Shot" campaign in a bid to lower the prices of vaccines, particularly for pneumococcal disease.

Malaria is also a major challenge, with artemisinin-resistant strains of the disease being identified in Cambodia. If the resistant parasites spread, they would pose a huge public health threat. MSF has opened a project striving to contribute to the elimination of resistant malaria locally.

It is essential to act ahead of epidemics, not at the tail end. R&D must ensure that diagnostics, vaccines and treatments are effective, accessible and affordable, and adapted to the communities and contexts most in need. Safety studies and ethical frameworks should be conducted and developed during inter-epidemic phases, which would allow fast-track use of experimental drugs and vaccines during an outbreak and efficiency trials to be conducted as an epidemic peaks.

Out of the spotlight, MSF treats patients with HIV, tuberculosis (TB) and malnutrition, offers specialist care to mothers and children, and conducts vaccination campaigns and surgeries in nearly 70 countries worldwide. We thank our supporters wholeheartedly for making our work possible.

戰爭結束遙遙無期，流徙人數只會繼續增加。歐盟將邊境管制外判給土耳其，給予數十億歐元，以換取後者阻截試圖越過邊境的敘利亞人。由歐洲至敘利亞的邊境封閉，最終的結果是平民被困於當今最殘酷的戰爭之一。

在東南亞，無國界醫生密切監察流徙路線，並與印尼、馬來西亞和泰國的本地組織聯絡，探討不同辦法，去協助那些因遭受迫害和無法忍受的苦況而冒險逃難的人。組織在印尼和馬來西亞開展了小型項目，為移民提供直接的醫療援助。

接近2015年年底，塞拉利昂和幾內亞伊波拉疫情宣佈結束，但其後再錄得新病例，許多倖存者身心仍然出現問題。西非的公共醫療系統崩潰，常規疫苗接種工作被擱置。恢復醫療服務和重建人們對它的信心是至關重要的。然而，經培訓的醫護人員不足，令過程舉步維艱。

伊波拉並非唯一威脅不同社群的疫症。麻疹、腦膜炎和霍亂等疫症，經常在衛生環境欠佳或常規疫苗接種服務中斷的地區爆發。2015年，無國界醫生「病者有其藥」項目發起「公平的注射」運動，希望降低疫苗價格，特別是預防肺炎球菌疾病的疫苗。

瘧疾亦是個嚴峻問題，柬埔寨已確認出現對青蒿素呈耐藥性的瘧疾。假如耐藥瘧疾散播，將對公共衛生構成重大威脅。無國界醫生開展了新項目，致力消除當地的耐藥瘧疾。

面對疫症，作好準備、防患未然是非常關鍵的。研發必須確保診斷、疫苗和治療方法有效、普及和價格易於負擔，並適合最有需要的社群和環境使用，同時要在每次疫症爆發之間進行安全研究和建立道德框架，以便一旦疫症爆發時可加快使用試驗性藥物和疫苗，並於疫症高峰期進行效用測試。

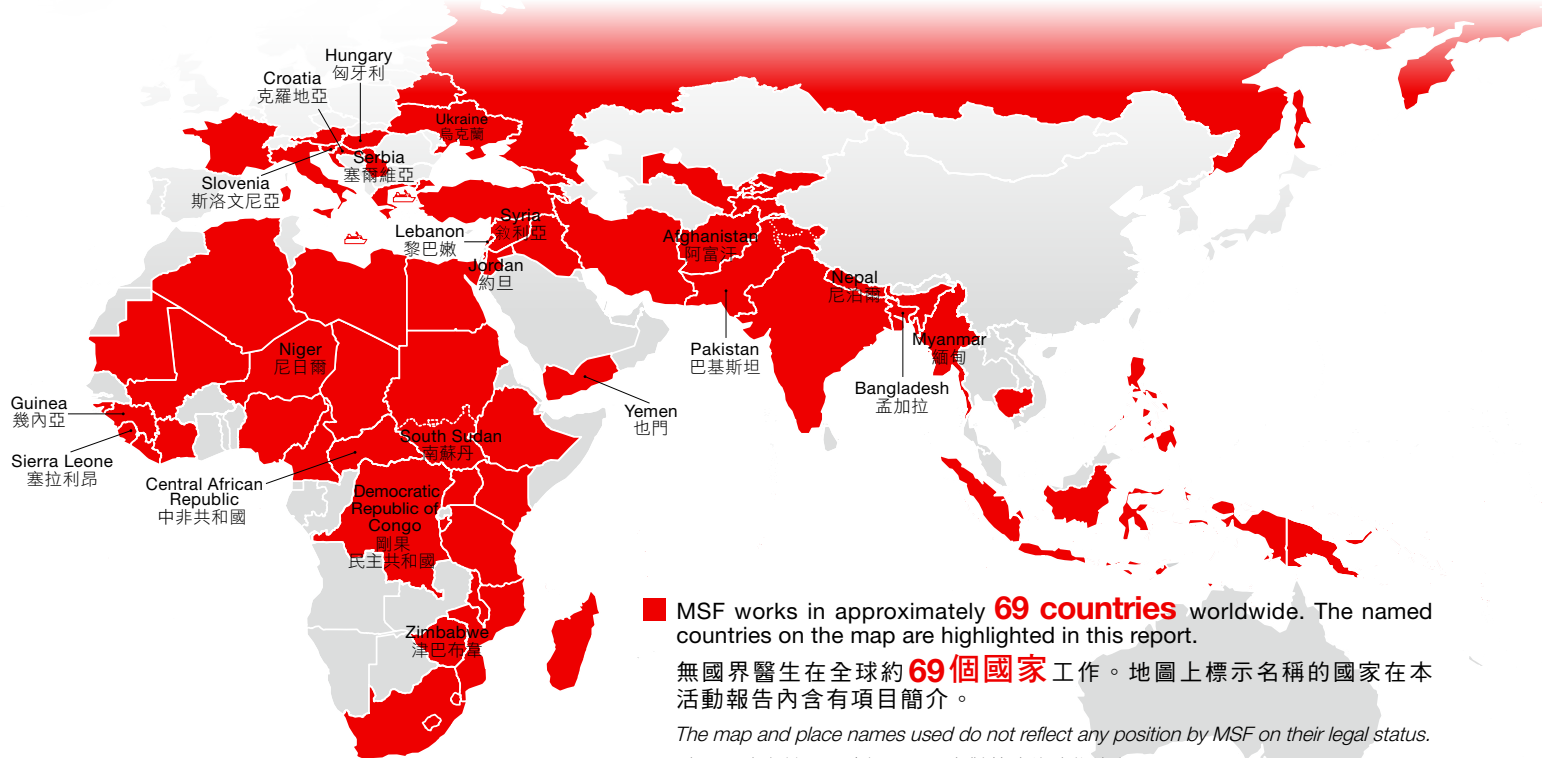
即使不為外界關注，無國界醫生繼續在全球約70個國家治療愛滋病、結核病和營養不良患者，為婦女和兒童提供專科護理服務，並進行疫苗接種和外科手術。我們衷心感謝所有支持者，使我們得以繼續醫療人道救援工作。



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An MSF staff member walks through the grounds of the Kunduz Trauma Centre, hours after it was badly damaged by sustained bombing
昆都士創傷中心遭猛烈轟炸，數小時後無國界醫生一名工作人員走過滿目瘡痍的現場

Asia

Afghanistan

On 3 October 2015, MSF's Trauma Centre in Kunduz, the only facility of its kind in the north-eastern region, was destroyed in an aerial attack. 42 people were killed.

MSF has not made a decision regarding restarting medical activities in Kunduz, and is seeking explicit agreement from all parties to the conflict that there will be no military interference or use of force against MSF's medical facilities, personnel, patients or ambulances. Equally, that MSF staff can safely provide medical care based solely on medical needs, regardless of patients' religious, political or military affiliations. Between January and August, MSF conducted around 4,700 surgical interventions and over 18,000 outpatient consultations.

MSF continued to work in two hospitals in Kabul and the maternity hospital in Khost. In Lashkargah, MSF rehabilitated the Boost hospital, and built a maternity ward as well as neonatal and paediatric intensive care units. The team also began supporting the diagnosis and follow-up of TB patients.

Bangladesh

MSF continues to assist undocumented Rohingya refugees from Myanmar, who live in makeshift camps near Bangladeshi border. In 2015, teams conducted 93,000 outpatient, 2,700 inpatient, 16,000 antenatal and 3,300 mental health consultations.

In a slum of capital Dhaka, MSF expanded its programme, providing medical and psychological support to around 1,100 victims of rape and intimate partner violence. MSF also supported the burns unit of Dhaka's medical college hospital, offering psychological support to victims of arson attacks amid political unrest. MSF concluded its research into improved treatment for post-kala-azar dermal leishmaniasis, contributing to the endorsement of a new treatment regimen.

亞洲

阿富汗

2015年10月3日，無國界醫生在昆都士的創傷中心，即阿富汗東北部唯一的同類設施，在空襲中被摧毀，42人遇難。

無國界醫生至今仍未決定會否重開昆都士的醫療工作，現正要求衝突各方明確同意，不會對無國界醫生的醫療設施、人員、病人或救護車進行任何軍事干預或使用武力；同樣地，無國界醫生的工作人員能夠不論病人的宗教、政治或軍事立場，只根據病人醫療需要、安全地提供援助。1月至8月期間，組織共進行了近4,700宗外科手術和超過1.8萬宗門診診症。

無國界醫生繼續在喀布爾兩家醫院和霍斯特的婦產科醫院工作，而在拉什卡爾加，則修建布斯醫院，增建產科以及新生兒和兒科深切治療部，並開始支援結核病患者的診斷和跟進工作。

孟加拉

無國界醫生繼續援助來自緬甸、棲身於靠近孟加拉邊境臨時營地的無證羅興亞難民。2015年，救援隊分別進行了9.3萬次門診、3,300次精神健康診症和1.6萬次產前檢查，並接收了2,700名住院病人。

在首都達卡的貧民窟，無國界醫生擴展了項目，為約1,100名遭強暴或親密伴侶施暴的受害者提供醫療和心理援助，並支援達卡醫科大學醫院的燒傷部門，為政治動亂中縱火事件的受害者提供心理援助。無國界醫生完成了改進「黑熱病後皮膚利什曼病」治療的研究，促使新的治療方案獲得認可。



After Cyclone Komen struck Myanmar, MSF distributes hygiene kits to affected communities

熱帶氣旋科曼吹襲緬甸後，無國界醫生向災民派發衛生用品



An MSF mobile clinic visits a village affected by the earthquake in Nepal

尼泊爾地震後，無國界醫生隊伍到受災村落開展流動診所

Myanmar

In response to the flooding caused by Cyclone Komen, MSF distributed water, relief items and donated dengue rapid tests in two of the most affected areas, while running mobile clinics with the Ministry of Health (MoH).

In Rakhine, MSF continued consolidating the activities temporarily stopped by the authorities in 2014, including support to the MoH's mobile clinics in internally-displaced people camps and ethnic Rakhine villages. They conducted nearly 84,700 outpatient consultations. In Wa Special Region 2, MSF opened a new clinic and ran mobile clinics. MSF also continued to provide care for over 35,000 people living with HIV through its projects in different regions.

For Rohingya refugees, MSF started a mental health project in three camps in Banda Aceh, Indonesia.

Nepal

After the first earthquake struck in April, MSF teams quickly arrived and focused on reaching the people in remote mountainous areas. Helicopter clinics were operated for emergency cases while regular clinics were run in villages across six districts. In two severely affected districts, a 20-bed inflatable hospital and a tented clinic were temporarily set up. When the second earthquake struck in May, teams already operational were able to respond immediately.

MSF conducted 2,500 health consultations, provided psychological support to over 7,000 people, and supported the provision of emergency care and physiotherapy in the Kathmandu orthopaedic hospital. Food, shelter, cooking and hygiene items were distributed to 15,000 households.

In June, three colleagues and their pilot died in a helicopter crash after delivering assistance. It is with great sadness that we bid them farewell.

Pakistan

Healthcare for women and children is a particular concern in Pakistan: women regularly die from preventable complications during pregnancy, neonatal care is inaccessible for many, and one in ten children die before their fifth birthday. MSF continues to support health authorities in various regions, offering reproductive, neonatal and paediatric healthcare including emergency obstetric services and therapeutic feeding for malnourished children.

MSF established a new unit in a local hospital in Timergara to treat patients with acute coronary syndrome, and began a hepatitis C treatment programme in a slum in Karachi. The support in the hospital in Hangu was handed over to health authorities in September. Following the earthquake struck in the northwest in October, MSF responded by treating patients and distributing relief items.

緬甸

熱帶氣旋科曼導致緬甸廣泛地區出現水浸，無國界醫生遂於其中兩個重災區分發食水、救援物資，及捐贈登革熱快速測試，並與衛生部合作進行流動診所。

在若開邦，無國界醫生繼續鞏固曾於2014年一度被有關部門叫停的工作。救援隊支援衛生部在流離失所者營地和若開族的村落進行的流動診所，共進行了約84,700次門診診症。在佤邦第二特區，無國界醫生開設新診所和進行流動診所。組織亦繼續在不同地區，為超過3.5萬名愛滋病毒感染者提供護理。

無國界醫生同時在印尼班達亞齊三個營地，為羅興亞難民提供精神健康護理。

尼泊爾

4月發生首次地震後，無國界醫生隊伍迅速抵達當地，以接觸偏遠山區災民為重點，用直升機診所處理緊急個案，並派出流動診所到6個地區的村落。組織亦在兩個重災區，臨時設置一家有20張病床的吹氣帳篷醫院和一家帳篷診所。當5月發生第二次地震時，已在當地的救援隊隨即提供援助。

無國界醫生共進行了2,500宗診症，為超過7,000人提供心理支援，並在加德滿都骨科醫院支援急診和物理治療，同時提供糧食、帳篷、煮食用具和衛生用品予1.5萬個家庭。

6月，三位同僚與他們的機師在提供援助後，因直升機墜毀喪生。我們以沉痛心情懷念他們。

巴基斯坦

巴基斯坦婦女和兒童的醫療保健尤其值得關注：婦女經常在懷孕期間因可預防的併發症死亡，很多新生兒得不到護理服務，每10個兒童當中就有一人過不了5歲。無國界醫生繼續支援不同地區的衛生部門，提供生殖、新生兒和兒科服務，包括緊急產科服務和治療患有營養不良的兒童。

無國界醫生在蒂默加拉一間醫院開設新部門，治療急性冠狀動脈綜合症，並在卡拉奇一貧民窟開展丙型肝炎治療項目。支援亨古醫院的工作則在9月移交予當地衛生部門。10月該國西北部發生地震後，無國界醫生醫治傷者，並派發救援物資予災民。



© Pierre-Yves Bernard/MSF

In CAR, MSF delivers oral vaccination against polio targeting children under age 5
在中非共和國，無國界醫生為5歲以下兒童接種預防小兒麻痺症口服疫苗

Africa

Central African Republic (CAR)

There were hopes for peace following reconciliation talks, but sporadic violence persisted. MSF's work was repeatedly obstructed by armed groups and organised crime. Mobile clinics, support activities and vaccination campaigns had to cease operating several times; facilities were looted, attacked and damaged. Yet, MSF continued to run a substantial programme of basic and emergency healthcare across 13 prefectures and 15 localities. Teams provided emergency surgery, maternity services, specialised care for victims of sexual violence and treatment for malnutrition, HIV and TB.

Since malaria remains the leading cause of death in children under age 5, three rounds of preventive treatment were administered reaching 14,000 children. And a year-long large-scale vaccination campaign was launched across 13 prefectures targeting 220,000 children under age 5 to address low immunisation coverage for childhood diseases.

Violence escalated in September in the capital Bangui. MSF treated 200 casualties in two days, many with gunshot wounds. Mobile clinics were operated to care for the displaced.

非洲

中非共和國

和談為和平燃起希望，但零星的暴力事件持續。無國界醫生的行動多次受武裝分子和有組織罪犯阻撓，流動診所、支援工作和疫苗接種活動曾數次被迫暫停，設施遭搶掠、襲擊和破壞。然而，無國界醫生仍然在13個省和15個地區進行大規模項目，提供基本和緊急醫療服務，包括緊急手術服務、婦產服務和為性暴力受害者而設的專門護理，並治療營養不良、愛滋病和結核病患者。

由於瘧疾是5歲以下兒童死亡的主要原因，組織進行了三輪預防治療，共有1.4萬名兒童受惠，並針對共22萬名5歲以下的兒童，展開為期一年、橫跨13個省的大型疫苗接種活動，以解決兒童接種疫苗覆蓋率低的問題。

9月，首都班吉的暴力事件升級，無國界醫生於兩天內共治療200名傷者，當中多人受槍傷，並派出流動診所為流離失所者提供援助。



© Tommy Trenchard

In the MSF Ebola treatment centre in Conakry, Guinea, a three-week-old girl has recovered from the virus

在幾內亞科納克里無國界醫生的伊波拉治療中心，一個三星期大的女嬰戰勝病毒



© Rachel Corner

MSF provides surgical care in a hospital – the only one in the region – in Katanga province, DRC

無國界醫生在剛果民主共和國加丹加省一家醫院提供手術服務，該院是區內唯一的醫院

Democratic Republic of Congo (DRC)

Health emergencies occur with alarming regularity due to poor infrastructure and inadequate health services. In 2015, the Katanga region was hit by a huge measles epidemic, affecting tens of thousands of people. MSF teams intervened in over half of the affected health zones. Over 960,000 children were vaccinated against measles and 30,000 patients received treatment at over 100 MSF-supported health centres.

The eastern and north-eastern provinces remained insecure. Attacks on civilians caused further displacement with many incidents of banditry and kidnapping. MSF remains one of the few international organisations providing medical care at different hospitals and health centres. MSF also opened 4 new projects in the country, targeting vulnerable groups including pregnant women, children, victims of sexual violence, refugees, returnees and displaced people.

Guinea, Sierra Leone

MSF continued to respond to the Ebola epidemic in both countries, supporting Ebola treatment centres (ETCs), conducting mobile clinics and assisting with safe burials, health promotion, community surveillance and contact tracing.

In Guinea, MSF was involved in a vaccine trial and an infection study to identify new ways of fighting the disease. Two new ETCs were opened to improve treatment standards and find innovative solutions in patient care.

In Freetown, Sierra Leone, a specialised unit was opened to care for pregnant women suffering from Ebola, and for their babies. Since many survivors report eye and joint problems, as well as anxiety and depression, MSF opened a clinic to provide medical and psychological support, and ensure free access to ophthalmic care.

Niger

The violence of Boko Haram in neighbouring Nigeria caused people to flee into Niger's Diffa region. Over 300,000 returnees, refugees and displaced people were living in precarious conditions. Teams conducted 142,000 medical consultations, vaccinated 2,700 children against measles, implemented water and sanitation activities and distributed 2,500 relief kits.

In response to a severe meningitis outbreak, MSF vaccinated over 100,000 children, treated 900 patients and distributed treatment kits to health centres in Dosso region. In the capital Niamey, MSF supported a hospital and 10 clinics, treating over 4,800 patients. MSF also continues to provide comprehensive medical and nutritional care for children with severe malnutrition in 3 regions.

剛果民主共和國

由於基礎設施落後和醫療服務不足，該國爆發公共衛生緊急狀況的頻繁程度令人震驚。2015年，龐大的麻疹疫情席捲加丹加地區，受影響的人數以萬計。無國界醫生隊伍在逾半受影響地區工作，超過96萬名兒童獲接種麻疹疫苗，3萬名病人在超過100家無國界醫生支援的醫療中心接受治療。

東部和東北部省份局勢依然不穩。針對平民的襲擊導致更多人流離失所，搶劫和綁架事件時有發生。無國界醫生是當地少數的國際救援組織之一，在不同的醫院和醫療中心提供醫療服務。組織亦開展了4個新項目，以孕婦、兒童、性暴力受害者、難民、回返者和國內流離失所者等危困的人群為援助重點。

幾內亞、塞拉利昂

無國界醫生繼續在兩國應對伊波拉疫情，支援伊波拉治療中心、進行流動診所，並協助安全埋葬屍體、推廣健康訊息、社區監測和追蹤曾接觸感染者的人士。

在幾內亞，為找出對抗病毒新方法，無國界醫生參與了疫苗試驗和感染研究，並開設兩家伊波拉治療中心，以提高治療水平及尋求病人護理的創新方案。

在塞拉利昂弗里敦，無國界醫生開設了專科部門，照顧感染伊波拉病毒的孕婦及其嬰兒。因不少倖存者的眼睛和關節出現問題，並感到焦慮和抑鬱，組織開設診所，提供醫療和心理支援，並確保患者能獲得免費眼科護理服務。

尼日爾

鄰國尼日利亞博科聖地的暴力事件，令人們逃難到尼日爾迪法地區，逾30萬名回返者、難民和國內流離失所者境況堪虞。救援隊共進行14.2萬次醫療診症，為2,700名兒童接種麻疹疫苗，並改善食水和衛生，及分發2,500套救援物資。

為應對嚴峻的腦膜炎爆發，無國界醫生在多索地區為超過10萬名兒童接種疫苗，治療了900名病人，並分發治療物資予當地醫療中心，同時在首都尼亞美，支援一間醫院及10間診所，醫治超過4,800名病人。組織亦繼續在三個地區，為患有嚴重營養不良的兒童提供全面的醫療和營養護理。



© Dominic Nahr

Affected by the fighting in Unity state, South Sudan, a woman with her five children walks back through the cold swamps to her hiding place after receiving food aid for the first time in many months

受南蘇丹聯合州戰事影響，一名婦女多個月以來終首次得到糧食援助，其後與5個孩子涉水走過寒冷的沼澤，返回藏身之處

South Sudan

In response to the escalating conflict and violence against civilians as well as massive displacement, MSF expanded its programmes in various states to meet the immense medical needs. Yet, access was disrupted repeatedly by fighting and attacks on medical facilities. In Unity state, five South Sudanese MSF staff were killed, and 13 remain unaccounted for. MSF was forced to temporarily evacuate from two locations.

South Sudan, particularly in the northwest, experienced one of its worst malaria seasons in years. The impact of the outbreak was exacerbated by severe shortages of essential medicines in non-MSF health facilities throughout the country. MSF treated 295,000 malaria patients during the year – nearly ten times as many as in 2014. The country was also hit by a second outbreak of cholera in two years. MSF provided treatment and support in Jonglei state and Juba, the capital. Over 160,000 people were vaccinated against the disease.

Zimbabwe

MSF continues to support the Ministry of Health and Child Care to address gaps in HIV treatment, including the introduction of community-based models of care in 8 areas. The new project in Mutare, the Manicaland provincial capital, assisted the roll-out of viral load monitoring and alternative drug refill models in the province. The HIV-TB programmes in Buhera and Nyanga were successfully handed over.

In the capital Harare, a new project started in the central hospital, offering treatment and support to patients in the psychiatric unit. 30,000 people also benefited from MSF's provision of clean water and better sanitation in suburbs prone to outbreaks of disease such as typhoid.

The Americas

Haiti

MSF continues to fill critical healthcare gaps, most of which pre-date the 2010 earthquake. The burns unit in Drouillard hospital has become the de facto national referral site for burns patients, with 17,550 consultations provided. A new clinic in Port-au-Prince was opened to offer emergency medical assistance required during the 72 hours following a sexual assault, with longer-term medical care and psychological support. More than a third of the 260 patients were below 18.

MSF closed the cholera treatment centre in the slum of Martissant in Port-au-Prince, but continues to be involved in surveillance and response activities. The container hospital in Léogâne, as part of the earthquake response, was also closed.



© Corentin Fohlen / Divergence

An MSF physiotherapist cares for a burn patient in Drouillard hospital in Haiti

無國界醫生的物理治療師在海地德魯拉德醫院為一名燒傷患者提供護理

南蘇丹

為了應對衝突和針對平民的暴力事件升級，及大規模人群流徙，無國界醫生擴大不同州分的项目，以應付龐大醫療需要。惟戰事激烈和醫療設施受襲，令接觸有需要社群的救援行動不時受阻。在聯合州，無國界醫生5名南蘇丹籍員工被殺，13人仍下落不明，組織被迫暫時撤出兩個地點。

該國面對多年來最嚴重的瘧疾季節，西北部尤其嚴重，全國的醫療設施都嚴重缺乏基本藥物，令疫情加劇。組織共治療29.5萬名瘧疾患者，幾乎是2014年治療人數的10倍。當地亦連續兩年爆發霍亂，組織在瓊萊州和首都朱巴提供治療和支援，超過16萬人獲接種疫苗。

津巴布韋

無國界醫生繼續支援該國衛生與兒童福利部，填補愛滋病治療服務的不足，包括在8個地區推行以社區為本的護理模式。位於馬尼卡蘭省首府穆塔雷的新項目，協助於省內推行病毒載量監測和方便病人的另類藥物補充模式。至於在布海拉和尼揚加的愛滋病及結核病項目，則已成功移交。

在首都哈拉雷，無國界醫生在中央醫院展開新項目，為精神科病人提供治療和支援。3萬名易受傷寒等疫症爆發影響的市郊居民亦受惠於組織的食水和衛生改善工作。

美洲

海地

無國界醫生繼續填補該國醫療服務的不足，大部分問題在2010年地震前已經存在。德魯拉德醫院的燒傷科已成為該國燒傷患者的轉介點，共進行了17,550宗診症。組織於太子港新開設診所，為受害人提供被性侵犯後72小時內所需的緊急醫療援助，以及長期護理和心理支援。260名受害者中，超過三分之一為18歲以下。

無國界醫生關閉在太子港馬蒂斯桑貧民窟的霍亂治療中心，但會繼續參與疾病監測和應對工作。作為大地震救援行動一部分的萊奧甘貨櫃醫院亦已關閉。



© Will Rose

MSF and Greenpeace boat crews respond after a wooden refugee boat capsized off the coast of Lesbos, Greece
一艘木製的難民船在希臘萊斯沃斯島對開海面傾翻，無國界醫生與綠色和平的船隊立即展開搜救

Europe

The Migration Crisis

Hundreds of thousands of desperate refugees and migrants undertook perilous boat journeys across the Mediterranean Sea to reach Europe. Over 3,700 people lost their lives in 2015. MSF started Search and Rescue operations to reduce loss of life and provide emergency aid to survivors. Teams on board three boats (one in partnership with Migrant Offshore Aid Station) assisted over 23,000 people in 120 separate interventions, offering medical care, food, water, clothing and protection against the elements.

Despite deteriorating weather conditions, in November alone 150,000 people crossed the Aegean Sea travelling from Turkey to Greece. In collaboration with Greenpeace, MSF provided assistance to boats in distress and assisted 6,055 people in 143 separate interventions in December.

After Greece, most refugees and migrants travelled onwards along the Balkan Route, hoping to reach western Europe. In Serbia, Hungary, Slovenia and Croatia, MSF assisted people waiting to be registered or stranded at the borders, providing basic and mental healthcare, distributing relief items, setting up toilets and heated tents etc. Over 40,000 medical consultations were conducted.

歐洲

流徙危機

數以十萬計絕望的難民和移民，踏上危險旅程橫越地中海前往歐洲。2015年，逾3,700人葬身大海。無國界醫生於是展開搜救行動，以減少人命損失，並為倖存者提供緊急醫療援助。三艘搜救船（其中一艘與海上移民援助站合作）的救援隊在120次行動中共協助超過2.3萬人，提供醫療護理、糧食、飲用水、衣物和防禦惡劣天氣物品。

另一邊廂，儘管天氣情況惡劣，單在11月就有15萬人橫越愛琴海，從土耳其到希臘。與綠色和平合作下，無國界醫生向遇險船隻提供援助，在12月143次行動中共援助了6,055人。

大部分難民和移民抵達希臘後，沿着巴爾幹路線繼續走，希望去到西歐。無國界醫生在塞爾維亞、匈牙利、斯洛文尼亞和克羅地亞，為那些等候登記或困於邊境的人，提供基本醫療和精神健康服務，並分發救援物資，設置廁所和保溫帳篷等，救援隊共進行了超過4萬宗診症。



© Jon Levy/Foto8

In Ukraine, MSF teams visit elderly and sick patients who are left without medical care due to fierce fighting

烏克蘭爆發激烈戰鬥，無國界醫生隊伍探訪無法獲得醫療的長者和病人

Ukraine

Fighting between the Ukrainian army and the self-proclaimed Donetsk and Luhansk People's Republics reduced after the ceasefire, but shelling continued to affect trapped civilians. MSF donated medicines and medical equipment to 350 health facilities on both sides, enabling treatment of 9,900 patients injured in conflicts and 61,000 with chronic diseases. 5,100 women had assisted deliveries. Teams also conducted around 160,000 basic healthcare consultations and 12,000 mental health consultations.

In the east, MSF provided insulin to 5,000 diabetic patients and hemodialysis supplies for patients with advanced kidney failure. Teams also ran mobile clinics in 80 towns and villages while continuing the multidrug-resistant TB programme. In September and October, MSF's permission to work in the Luhansk and Donetsk regions was refused and withdrawn. The projects were closed, leaving thousands of people without access to medical care.

Middle East

Jordan

Jordan's infrastructure is under pressure with the influx of 600,000 Syrian refugees, who now have to pay for public hospital services. Restrictions on working and reductions in international aid have made it harder for them to access healthcare. In Irbid governorate, MSF thus expanded its project to offer treatment to Syrian refugees and vulnerable Jordanians with non-communicable diseases, while continuing to treat war-wounded Syrians at a government hospital.

The maternity and neonatal project in Irbid, having moved to a specialist hospital where emergency caesarean sections were performed, admitted 3,900 pregnant women and assisted 3,400 deliveries. In Amman, the reconstructive surgery project offering specialised care primarily to war-wounded patients from neighbouring countries moved to a new hospital with improvement in the quality of care.

Lebanon

Most of the 1.5 million refugees from Syria in Lebanon are still reliant on humanitarian assistance for their daily survival. MSF has provided free basic and reproductive healthcare, mental health counselling and treatment for chronic diseases to the vulnerable refugees living near the Syrian border, in Beirut and northern Lebanon.

In the mountainous northeast of the country where few organisations work, MSF distributed urgently needed winter essentials to 900 Syrian families facing a severe storm and sub-zero temperatures. In the south, MSF handed over its mental health programme, and shifted its focus to provide healthcare for the refugees, particularly children under 15.



© Chris Huby

In Amman, Jordan, a Syrian patient receives surgery in MSF's hospital that provides reconstructive surgical care for war-wounded patients

在約旦安曼，一名敘利亞病人在專為戰爭傷者提供整形外科護理的無國界醫生醫院內接受手術

烏克蘭

停火協議後，烏克蘭軍隊與自稱成立的頓涅茨克人民共和國和盧甘斯克人民共和國的戰鬥減少，但砲擊持續影響受困的平民。無國界醫生向戰線兩邊的350家醫療設施捐贈藥物和醫療器材，令9,900名衝突傷者和6.1萬名長期病患者得到治療，以及5,100名婦女獲協助分娩。救援隊還進行了約16萬宗基本醫療診症和1.2萬次精神健康輔導。

在東部，無國界醫生為5,000名糖尿病患者提供胰島素，並為嚴重腎衰竭病人提供血液透析物資。救援隊亦在80個村鎮進行流動診所，同時繼續運作耐多藥結核病項目。惟無國界醫生在盧甘斯克和頓涅茨克地區工作的許可，先後於9月和10月被拒絕和撤銷，當地項目因而關閉，令數千人無法獲得醫療援助。

中東

約旦

隨著60萬名敘利亞難民湧入，約旦的基礎設施備受壓力。難民現需繳付公立醫院服務費用，工作又受到限制，加上國際援助減少，因而更難獲得醫療服務。無國界醫生遂於伊爾比德省擴展項目，為患上非傳染病的敘利亞難民及危困的約旦人提供治療，同時繼續在一間政府醫院醫治敘利亞戰爭傷者。

在伊爾比德的產科和新生兒項目則遷至一間能進行緊急剖腹生產的專科醫院，項目共接收3,900名孕婦和協助3,400宗分娩。位於安曼、主要為鄰國戰爭傷者提供專門護理的整形外科手術項目，亦遷至新醫院，改善了病人的護理質素。

黎巴嫩

在黎巴嫩150萬名來自敘利亞的難民中，大部分人仍然依靠人道援助過活。在靠近敘利亞邊境、貝魯特和黎巴嫩北部，無國界醫生為危困的難民，提供免費的基本醫療和生殖健康服務、精神健康輔導以及長期病治療。

該國東北部山區只有少數救援組織工作，無國界醫生遂向900戶身處大風暴和零下低溫環境的敘利亞家庭，分發急需的禦寒物品。在南部，無國界醫生移交了精神健康項目，並改變工作重點，為難民、特別是15歲以下的兒童，提供醫療服務。



© MSF

In northern Syria, an MSF-operated medical facility treats children with burns
在敘利亞北部，無國界醫生直接運作的醫療設施為燒傷的兒童提供治療

Syria

The Syrian government continues to deny MSF's requests to access government-controlled areas, and MSF no longer operates in Islamic State (IS) - controlled territory due to no security guarantee from IS leadership. MSF's activities are limited to regions controlled by opposition forces, or restricted to cross-frontline and cross-border support.

In 2015, six medical facilities which MSF operates saw an increase in medical complications caused by delayed medical care, and in infections and deaths due to shortages of antibiotics.

MSF increased its support to around 70 healthcare facilities run by Syrian doctors, focusing on besieged areas, and gave ad hoc support to around 80 other facilities in emergency situations. An MSF report shows that these facilities received 154,647 war-wounded and documented 7,009 war-dead in 2015. 30 to 40 percent were women and children.

23 MSF-supported Syrian health staff were killed and 58 wounded during 2015. 63 MSF-supported facilities were bombed or shelled; 12 were completely destroyed.

敘利亞

敘利亞政府仍然拒絕無國界醫生進入當局控制地區的要求，組織亦因無法得到伊斯蘭國領導的安全保證而不再於其控制地區提供援助，故救援行動僅限於武裝反對派控制的地區進行，以及跨越戰線和邊境地提供支援。

2015年，在無國界醫生直接運作的6間醫療設施當中發現，因延誤治療而出現併發症，以及抗生素短缺導致的感染和死亡個案，都出現增加情況。

無國界醫生以被圍困地區為重點，加強支援約70間由敘利亞醫生運作的醫療設施，同時在緊急情況下向另外約80間醫療設施提供臨時應變支援。組織的報告指出，這些設施於2015年共接收154,647名戰爭傷者，並錄得7,009名戰爭死者，其中30%至40%死傷者為婦女和兒童。

另外，23名無國界醫生支援的敘利亞籍醫護人員被殺，58名受傷，63間由組織支援的設施被轟炸或砲擊，12間盡毀。

The Crisis in Yemen

也門危機

Life has been a struggle for the Yemeni people for years, due to poverty, chronic malnutrition and a weak healthcare system. In 2015, armed conflict escalated into a full-scale war in the country, exacerbating already massive medical and humanitarian needs. By year's end, it is estimated that 2,800 people had been killed and 2.5 millions were internally displaced. The healthcare system has been decimated: medical staff have fled the country, facilities have been destroyed and medical supplies cut.

Sadly, the international emergency response to the crisis has not attracted the support that it should and has been limited in its scope and impact.

MSF managed to continue operating its emergency trauma centre in the port of Aden. In other areas it scaled up its activities as much as security allowed, despite an attack that destroyed a hospital it supports, and another attack on its tented clinic which wounded nine. These targeted attacks on health facilities have fostered a climate of fear. Many Yemenis are now too afraid to go to hospital for treatment.

Five field workers who were deployed by MSF-Hong Kong to Yemen recount what they witnessed on the front line.

多年以來，也門深受貧窮、慢性營養不良和醫療系統脆弱的困擾，當地人民苦苦掙扎求存。2015年，該國的武裝衝突升級為全面戰爭，令原本已經相當龐大的醫療和人道需求變得更加迫切。直至年底，據估計有2,800人被殺，250萬人在國內流離失所，醫療系統亦遭重創：醫護人員逃離家園，醫療設施被摧毀，物資運送中斷。

可悲的是，國際社會就這場危機的緊急應對並未給予應有的支持，不論應對的規模和影響皆乏善足陳。

無國界醫生仍能繼續於港口亞丁運作一間緊急創傷中心，亦盡可能於安全情況許可下，在其他地區擴大救援工作，儘管一次襲擊摧毀了組織支援的一間醫院，另一次襲擊則破壞一間帳篷診所和傷及9人。針對醫療設施的襲擊令恐懼的氣氛瀰漫，許多也門人現時也不敢到醫院求醫。

5名由無國界醫生香港辦事處派到也門的救援人員講述他們在前線目睹的情況。



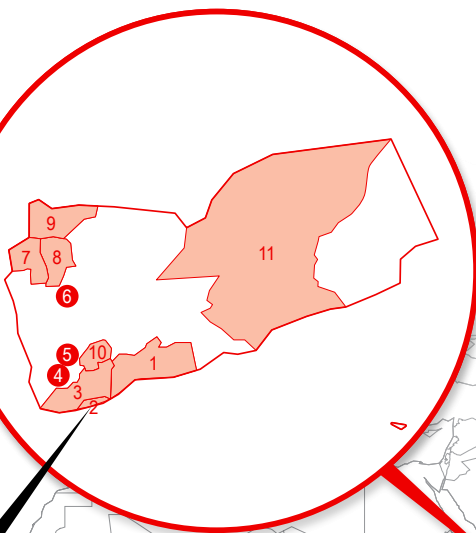
© Guillaume Binet/MYOP

War-wounded patients receive emergency care at the MSF-operated hospital in Aden

無國界醫生位於亞丁的醫院接收大批需要緊急治療的戰爭傷者

- Regions where MSF has projects
設有項目的地區
- Cities, towns or villages where MSF works
設有工作的城鎮或村落

- ① Abyan 阿比揚
- ② Aden 亞丁
- ③ Lahij 拉赫季
- ④ Taiz 塔伊茲
- ⑤ Ibb 伊卜
- ⑥ Sana'a 薩那
- ⑦ Hajjah 哈杰
- ⑧ Amran 阿莫蘭
- ⑨ Sa'ada 薩達
- ⑩ Ad Dhale 扎萊
- ⑪ Hadramout 哈德拉毛



© Benoit Finck/MSF

MSF medical staff working in an operating theatre at the emergency surgical unit in Aden
無國界醫生醫護人員在亞丁緊急外科部的手術室內工作

Dr. Au Yiu-kai, Paul, a Hong Kong surgeon working in the Aden project

“We had 8 to 12 operations a day. Most of the injuries were caused by gunshots or bomb blasts and sometimes we saw very bad fractures. One night, heavy fighting erupted. Our hospital activated the mass casualty plan immediately and admitted more than 20 patients, including 5 cases that needed emergency surgeries. Our team had to work overnight to stabilise their condition.”

派駐亞丁項目的香港外科醫生歐耀佳

「我們每日要進行8至12個手術，大多數傷勢由槍擊或爆炸所造成，有時要處理的骨折情況相當惡劣。有一晚，當地爆發激烈戰鬥。我們的醫院立即啟動應變措施以處理大量傷亡的狀況，並接收了超過20名傷者，當中5人需要進行緊急手術。我們的團隊通宵達旦地工作，以穩定他們的傷勢。」

Dr. Karina Marie Aguilar, a Filipino anaesthetist working in the Aden Project

“The weapons embargo imposed disrupted supplies of medicines and fuel. We didn't know if our supplies would arrive. Our pharmacy was almost empty. At one point, we had to use industrial suction tubing for our patients with gunshot wounds to the chest because we ran out of chest tubes.”

派駐亞丁項目的菲律賓麻醉科醫生阿吉拉爾

「武器禁運同時令藥物和燃料供應中斷，我們無從得知物資會否到達，藥房幾乎空空如也。由於胸管耗盡，我們曾經一度不得不使用普通吸管為胸部中槍的傷者治療。」



© Guillaume Binet/MYOP

A child approaches an MSF vehicle in the besieged city of Aden, which has been blockaded for four months with the residents desperately short of food and medical supplies
亞丁市被封鎖4個月，市內居民嚴重缺乏糧食和醫療物資。一個孩子走近無國界醫生的車輛求助



© Narciso Contreras/MSF

Displaced people fleeing heavy fighting living in a temporary settlement in Hajjah governorate
 在哈杰省，因逃避激烈戰火而流離失所的人，只能棲身在臨時帳篷

Leung Hon-zoen, Eric, a Hong Kong logistician working in the Hajjah project

“In the northwestern part of Yemen where fighting was intense, there were only two international humanitarian organisations working for the displaced people, far from sufficient to meet their needs. They sought refuge in the desert, and the temperature could go up to 40 degrees. All they had were simple shelters made out of wooden poles and plastic sheeting.”

派駐哈杰項目的香港後勤人員梁瀚臻

「也門西北部戰事非常激烈，卻只有兩個國際救援組織協助當地的流離失所者，遠遠不足以應付需求。流離失所者在沙漠中避難，氣溫可高達40度，他們只能棲身於用木條和塑膠帆布搭建而成的臨時帳篷。」



© Narciso Contreras/MSF

A displaced child waits for water distribution in a temporary settlement in Hajjah governorate
 哈杰省一個流離失所的孩子正在臨時營地等候分發飲用水



© Guillaume Binet/MYOP

Petrol import restrictions caused by the weapons embargo created shortages and price levels became 400 times higher
 武器禁運限制汽油進口，導致出現短缺情況，價格飆升400倍

Chai Xi, Cathy, a Beijing administrator working in the Hajjah project

“Shortly after midnight, a loud ‘bang’ woke me up. I jumped out of bed, and hurried to the safe room with my teammates. We were tired and sleepy, but at the same time feeling very tense. This was my first experience with hearing airstrikes. It was impossible to get used to that.”

派駐哈杰項目的北京行政管理人員柴溪

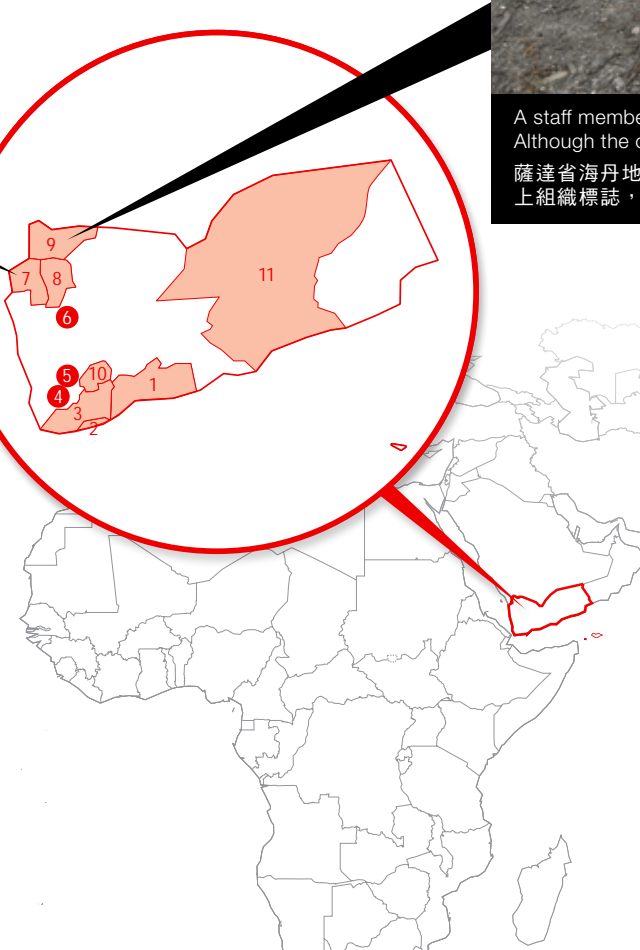
「凌晨時分，『嘖』的一聲巨響吵醒了我。我跳下床，急忙跟同僚跑到『安全屋』。我們又累又睏，卻又高度緊張。這是我第一次遭遇空襲，要習慣這種情況根本是不可能的。」

- Regions where MSF has projects
設有項目的地區
 - Cities, towns or villages where MSF works
設有工作的城鎮或村落
- ① Abyan 阿比揚
 - ② Aden 亞丁
 - ③ Lahij 拉赫季
 - ④ Taiz 塔伊茲
 - ⑤ Ibb 伊卜
 - ⑥ Sana'a 薩那
 - ⑦ Hajjah 哈杰
 - ⑧ Amran 阿姆蘭
 - ⑨ Sa'ada 薩達
 - ⑩ Ad Dhale 扎萊
 - ⑪ Hadramout 哈德拉毛



© Rawan Shaif

A staff member clears debris on the roof of the MSF-supported hospital in Haydan, Sa'ada governorate. Although the organisation's logo had been painted on its roof, the facility was still destroyed by airstrikes. 薩達省海丹地區一家無國界醫生支援的醫院的天台上，一名工作人員正在清理瓦礫。即使已在天台畫上組織標誌，該醫院仍遭空襲炸毀。



© Sebastiano Tomada/Getty Reportage

A father holds his wounded child at the MSF-supported hospital in Sa'ada city. 在薩達市無國界醫生支援的醫院，一位父親抱著受傷的孩子。



© Yann Geay/MSF

With the destruction of the MSF-supported hospital in Haydan by airstrikes, 200,000 people are deprived of lifesaving medical care. 海丹一間無國界醫生支援的醫院遭空襲炸毀，20萬人因而無法再獲得救命的醫療服務。

Chiu Cheuk-pong, a Hong Kong nurse working in the Sa'ada project

"Every time when we heard the sound of explosions or airstrikes, my translator would turn to me and ask, 'What can we do?' And every time, I wasn't able to give him a useful reply. There is nothing they can do to stop the airstrikes and the fighting. There is no way they can leave the country. These innocent civilians are being trapped in this ruthless conflict, which simply takes hope away."

派駐薩達項目的香港護士趙卓邦

「每當我們聽到爆炸聲和空襲，替我翻譯的同事不期然會轉過頭來問我：『我們能做些什麼？』每一次，我都不能給他一個中用的回答。他們無法停止空襲和戰鬥，無法離開國家。這些無辜的平民被捲入這場無情的衝突，連希望都被奪走。」

Worldwide Operations Highlights

全球前線工作概要

Below are the highlights of MSF activities around the world in 2015:

以下是無國界醫生於2015年在全球進行救援工作的概要：



Croatia 克羅地亞 © Juan Carlos Tomasi/MSF

Conducted 進行 **8,132,100** outpatient consultations 次門診診症

Admitted 接收 **594,900** inpatients 人次入院治療



South Sudan 南蘇丹 © Jacob Kuehn/MSF

Admitted 接收 **60,500** severely malnourished children to inpatient feeding programmes 名嚴重營養不良兒童接受住院營養治療

Admitted 接收 **121,100** moderately malnourished children to supplementary feeding centres 名中度營養不良兒童到補充營養中心

Treated 醫治 **2,299,200** malaria cases 宗瘧疾個案

Registered 登記 **333,900** HIV patients under care at the end of 2015 名愛滋病毒感染者接受護理 (至2015年底)

Treated 給予 **230,400** patients with first-line antiretroviral treatment at the end of 2015 名病人抗愛滋病毒第一線藥物治療 (至2015年底)

Treated 給予 **9,700** patients of first-line failure with second-line antiretroviral treatment at the end of 2015 名第一線治療失敗的病人抗愛滋病毒第二線藥物治療 (至2015年底)

Provided 為 **6,800** HIV-positive pregnant women with prevention of mother-to-child transmission (PMTCT) treatment 名感染愛滋病毒的孕婦提供預防母嬰傳染的治療



Uganda 烏干達 © Guillaume Binet/MYOP

Provided 為 **4,400** eligible babies born in 2015 with HIV post-exposure treatment 名在2015年出生的嬰兒，提供防止感染愛滋病毒的治療



Assisted 協助 **219,300** women to deliver babies, including caesarean sections 名婦女分娩，包括剖腹生產

Performed 進行 **83,500** 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

Medically treated 醫治 **11,100** patients for sexual violence 名性暴力受害者

Iraq 伊拉克 © Baudouin Nach

Admitted 接收 **18,100** patients to tuberculosis first-line treatment 名病人開始接受結核病第一線治療

Admitted 接收 **2,000** patients to multidrug-resistant tuberculosis treatment with second-line drugs 名病人開始以第二線藥物進行耐多藥結核病治療



Armenia 亞美尼亞 © Andrea Bussotti / MSF



Sierra Leone 塞拉利昂 © Tommy Trenchard

Held 進行 **184,600** individual mental health consultations 次個人精神健康輔導

Held 進行 **39,300** group counselling or mental health sessions 次小組輔導或精神健康支援

Treated 醫治 **32,600** patients for cholera 名霍亂病人

Vaccinated 為 **1,537,400** people against measles in response to an outbreak 人接種麻疹疫苗以應對疫症爆發

Treated 醫治 **45,600** patients for measles 名麻疹病人



Chad 乍得 © Trygve Thorson / MSF



Mediterranean Sea 地中海 © Ikram N'gadi

Vaccinated 為 **326,100** people against meningitis in response to an outbreak 人接種腦膜炎疫苗以應對疫症爆發

Rescued and assisted 救助 **23,700** migrants and refugees at sea 名海上移民及難民

To the Field

香港派出的前線救援人員



Medical Doctors

醫生

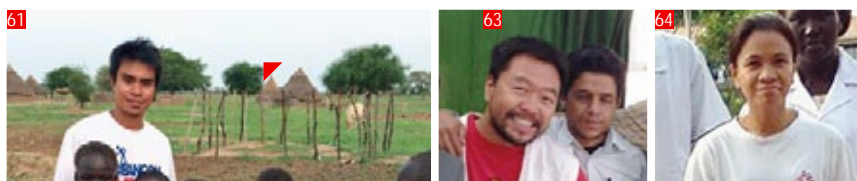
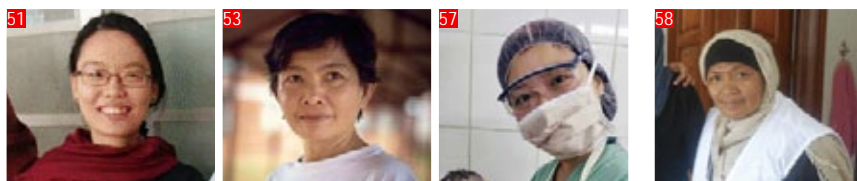
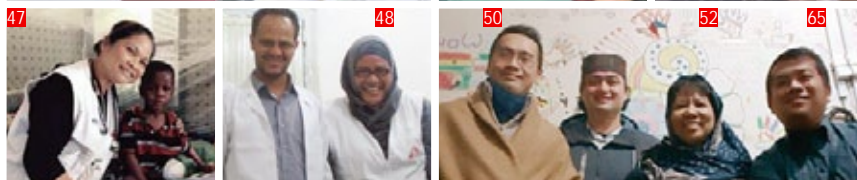
Name 姓名 # Country of Residence 來自

- 1 *Shaukat Ali **PK**
- 2 *Jawed Iqbal Batish **PH**
- 3 Honorita Bernasor **PH**
- 4 Edreluisa Calonge **PH**
- 5 Yuely Capileno **PH**
- 6 *Chandra Dewi **ID**
- 7 Ei Mon Khine **MM**
- 8 Hartini Sugianto **ID**
- 9 Htet Aung Kyi **MM**
- 10 Huang Sung-hsi 黃崧溪 **TW**
- 11 Huang Yuan 黃媛 **CN**
- 12 Khasmin Ismael **PH**
- 13 Mira Jimenez **PH**
- 14 Koh Yeow-hoay **MY**
- 15 Kyaw Hla **MM**
- 16 Chenery Ann Lim **PH**
- 17 Ma Minwu 馬敏吾 **CN**
- 18 Anne Marie Morales **PH**
- 19 *Zahir Muhammad **PK**
- 20 Cynthia Ng **PH**
- 21 Norie Grace Omamalin **PH**
- 22 Elsa Ragasa **PH**
- 23 Rangi Sudrajat **ID**
- 24 Jan Krisna Rodriguez **PH**
- 25 Raul Salvador **PH**
- 26 Maria Christina Sarte **PH**
- 27 Maria Melissa Sindiong **PH**
- 28 *Sisca Wiguno **ID**
- 29 *Sussie Sandra Maria Wiranangapat **ID**
- 30 Wong Poh-fei 黃寶妃 **MY**

Surgeons / Orthopaedic Surgeons

外科醫生 / 骨科醫生

- 31 Lynn Sarah Agdeppa **PH**
- 32 Au Yiu-kai, Paul 歐耀佳 **HK**
- 33 Steven Bacalian **PH**
- 34 Chan Kin-wah, Akin 陳健華 **HK**
- 35 Evangeline Cua **PH**
- 36 *Maria Teresa Ingalla **PH**
- 37 Kamarul Al Haqq Abdul Ghani **MY**
- 38 Ko Chi-cheong, Ryan 高志昌 **HK**
- 39 Tong Wing-sze, Jennifer 唐穎思 **HK**
- 40 *Wong Wing-ye 黃詠儀 **HK**
- 41 Yau Ching-hin, Raymond 游正軒 **HK**



Anaesthetists

麻醉科醫生

- 42 Karina Marie Aguilar **PH**
- 43 Chen Siyang 陳思陽 **CN**
- 44 Lucia Fernandes Aleixo **CN**
- 45 Marjorie Ann Ladion **PH**
- 46 Li Xuefeng 李雪峰 **CN**
- 47 Jacqueline Ontoy **PH**
- 48 Margarita Quilala **PH**
- 49 *Sham Pui-ye, Penelope 沈佩怡 **HK**
- 50 Reynaldo Soria Jr. **PH**

Obstetricians / Gynaecologists

婦產科醫生

- 51 An Na 安娜 **CN**
- 52 Heidi Cruz **PH**
- 53 Damayanti Zahar **ID**
- 54 Kandice Ellen Li 李君婷 **HK**
- 55 Marie Caesarini **ID**
- 56 *Yennz Crysenssen Tah **ID**
- 57 Zhang Wenxi 張文希 **CN**

Operating Theatre Nurses

手術室護士

- 58 Maria Angelina Jimenez **PH**
- 59 Roselyn Morales **PH**

Nurses

護士

- 60 *Joseph Azeem **PK**
- 61 Benny Bosang **PH**
- 62 *Chio Man-hin 趙雯軒 **HK**
- 63 Chiu Cheuk-pong 趙卓邦 **HK**
- 64 Iane Connie Espanta **PH**
- 65 Stephenn Hernandez **PH**
- 66 Imee Jaleco Japitana **PH**
- 67 *Maheswari Malathi P. Murugayia **MY**
- 68 Carmelita Manaois **PH**
- 69 Janoa Manganar **PH**
- 70 Mathina Bee Gulam Mydin **MY**
- 71 Ji Monserrat Nacanaynay **PH**
- 72 Honney Maymor Panes **PH**
- 73 *Wong Li-wai 黃麗惠 **SG**

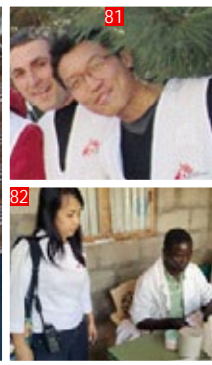
Midwives

助產士

- 74 *Cherry Agustin **PH**
- 75 Darwin Diaz **PH**
- 76 Wong So-ting 黃素婷 **HK**

Interested to join MSF?

MSF is always looking for motivated and skilled medical and non-medical staff for its projects all over the world. To learn more, please visit msf.hk/fieldwork



Laboratory Technicians 化驗室技術員

77 Anthony Arcega *PH*

78 Gay Heyres *PH*



Pharmacists 藥劑師

79 Cheryl Armezin *PH*

80 *Syed Shaukat Ali Muttaqi Shah *PK*

81 Teo Kuo-jing, Alvin 張國靖 *MY*

82 Anita Jasmine Vicentillo *PH*

Information, Education and Communications Officer 資訊教育主任

83 Kyaw Aye Naing *MM*



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

Humanitarian Affairs Officer 人道事務主任

84 Lee Choon-cheng, Laura 李駿晴 *HK*

Epidemiologist 流行病學家

85 Vini Fardhdiani *ID*



Logisticians 後勤人員

86 Uriel Aboim *MC*

87 Ivan Alt *TH*

88 Andreas Sinaga *ID*

89 *Guillermo Rafael Borrromeo *PH*

90 Allan de la Rosa *PH*

91 *Muhammad Hafeez *PK*

92 *Idris Syahfitriah *ID*

93 Lau Hiu-ching, Lucy 劉曉靜 *HK*

94 Lee Yiu-hong, Albert 李耀康 *HK*

95 Leung Hon-zoen, Eric 梁瀚臻 *HK*

96 Li Yiu-fai, Vincent 李耀輝 *HK*

97 Raffy Matutino *PH*

98 Mohammad Iqbal Firdjansjah *ID*

99 *Jonathan Pillejera *PH*

100 *Rita Endrawati *ID*

101 Sylvia Bakarbossy *ID*

102 *Thimotius SP Benu *ID*

103 *Vanvisa Warachit *TH*

104 Wei Zhaohua, Ray 魏釗華 *CN*

105 Yan Debry Dominico Syauta *ID*





Administrators / Financial Controllers 行政 / 財務人員

- 106 Chai Xi, Cathy 柴溪 **CN**
- 107* Cheong Ah-fong, Veronica 張雅芳 **SG**
- 108* Karolina Rita Wulandari **ID**
- 109 Linda Isack **ID**
- 110* Pratiwi Sutowo **ID**
- 111 Tam Wing-sze, Christine 譚詠思 **HK**
- 112 Maria Beatriz Uy **PH**

Coordinators 統籌人員

- 113* Abdel Hariz Hafiz **ID**
- 114 John Patrick Almeida **PH**
- 115* Angelika Pattihahuan **ID**
- 116* Raees Arshad **PK**
- 117* Nardos Belay **KH**
- 118 Yvonne Biyo **PH**
- 119 Morpheus Causing **PH**
- 120 Maria Cristina De Costo **PH**
- 121* Dewi Dwiyantri **ID**
- 122* Denis Dupuis **ID**
- 123 Roderick Embuido **PH**
- 124 Marilou Eugenio **PH**
- 125 Andres Joaquin Hagad **PH**
- 126 Hemanathan Nagarathnam **MY**
- 127* Muhammad Ibrahim **PK**
- 128* Adil Khan **PK**
- 129 Thomas Frédéric M. Lahousse **TW**
- 130 Lau Tin-wai, Beatrice 柳天蕙 **HK**
- 131 Mak Ka-wei, Stephen 麥家偉 **HK**
- 132* Marianni Peggy Layzanda **ID**
- 133* May Sarah **ID**
- 134 Claudio Moroni **SG**
- 135 Nyi Wynn Soe **MM**
- 136* Imelda Palacay **PH**
- 137 Sumit Punnakari **TH**
- 138 Natasha Theresa Reyes **HK**
- 139* Syed Muhammad Sadiq **PK**
- 140* Marie Tan Kiak-li 陳杰俐 **MY**
- 141 Tang Pui-fun, Celia 鄧貝芬 **HK**
- 142 Farman Ullah **PK**
- 143* Xu Weibing 徐衛兵 **CN**
- 144 Yones Mangiri **ID**

The above field workers departed to the following countries/areas in 2015 for missions: Afghanistan, Bangladesh, Cambodia, Central African Republic, Chad, Democratic Republic of Congo, Egypt, Ethiopia, Greece, Haiti, India, Indonesia, Iraq, Jordan, Lebanon, Liberia, Libya, Malawi, Malaysia, Mozambique, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Russia, Serbia, Sierra Leone, South Africa, South Sudan, Sudan, Swaziland, Syria, Tanzania, Tunisia, Uganda, Ukraine, Uzbekistan, Yemen and Zimbabwe.

Coordinators include heads of mission, field coordinators, financial coordinators, human resources coordinators, logistical coordinators, medical coordinators, supply coordinators and water, hygiene and sanitation coordinator.

#Abbreviations 縮寫

| **KH** Cambodia 柬埔寨 | **CN** China 中國 | **HK** Hong Kong 香港 | **ID** Indonesia 印尼 | **MC** Macau 澳門 | **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2015年出發，前往以下國家或地區參與救援工作：阿富汗、孟加拉、柬埔寨、中非共和國、乍得、剛果民主共和國、埃及、埃塞俄比亞、希臘、海地、印度、印尼、伊拉克、約旦、黎巴嫩、利比里亞、利比亞、馬拉維、馬來西亞、莫桑比克、緬甸、尼泊爾、巴基斯坦、巴布亞新幾內亞、菲律賓、俄羅斯、塞爾維亞、塞拉利昂、南非、南蘇丹、蘇丹、斯威士蘭、敘利亞、坦桑尼亞、突尼斯、烏干達、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、物資供應統籌及水利衛生統籌。

Activity Overview of MSF-Hong Kong in Asia

無國界醫生（香港）亞洲活動概覽



© Paul Yeung

MSF Orienteering Competition 2015 held in Yuen Long, Hong Kong breaks the event record both in terms of participants recruited and donations raised 在香港元朗舉行的「無國界醫生野外定向2015」，無論參賽人數及籌得款項均打破紀錄

All members of MSF-Hong Kong remain deeply shocked and saddened by the repeated attacks on MSF's hospitals and its supported facilities in Syria, Yemen, Ukraine, Afghanistan and Sudan in 2015. Our thoughts go out to the friends and families of those who tragically lost their lives. Meanwhile, we want to pay tribute to the field workers of MSF-Hong Kong, as well as tens of thousands of MSF's international and national colleagues, who continue to demonstrate their dedication, professionalism and commitment in these difficult times.

To support MSF's lifesaving activities worldwide, a total of 197 mission departures went out through the Hong Kong office in this year. Among them, 47 were first missionaries and 24 assumed the responsibility of coordinator or medical team leader. In addition, 53 professionals were newly recruited from the region. It is the eighth year that MSF-Hong Kong facilitated the annual surgical training with participants coming from different countries.

Further operational support was provided by the Emergency Response Support Unit Manager, who continued her core role in monitoring emergencies in the Southeast Asian region and supporting MSF's relief operations, in particular the Nepal earthquake and the Andaman Sea refugee crisis. The Operational Support Unit (OSU) contributed to MSF's operations in Asia through context research and analysis as well as advocacy support. The OSU also supported MSF missions outside of the region, such as South Sudan, through its expertise on the influences of China and specific Southeast Asian countries on the mission countries.

針對無國界醫生的醫院及其支援的醫療設施的襲擊，於2015年相繼在敘利亞、也門、烏克蘭、阿富汗和蘇丹發生，無國界醫生（香港）所有成員仍為此感到震驚和悲痛。我們向遇難者的親友致以深切慰問，亦向香港辦事處派出的救援人員，以及無國界醫生數以萬計的國際救援人員和當地員工致敬。即使在這麼困難的時刻，他們依然對救援工作表現出決心、專業精神和承擔。

為支援組織全球的救援行動，香港辦事處於這一年共派出了救援人員197人次，當中有47人首次參與救援任務，另有24人次擔任統籌或醫療隊長。我們亦在亞洲區招募了53名專業人員。此外，這是香港辦事處第8個年頭舉辦每年一度的外科訓練，為來自世界各地的參加者提供培訓。

緊急救援支援組經理繼續緊守崗位，監察東南亞區內的突發事件及支援無國界醫生的救援項目，並參與了尼泊爾地震和安達曼海難民危機的救援工作。行動支援組則透過背景分析和倡議支援，幫助在亞洲開展的項目，並運用對中國和東南亞國家影響力的認識，支援南蘇丹等亞洲地區以外的項目。



Chai Xi (left) and Dr. An Na (right) share their field experience at the "I Love MSF" event in Beijing

救援人員柴溪(左)和安娜醫生(右)在北京舉行的「我愛MSF」活動分享前線救援經驗



The 10-day photo exhibition held in Taipei attracts over 15,000 visitors

為期10日的攝影展在台北舉行，吸引了1.5萬名參觀者

The organisation's response to the massive medical and humanitarian needs arising from ongoing armed conflicts and the worst displacement crisis since World War II highlights the importance of financial independence and quick response in relief operations. MSF-Hong Kong would like to express our sincere gratitude to our donors, who enable us to offer assistance to people most in need, regardless of their ethnic origin, religion or political belief. Regular and predictable funds allow us to respond immediately to emergencies, and to make solid commitments to new and current programmes. Throughout the year, MSF-Hong Kong raised over HKD390 million, of which nearly 100% came from private sources. More than 17,000 new "MSF Field Partners" who are willing to support our work through monthly donations were recruited.

Moreover, MSF-Hong Kong deeply appreciates the many members of the public in Hong Kong who support us through two annual events. The MSF Orienteering Competition was held in Yuen Long in March. Over 4,500 participants ran over hills and valleys between control points, not only to raise over HKD6.5 million to support our global relief work, but also to experience simulations of some of the challenges faced on the front line. The MSF Day held on 7 July raised over HKD6.3 million. With the support from Mr. Louis Koo as the Honorary Campaign Leader, over 5,700 individuals responded to the appeal and volunteered for MSF by giving a day's income. 600 student ambassadors also helped raise funds for the campaign. Both events were the most successful ones to date, both in terms of the money raised and the number of participants.

Whilst MSF continues to provide care for both newly infected patients and the survivors of Ebola in West Africa, it calls on the global health community to draw on lessons learnt in order to improve the response to future epidemics and to neglected diseases. This year, Dr. Joanne Liu, MSF's International President, visited China and conducted meetings with authorities of the National Health and Family Planning Commission and the Chinese Center for Disease Control and Prevention, as well as experts of the China Institute of International Studies, and the Center for African Studies of Peking University. Fruitful exchanges on the fight against Ebola, prevention and control of emerging and recurrent infectious diseases, as well as the international response to public health emergencies took place.

2015年組織需應對持續不斷的武裝衝突以及二次大戰以來最嚴峻的難民危機，從中更突顯了財政獨立和救援行動靈活應變的重要性。我們謹此衷心感謝所有支持者慷慨解囊，使我們能夠不分種族、宗教和政治立場，為最需要的人群提供援助。經常而穩定的收入讓我們有能力即時應對突發事件，並對新設和現有的救援項目作出堅實的承諾。這一年間，無國界醫生（香港）共籌得逾3.9億港元，幾乎百分之百都是私人捐款。超過1.7萬名市民亦新加入「無國界醫生救援伙伴」行列，以每月定期捐款支持我們的工作。

此外，香港辦事處非常感謝許多香港市民透過參與兩項年度活動，支持前線救援項目。無國界醫生野外定向比賽於3月在元朗順利舉行，超過4,500名賽員攀山越嶺尋找控制點，不僅籌得逾650萬港元支持我們的全球救援行動，並從中感受救援人員在前線面對的艱辛與挑戰。7月7日舉行的「無國界醫生日」亦籌得超過630萬港元。活動由古天樂先生擔任榮譽行動大使，有超過5,700名市民響應呼籲，捐出一日人工，等同為無國界醫生當一天義工，600名學生大使亦協助活動籌款。兩項年度活動籌得款項及參與人數皆為歷年之冠。

無國界醫生除了繼續在西非協助那些新感染伊波拉病毒的患者和倖存者，亦呼籲全球衛生界以此為鑒，加強應對未來爆發的疫症和被忽略的疾病。這一年，無國界醫生（國際）主席廖滿娣醫生訪華，與中國國家衛生和計劃生育委員會及中國疾病預防控制中心的官員，以及中國國際問題研究院和北京大學非洲研究中心的專家會面，雙方就抗擊伊波拉疫情、新興及常發的傳染病防控和國際衛生應急等議題，交流經驗。



Rémi Carrier (centre), Executive Director of MSF-Hong Kong presents to the Singaporean public MSF's work in responding to major humanitarian crises worldwide

無國界醫生（香港）總幹事卡磊明（中）向新加坡公眾介紹組織應對全球重大人道危機的工作



Yoga enthusiasts in Jakarta support the "A Fair Shot" campaign for lower pneumonia vaccine price for children

雅加達的瑜伽愛好者響應「公平的注射」運動，促請降低兒童肺炎疫苗價格

During 2015, MSF representatives in mainland China interacted regularly with relevant institutions and academics on key global health issues. Reports that outlined MSF's lessons learnt on Ebola and highlighted MSF's concerns about neglected epidemics were proactively shared. The OSU also engaged with academics in Hong Kong and Southeast Asia by sharing MSF's expertise in outbreak control and emergency response in a number of conferences.

MSF-Hong Kong also works to deepen the public's understanding of the challenges of delivering medical humanitarian assistance. In mainland China, the "I love MSF" campaign featuring an online game "Make a Choice" was launched to show the dilemmas with which field workers are confronted when providing aid in war zones, and to highlight to the practical importance of humanitarian principles. Field worker sharings and exhibitions were organized in the Guangzhou Library, the Alliance Française de Canton, as well as the Fudan University, the Southern Medical University and the OWSpace bookstore in Beijing.

In Taiwan, MSF hosted its biggest public event, taking visitors along the path of our work for more than 40 years. A photo exhibition, combined with field worker sharings as well as documentary screenings, was held in June at the Eslite Bookstore in Taipei. The 10-day event attracted over 15,000 visitors.

In Jakarta, Indonesia, the photo exhibition titled "Witnessing the World: The Journey of Doctors Without Borders" was organized, with Dr. Kartini Rustandi, the Director of Primary Care and Facilities of the Ministry of Health as the officiating guest. The same exhibition was then held in Singapore, in the presence of Ambassador Ong Keng Yong, the Executive Deputy Chairman of the S. Rajaratnam School of International Studies and the Director of the Institute of Defence and Strategic Studies at the Nanyang Technological University.

Mommies Daily Indonesia, Yoga at the Park communities of Jakarta and Mommy Bloggers in the Philippines also actively supported our one-year online campaign "A Fair Shot", advocating to lower the price of pneumonia vaccine for children. MSF was greatly encouraged by the enthusiastic support received in these countries.

與此同時，無國界醫生在中國內地的代表與相關機構和學者，就關鍵的全球衛生議題定期交流，並分享總結了組織對抗伊波拉的經驗和關注被忽略流行病的報告。行動支援組亦與香港和東南亞的學者交流，在多個會議中分享了組織抗疫和應急的專業知識。

無國界醫生（香港）亦致力加深公眾對提供醫療人道援助所面臨的挑戰的理解。在中國內地舉辦的「我愛MSF」活動，推出網上遊戲「救援交叉點」，讓民眾體驗在衝突前線進行救援時面對的兩難抉擇，並突顯出在實際行動中恪守人道原則的重要性。救援人員分享會和展覽亦分別在廣州圖書館、廣州法語聯盟、復旦大學、南方醫科大學和北京書店單向空間舉行。

無國界醫生舉辦了組織在台灣歷來最大型的公開活動。《醫靠 無界》——無國界醫生之旅攝影展於6月在台北誠品書店舉行，讓參觀者回顧組織四十多年來的救援行動，另有多場救援人員分享會和紀錄片播映會，為期10天的活動吸引了逾1.5萬人參與。

在印尼雅加達，組織舉辦了《見證世界：無國界醫生之旅》圖片展，印尼衛生部基層醫療總監魯斯坦迪醫生親臨擔任主禮嘉賓。該展覽其後於新加坡舉行，新加坡大使、新加坡南洋理工大學拉惹勒南國際研究院執行副主席兼國防與戰略研究所所長王景榮蒞臨指教。

雅加達的「印尼媽媽」網上群組、「公園瑜伽」社群，以及菲律賓的「媽媽博客群」，亦積極響應我們長達一年、倡議降低兒童肺炎疫苗價格的「公平的注射」網上運動。組織對於在這些國家得到熱烈支持深感鼓舞。

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

BAS (H.K.) Ltd.
BB Group Co Ltd.
Centro Design & Furniture Ltd.
Chan Man Chau Fruit Co. Ltd.
Chong Hing Bank Ltd.
CNA Metals (Asia) Ltd.
Collyer Logistics International Ltd.
Communion W Ltd.
Consolidated Marketing Group International Wealth Management Ltd.
Dah Chong Hong Holdings Ltd.
Deqingyuan (Hong Kong) Ltd.
DLA Piper Hong Kong
DLA Piper UK LLP Beijing Representative Office
Eggshell Creative Consultancy
Fleur Hong Kong
Global Call Ltd.
Goldman Sachs (Asia) L.L.C.
Hong Kong Disneyland
Jones Day Solicitors and International Lawyers
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May's Studio
Media Digital Technologies Corporation Ltd.
Mind and Life Institute
Morn Creations Ltd.
New Media Group Ltd.
New Monday Publishing Ltd.
New Plaza Garment Factory Co. Ltd.
Newtech Group
New World Telecommunications Ltd.
Okamoto Industries (Hong Kong) Ltd.
Omron Electronics Asia Ltd.
OneAsia Network Ltd.
Oriental Watch Holdings Ltd.
Pacific Coffee Co. Ltd.
Popwin Giftware Manufacturing Co. Ltd.
Prince of Peace (Hong Kong) Ltd.
Rayform Ltd.
Reallyenglish.com Co., Ltd.
SOGO Hong Kong Co. Ltd.
Swiss International Air Lines Ltd.
Tai Shing Group (Holdings) Co. Ltd.
The Body Shop

The Hong Kong and China Gas Co. Ltd.
The Hong Kong Electric Co., Ltd.
The Overlander
The Revolution Group
The "Star" Ferry Co., Ltd.
Thong Sia Watch Co., Ltd.
Top Victory Investments Ltd.
United Italian Corporation (HK) Ltd.
Vitasoy International Holdings Ltd.
Watsons Personal Care Stores

一田百貨
十勝牛和食料理
千絲紡
北京庫布里克書店/咖啡店
君合律師事務所
高志昌醫生診所
麥合天城(北京)國際廣告有限公司
偉泰工程(香港)有限公司

Foundations / Funding bodies

資助基金

Speech & Music Recital Development Foundation

Medical institutions

醫療機構

The Nethersole School of Nursing, The Chinese University of Hong Kong
Multi-Disciplinary Simulation and Skills Centre, Queen Elizabeth Hospital

Community Groups & Associations

社區團體及協會

Alliance Française de Hong Kong
Humanist Society (Singapore)
Junior Chamber International Island (Hong Kong) Limited
Opera Prima Society of Hong Kong
The Industrial Evangelistic Fellowship
The Volunteers Orienteering Club
天主教南華中學
水色藝術工坊
同社
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
南極星義工隊
國際傷健潛水協會(香港)
新方向定向會
愛羣義工團
潛水歷險會
寶蓮禪寺

Schools / Tertiary Institutions

學校及大專院校

九龍靈光小學
可立中學(舊色園主辦)
沙田循道衛理中學
林大輝中學
青衣商會將軍澳幼稚園家長教師會
東華三院李嘉誠中學
東華學院(京士柏校舍)學生事務處
信生中英文幼稚園
香港理工大學學生會中國內地學生協會
香港道教聯合會鄧顯紀念中學
基督教中國佈道會恩恩創意幼稚園
聖母書院
嘉德麗中英文幼稚園

Office Volunteers

辦事處義工

Jan Krister Andersson	王俏芳	梁信彥
Gauri Apte	王威理	梁敏君
Naz Bagherzadeh	王凱晴	梁雅倫
Chai Xi, Cathy	朱達明	黃熙允
Kiki Chow	吳少珍	馮維強
Lorraine Kwong	吳少蘭	裴江南
Leo Lam	何玉薇	葉麗梅
Karen Lau	李自康	劉月明
Lee Siu-hoi	何淑嫻	蔡奕玲
Ivy Suen	何榮德	劉曼璇
Saori Takemura	周漢明	黎詠思
Chastine Yiu	凌怡麗	劉鳳珍
Maggie Zuo	唐鎮浩	盧思博
	陳永安	羅小璐
	陳淑賢	羅耀琳

The above office volunteers provided services 36 hours or above in 2015. We are also thankful to have other volunteers contribute their precious help.

上述辦事處義工於2015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。

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

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Lee Sau-wai, Vivian 利秀慧◇

® Appointed on 21 April 2015 於2015年4月21日上任

◇ Appointed on 29 August 2015 於2015年8月29日上任

* Resigned on 29 August 2015 於2015年8月29日離任

Resigned on 30 November 2015 於2015年11月30日離任

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 2015, the MSF offices in Hong Kong, Guangzhou and Beijing have 52 staff and 43 regular office volunteers who help with office tasks. 截至2015年12月，無國界醫生在香港、廣州和北京的辦事處共有52名職員，另有43名義工定期協助處理日常工作。

MSF-Hong Kong Financial Overview 2015 (in Hong Kong dollar)

無國界醫生香港辦事處2015年度財政概覽 (以港元為單位)

	2015	2014
INCOME 收入		
Donations from the public 公眾捐款	392,974,645	348,256,414
Other income 其他收入	24,796	89,393
TOTAL 總數:	392,999,441 (1)	348,345,807
EXPENDITURE 支出		
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	298,760,753 (2)	259,831,754
Programme support and development 項目支援及發展	33,619,679	26,948,448
Public awareness and other campaigns 提高公眾關注及倡議	9,936,610	11,147,289
Other humanitarian activities 其他人道救援活動	2,083,824	2,312,238
Total supporting relief operations 救援項目工作總開支	344,400,866 (3)	300,239,729
Management, general and administration 行政經費	11,872,547	10,805,437
Fundraising 籌款經費	36,726,028	37,300,641
TOTAL 總數:	392,999,441	348,345,807

Statement of Financial Position as at 31st December 2015

截至2015年12月31日止年度的財務狀況表

	2015	2014
Fixed Assets 固定資產	1,060,828	821,405
Current Assets 流動資產		
Sundry debtors and receivables 雜項應收帳款及應收費	138,960	25,392
Prepayments and deposits 預付費用及押金	1,985,797	1,625,391
Amount due from other MSF offices 應收其他無國界醫生辦事處之帳款	1,707,602	2,428,903
Cash and bank balances 現金及銀行結餘	22,206,001	25,510,186
	26,038,360	29,589,872
Current Liabilities 流動負債		
Sundry creditors and accruals 應付帳款及應計費用	2,392,861	4,152,552
Deferred income 遞延收入	- (4)	1,199,684
Amount due to other MSF offices 應付其他無國界醫生辦事處之帳款	24,706,327	25,059,041
	27,099,188	30,411,277
Net Current Liabilities 淨流動負債	(1,060,828)	(821,405)
	0	0
Fund Balances 資金餘額		
Accumulated funds 累積資金	0 (5)	0

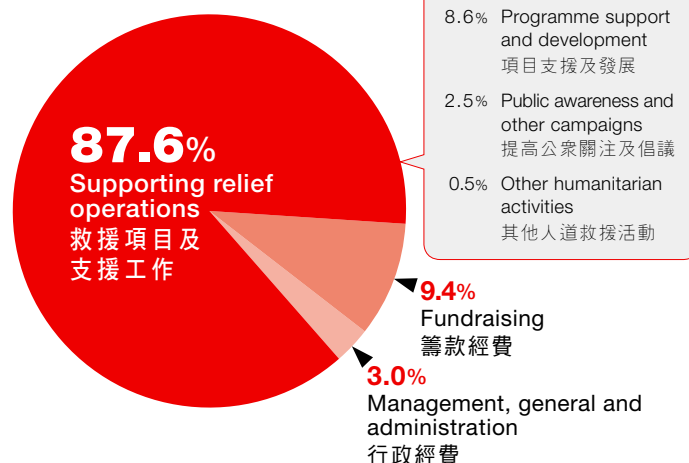
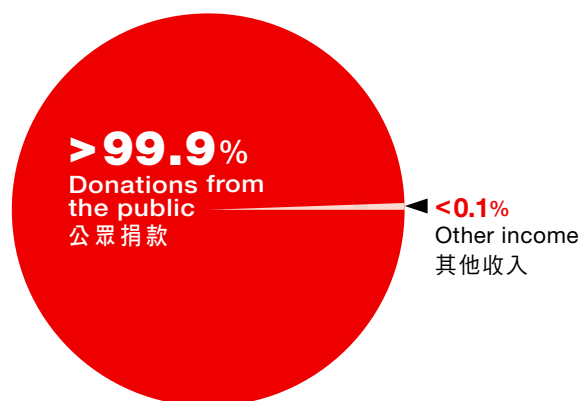
There is a legal obligation to explain that the figures listed above are only partial but not the full set of specified financial statements (i.e. statutory annual financial statement) for the year ended 31 December 2015. That statement is prepared in accordance with the Hong Kong Companies Ordinance and has been delivered to the Companies Registry. It was also approved by the Board of MSF-Hong Kong and has been audited by KPMG. The auditor's report was unqualified, which means that they are of the view that the statement gives a true and fair view of the state and financial position of the organisation for the year ended 31 December 2015. They did not refer to any matters which the auditor drew by way of emphasis without qualifying their report, which means they did not have other significant reservations about the statements. And they did not include any comments under section 406(2) or 407(2) or (3) of the Companies Ordinance, i.e. there were no inconsistencies between the financial statements and the directors report, accounting records were in agreement with the financial statements, and the auditor did receive the information necessary for their work. The full financial statements are available at msf.hk.

按照法例，謹此聲明，以上陳列數據僅為截至2015年12月31日止年度的指明財務報表（即：法定財務報表）的一部分，並不是完整的財務報表。該報表是根據香港《公司條例》擬備，並已送呈公司註冊處。該報表已由無國界醫生（香港）董事會認可及畢馬威會計師事務所審核。核數師對報表無保留意見，即認為報表真實並公平地反映組織於截至2015年12月31日止年度的狀況及財政情況。核數師亦沒有以強調方式提述須予注意的事項，即核數師對報表沒有其他重大保留。報表內也沒有任何根據香港《公司條例》第406(2)、407(2)或(3)條的陳述，即財務報表和董事會報告、會計記錄和財務報表沒有出現不一致的情況，以及核數師取得審核工作所必需之資料。完整財務報表可瀏覽：msf.hk。

Explanatory Notes on Financial Overview 2015

- (1) 99.9% of donations came from public donations.
- (2) A total of HKD266,810,145 was allocated for emergency and medical programmes in 50 countries. HKD31,811,923 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, HKD138,685 of funding is set aside as international fund for operational research and innovation.
- (3) 87.6% of donations in total went to supporting relief operations.
- (4) Deferred income in 2014 represented donation fund received and designated for the Ebola emergency in West Africa and was fully charged to the related project expenditures during the year 2015.
- (5) As of 2015, MSF-Hong Kong maintains a "zero reserve" policy: all donations received, after the fundraising and administration expenses, are fully dispensed for supporting relief operations.
- (6) Other countries and regions included Cambodia, Sudan, Brazil, Philippines, Australia, Bulgaria, Palestine and Greece.

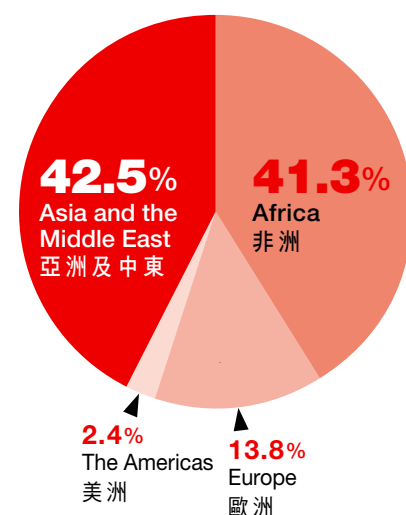
The Hong Kong branch of Médecins Sans Frontières is incorporated under the Companies Ordinance of Hong Kong as Médecins Sans Frontières (HK) Limited, a company limited by guarantee.



2015 Allocation of MSF-Hong Kong Funding for Relief Work by Country (HKD) · 2015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
Democratic Republic of Congo 剛果民主共和國	33,439,838	Mozambique 莫桑比克	4,345,322
Balkan Route 巴爾幹半島路線	20,284,704	Papua New Guinea 巴布亞新幾內亞	4,000,000
Myanmar 緬甸	18,600,000	Ethiopia 埃塞俄比亞	3,500,000
Afghanistan 阿富汗	18,134,102	Nigeria 尼日利亞	3,200,000
Pakistan 巴基斯坦	17,637,129	Malawi 馬拉維	2,770,412
Lebanon 黎巴嫩	15,371,826	Kenya 肯尼亞	2,622,111
Yemen 也門	10,132,160	Uzbekistan 烏茲別克	2,620,000
Ukraine 烏克蘭	9,872,165	Madagascar 馬達加斯加	1,933,026
Guinea 幾內亞	7,673,630	Burundi 布隆迪	1,779,619
South Sudan 南蘇丹	7,409,466	Egypt 埃及	1,688,870
Bangladesh 孟加拉	6,900,000	Mauritania 毛里塔尼亞	1,685,016
Jordan 約旦	6,338,191	Libya 利比亞	1,672,733
Central African Republic 中非共和國	6,326,566	Nepal 尼泊爾	1,392,913
Haiti 海地	6,254,018	Liberia 利比里亞	1,384,049
Syria 敘利亞	6,139,563	Algeria 阿爾及利亞	1,093,601
Zimbabwe 津巴布韋	6,098,574	Malaysia 馬來西亞	1,000,000
Italy 意大利	6,077,490	Belgium 比利時	607,790
Niger 尼日爾	5,946,358	Tanzania 坦桑尼亞	465,949
Sierra Leone 塞拉利昂	5,449,827	Côte d'Ivoire 科特迪瓦	345,061
Chad 乍得	4,900,000	Indonesia 印尼	242,473
India 印度	4,617,332	Other countries and regions 其他國家和地區 (6)	458,457
South Africa 南非	4,399,804		

TOTAL 總數:

266,810,145

Asia and the Middle East 亞洲及中東	113,366,662
Africa 非洲	110,244,784
Europe 歐洲	36,844,686
The Americas 美洲	6,354,013

2015年度財政概覽說明

- (1) 99.9%經費來自公眾捐款。
- (2) 合計266,810,145港元被撥作於50個國家進行緊急及醫療救援項目的經費。31,811,923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，138,685港元作為支持救援項目研究及創新之國際撥款。
- (3) 87.6%捐款用於救援項目及支援工作。
- (4) 2014年的「遞延收入」是因應西非爆發的伊波拉疫情而收到的指定捐款。該款項已於2015年全部用於相關救援項目。
- (5) 截至2015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。
- (6) 其他國家和地區包括柬埔寨、蘇丹、巴西、菲律賓、澳洲、保加利亞、巴勒斯坦和希臘。

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。

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Design & Printing 設計及印刷: Mangraphic Production Co. 文藝製作公司

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。

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© Brian Sokol/Panos Pictures

A patient injured in the Nepal earthquake is sent back home in a mountainous area after his treatment in MSF's hospital

尼泊爾地震一名傷者在無國界醫生醫院接受治療後，獲送返回位於山區的家