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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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MSF ACTIVITY REPORT

活動報告 2008



MSF provides first aid to the injuries in Mathare slum in response to the post-electoral violence in Kenya.
無國界醫生在瑪薩瑞貧民窟為肯尼亞大選引發的暴力事件的傷者提供急救。


MEDECINS SANS FRONTIERES
無國界醫生

FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR

主席和總幹事的話

Dear Friends,

The year 2008 is remembered for the high number of emergencies and natural disasters that caused tremendous suffering among millions of people in the world. MSF teams were challenged to respond in an extraordinary number of crises: from nutritional crises in Ethiopia and Niger, to ongoing conflicts in Sri Lanka and the Democratic Republic of Congo.

In May, cyclone Nargis left around 140,000 people dead or missing in Myanmar. Tropical storms and hurricanes later caused suffering and loss of lives in Haiti. The devastating impact of the earthquake that rocked Sichuan province in China on 12 May is still on all our minds.

The survivors of these emergencies find themselves in desperate conditions, having suddenly lost family members and friends, homes and material goods. They are highly traumatised, and in need of rapid medical and material support. MSF teams worked around the clock providing medical care to the most affected populations, trying to adapt as much as possible to the local context and the populations' specific needs.

MSF continued to dedicate an important part of its resources to so-called "chronic emergencies" like Darfur/Sudan, Somalia, Chad or the Central African Republic. We repeatedly had to evacuate our teams from our missions in these countries, as MSF became the victim of targeted attacks and brutalities. These contexts, where direct access to populations is becoming more and more difficult, require MSF to be flexible, creative and innovative in our response.

The trend of increased attacks on aid workers is a great source of concern. Some of the communities and armed actors with whom MSF interacts may wrongly perceive MSF as a non-neutral actor associated with a political or religious agenda. The consequence of this increased security risk is that more than ever before MSF needs to pro-actively explain its neutral, independent and impartial humanitarian mission to all stakeholders involved, as they are essential to MSF's work.

各位朋友：

二〇〇八年是充滿天災及危難的一年，全球數以百萬計的人民活在水深火熱之中。無國界醫生要回應的人道危機格外多：由埃塞俄比亞及尼日爾的營養不良危機，到斯里蘭卡及剛果民主共和國的持續戰事等。

五月，颱風納爾吉斯在緬甸造成約十四萬人死亡或失蹤，其後在海地的熱帶風暴及颶風也造成嚴重破壞，奪走不少人的寶貴生命。五月十二日在中國四川省發生的地震，其破壞力之大，我們至今仍不能忘懷。

這些災難的倖存者生活在絕望之中，他們突然失去親友、家園及財物，精神受創，急需即時的醫療和物資支援。無國界醫生日以繼夜為最受影響的災民提供醫療援助，也盡可能因應不同地方的情況及人民的需要，提供適切的幫助。

無國界醫生繼續將重要部分的資源用於「長期緊急危機」上，如達爾富爾／蘇丹、索馬里、乍得及中非共和國等。在這些國家，無國界醫生屢次遭到針對性的殘暴襲擊，救援人員多次被迫在執行任務期間撤走。在這樣的環境下，要直接接觸到有需要的人民愈加困難，也令無國界醫生要更具彈性和創意，回應人道救援的需要。

人道救援工作者受襲個案增加的趨勢也令人關注。部分社群及武裝分子，可能誤以為無國界醫生帶有某些政治或宗教目的，並非中立的組織。這令無國界醫生工作的安全風險日益增加，而我們也需要較以往更主動向所有相關人等，解釋組織中立、獨立和不偏不倚地提供人道救援的立場，這些原則對無國界醫生的工作至關重要。

二〇〇八年也出現另一個危機——全球金融海嘯。在無國界醫生工作的國家，金融海嘯直接或間接地令人民變得更为脆弱。無國界醫生早在金融市場被重創前，已著

The year 2008 is of course also remembered for another crisis: the global financial meltdown. This crisis will, directly or indirectly, have an impact on vulnerability of people in countries where MSF is working. MSF started an exercise to ensure the necessary financial basis for our long-term worldwide projects long before the financial markets were impacted. The financial crisis has only accelerated the implementation of this exercise, which is mainly aimed at improved efficiency and increased rationalisation of resources.

MSF-Hong Kong receives almost 100% of its income from the public. A small number of donors informed us they have to set other priorities and can no longer financially support our humanitarian work. However, the great majority of donors are standing by us, and we managed to increase our income by 15% compared to previous year.

Last year, MSF created an international innovation fund that promotes innovation in our field activities by rewarding operational strategies and research that improve the way MSF meets healthcare needs in the places we are working. In 2008 this fund supported work on the use of adapted diagnostic tools to diagnose malnutrition in western Africa and tuberculosis in people living with HIV in eastern Africa. MSF-Hong Kong contributes 1% of its income to this fund.

We are proud to inform you about a further increase in the number of departures of aid workers to MSF projects overseas through the MSF-Hong Kong office. In 2008, 115 medical and non-medical field workers joined us in 164 missions, including 23 missions for surgeons, anaesthetists and obstetric-gynaecologists. We continue to raise awareness about MSF's work in the mainland through the representative office in Guangzhou.

As always, it would be impossible for us to reach out to millions of people all over the world without your help. With your continued support, we can ensure that MSF reaches those most affected by violence, conflicts, epidemics and natural or man-made disasters.

Thank you very much for standing by us.

手行動，確保我們長線的全球救援工作有穩健的財政基礎，而這場海嘯只是加促了這行動的執行，令我們更有效率及更合乎經濟原則地運用資源。

無國界醫生香港辦事處幾乎所有的捐款都來自公眾。有少數捐款人通知我們，他們因為財政的優次考慮，不能繼續捐款支持我們的人道救援工作。但絕大部分的捐款者仍繼續支持我們，令我們的捐款收入得以較前一年上升一成半。

去年，無國界醫生創立了一個全球創新基金，透過獎勵一些令我們更迎合救援地區醫療需要的行動策略和研究項目，推動创新的前線救援工作。二〇〇八年，這基金支持了無國界醫生在西非利用改良的方法診斷營養不良，以及在東非診斷感染結核桿菌的愛滋病感染者。無國界醫生香港辦事處貢獻了百分之一的收入予這個創新基金。

由香港辦事處派出參與海外救援工作的人員不斷增加。二〇〇八年，香港辦事處共派出一百一十五名醫療及非醫療前線救援人員，參與一百六十四項救援行動，包括二十三項由外科、麻醉科和婦產科醫生參與的救援任務。我們繼續藉著廣州代表處的工作，增加國內民衆對無國界醫生工作的認知及關注。

一如既往，如果沒有你們的支持，我們絕不可能幫助到全球各地數以百萬計的人民。有賴你們繼續支持，我們才得以確保無國界醫生能向受暴力、衝突、疫病、天災和人禍影響的人們，提供人道醫療救援。

在此衷心感謝各界人士對我們的鼎力支持。

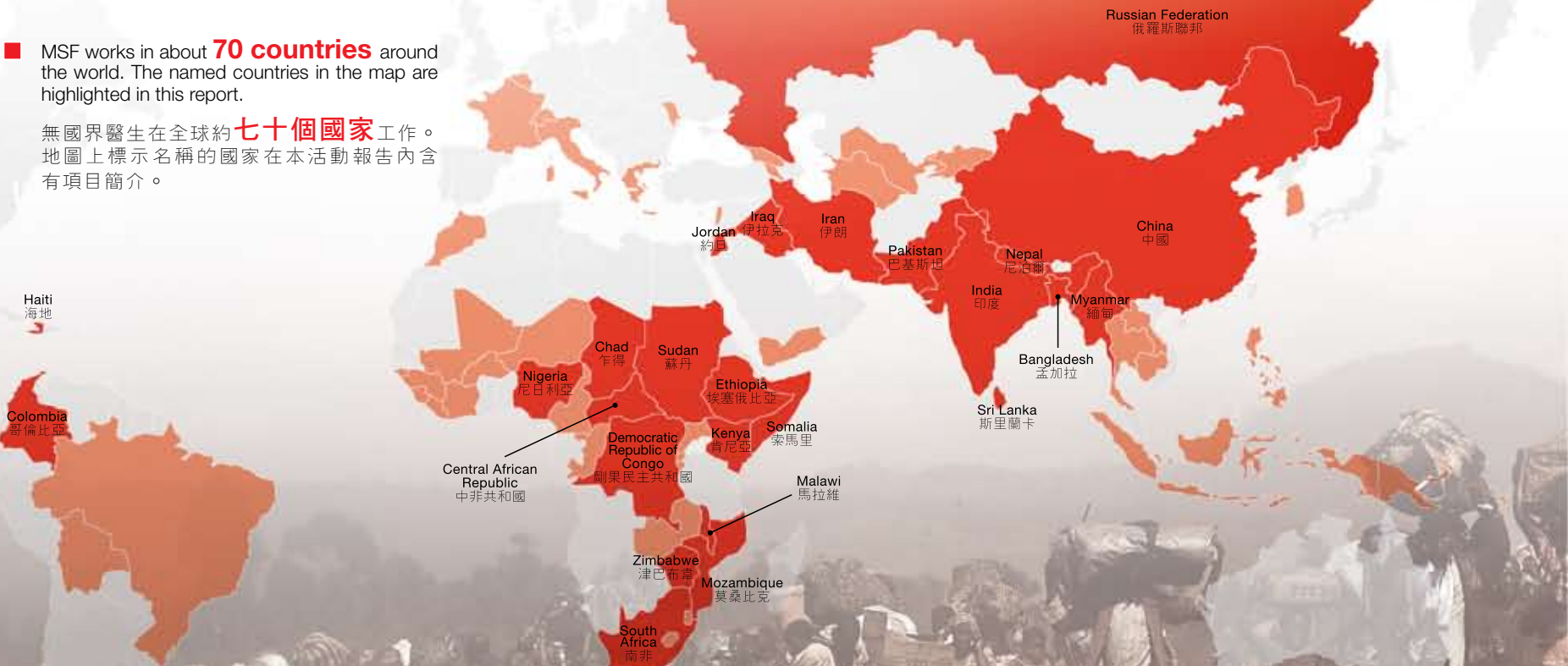


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■ MSF works in about **70 countries** around the world. The named countries in the map are highlighted in this report.

無國界醫生在全球約**七十個國家**工作。地圖上標示名稱的國家在本活動報告內含有項目簡介。



Operation Highlights 前線工作概要

Below are the highlights of MSF activities around the world in 2008 :
以下是無國界醫生於二〇〇八年在全球進行救援工作的部分數據：

Performed 進行	47,515	surgeries 宗手術
Conducted 進行	8,800,000	outpatient consultations 次門診
Hospitalised 接收	312,509	patients 人次入院治療
Vaccinated 為	2,855,957	children 名兒童注射疫苗
Distributed 派發	681,000,000	liters of chlorinated water 公升注氯食水
Treated 治療	212,565	severely malnourished children 名嚴重營養不良兒童
Carried out 提供	121,851	individual mental health consultations 次個人精神健康診症



PROJECTS BY COUNTRY 各地項目

AFRICA

Central African Republic (CAR), Chad

Chronic insecurity in CAR and various armed conflicts in neighbouring Chad severely affected civilians to access healthcare.

In northwestern and northeastern CAR, MSF conducted over 385,000 outpatient consultations and hospitalised more than 14,800 patients. Most patients were treated for malaria, TB, HIV/AIDS, sleeping sickness and malnutrition. Mental health services were also provided to communities living in violence. An MSF local staff member was shot dead in a well-marked MSF vehicle in March in Vakaga region, further hampering the movement of aid workers.

In Chad, MSF provided medical aid to CAR refugees as well as local residents in the south, and assisted hundreds of thousands of displaced Chadians and Sudanese refugees from Darfur in the east. MSF also provided surgical assistance to conflict victims in the capital N'djamena, when clashes between rebels and the Chad government reached a peak in February.

Democratic Republic of Congo (DRC)

Despite a peace agreement in January, violence has not stopped in the eastern and northeastern DRC. Full-scale war resumed in August, leading to disruptions in humanitarian aid.

MSF increased the provision of medical assistance to civilians and the displaced population in the eastern provinces of Kivu. In Rutshuru, a town in North Kivu, alone, over 3,700 surgeries were carried out. MSF provided medical care and counselling to more than 6,700 sexual violence victims across Kivus. In the northeastern Ituri and Haut-Uélé, MSF worked in a local hospital and launched mobile clinics to assist the displaced.

In the stable areas, besides responding to disease outbreaks like Ebola haemorrhagic fever and cholera, MSF also vaccinated 500,000 children against measles in Lake Tanganyika region. HIV/AIDS projects in the capital Kinshasa and Bunia, Ituri continued. One programme in Bukavu, South Kivu, was handed over to another organisation and local authorities in December.

MSF mobile team treats the displaced in DRC
無國界醫生流動醫療隊伍治療剛果民主共和國的流離失所者

非洲

中非共和國、乍得

中非共和國長期不穩的局勢和鄰國乍得的武裝衝突，嚴重影響兩國的平民獲得醫療照顧的機會。

無國界醫生在中非共和國的西北部及東北部工作，進行超過三十八萬五千次門診，並接收超過一萬四千八百名病人入院治療。病人多患上瘧疾、結核病、愛滋病、昏睡病及營養不良。醫療人員又向活在暴力下的社群提供精神健康護理。三月，一名無國界醫生中非籍員工在瓦卡加地區，在一輛清晰地標明無國界醫生字樣的車輛內被擊斃，事件進一步影響救援人員的行動。

在乍得，無國界醫生在南部向來自中非共和國的難民及乍得平民提供醫療援助，在東部則協助數十萬計流離失所的乍得民衆，以及來自鄰國蘇丹的達爾富爾難民。於二月乍得政府軍與叛軍交戰的高峰期，無國界醫生在首都恩賈梅納，向暴力衝突傷者提供手術支援。

剛果民主共和國

雖然剛果民主共和國交戰各方於一月簽訂和約，但東部及東北部地區的暴力事件並沒有完結，戰爭更於八月全面恢復，阻礙人道救援工作進行。

無國界醫生在東部的北基伍和南基伍省，增加對平民及流離失所者的醫療援助。單在北基伍省城鎮魯丘魯，醫療隊進行了超過三千七百宗手術。無國界醫生亦在兩個基伍省，向超過六千七百名性暴力受害者提供醫療護理和輔導。在東北部的伊圖里省及上韋萊省，無國界醫生在當地醫院工作，並設立流動診所援助流離失所者。

在局勢較穩定的地區，無國界醫生除了應付伊波拉出血熱和霍亂疫情，更在坦噶尼喀湖地區為五十萬名兒童接種麻疹疫苗。在首都金沙薩和伊圖里省首府布尼亞的愛滋病治療項目仍然繼續，而位於南基伍省布卡武的項目，已於十二月移交予另一組織及當地政府部門。



MSF staff measures the nutritional level of a child in Ethiopia
無國界醫生員工為埃塞俄比亞兒童量度營養程度

Ethiopia

A nutritional crisis in the south marked 2008 in Ethiopia. In mid-May, MSF started emergency nutritional activities in the Oromiya region, and Southern Nations, Nationalities and Peoples' region. Over 72,000 moderately and severely malnourished people were treated, and 14,000 children at risk of malnutrition were provided with food. In August the programme spread to the northeastern Afar region. MSF also vaccinated around 93,000 children against measles in Oromiya in February and March.

In the Somali region, MSF provided medical care in the conflict-affected Wardher area. Activities in the hospital in Degahbur town continued, and the primary healthcare and TB project in Cherrati were handed over to local health authorities in December. MSF closed its project in Fiiq in July due to administrative hurdles from the authorities and security concerns.

MSF continued to battle kala azar in the northern regions of Tigray and Amhara, and at the same time provided nutritional care and treatment for HIV/AIDS, malaria and meningitis.

Kenya, Malawi, Mozambique

Kenya's presidential election led to violence in early 2008. In the capital Nairobi, MSF teams adapted long-running HIV/AIDS projects to provide first aid to victims. MSF sent ambulances around the slums and supported local hospitals with surgical care. Mobile clinics were set up in the Rift Valley region. This emergency response lasted until the situation was stabilised at the end of February.

In the Mount Elgon region where ongoing conflicts occurred, MSF provided over 23,000 outpatient consultations. The project was handed over to the ministry of health by the end of the year. MSF continued to provide HIV/AIDS treatment in the slums of Nairobi as well as in the rural areas of Busia and Homa Bay. MSF also treated people with kala azar in the West Pokot district.

In Malawi and Mozambique, two southeast Africa countries, MSF provided ARV treatment to HIV/AIDS patients, and responded to a cholera outbreak in Malawi in November.



A mother takes care of her son who is infected with HIV in Homa Bay, Kenya
在肯尼亞的霍馬貝，一位母親照顧感染了愛滋病病毒的兒子

埃塞俄比亞

埃塞俄比亞南部於二〇〇八年出現嚴重的營養危機。無國界醫生於五月中，在奧羅米亞地區和南方人民民族地區開展緊急營養治療工作，治療超過七萬二千名中度和嚴重營養不良的病人，以及為一萬四千名面臨營養不良的兒童派發糧食，項目於八月擴展至東北部的阿法爾地區。無國界醫生並於二月和三月，在奧羅米亞為約九萬三千名兒童注射麻疹疫苗。

在該國的索馬里地區，無國界醫生在受衝突影響的沃德爾提供醫療護理，並繼續在城鎮德加布的醫院服務；在切拉提的基本醫療和結核病治療項目，則在十二月移交至當地衛生部門。基於有關當局帶來的行政障礙和安全理由，無國界醫生在七月終止在菲列的工作。

無國界醫生繼續在北部地區提格雷和阿姆哈拉治療黑熱病，並同時提供營養護理，以及愛滋病、瘧疾和腦膜炎治療。

肯尼亞、馬拉維、莫桑比克

二〇〇八年初，肯尼亞總統大選釀成衝突。在首都奈羅畢，無國界醫生把運作已久的愛滋病治療項目調整，以便為衝突傷者提供急救，並派救護車到各貧民窟和支援當地醫院的外科手術。在裂谷省，無國界醫生透過流動診所接觸有需要的平民。直至二月底，當地政局轉趨穩定，緊急救援工作才告完結。

埃爾貢山地區的暴力事件持續，無國界醫生於〇八年提供超過二萬三千次門診服務，該項目在年底移交予衛生部。醫療隊又繼續在奈羅畢的貧民窟，以及布西亞和霍馬貝的郊區治理愛滋病病毒感染者，並在西波克特地區治療黑熱病患者。

在馬拉維和莫桑比克這兩個位於非洲東南部的國家，無國界醫生繼續其愛滋病治療項目，並在十一月對抗馬拉維的霍亂疫情。



A woman injured in a traffic accident is sent to an MSF hospital in Nigeria
在尼日利亞，一名交通意外受傷的婦人被送到無國界醫生醫院



Hospital is overloaded that cholera patients have to lie on the floor for treatments in Zimbabwe
津巴布韋的醫院嚴重爆滿，霍亂病人需躺在地上接受治療



MSF delivers emergency aid during the wave of xenophobic violence in South Africa
無國界醫生在南非排外衝突期間提供緊急救援



Sudanese fleeing their home in the conflict area
居於衝突地區的蘇丹人經常要逃離家園

Nigeria

Nigeria enjoyed a relatively calm political environment in 2008. However, access to good quality healthcare remains difficult for people who cannot afford it.

In Niger Delta located in the south, MSF delivered emergency care to over 9,300 patients, performed over 3,000 surgeries and treated hundreds of sexual violence victims at its trauma centre in Port Harcourt. In Bayelsa state, a primary healthcare programme was opened in October. An assessment of the condition of refugees from Bakassi peninsula, a disputed territory between Cameroon and Nigeria, in the Nigerian Cross River state was also carried out.

To the north, MSF started two projects focusing on women's health in Sokoto and Jigawa states, ran a nutrition campaign in Yobe state, and responded to outbreaks of cholera, meningitis and measles in various states.

MSF handed over its HIV/AIDS programmes in Lagos to local partners and the Lagos general hospital in September.

South Africa, Zimbabwe

Political instability in Zimbabwe led to an economic freefall and public health crisis. In 2008, the largest recorded cholera outbreak in the country, and in Africa, worsened the situation. MSF opened a number of cholera treatment units and supported government structures with supplies and staff training.

MSF also responded to the nutritional crisis and continued to run HIV/AIDS projects in half of the provinces in Zimbabwe. Among those 40,000 people supported with free care, 26,000 were on ARV treatment.

An estimated three million Zimbabweans fled to neighbouring countries – many to South Africa. MSF started a primary healthcare project in May in Beitbridge, the exit point bordering South Africa. Medical assistance was also provided to Zimbabwean refugees in South Africa in the border town of Musina and in central Johannesburg.

In the township of Khayelitsha on the outskirts of Cape Town, MSF continued to provide integrated care to patients co-infected with HIV and TB, as well as comprehensive services for rape survivors. MSF also responded to the xenophobic violence in the country between May and September.

尼日利亞

二〇〇八年，尼日利亞的政局轉趨穩定，但仍有不少平民因未能付擔醫療費用，得不到良好的健康護理。

在南部的尼日爾三角洲，無國界醫生為超過九千三百名病人提供緊急護理，進行超過三千宗手術，並在哈科特港的創傷治療中心，治理數百名性暴力受害者。無國界醫生於十月在巴耶爾薩州開展一個基本健康護理項目。另外，醫療隊在克羅斯河州評估難民的情況。這批難民來自喀麥隆及尼日利亞交界、有主權爭議的巴卡西半島。

在北部，無國界醫生分別在索科托及吉加瓦州開展婦女健康護理項目，又在約貝州進行營養治療，以及在不同州份對抗霍亂、腦膜炎及麻疹爆發。

無國界醫生於九月將位於拉各斯的愛滋病治療項目，移交予當地的合作伙伴及拉各斯綜合醫院。

南非、津巴布韋

津巴布韋政局不穩，釀成經濟崩潰及公共衛生危機。二〇〇八年，該國爆發非洲有史以來最大型的霍亂疫情，令情況進一步惡化。無國界醫生開展多個霍亂治療中心，又為政府機構提供物資及醫護人員培訓。

無國界醫生也在津巴布韋應付營養不良的危機，並繼續在該國半數省份治療愛滋病毒感染者，在四萬名獲得免費護理的感染者之中，二萬六千人正接受抗病毒治療。

據估計，約三百萬名津巴布韋人逃到鄰近國家，當中不少人逃到南非。無國界醫生於五月在接壤南非的拜特布里奇，開展健康護理項目，又在南非的邊境城鎮穆希納及約翰內斯堡中心地區，向津巴布韋難民提供醫療援助。

在南非開普敦郊區的城鎮卡雅利沙，無國界醫生繼續向同時感染愛滋病毒及患上結核病的病人，提供綜合醫療照顧，又為強姦受害者提供全面的護理。於五月至九月，醫療隊也在全國不同地方，治理排外衝突的傷者。

Somalia

The gap between medical needs in Somalia and the humanitarian response widened, mainly due to the difficulty of delivering assistance in this highly volatile environment.

In 2008, four MSF staff were killed in Somalia and three projects in Kismayo, Mogadishu and Bosasso had to close. In April, MSF was forced to evacuate all international staff due to intense fighting and specific threats against foreign aid workers. Existing projects were then run by dedicated Somali staff, with the support of international staff based in Nairobi, Kenya.

MSF worked in nine regions of south and central Somalia. In the capital Mogadishu, MSF treated 5,250 patients in Daynile hospital. Most of the patients were wounded in conflict and more than half were women and children. Basic healthcare and nutritional care were provided throughout the country. MSF conducted over 727,000 outpatient consultations, more than 55,000 antenatal consultations, 82,000 vaccinations, and treated over 34,000 children for severe or moderate malnutrition.

Sudan

The security situation in Darfur, west Sudan, deteriorated in 2008. The humanitarian crisis there continues to be one of the largest in the world.

MSF had around 2,000 staff working in Darfur to provide healthcare at all levels to civilians in the entire region, where an estimated 2.7 million of people have been displaced. Medical teams provided outpatient and inpatient care, emergency surgical care, women's healthcare, vaccinations, treatment of malnutrition and mental health counselling. MSF also responded to violence and epidemic outbreaks. However, several projects were forced to suspend or terminate due to insecurity or orders from the government.

In the disputed border of north and south Sudan, MSF opened new projects in Bahr-el-Ghazal state. Medical teams continued to work in other parts of south Sudan and conducted in total around 370,000 outpatient consultations and over 1,000 operations. Activities in Bor, Jonglei state and Yambio, Western Equatoria state, were handed over to health authorities. MSF also ran a maternal healthcare programme in Port Sudan in the northeast region of the country.

索馬里

索馬里局勢反覆，增加救援人員工作的難度，令當地醫療需要及人道救援的落差擴大。

二〇〇八年，四名無國界醫生救援人員在索馬里被殺，位於基斯馬尤、摩加迪沙及博沙索的三個項目隨即終止。激烈衝突及針對外國籍救援人員的襲擊威脅頻生，無國界醫生於四月被迫撤走所有外國籍救援人員。原有的項目由索馬里籍的員工維持運作，而國際救援人員則在肯尼亞奈羅畢作出支援。

無國界醫生在索馬里南部及中部九個區域工作。在首都摩加迪沙，無國界醫生在代內爾醫院治理五千二百五十名病者，大部分都是在衝突中受傷，過半數是婦孺。救援人員在全國各地提供基本健康護理及營養治療，進行超過七十二萬七千次門診、超過五萬五千次產前檢查、八萬二千次疫苗注射，以及治理超過三萬四千名中度或嚴重營養不良兒童。

蘇丹

二〇〇八年，蘇丹西部達爾富爾地區的安全局勢轉壞，當地仍然是全球其中一個人道危機最為嚴峻的地方。

據估計，達爾富爾約有二百七十萬人流離失所。無國界醫生共有約二千名工作人員，在整個地區向平民提供全方位的醫療照顧，包括住院和門診服務、緊急外科手術、婦女醫療、疫苗注射、營養不良治療、精神健康輔導，以及回應暴力衝突和疫病的爆發等。然而，基於安全理由和政府指令，有數個項目被迫暫停或終止。

另外，無國界醫生在位於蘇丹南部和北部之間的爭議地區加扎勒河省展開新的醫療項目，並繼續在蘇丹南部地區工作，共提供了三十七萬宗門診服務和進行了超過一千宗手術。在南蘇丹瓊萊省博爾城鎮和西赤道省廷比奧城鎮的工作，則已移交予衛生部門。無國界醫生又在蘇丹東北部的蘇丹港，提供婦產醫療護理。



Rohingyas who fled to Bangladesh live in a makeshift camp with poor conditions
逃難到孟加拉的羅興亞人居住在環境惡劣的營房



MSF provides psychological counselling to victims after Sichuan earthquake
無國界醫生為四川地震災民提供心理輔導



MSF provides ambulance service in an IDP camp in Mardan district, Pakistan
無國界醫生在巴基斯坦馬爾丹地區的一個流離失所者營地提供救護車服務



MSF sets up an inflatable tent hospital in Menik Farm, Sri Lanka
無國界醫生在斯里蘭卡曼尼農場設立吹氣帳幕醫院

ASIA

Bangladesh

MSF continued to deliver healthcare to the Rohingya population, a stateless Muslim minority that escaped persecution in Myanmar. In Tal makeshift camp in the southeast bordering Myanmar, MSF treated people who had diarrhoea, skin infections and respiratory tract infections that were often due to the squalid living conditions. A therapeutic feeding programme for severely malnourished children, a mental health project and improvement of drinking water and sanitation also took place. The camp was moved to a new site in July after months of intense advocacy led by MSF, and then MSF handed over activities to other agencies.

In the isolated districts of the Chittagong Hill Tracts, civilians are vulnerable from continuous tribal and military conflicts as well as food insecurity. MSF set up an emergency nutritional programme from April to December and distributed essential food items to around 28,000 people. A basic health clinic and eight health outposts were also set up.

China

In May, a devastating earthquake hit Sichuan province. MSF donated emergency and medical supplies to Mianzhu city in collaboration with the Sichuan Red Cross. MSF also assisted a triage centre in Deyang, and provided medical support to hospital patients suffering from crush syndrome in Chengdu. A psychological care programme continues in Mianzhu and Beichuan counties.

When a snowstorm and flood hit Guizhou and Guangxi in February and June respectively, MSF provided food and emergency supplies to the victims.

In Nanning, Guangxi, MSF continues its free and confidential care and treatment for HIV/AIDS patients in collaboration with local authorities. At the end of 2008, 1,550 people had been enrolled in the programme, over 900 patients are on ARV treatment. Another HIV/AIDS programme in Xiangfan, Hubei was handed over to local government in March.

In early 2009, MSF pulled out of plan to open a multi-drug-resistant tuberculosis programme in Inner Mongolia Autonomous Region after repeated but unsuccessful negotiations with the authorities.

亞洲

孟加拉

無國界醫生繼續向由緬甸逃至孟加拉、沒有國籍的穆斯林少數族裔羅興亞人提供醫療服務。在位於孟加拉東南部、與緬甸接壤的泰爾營地，無國界醫生治理因居住環境惡劣而導致腹瀉、皮膚感染及呼吸道感染的病者，同時治療患上嚴重營養不良的兒童，並進行精神健康項目，以及改善營地的食水和衛生設備。經過多個月以來由無國界醫生牽頭的密集倡議工作，營地於七月遷址，無國界醫生也將項目移交予其他組織。

在偏遠的吉大港山區，平民生活在持續的部族和軍事衝突，以及糧食短缺的危機下。無國界醫生於四月至十二月期間，開展緊急營養治療項目，向約二萬八千名平民派發必需的糧食，又設立一個基本醫療診所和八個醫療站。

中國

四川省於五月發生強烈地震。無國界醫生與四川紅十字會合作，在綿竹市捐出緊急救援及醫療物資。無國界醫生又在德陽支援一所分流中心，並在成都為擠壓綜合症留院病者提供醫療支援。在綿竹及北川的心理治療項目現時仍然繼續。

二月及六月，貴州及廣西分別發生雪災及水災，無國界醫生向災民提供糧食及緊急救援物資。

在廣西壯族自治區南寧市，無國界醫生繼續與當地衛生部門合作，為愛滋病毒感染者提供免費及保密的護理和治療。截至二〇〇八年底，共有一千五百五十名感染者參與項目，其中超過九百人接受抗愛滋病毒治療。另一個位於湖北省襄樊市的愛滋病治療項目，已於三月移交予當地政府。

無國界醫生與內蒙古自治區政府，就開展耐多藥結核病治療項目反覆討論多時卻毫無進展，無國界醫生遂於二〇〇九年初決定放棄開展該項目。

Pakistan

In northern Pakistan, escalating violence led to a surge in medical needs, but humanitarian assistance has been limited by insecurity and targeted attacks on aid workers.

In Bajaur and Mohmand Agencies in the Federally Administered Tribal Areas, and the Swat region in neighbouring North West Frontier Province (NWFP), an estimated 600,000 people were uprooted from their homes in a peak of violence in October. MSF offered medical assistance and essential materials to the displaced, set up water and sanitation facilities in camps, opened mobile clinics with local providers and established a clearly identifiable ambulance service to bring patients safely to hospitals even during curfews. MSF also responded to medical need in Kurram Agency due to sectarian violence. In Mansehra district in NWFP, MSF battled cutaneous leishmaniasis, a parasitic infection.

Further south in Balochistan province, MSF provided mother and child healthcare as well as nutritional support to Afghan refugees and local communities, and assisted the earthquake victims in October.

Sri Lanka

Conflict between the Sri Lankan Army and the Tamil Tiger rebels (LTTE) escalated in 2008. Civilians live in a constant state of fear and intimidation.

In northern Sri Lanka, MSF supported local hospitals in the government-controlled areas close to the conflict in Point Pedro in the Jaffna Peninsula, Vavuniya and Mannar. MSF also worked in Kilinochchi town in the LTTE-held Vanni area, until the government expelled all NGOs in September. The projects provided medical and surgical support, obstetric and gynaecological treatment, and emergency care. Hospital staff were trained for mass casualties. In 2008, MSF conducted 2,550 deliveries and assisted in around 1,900 surgeries in partnership with the ministry of health.

In November, heavy flooding hit northern Sri Lanka. MSF distributed food and relief items to civilians in Point Pedro. MSF's surgery and emergency obstetric care in Mannar hospital was closed in December.

巴基斯坦

在巴基斯坦北部，暴力升級令當地的醫療需求大增，但局勢不穩加上針對救援人員的襲擊，大大限制人道救援工作。

在聯邦行政部落區的巴焦爾及莫赫曼德特區，以及鄰近的西北邊境省的史瓦特地區，約有六十萬人於十月的暴力衝突高峰時期裡被摧毀家園。無國界醫生向流離失所者提供醫療援助及必需品，在營地設立食水衛生系統，與當地醫療機構合作開展流動診所，並設立易於識別的救護車服務，以便在平日甚至宵禁期間，將病人安全送到醫院。無國界醫生又在古勒姆特區，向受派系衝突影響的平民提供醫療照顧。在西北邊境省的曼塞赫拉地區，醫療隊治療由寄生蟲傳播的皮膚型利什曼病。

在南部的俾路支省，無國界醫生向阿富汗難民及當地居民提供母嬰健康及營養治療，以及在十月向地震災民提供協助。

斯里蘭卡

斯里蘭卡政府軍與泰米爾之虎游擊隊的戰事於二〇〇八年升級，平民持續在惶恐和威嚇下生活。

在斯里蘭卡北部，無國界醫生在賈夫納半島的佩德羅角、瓦武尼亞和馬納爾，這些由政府控制、接近戰線的地區，支援當地醫院。醫療隊又在由泰米爾之虎游擊隊控制的瓦尼地區的基利諾奇城鎮工作，直至政府於九月驅逐所有非政府組織。當地的項目包括醫療及外科手術支援、婦產科治療及緊急治理，以及訓練醫院員工應付大量傷者。二〇〇八年，無國界醫生與衛生部合作，協助二千五百五十次分娩及進行約一千九百次外科手術。

十一月，斯里蘭卡北部被洪水侵襲，無國界醫生在佩德羅角向災民派發糧食及救援物資。無國界醫生在馬納爾醫院的外科及緊急產科治療項目則於十二月結束。



An MSF outreach team provides healthcare in the rural area in Colombia
在哥倫比亞，無國界醫生一支外展醫療隊前往市郊地區提供醫療護理



An Iraqi boy injured in Baghdad is referred to the hospital in Amman
一名在巴格達受傷的伊拉克小童被轉送到安曼的醫院接受手術

THE AMERICAS

Colombia

In 2008 Colombia saw its highest increase in displaced people since 1985, due to territorial conflicts related to the narcotics trade. People living in rural areas and in marginalised urban areas continue to suffer from diseases that could be easily prevented and treated. Mental healthcare for victims of violence is needed across the country.

MSF works in 17 of Colombia's 32 departments, from providing primary healthcare, mental health programmes, running mobile clinics in urban and rural areas, paediatric care, reproductive healthcare, antenatal care, emergency obstetric care and assistance to sexual violence victims, to family planning, water sanitation and rehabilitation of health structures.

During 2008 MSF also responded to two emergencies – the volcano eruption in Cauca department and the floods in Chocó.

MIDDLE EAST

Iraq, Iran, Jordan

For the first time since the change of regime in Iraq in 2003, MSF was able to establish an international team in the Arab part of Iraq in 2008: In October a training project was started in the General Hospital of Basra in the southern part of the country.

Since 2006, the insecurity in Iraq has meant that MSF can only provides healthcare to Iraqis in the more secure parts of the country or outside the border. In the Kurdistan region in the north, MSF continues to provide surgical assistance in several hospitals focusing on prosthetic and orthopaedic reconstructive surgery and care for burn victims. MSF also supported five hospitals in the northern governorates of Tameem and Ninevah, and eight hospitals in Baghdad, central and southern Iraq.

Meanwhile, MSF continues to provide orthopaedic, maxillo-facial and plastic surgery for Iraqi war victims in Amman, Jordan, in partnership with the Jordanian Red Crescent hospital and the Iraqi Medical Association. Reconstructive surgery for war-wounded Iraqis was also provided in Mehran, Iran.

In the Iranian province Sistan-Baluchistan, MSF continues to provide primary and secondary healthcare to Afghan refugees.

美洲

哥倫比亞

在毒品貿易而激發的地域衝突下，哥倫比亞於二〇〇八年的流離失所者數目錄得自一九八五年以來的新高。居於郊區及市區邊陲的平民，繼續受到本應易於預防及治癒的疾病折磨，全國各地的暴力受害者也極需要精神健康護理。

哥倫比亞有三十二個省份，無國界醫生在其中的十七個工作，包括提供基本醫療護理、精神健康項目、在市區及郊區設立流動診所、兒科項目、生殖健康護理、產前檢查、緊急產科治療、向性暴力受害者提供協助、家庭計劃、設立食水衛生系統及修復醫療設施等。

二〇〇八年，考卡省發生火山爆發，喬科省則遭洪水侵襲，無國界醫生分別向災民提供援助。

中東

伊拉克、伊朗、約旦

自二〇〇三年政權更替以來，無國界醫生於二〇〇八年首次在伊拉克的阿拉伯區域設立國際醫療救援隊伍：無國界醫生於十月，在南部巴士拉的綜合醫院開展一個醫護人員訓練項目。

伊拉克局勢不穩，導致無國界醫生自二〇〇六年起，只能在境內較安全的地方或境外提供援助。無國界醫生在伊拉克北部的庫爾德斯坦控制區，繼續在數間醫院提供外科護理工作，包括義肢及骨科矯形手術和燒傷病人護理，並支援北部的塔米姆省和尼尼微省五所醫院，以及在巴格達、伊拉克中部和南部的八所醫院。

同時，無國界醫生繼續與約旦紅新月會醫院及伊拉克醫學會合作，在約旦安曼為伊拉克戰爭的受害者提供骨科、頰面外科及整形外科手術，又在伊朗的梅赫蘭，為受戰事所傷的伊拉克人進行矯形外科手術。

在伊朗的錫斯坦 / 俾路支斯坦省，無國界醫生繼續為來自阿富汗的難民，提供基本及二級醫療護理。

PHOTO STORY

圖片故事



Year of NATURAL DISASTERS 天災頻仍的一年

Myanmar 緬甸 © Eyal WARSHAWSKI

Earthquakes, storms, floods, droughts, and other geophysical extremes are inevitable. In 2008, several huge natural disasters struck in where MSF was operating. MSF responded immediately to help minimise the impact of these catastrophes and heal victims both physically and mentally.

地震、風暴、洪水、旱災，以及其他極端的地理變化都難以避免。二〇〇八年，無國界醫生工作的地方發生數宗大型天災，救援人員立即回應及提供協助，以減少災難帶來的傷害，醫治災民的身和心。



© Eyal WARSHAWSKI



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MYANMAR 緬甸

In May, Cyclone Nargis wreaked destruction throughout the Irrawaddy Delta leaving approximately 140,000 people missing or dead. MSF began its emergency intervention in the Delta within 48 hours of the cyclone.

"The scale of the operation is huge because the Delta is such a large area with so many villages scattered around...We have to do all our transportation by boat makes the operation really quite cumbersome. The last small part of the distribution takes a huge amount of effort."

*Vincent HOEDT,
MSF Emergency Coordinator in Yangon*

五月，風暴納爾吉斯為緬甸伊諾瓦底三角洲帶來巨大破壞，造成約十四萬人死亡或失蹤。無國界醫生在風災發生後四十八小時展開緊急救援行動。

「救援行動的規模龐大，因為伊諾瓦底三角洲是一個幅員廣大的地方，有很多村落分散各方……我們所有的運輸都要靠小艇，增添了救援行動的難度。即使是分發少量物資，都要花很大的努力。」

無國界醫生仰光緊急項目統籌荷德



© Joanne WONG / MSF

CHINA 中國

On 12 May, a magnitude 8.0 earthquake hit Sichuan province. In the emergency phase, MSF donated relief items, medical supplies and supported the local hospital and triage centre. MSF continues to provide psychological care in Mianzhu and Beichuan county.

"People are having difficulty in adapting to and accepting the reality. It's not only that the past experience came out as a nightmare or flashback, but people are having insomnia, lots of headaches and so much complaints because of the stress, constant anxiety, and feeling hopeless for the future...We are also here to help this kind of person because it's all linked one problem."

*Erica PELLIZZARI,
MSF Psychological Manager in Sichuan*

五月十二日，四川發生黎克特制八級大地震。在緊急救援階段，無國界醫生捐出救援及醫療物資，及支援當地醫院和分流中心。無國界醫生繼續在綿竹及北川提供心理治療。

「災民難以接受及適應現實。他們不單會夢見或在腦海閃現過去的事，他們更因壓力和長期焦慮，承受失眠、嚴重頭痛等困擾，有些更對將來感到絕望……我們也在這裡援助這些人士，因為他們的徵狀都源自同一個原因。」

無國界醫生四川心理治療經理佩利扎里



© Klavs Bo CHRISTENSEN / WpN

INDIA, NEPAL 印度、尼泊爾

On 18 August, the Kosi River broke its banks. Some two million people were affected in Nepal and India. MSF provided medical assistance to the victims of this flood and distributed non-food items to over 18,000 families.

“We are not talking about the normal monsoon flooding. The problem is that the Kosi River has changed its course and the villagers and authorities are totally unprepared for this kind of crisis.”

Mari-Carmen VIÑOLES, MSF Head of Mission in Delhi



India 印度 © MSF

八月十八日，科西河缺堤，尼泊爾及印度超過二百萬人受災。無國界醫生為水災災民提供醫療援助，並向超過一萬八千戶家庭提供非糧食類救援物資。

「我們說的並不是普通的季候性水災。科西河的河道有變，沿岸的村民及政府都完全沒有應付這種災難的準備。」

無國界醫生德里項目總管韋盧斯

HAITI 海地



© Klavs Bo CHRISTENSEN / WpN

Following two tropical storms and two hurricanes that hit Haiti at the end of August and beginning of September, MSF launched an emergency intervention by re-opening an 80-bed hospital, distributing hygiene kits and sending out mobile medical teams to provide assistance.

“I think there is still 40 to 60 percent of the town that is flooded, and people are living on the roofs of their houses. There are houses with concrete walls, concrete roofs, so people have arranged themselves on the rooftop. There are many people with this setup, and in other places where the water has receded, the people are just on the street or living in temporary shelters.”

Max COSCI, MSF Head of Mission in Haiti

在八月底及九月初，兩個熱帶風暴及兩個颶風分別吹襲海地，無國界醫生展開緊急救援行動，重開一所有八十張病床的醫院，向災民派發衛生包，並派出流動醫療隊提供援助。

「我估計現時城中仍有四成至六成地方被洪水淹浸，人民棲身於自己住所的屋頂。他們的家園有混凝土牆、混凝土屋頂，所以災民都在屋頂暫住，很多人都是這樣。在其他水位退卻的地方，災民就在街頭露宿，或住在臨時居所。」

無國界醫生海地項目總管科希

RUSSIAN FEDERATION 俄羅斯聯邦



© Stephane PREVOST / MSF

A powerful earthquake hit Chechnya in 11 October, killing 13 people, injuring over 100 and causing destruction. MSF sent mobile teams to the five most severely affected villages and provided over 1,000 medical and over 3,000 psychosocial consultations.

“There are still a lot of aftershocks. When we were doing an assessment, we could still feel the land shaking. No one is entering their house. People have set up tents and their beds outside, and build fires to keep them going all night long.”

*Mairbek ABDULLAYEV,
a Chechen doctor and MSF mobile clinics manager*

十月十一日，車臣發生強烈地震，十三人死亡，逾百人受傷，造成嚴重破壞。無國界醫生派出流動醫療隊到五個最受影響的村落，提供超過一千宗診症及超過三千次心理治療。

「當地仍有不少餘震。當我們做災後評估時，仍然感受到震動。沒有災民進入自己的房屋，他們在屋外架起帳幕，把床搬出去，並徹夜生火取暖。」

*無國界醫生流動診所經理、
車臣籍醫生阿卜杜拉耶夫*

IN THE FIELD

香港派出的前線志願工作人員

MSF-Hong Kong would hereby like to thank all field workers for their invaluable contributions in 2008.

無國界醫生香港辦事處藉此感謝所有前線志願人員於過去一年所作的貢獻。



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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 our website www.msf.org.hk

Coordinators 統籌人員

	Name : 姓 名 :	Coming From : 來 自 :
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2*	Patrick ALMEIDA 艾米達	Philippines 菲律賓
3	Yvonne BIYO 卞 柔	Philippines 菲律賓
4*	Olivier BLONDEAU	France (Currently based in Hong Kong)
5	博朗多 Morpheus CAUSING 郭 勝	Philippines 菲律賓
6*	Vipul CHOWDHARY 卓夏培	India 印度
7	Roy Anthony COSICO 哥斯高	Philippines 菲律賓
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10*	Tidal HUDDA 洪 達	Bangladesh 孟加拉
11*	Monique KAMAT 嘉 曼	India 印度
12*	Andrais Karel KEILUHU 祁樂夏	Indonesia 印尼
13	Ashay KURNURKAR 古魯加	India 印度
14	Marianne Peggy LAYZANDA 黎珊達	Indonesia 印尼
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17	Edgardo MIRANDA 米漢達	Philippines 菲律賓
18	Freeman NG Ping Kit 吳炳杰	Hong Kong 香港
19	OO Wai Lin 奧衛年	Myanmar 緬甸
20	Ronnie PALOMAR 彭魯馬	Philippines 菲律賓
21	PAN Yuan 潘 淵	China 中國
22	Dhammika PERERA 潘利華	Sri Lanka 斯里蘭卡
23*	Parthesarathy RAJENDRAN 華澤隆	India 印度
24	Priscilla RUGEBREGT 盧嘉寶	Indonesia 印尼
25	Samuel David THEODORE 費漢多	India 印度
26	WANG Ya 王 姪	China 中國
27	WONG Siew Weun 黃秀雯	Malaysia 馬來西亞

Medical Doctors 醫生

28	Ashraf ALAM 晏 林	Bangladesh 孟加拉
29	Mary Kathleen ALBA 艾博顏	Philippines (Paediatrician) 菲律賓 (兒科醫生)
30	Rey ANICETE 艾寧偉	Philippines 菲律賓
31	Gemma ARELLANO 雅蘭柳	Philippines 菲律賓
32	Tira ASWITAMA 艾詠雯	Indonesia 印尼
33	Rhitam CHAKRABORTY 查卡博	India 印度

34	Emily CHAN Ying Yang 陳英凝	Hong Kong 香港
35	Yvonne CHAN Nga Yu 陳雅瑜	Hong Kong 香港
36	CHUNG Kin Wah 鍾健華	Hong Kong 香港
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46	Renita LOURDHURAJAN 盧詠妮	India 印度
47	Hemant PANGTEY 彭廷何	India 印度
48	Maria SARTE 沙 蒂	Philippines 菲律賓
49*	Johanna SECRETARIA 石貴婷	Philippines 菲律賓
50	Alvin SILVA 蕭 帆	Philippines 菲律賓
51	Temmy SUNYOTO 孫日稻	Indonesia 印尼
52	Natasha TICZON 狄純娜	Philippines 菲律賓

Surgeons / Orthopaedic Surgeons 外科 / 骨科醫生

53	AU Yiu Kai 歐耀佳	Hong Kong 香港
54	Jasmin BATARA 芭特娜	Philippines 菲律賓
55	Geraldine BITON 謝樂迪	Philippines 菲律賓
56	Taweessilp BOOSANTHIENWONG 林玉昇	Thailand 泰國
57	Lynette Belarmino DOMINGUEZ 杜銘嘉	Philippines 菲律賓
58	Crisle DYCHINGCO 李麗珍	Philippines 菲律賓
59	KO Chi Cheong 高志昌	Hong Kong 香港
60	Carmelo MENDOZA 文家明	Philippines 菲律賓
61	Vijaymohan SREEDHARAN NAIR 羅永時	India 印度
62	Nikki Eileen VALENCIA 範麗詩	Philippines 菲律賓
63	Oliver YIU Hon Wah 姚漢華	Hong Kong 香港

Anaesthetists 麻醉科醫生

64	Rowella BACWADEN 白雲黛	Philippines 菲律賓
65	Marjorie Ann LADION 賴婷茵	Philippines 菲律賓
66	LIU Chen Kun 劉鎮鯤	Taiwan 台灣

Obstetricians / Gynaecologists 婦產科醫生

67	Heidi CRUZ 顧 思	Philippines 菲律賓
68	Medilyn GUEVARRA 關法拉	Philippines 菲律賓
69	Damayanti ZAHAR 扎哈姐	Indonesia 印尼

Operating Theatre Nurses 手術室護士

70	YIM Wai Ling 嚴惠玲	Hong Kong 香港
71*	Regidor ESGUERRA 衛基渡	Philippines 菲律賓
72	Imee Jaleco JAPITANA 查坦娜	Philippines 菲律賓
73	Florence LIM Siew Ching 林秀清	Malaysia 馬來西亞
74	TSE Man Yee 謝文怡	Hong Kong 香港
75	Penny WONG Pui Yin 黃佩賢	Hong Kong 香港

Midwives 助產士

76	LEE Hi Yeen 李海燕	Malaysia 馬來西亞
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Mental Health Specialists 精神健康專家

77*	Venus ELEONORA SIAHAAN 伊蓮蘿娜	Indonesia 印尼
78*	Yenni FEBRINA 費碧娜	Indonesia 印尼
79	Jessie KURNURKAR 古露嘉	India 印度
80	Marlene LEE 李曼寧	Malaysia 馬來西亞
81	Daisy PLANA 彭 蘭	Philippines 菲律賓
82	Rosalie Ann REYES 衛倚詩	Philippines 菲律賓
83	Faye SCARLET 莎嘉莉	Indonesia 印尼
84*	Andy SHAM Sau Sing 岑秀成	Hong Kong 香港

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87	Ryan Jose III RUIZ 胡 誠	Philippines 菲律賓

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88*	Alison WONG 王 沁	Hong Kong 香港
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有興趣加入
無國界醫生的
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員工，派他們到全球不同的項目進行救援工作。詳情請瀏覽我們的網址 www.msf.org.hk

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102	Hans OLIJVE 敖凌帆	Holland (Based in Singapore) 荷蘭 (於新加坡居住)
103	Abubakar RIFAMOL E 李輝武	Indonesia 印尼
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114	Wilhelmus JM VAN LIPPEN (Human Resources Consultant) 禮韋林 (人力資源顧問)	Holland (Based in Hong Kong) 荷蘭 (於香港居住)
115	Joanne WONG Kit Sum (Press Officer) 黃潔心 (新聞主任)	Hong Kong 香港

* No photo 沒有照片

The above field workers were sent to work in the following countries / areas in 2008: Armenia, Bangladesh, Cambodia, Central African Republic, Chad, China, Colombia, Democratic Republic of Congo, Ethiopia, Haiti, India, Indonesia, Iran, Iraq, Jordan, Kenya, Laos, Liberia, Malawi, Moldova, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Palestinian Territories, the Philippines, Sierra Leone, Somalia, South Africa, Sri Lanka, Sudan, Thailand, Turkmenistan, Uganda, Uzbekistan, Yemen, Zambia and Zimbabwe.

Coordinators include administration coordinator, assistant head of mission, field coordinator, financial coordinator, logistical coordinator and medical coordinator.

上列志願人員於二〇〇八年被派往以下國家或地區參與救援工作：亞美尼亞、孟加拉、柬埔寨、中非共和國、乍得、中國、哥倫比亞、剛果民主共和國、埃塞俄比亞、海地、印度、印尼、伊朗、伊拉克、約旦、肯尼亞、老撾、利比里亞、馬拉維、摩爾多瓦、莫桑比克、緬甸、尼泊爾、尼日利亞、巴基斯坦、巴勒斯坦地區、菲律賓、塞拉利昂、索馬里、南非、斯里蘭卡、蘇丹、泰國、土庫曼、烏干達、烏茲別克、也門、贊比亞和津巴布韋。

統籌人員包括行政管理統籌、助理項目總管、項目統籌、財務管理統籌、後勤統籌和醫療統籌。

As a general rule, MSF does not allow anyone carrying weapons to enter MSF premises to avoid associating MSF with any armed group.

無國界醫生一般來說不允許任何人持械進入其設施，避免令人將無國界醫生與任何武裝派系聯繫起來。



GROWING SECURITY THREATS TO AID WORKERS IN ARMED CONFLICT 武裝衝突地區 救援人員安全威脅日增

"The humanitarian situation in Somalia is exceedingly concerning. Existing medical assistance is insufficient to cover the needs... The attack on our team in Kismayo has been an attack on the very idea of humanitarianism and our ability to alleviate the suffering in Somalia," said Christoph HIPPCHEN, MSF Head of Mission for Somalia after the killing of three MSF staff members in Kismayo, Somalia on January 2008.

Democratic Republic of Congo 剛果民主共和國 © Seb GEO

Accessing victims of armed conflict posed a tremendous challenge for MSF teams throughout 2008. Continued deterioration of the security of aid workers made it increasingly difficult to provide medical care in conflict zones.

The beleaguered residents of the Somali capital of Mogadishu faced nearly daily bouts of violence in 2008 and yet had almost no access to healthcare. MSF could not run a proper ambulance service due to the security risk to our staff. The kidnapping (and release) of two MSF staff, and then the brutal killing of three other staff members forced MSF to scale back health activities and withdraw all international staff from the country. MSF is currently relying on the commitment of Somali staff to keep our projects running.

Pakistan, like Somalia, is another example of how the targeting of violence towards aid workers makes working in conflict zones extremely difficult. Fighting between government forces and local militia displaced millions of people. In early 2009, two MSF staff members travelling in a clearly marked MSF ambulance were caught in crossfire in the Swat district and killed, forcing the suspension of that vital ambulance service.

In Sudan, insecurity hindered MSF's response to the crisis in Darfur. After a series of attacks against MSF staff in August 2008, teams were forced to suspend projects in Tawila and

「索馬里的人道情況極度令人關注。現有的醫療援助並不足以應付當地的需要……我們的隊伍在基斯馬尤受到的襲擊，實在是沉重打擊了人道工作的基本理念，以及我們在索馬里救助危難者的能力。」二〇〇八年一月，三名無國界醫生救援人員在索馬里基斯馬尤被殺後，無國界醫生索馬里項目總管希普申沈重地說。

接觸身處武裝衝突的傷者，是無國界醫生在二〇〇八年面對的嚴峻考驗。救援人員的人身安全每況愈下，令醫療隊在衝突地區提供援助倍添困難。

二〇〇八年，索馬里首都摩加迪沙被困的平民幾乎每天都面對暴力衝突，卻幾乎無法獲得任何醫療護理。基於救援人員所受到的安全威脅，無國界醫生不能提供正常的救護車服務。兩名無國界醫生救援人員被綁架（其後獲釋），加上之後有另外三名工作人員被殺，令無國界醫生被迫縮減救援項目的規模，以及把所有國際救援人員撤離該國。全賴索馬里籍員工的承擔，現有的救援項目才得以繼續運作。

和索馬里一樣，巴基斯坦是另一個例子，說明針對救援人員的暴力事件，令在衝突地區的工作變得異常困難。政府軍與當地民兵的戰鬥，令數以百萬計的人流離失所。二〇〇九年年初，兩名無國界醫生救援人員乘坐著一輛清晰地標示了無國界醫生名稱的救護車，在史瓦特地區武裝分子交火時遇害，迫使無國界醫生需要暫停這個重要的救護車服務。

蘇丹不穩的局勢也阻礙了無國界醫生回應達爾富爾的人道危機。在二〇〇八年八月發生一連串針對無國界醫生員工的襲擊後，救援隊伍被迫暫停位於達爾富爾北部泰維勒萊及尚吉多巴亞的項目數周，使數以萬計平民得不到醫療援助。

Shangil Tobaya in North Darfur for several weeks, leaving tens of thousands of people without access to medical care.

The core value of humanitarian action is to preserve the lives and dignity of populations in distress. Humanitarian action cannot be carried out when aid workers are not safeguarded. However, the humanitarian environment has experienced significant changes in recent years. There is increased confusion between political processes and humanitarian operations, and between political actors and humanitarian organisations, which leads to growing insecurity of field workers. In some armed conflict settings, humanitarians, MSF included, are seen as playing a part in the Western political agenda.

In order to enable the provision of humanitarian assistance while reducing the risks to staff and beneficiaries, MSF seeks to maximise its acceptance within communities in the areas of operations by ensuring a clear understanding of our humanitarian position and of our activities among the populations. MSF does not only uphold our principles to be neutral, impartial and independent, but also has to be recognised to have this identity.

To be neutral means MSF is not to take sides in hostilities. This provides the best chance for the organisation to access people affected by a conflict. As an impartial humanitarian organisation MSF ensures its assistance is based solely on need, and is provided to vulnerable people without discrimination. And MSF strives for strict independence from any political, religious and economic powers in its operations.

Nearly 90% of MSF's income globally comes from private resources – approximately 3.7 million individuals worldwide donated to MSF in 2008. In politically highly sensitive countries or areas, such as Pakistan, Iraq, Darfur, Palestinian Territories and the Caucasus, MSF's relief work does not accept funding from any government or donor agency, and relies 100% on donations from the general public to underline its independent and impartial nature.

The work of humanitarian organisation does not take place in a vacuum. In order to have access to populations in need, MSF often has to establish and maintain a dialogue with various actors on the ground, including local authorities, armies, rebel groups, militias and community leaders. It takes a lot of work to gain the acceptance of each of the parties to a conflict, and trust can be destroyed overnight if there arises doubts as to the independence of a humanitarian actor. This is the reason why carrying out field operations, from assessment, distribution to medical action, with our core principles upheld, is something that MSF can never compromise.



Pakistan 巴基斯坦 © Marta RAMONEDA



Somalia 索馬里 © Juan Carlos TOMASI

Violence is so widespread in Somalia that very few aid agencies are working in that country.

索馬里出現廣泛的暴力事件，只有極少數救援組織在該國工作。

人道工作的核心價值，在於維護處於危難中的人民的生命及尊嚴。當救援人員的安全不能得到保障時，人道工作便不能進行。然而，近年人道工作的環境出現了顯著變化，政治工作與人道事務，以及政治參與者與人道救援組織愈來愈混淆，導致前線救援人員的處境變得愈來愈危險。在一些武裝衝突中，人道工作者包括無國界醫生，會被視為參與西方政治議題的一員。

為了能夠提供人道救援，同時減低救援人員及平民百姓的安全風險，無國界醫生致力在工作的地區，擴大不同社群對無國界醫生的接納，確保各界清楚明白我們的人道救援立場，以及我們在民眾之間的工作。無國界醫生不單在工作上要堅持中立、不偏不倚和獨立的原則，更要外界認知到我們擁有這個身分。

保持中立，代表無國界醫生不會支持衝突中的任何一方；這令我們最大可能地接觸受衝突影響的平民。作為一個不偏不倚的人道救援組織，無國界醫生只會依據人道需要提供救援，不帶任何歧視協助危困的平民。無國界醫生執行救援任務時，也絕對獨立於任何政治、宗教和經濟力量。

無國界醫生的全球收入有接近九成來自私人捐助——二〇〇八年，世界各地有差不多三百七十萬名人士捐款支持無國界醫生。在政治高度敏感的國家或地區，如巴基斯坦、伊拉克、達爾富爾、巴勒斯坦地區和高加索地區，無國界醫生的救援工作不接受任何政府或撥款機構的資助，在那些地方的項目百分百依賴來自公眾的捐款，以持守獨立和不偏不倚的原則。

人道救援組織並非在一個與外界隔絕的環境中工作。為了接觸有需要的人民，無國界醫生在前線要時與各方面建立和保持溝通，包括當地政府、軍隊、叛軍、民兵和社區領袖等。要得到衝突各方的接納需要做大量工作，但所獲得的信任，卻能因為出現對人道工作者獨立性的懷疑，而在一夜之間被摧毀。因此，無國界醫生所進行的前線救援工作，由進行評估到分發物資和提供醫療援助，都必須堅守我們的核心原則，不能作出妥協。

It is of utmost importance for MSF to uphold its neutrality and independence in order to reach the populations affected by armed conflict.

為接觸到受衝突影響的人民，無國界醫生堅守其獨立和中立性非常重要。



Winter chill, heavy fog, passionate participants – an unforgettable MSF Orienteering Competition 2008
市民無懼嚴寒濃霧，參與「無國界醫生野外定向2008」

HONG KONG ACTIVITIES OVERVIEW

香港活動概覽

In 2008, there was an upward trend in the number of professionals from the Asian region contributing their time and energy to MSF missions worldwide. A total number of 115 field workers recruited from 13 Asian countries/cities were on mission with MSF-Hong Kong to 164 field assignments. The major drawback still appears to be the limited number of French speakers in the region as there is an increased need of field workers to provide assistance for MSF programmes in some French-speaking countries, where MSF responds to an uprising number of emergencies. To better prepare and equip our field workers, a first tailor-made surgical training was organised from 31 August to 7 September. The training was a great success and will be conducted again in the future.

With the generous support of individual and corporate donors, MSF-Hong Kong raised more than HKD178.6 million in 2008, including donations for the Myanmar cyclone and Sichuan earthquake. Thanks to ongoing donations by our donors, MSF was able to launch an emergency project to combat the nutritional crisis that hit Ethiopia as soon as it started in May. Nevertheless, the crisis was so grave and serious that our operations needed to be extended. In September, MSF made an emergency appeal to raise more funds to be channeled to the frontline.

Fundraising television programme “On the Medical Frontline II” was broadcasted on Television Broadcasting Company Limited (TVB) on 2 October, featuring Hong Kong field workers providing medical and humanitarian assistance in Haiti, Liberia and Bangladesh. The last quarter of 2008 was also when the whole world slipped into the global financial crisis. It is at difficult times like this that monthly contributions by our supporters are particularly crucial to allow us to be able to respond to emergencies and to continue our medical relief work in about 70 countries worldwide.

於二〇〇八年，愈來愈多亞洲地區的专业人士付出他們的時間及精力，為無國界醫生全球人道救援任務作出貢獻。無國界醫生香港辦事處派出一百一十五名在十三個亞洲國家／城市招募的志願人員，參與一百六十四項救援項目。有鑑於在一些法語系國家出現的緊急人道危機，以及無國界醫生在那些地區的救援工作有所增加，我們需要更多能操法語的志願人員加入，而區內少有能操法語的人士仍然是我們面對的挑戰。為了讓志願人員更好地裝備自己，我們於八月三十一日至九月七日，舉辦首個為前線工作度身訂造的外科訓練，是次訓練非常成功，將來亦會繼續舉辦。

全賴個人及企業捐款者的慷慨支持，無國界醫生香港辦事處於二〇〇八年共籌得一億七千八百六十萬港元，其中包括緬甸風災和四川地震的捐款。捐款者的持續支持，令無國界醫生得以於五月埃塞俄比亞爆發營養危機時，立即展開緊急救援。有關的營養危機後來轉趨嚴重，我們遂於九月作出緊急捐款呼籲，以籌募更多款項，應付急需擴大的救援行動。

無國界醫生電視籌款節目《救援最前線》第二輯，於十月二日在電視廣播有限公司（無綫電視）播出。該特輯紀錄了香港志願人員在海地、利比里亞和孟加拉提供醫療人道救援的實況。二〇〇八年第四季，金融海嘯席捲全球，在這個艱難的環境下，全賴支持者的每月捐款，令無國界醫生能夠迅速回應突發的人道危機，以及繼續全球約七十個國家的醫療人道救援工作。

「無國界醫生野外定向」充份體現了公眾對我們的支持。這個一年一度的活動，於一月二十七日假大嶼山昂坪舉行，當日的嚴寒和濃霧並沒有減退超過一千八百名參加者的熱情，為無國界醫生籌得超過二百萬港元。公眾亦透過參與七月七日舉行的「無國界醫生日」，捐出一天人工予無國界醫生。是次活動得到財政司司長曾俊華先生擔任榮譽行動大使，共籌得二百六十萬港元。



Celebrities from different sectors call on the public to support MSF Day by donating a day's income
來自不同界別的名人齊聲呼籲市民捐一日人工支持「無國界醫生日」



Dr. Wilson LI shares his field experience in Iraq with MSF donors
李威儀醫生與捐款者分享在伊拉克的救援經驗

Support from the public towards MSF can be fully visualised through the MSF Orienteering Competition. This annual public event was held on 27 January in Ngong Ping, Lantau. It raised over HKD2 million with the support from more than 1,800 participants despite the winter chill and heavy fog. Members of the public also support MSF by donating a day's income on MSF Day 2008, which was held on 7 July with Mr. John TSANG Chun Wah, Financial Secretary as the Honourable Campaign Leader. HKD2.6 million was collected in this event.

To enhance communication with donors, we organised two donor sharing sessions with our field workers who returned from Iraq and Bangladesh in February and November respectively. At the same time, MSF-Hong Kong sends out the “Sans Frontières” bulletin, with a new design and improved content, twice a year to keep supporters informed on how donation dollars are spent, and up-to-date on MSF's worldwide work.

MSF-Hong Kong keeps up the effort on online communication, a cost-effective way of communication nowadays. In 2008, we set up a page on Facebook, one of the most popular online social networks and made use of more online multimedia platforms to raise awareness. The MSF-Hong Kong website was enriched with more audio-visual materials to bring the viewers to the frontline. To facilitate communication of MSF projects in Asia, special sections highlighting MSF's work in Thailand, Cambodia and Indonesia were set up in the official website.

Knowledge exchange between NGOs and academics is vital for improving relief modules. In October, MSF-Hong Kong organised an NGO workshop to exchange experience in nutritional programmes and share MSF's experience in treating malnutrition. MSF International Council President, Dr. Christophe FOURNIER gave a seminar to the School of Public Health of the Chinese University of Hong Kong (CUHK) on the topic “Medical-Humanitarian Need in Conflicts” in March.

MSF International Council President, Dr. Christophe FOURNIER (right) receives a souvenir from Prof. Joseph SUNG in the CUHK seminar
無國界醫生國際議會主席符尼爾醫生（右）在香港中文大學的演講上，接受沈祖堯教授的紀念品





Guangzhou office facilitates media interviews with MSF field teams after the Sichuan earthquake
廣州代表處在四川地震後協助安排災區的無國界醫生隊伍接受媒體訪問

GUANGZHOU ACTIVITIES OVERVIEW

廣州活動概覽

On 12 May 2008, a devastating earthquake hit Sichuan province, China. This catastrophe sparked tremendous interest among people in China about the work of NGOs and humanitarian work. The MSF Guangzhou office facilitated numerous media interviews to provide regular updates of our work, including interviews by China Central Television (CCTV) which were broadcasted nationally.

Media in China was also interested to learn more about MSF's response to worldwide humanitarian crises. In April, three returned MSF field workers attended the popular talk show "Date with Luyu", produced by Phoenix Television but also broadcasted by Hunan Satellite Television, and helped MSF further build up its profile as an independent medical humanitarian organisation.

MSF was seeking an innovative approach to fight malnutrition on the frontline. "Food is not Enough", an exhibition on global nutritional crisis was organised in December in the Guangzhou Library to advocate increasing the standards of international food aid to provide the right nutrients needed for small children. The event attracted about 12,000 visitors. MSF Guangzhou office also launched its first-ever online interactive campaign in co-operation with NetEase before the exhibition started, and placed pro bono online advertisements in various websites. Online media was mobilised to report on the nutrition issue, including the China Internet Information Center (www.china.org.cn), the portal site led by the State Council Information Office.

Experience sharing sessions by MSF were organised in a number of universities and libraries in Beijing and Guangzhou. About 1,200 people attended these sessions.

MSF HIV/AIDS project in Xiangfan prefecture, Hubei province was handed over to local authority in March. The Guangzhou office helped produce a report documenting the experience of this project as well as a video about the prevention of drug resistance.

二〇〇八年五月十二日，中國四川省發生大地震。這場災難引起國內民衆對非政府組織的工作和人道救援的廣泛關注。無國界醫生廣州代表處協助在災區的無國界醫生隊伍處理和接受不少媒體採訪，包括全國廣播的中央電視台，以便持續向公眾交代我們最新的工作情況。

中國傳媒也關注無國界醫生在世界各地進行的人道救援工作。四月，三名無國界醫生志願人員接受了由鳳凰衛視製作、並同時在湖南衛視播出的著名訪談節目《魯豫有約》的訪問，協助無國界醫生進一步建立獨立的醫療人道救援的形象。

無國界醫生積極尋求創新的方法，在前線治療營養不良。「我要良食」——全球營養不良危機展覽，於二〇〇八年十二月假廣州圖書館舉行。這個展覽倡議提升國際糧食援助的標準，為幼兒提供適當的營養，共吸引約一萬二千人參觀。在展覽開幕前，無國界醫生廣州代表處與內地網站網易合作，首次推出網上互動宣傳，並在多個網站刊登免費廣告，同時推動網上媒體，包括由國務院新聞辦公室領導的中國互聯網新聞中心(www.china.org.cn)，報道全球的營養不良情況。

無國界醫生在北京及廣州多間大學和圖書館，舉行經驗分享講座，共吸引約一千二百人參加。

無國界醫生在湖北省襄樊市的愛滋病綜合關懷與治療項目，已於二〇〇八年三月移交至當地衛生部門。無國界醫生廣州代表處協助前線醫療隊撰寫報告，總結項目的經驗，並攝製一套關於預防耐藥性的短片。



"Food is not Enough" exhibition zooms in on the global malnutrition crisis
「我要良食」展覽聚焦全球的營養不良危機

ACKNOWLEDGEMENTS

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Corporations

American Express Bank Ltd.
AsiaWorld-Expo Management Ltd.
Ball Watch (Asia) Co. Ltd.
Bank Consortium Trust Co. Ltd.
Bao Shinn International Express Ltd.
Beste Technik Co., Ltd.
Canon Hongkong Co., Ltd.
Cathay Pacific Airways Ltd.
Chan Man Chau Fruit Co. Ltd.
CITIC Securities International Co. Ltd.
CLP Power
CMP Asia Ltd.
Communion W Ltd.
Dah Sing Bank and MEVAS Bank
DeQingYuan (HK) Ltd.
F & S Consultants
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Give Me 5 Catering Ltd.
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The Bank of East Asia
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The Overlander
Triple Faith Engineering & Supply Ltd.
United Italian Corp. (HK) Ltd.
W. L. Gore & Associates (HK) Ltd.
Wing Lung Bank Ltd.
Wong Tung & Partners Ltd.
九方科技（零售）有限公司
大盛集團（控股）有限公司
中國發展簡報
天智集團
文藝製作公司

旭日絲棉製品廠有限公司
全記海鮮菜館
快易通
恆地會
昂坪360
香港電車有限公司
荃新天地
雅居樂地產控股有限公司
食物環境衛生署
香港海關
消防處
稅務局體育會
運輸署
廣州圖書館
漁農自然護理署
徽教職員義工團

Government / Public Organisations

政府及公營機構

食物環境衛生署
香港海關
消防處
稅務局體育會
運輸署
廣州圖書館
漁農自然護理署
徽教職員義工團

Schools / Tertiary Institutions

學校及大專院校

Park View International Kindergarten
上水官立中學
天主教母佑會蕭明中學學生會
仁濟醫院王華湘中學
青年會專業書院
香港大學
香港大學學生會扶輪青年服務團
香港科技大學學生會社會服務團
香港理工大學學生會扶輪青年服務團
救恩學校
聖貞德中學
慈雲山信生中英文幼稚園

Media

傳媒

Beauty & Hair - the trade magazine
Benchmark Ltd.
EyePress
ReviewAsia Magazine
Time Asia (Hong Kong) Ltd.
weR.asia
XD 專業論壇
Yahoo! Hong Kong Ltd.
生活區報
余惠靜
阮雅薇
李廣
何榮德
吳瑩
岑麗春
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彭宇
黃如漢
葉知勇

親子王國有限公司
環球媒體動力

Professional Bodies

專業團體

HKIE-MMNC
Jones Day Solicitors and International Lawyers
KPMG
The Chartered Institute of Architectural Technologists
The Hong Kong Institution of Engineers
建造業議會

Community Groups & Associations

社區團體及協會

The Volunteers Orienteering Club
同社
香港少年領袖團
香港定向人
香港野外定向會
香港野外定向總會
香港聖約翰救傷隊
新方向定向會
寶蓮禪寺

Foundations

資助基金

Hong Kong Youth Arts Foundation
Speech & Music Recital Development Foundation
友邦慈善基金
騰訊公益慈善基金會

Office Volunteers

辦事處義工

Samuel CHAN	Hanna KITE
Selina HWANG	Fanny YAU
王亦緯	馮偉鴻
田倩	馮維強
司徒慶朗	葉麗梅
白瑜	黃蘇楠
吳戈	鄧文婷
何佩洳	曹妹蓉
吳芷晴	陳思燁
余堉南	麥園
余惠靜	陳敏敏
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李廣	陳雁娟
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吳瑩	崔愷
岑麗春	梁綺韵
林瑜	梁寶嫦
姚子遠	彭宇
袁莉敏	黃如漢
倫雪蘭	葉知勇

The above office volunteers provided services over 36 hours in 2008. We are also thankful to have other volunteers contribute their precious help.
上列辦事處義工於二〇〇八年服務三十六小時以上，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 office volunteer / field worker
- Make a donation
- Be a monthly donor
- Bequeath to MSF
- Organise fundraising activities for MSF
- Donate Mileage

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：

- 成為辦事處義工 / 前線志願人員
- 單次捐款
- 成為每月捐款者
- 捐贈保單及遺產
- 為無國界醫生籌款
- 捐贈飛行哩數

MSF-HONG KONG FINANCIAL OVERVIEW 2008
無國界醫生香港辦事處二〇〇八年度財政概覽

Table with 3 columns: Category, 2008, 2007. Rows include INCOME (Donations from the public, Other income, TOTAL), EXPENDITURE (Supporting relief operations, Management, general and administration, Fundraising, TOTAL).

Table with 3 columns: Category, 2008, 2007. Rows include BALANCE SHEET AS AT 31 DECEMBER 2008 (Fixed Assets, Current Assets, Current Liabilities, Net Current Liabilities, Fund Balances).

The financial statements of Médecins Sans Frontières-Hong Kong for the year ended 31 December 2008 were audited by KPMG, and approved by the Board of Médecins Sans Frontières-Hong Kong. The full financial statements can be made available upon request.

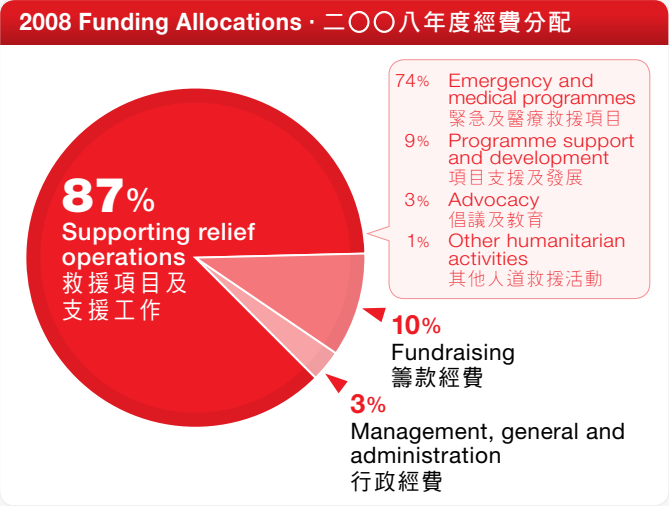
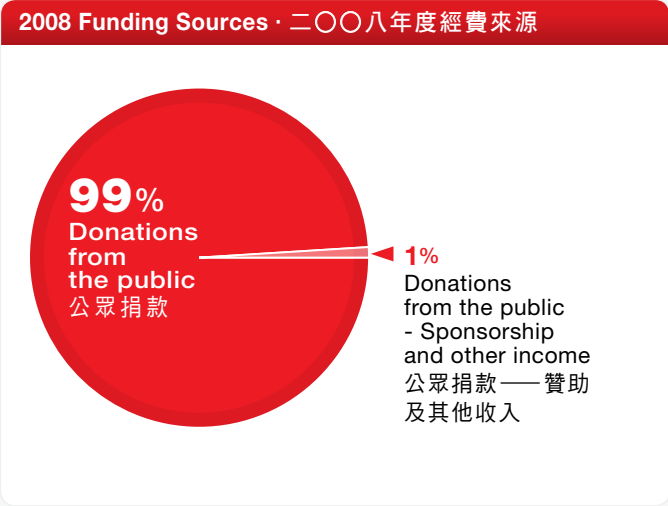


Table with 4 columns: Country, Funding, Country, Funding. Includes a donut chart showing regional distribution: Africa 51%, Asia 32%, The Americas 10%, Europe 7%.

Explanatory Notes on Financial Overview 2008

- 1 All the amount is expressed in Hong Kong dollar.
- 2 99.9% of donations came from donations from the public.
- 3 A total of HKD131,906,047 was allocated for emergency and medical programmes in 41 countries.
- 4 87% of donations in total went to supporting relief operations.
- 5 As of 2008, MSF-Hong Kong maintained a "zero reserve" policy: all donations received, after the fundraising and administration expenses, were fully dispensed for supporting relief operations.
- 6 "Other countries" included Somalia, Lebanon, Georgia, Brazil, Rwanda, Peru and Syria.

二〇〇八年度財政概覽說明

- 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131,906,047港元被撥作於四十一個國家進行救援項目的經費；另1,040,467港元作為「救援項目研究及創新之國際撥款」，透過在前線工作中鼓勵創新，改善應對醫療需要的方法。
- 4 87%捐款用於救援項目及支援工作。
- 5 截至二〇〇八年，無國界醫生香港辦事處採取「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」包括索馬里、黎巴嫩、格魯吉亞、巴西、盧旺達、秘魯和敘利亞。

Table with 2 columns: Board of Directors of MSF-Hong Kong and Advisory Committee of MSF-Hong Kong. Includes members and their roles.

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