

MSF Activity Report 活動報告 2012



主席和總幹事的話

Dear Friends,

2012 was yet another difficult year for humanitarian work, with insecurity remaining one of the biggest challenges for Médecins Sans Frontières (MSF) in delivering healthcare to the places it is needed most.

Good news came in July 2013 that our two colleagues, Montserrat SERRA and Blanca THIEBAUT, were finally released after being abducted by armed men from Dadaab on Kenya's border with Somalia and held captive for 21 months. However, MSF is still facing multiple dangers in many other projects, with staff detained and threatened, medical facilities targeted and shelled, and patients blocked from accessing lifesaving care.

In Syria, the civil war has taken a shockingly high death toll. The unpredictable nature of the conflict is very challenging for our teams in the front line and the country's health system is now in ruins. We have received a lot of patients with war-related injuries such as gunshot and shrapnel wounds, as well as accidental trauma and the full range of illnesses. MSF is working in six field hospitals in the country and providing aid to the increasing number of Syrian refugees in neighboring countries, but overall international response is still far from meeting the overwhelming needs of the population.

Our work is no easier in Afghanistan. In the face of the surging needs for medical care from pregnant women, MSF opened a maternity hospital in Khost in March 2012, not long before it was targeted in a bomb attack a month later. Our activities were suspended until the end of 2012, when we got assurances of support from the community to reopen the hospital.

In Myanmar, the inter-ethnic clashes in Rakhine drove 140,000 people away from their homes to live in makeshift camps. Many of those people, including patients with chronic diseases, were not allowed to move freely to seek medical help. What further hindered our efforts were threats, hostility and intimidation from some members of the community, who objected us to offer any help reaching people they see as enemies.

You may already be well aware of the refugee crisis in South Sudan as it was one of the major emergencies we responded to last year. MSF set up field hospitals, clinics and feeding centres, but as essentials like water, bulk food and shelter were inadequate for the 170,000 refugees who fled from Sudan, the medical impact of our services was constantly undermined. We must get the right balance between delivery of the more general humanitarian relief and the more specialised medical services.

各位朋友：

2012年對人道救援工作而言，是艱巨的一年。局勢不安全仍然是無國界醫生在最需要醫療護理的地區工作時，遇到的最大挑戰之一。

儘管我們在2013年7月收到好消息，兩位同僚塞拉(Montserrat SERRA)和蒂埃博(Blanca THIEBAUT)，在肯尼亞接近索馬里邊境的達達阿布(Dadaab)被擄走達21個月後，終於獲釋，但在很多其他項目，我們仍面對種種危險，有無國界醫生的員工被拘留和威脅，有醫療設施成為襲擊目標並遭到轟炸，也有病人因受到攔阻而無法獲得救命的護理。

敘利亞的內戰已奪去多人性命。這場衝突本質充滿變數，為我們的前線隊伍帶來很大挑戰，而該國的醫療系統亦在衝突中毀於一旦。我們接收了很多在戰火中受傷的病人，包括槍傷和被碎片擊傷，也有人因意外受傷，或患上各種疾病。無國界醫生在該國6所醫院工作，同時在鄰近國家，向不斷增加的敘利亞難民提供援助，但國際社會的整體救援工作，仍遠遠不足以應對當地龐大的需要。

我們在阿富汗的工作同樣困難。有見於產科醫療護理的需求上升，無國界醫生於2012年3月在霍斯特開設了一所婦產科醫院，但在一個月後便成為炸彈襲擊目標，我們的工作被迫暫停。直至2012年底，在獲得社群的保證和支持後，才重開醫院。

在緬甸若開邦，族群衝突迫使14萬人離開家園，棲身於臨時營地。不少人因不獲准自由活動而難以尋求醫療援助，當中包括長期病患者。而當地社群裡有些人因不滿我們向他們視為「敵人」的人士提供援助，而對我們懷有敵意，甚至作出威脅和恐嚇，令我們的工作更為困難。

你可能已留意到南蘇丹的難民危機，這亦是我們去年主力應對的緊急危機之一。無國界醫生在當地設立了前線醫院、診所和營養治療中心，但由於一些日常基本所需，如飲用水、食物和棲息處等，都不足以應付17萬名蘇丹難民的需要，因此我們醫療工作的成效亦受到影響。在提供一般人道援助和較專門的醫療服務之間，我們必須取得平衡。



MSF water and sanitation expert CHU King Hei helps improve water supply system for refugees in South Sudan

無國界醫生水利及衛生專家朱景熙於南蘇丹為難民改善供水系統



In Asia, severe flooding in the Philippines caused catastrophic damage in early August. MSF was involved to provide basic healthcare and improve water and sanitation infrastructure. Also in the Philippines, after Typhoon Bopha devastated coastal parts of Mindanao Island last December, MSF ran mobile clinics, monitored for outbreaks of disease and supported recovery efforts.

On a global level, we are increasingly alarmed at the growing resistance against tuberculosis (TB) drugs. Treatments for drug-resistant TB (DR-TB) are particularly harsh and require patients to take 20 pills every day with severe side effects. In Cambodia and other countries with high TB burden, MSF is working to improve detection of the disease, raise public awareness about TB and offer treatment. But there are still hundreds of thousands of people who urgently need better diagnostics and effective treatments, ones which are faster and less toxic.

Vaccination for preventable diseases is another area that clearly needs action. The number of children who have not received vaccination packages has grown from 19 million to 22.4 million in the past two years. As most vaccines must be kept refrigerated, need more than one dose, and require skilled health workers to administer them, children living in areas with poor road conditions, no electricity or insecurity find it very difficult to get vaccinated. What is urgently needed is research money flowing towards the development of vaccines that work much better in these settings.

But it is your ongoing and generous support for our emergency medicine that enables MSF to work efficiently and effectively for millions of patients, regardless of who or where they are. We know that we have your backing to provide assistance to those who need it most urgently. We are determined to adhere to our principles of independence, neutrality and impartiality. But we often face difficulties in divided societies, where politics complicate and obstruct the simple business of treating individual patients. The struggle to reach those people and the successes we have when we do so are at the heart of this report. I hope you are proud to be part of that effort.

Thank you very much again for your support.

在亞洲地區，菲律賓於8月初發生嚴重水災，造成災難性的破壞，無國界醫生隨即在當地提供基本醫療護理，並協助改善水利和衛生設施。同樣在菲律賓，去年12月颱風寶霞重創棉蘭老島的沿岸地區後，無國界醫生亦提供流動診所服務，並密切監察疾病爆發情況和支援重建工作。

在全球層面，我們就病人對結核病藥物呈耐藥性的情況愈來愈普遍，感到憂慮。耐藥結核病的治療過程尤其痛苦，病人需要每天服用20顆藥丸，並忍受嚴重副作用。在柬埔寨和其他結核病負擔龐大的國家，無國界醫生正積極改善檢測方法、提高公眾對結核病的認知和提供治療。不過，仍有數十萬計的病人急需更佳的診斷方法，以及更有效、更快速和毒性更低的治療。

針對可預防疾病的疫苗接種，是另一個需要更多行動的範疇。在過去兩年，全球沒有接受疫苗接種計劃的兒童由1,900萬增至2,240萬。由於大部分疫苗都必須冷藏，而且需接種超過一劑才有效，加上需要合資格的醫護人員操作，居住於路況不佳、沒有電力供應或局勢不穩地區的兒童，便很難獲接種疫苗。各界需要投放更多資金，以研發適合在這些環境使用的疫苗。

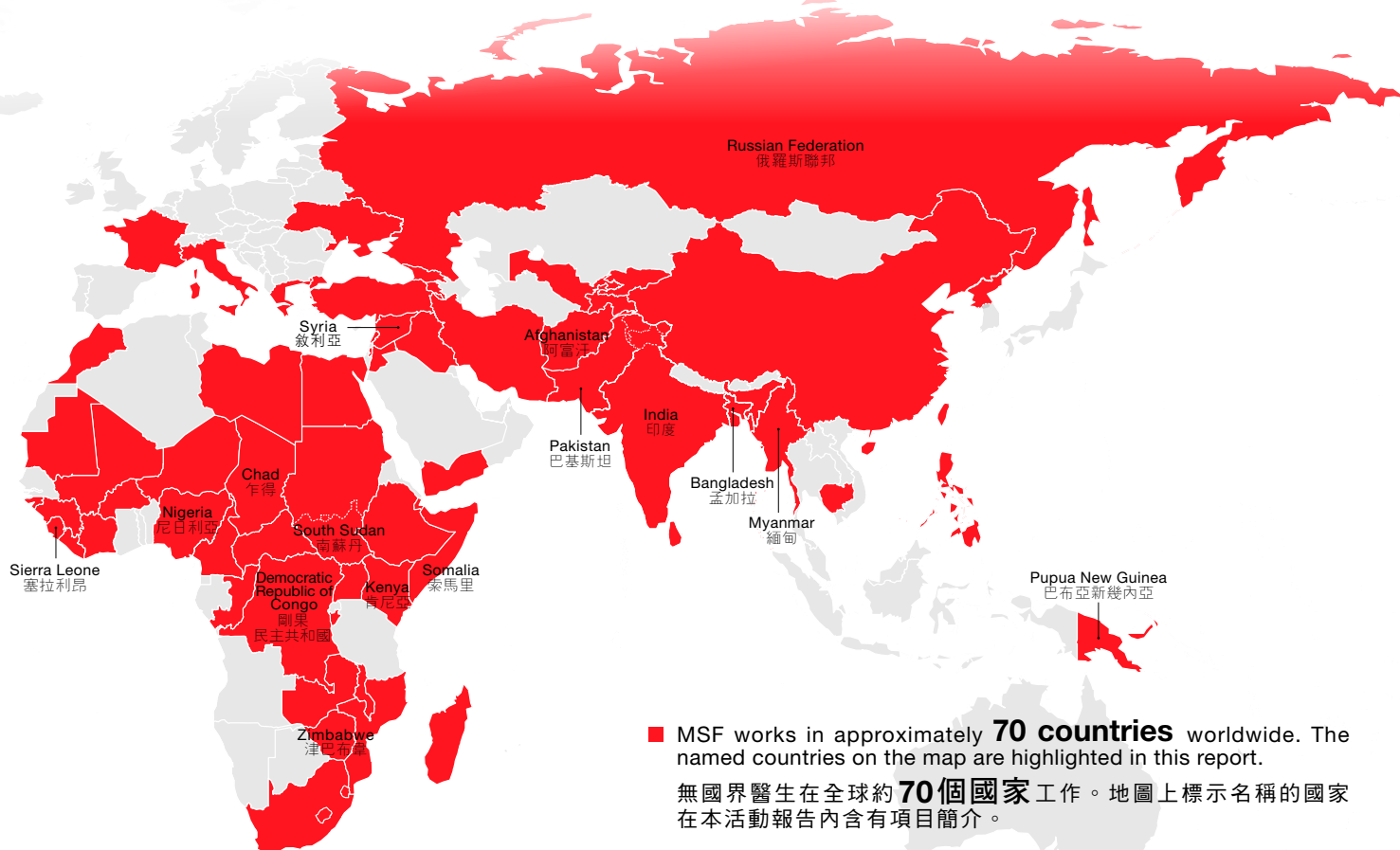
然而，你持續慷慨的支持，讓無國界醫生能快速而有效地工作，為數以百萬計的病人提供醫療，不論他們的身分是誰和身在何方。你的支持讓我們得以向急需援手的脆弱人群提供援助。無國界醫生堅持恪守獨立、中立和不偏不倚的原則，但在分化的社會當中，政治因素不時會令醫治病人的簡單工作變得複雜，甚至受到阻礙。這本報告的宗旨，正是和你分享我們在恪守這些原則的同時，接觸這些脆弱人群所經歷的掙扎和救援成果。我希望你會以作為其中一份子而感到自豪。

衷心感謝你對我們的支持。




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In troubled DRC, this boy's feet were amputated after a grenade explosion
在動盪的剛果民主共和國，這名男孩被手榴彈爆炸所傷，導致雙腳要截肢

Africa

Democratic Republic of Congo (DRC)

MSF has for a number of years devoted a significant portion of its resources to the country, which continues to be tormented by conflict and deprived of health care. Escalating violence in the east has increased the already high level of medical need.

In provinces of North Kivu, South Kivu, Orientale and Katanga, MSF provided comprehensive healthcare, including nutritional care and maternity services, to victims of conflicts. But as just one example of many insecurity incidents that limited our medical activities, in South Kivu, MSF staff who had been working in six health centres were evacuated in February due to armed conflict, though MSF continued to supply the facilities with medicines.

There is also substantial work with some of the most threatening diseases. Three-quarters of all reported cases of sleeping sickness (human African trypanosomiasis) are in DRC and in Bas-Uélé district alone MSF worked with Ministry of Health staff in the hospital and in mobile teams, screening some 60,000 people for sleeping sickness and treating 1,070. MSF also responded to measles, cholera and Ebola outbreaks, and provided antiretroviral (ARV) treatment in different areas in the country.

In 2012, MSF provided over 1.6 million outpatient consultations, treated 434,300 patients for malaria, admitted over 90,000 patients to hospital and vaccinated 407,600 people against measles across the country.

非洲

剛果民主共和國

無國界醫生多年來在剛果民主共和國投放大量救援資源，但該國持續受衝突困擾，令當地人往往失去獲得醫療護理的機會。東部的衝突升級，令迫切需要醫療的情況更為嚴峻。

在北基伍省、南基伍省、東部省和加丹加省，無國界醫生向衝突受害者提供綜合醫療護理，包括營養不良護理和婦產服務。但局勢不安全而令醫療救援受阻的例子比比皆是，例如在南基伍省，無國界醫生6間醫療中心的員工，於2月受武裝衝突影響而被迫撤離，儘管組織繼續為有關設施供應藥物。

無國界醫生亦針對一些最具威脅的疾病進行大量工作。全球所有昏睡病（即非洲人類錐蟲病）的個案中，四分之三來自剛果民主共和國。無國界醫生和衛生部門合作，單是在下韋萊地區，便在醫院和透過流動隊伍，為6萬人進行昏睡病檢測，並為1,070人提供治療。無國界醫生亦在該國不同地區，對應麻疹、霍亂和伊波拉病毒爆發，以及提供抗愛滋病毒治療。

於2012年，無國界醫生在該國共提供超過160萬宗門診診症、醫治434,300名瘧疾病人、接收超過9萬名病人入院，以及為407,600人接種麻疹疫苗。



A young patient comes for a TB test at the MSF clinic in Homa Bay, Kenya
無國界醫生在肯尼亞霍馬貝診所內，一名前來檢測結核病的年輕病人



A woman attends an antenatal consultation at a hospital supported by MSF in Nigeria
一名尼日利亞婦女在無國界醫生支援的醫院內接受產前檢查

Chad

MSF treated more than 23,000 children for severe malnutrition in different areas of the Sahel strip, in the north of the country. Immunisation rates are very low and Chad is regularly affected by outbreaks of preventable diseases like meningitis, which increase the exposure of children to malnutrition. MSF was heavily involved with vaccination and treatment during the outbreaks.

On malaria, in the Mandoul region, MSF treated 39,500 people and trained staff in local health centres. A new preventive strategy of distributing antimalarial medicines was also implemented, achieving a 78 per cent reduction in number of patients. MSF also runs specialist services for women and children and helped refugees from the neighbouring Central African Republic.

Kenya

Located in northeastern Kenya, Dadaab is the largest refugee complex in the world. The population, mainly Somalis fleeing conflict and drought, is approaching half a million. In one part of that complex, MSF conducted an average of 14,000 consultations and admitted 1,000 patients each month. Since July, following several security incidents targeting aid workers, MSF international staff could no longer work in Dadaab on a permanent basis.

Elsewhere in Kenya, MSF provides care to over 10,500 people living with HIV/AIDS and runs a tuberculosis (TB) programme in Homa Bay. In Nairobi, MSF continues to provide medical care to sexual violence victims and run the clinics for HIV and TB patients in the slum areas of Mathare and Kibera.

Nigeria

Insecurity in northern Nigeria is growing, leading to the likelihood of increased violence, displacement and deteriorating health services. In Jigawa state, MSF has been providing obstetric services, including fistula repair surgery for 284 women. Obstetric fistulas are injuries to the birth canal, mostly due to prolonged, obstructed labour. They cause incontinence, which can lead to stigma and social exclusion.

The emergency teams responded to the flooding in the east, and the outbreaks of malaria, measles and cholera in the northwest, treating tens of thousands of patients. MSF has also treated 2,500 children for lead poisoning in Zamfara state since 2010. Political tensions in the Niger Delta region have eased and hence MSF closed the trauma programme in Port Harcourt.

乍得

無國界醫生在乍得北部撒赫勒地帶的不同地區展開項目，治療了超過2.3萬名嚴重營養不良兒童。乍得兒童的疫苗接種比率很低，加上當地經常爆發可預防疾病，例如腦膜炎，令兒童容易患上營養不良。無國界醫生積極參與相關疫苗接種和治療工作。

對抗瘧疾方面，無國界醫生在芒杜爾區治療了39,500人，和在當地醫療中心培訓員工，並透過新預防策略，即使僅用簡單的抗瘧疾藥物，已令病人數目下降了78%。無國界醫生亦為婦女和兒童提供專科服務，並援助來自鄰國中非共和國的難民。

肯尼亞

位於肯尼亞東北部的達達阿布，是全球最大的難民營地，有近50萬人居住，主要是因衝突和旱災而逃難的索馬里人。無國界醫生在其中一個營地，每月平均進行1.4萬次診症和接收1,000名病人住院。自7月當地發生過數宗針對救援人員的安全事故後，無國界醫生的國際救援人員無法再長駐在達達阿布工作。

在肯尼亞其他地區，無國界醫生於霍馬貝為超過10,500名愛滋病毒感染者提供護理，和設有結核病治療項目，而在內羅畢，則繼續在瑪薩瑞和基貝拉貧民窟的診所提供愛滋病和結核病治療，以及為性暴力受害者提供醫療護理。

尼日利亞

尼日利亞北部局勢越趨不穩，引至暴力事件增加、人民流離失所，和醫療服務質素下降。在吉加瓦州，無國界醫生提供產科服務，包括為284名婦女進行瘻管修補手術。產科瘻管病是婦女陰道受損，多是分娩過程太長或難產所致。患者會大小便失禁，因而被標籤或遭社會排斥。

緊急隊伍在東部援助水災災民，又在西北部應對了瘧疾、麻疹和霍亂爆發，治療數以萬計的病人。醫療隊亦自2010年以來，在扎姆法拉州為2,500名鉛中毒的兒童提供治療。隨著尼日爾三角洲的政治局勢緩和，無國界醫生結束在哈科特港的創傷治療項目。



A nurse covers a patient suffering from chills with a heating blanket in MSF's cholera treatment centre in Sierra Leone

無國界醫生在塞拉利昂的霍亂治療中心內，護士替發冷的病人蓋上保暖氈



Zimbabwe is one of the countries worst affected by the dual epidemics of HIV and TB

津巴布韋是最受愛滋病和結核病雙重打擊的國家之一

Sierra Leone

A policy of free healthcare for children under five and pregnant and breastfeeding women was introduced in 2010, but real improvements in access for these groups have not yet been achieved. Many health facilities are understaffed and underequipped. High numbers of preventable maternal and child deaths in the country are a result of a lack of access to healthcare.

In Bo, MSF runs a 220-bed obstetric and paediatric hospital, with an ambulance service transporting patients from nine community health centres and sending those with complications to the capital Freetown. Between July and September, MSF responded to a cholera outbreak in Freetown, treating 5,000 patients across four treatment centres.

Somalia

The majority of people in Somalia are still living in crisis. Most of the country's healthcare infrastructure has been destroyed, leaving only one doctor in the country for every quarter of a million people. The nutritional crisis of 2011 in south and central Somalia further caused massive internal displacement as people searched for food and security.

MSF continued to work in areas controlled by government as well as areas held by opposition groups. In and around the capital of Mogadishu, MSF provided basic healthcare through supporting local hospitals and running mobile clinics. MSF also treated malnourished children in displacement camps in Afgooye. In 2012, MSF provided a total of 624,200 outpatient consultations, admitted over 40,000 patients to hospital, treated over 30,000 severely malnourished patients, and conducted 2,750 surgical procedures in 13 areas.

Zimbabwe

The health system continues to struggle with the dual epidemic of HIV and TB, which are the focus of MSF's activities. The package of services includes rapid testing, treatment, counselling, prevention of mother-to-child transmission (PMTCT) and medical and psychological support for victims of sexual violence.

An assessment at the maximum security prison in the capital, Harare, indicated that many inmates were suffering from undiagnosed and untreated mental illness. MSF opened a new programme in May to provide patients from Harare and eight other prisons with psychiatric services, psychological consultations and occupational therapy. In Harare, MSF also runs offers free medical care, counselling and referrals for further support for sexual violence victims.

塞拉利昂

2010年，塞拉利昂實施為5歲以下兒童、孕婦及餵哺母乳的婦女提供免費醫療護理的政策，但這些社群獲得醫療護理的情況未有顯著改善。很多醫療設施都人手和設備不足。由於婦女和兒童難以獲得醫療護理，該國出現很多原可避免的死亡個案。

在博城，無國界醫生管理一間設有220張病床的產科和兒科醫院，備有救護車服務，接載來自9間社區醫療中心的病人，並轉介患有併發症的病人到首都弗里敦。7月至9月期間，弗里敦爆發霍亂，無國界醫生在4間治療中心醫治5,000名病人。

索馬里

大部分索馬里人仍處於危難中：該國大部分醫療建基已被破壞；每25萬人僅有一名醫生；當人們已為尋找糧食和安全棲身所而四處流徙，2011年中、南部地區的營養危機進一步觸發大批人民流離失所。

無國界醫生繼續在政府和反對派控制的地區，分別設有項目。在首都摩加迪沙一帶，無國界醫生透過支援當地醫院和設立流動診所，提供基本醫療護理，又在阿夫戈耶的營地醫治營養不良兒童。於2012年，無國界醫生在該國13個地區，共提供了624,200宗門診診症、接收超過4萬名病人入院、醫治超過3萬名嚴重營養不良兒童，和進行2,750宗手術。

津巴布韋

津巴布韋的醫療系統繼續奮力應對愛滋病和結核病的雙重疫症，而這亦是無國界醫生的工作重點，服務包括快速測試、治療、輔導、預防母嬰傳播，以及為性暴力受害者提供醫療和心理支援。

在首都哈拉雷一所高度設防監獄的評估顯示，很多囚犯都患上精神病而未獲任何診斷和治療。無國界醫生遂於5月開設新項目，為哈拉雷和其他8所監獄的囚犯提供精神科服務、心理評估和職業治療。在哈拉雷，無國界醫生亦為性暴力受害者提供免費醫療護理、輔導，和轉介進一步的支援服務。



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In South Sudan, MSF staff measure refugee children's height and weight to determine if they are malnourished
在南蘇丹，無國界醫生人員量度難民兒童的身高和體重，以判斷他們是否患有營養不良

South Sudan

The massive influx of Sudanese refugees into South Sudan caused MSF to launch one of its biggest emergency programmes of 2012. The land is inhospitable: in the dry season water is scarce while in the rainy season it is a flood plain and only accessible by air.

In Maban county, Upper Nile state, an estimated 110,000 refugees in four camps became entirely dependent on humanitarian organisations and in some camps mortality levels had reached double the emergency threshold by July. MSF ran three field hospitals and seven outreach clinics, carrying out up to 8,000 medical consultations per week and caring for people suffering from the lack of food and water and long journeys on foot.

MSF also offered medical assistance in Yida refugee camp in Unity state and managed to bring down the death rates under the emergency threshold by September.

MSF keeps running hospitals and outreach clinics in Jonglei state where brutal inter-communal clashes continue to cause displacement. In other parts of the country, MSF runs projects to offer a wide range of healthcare including surgery, treatment for malnutrition, TB and kala azar.

In 2012, MSF provided a total of 869,300 outpatient consultations, admitted over 46,700 patients to hospital, treated 148,700 patients for malaria and vaccinated 204,800 people against measles. Teams also launched emergency response to the flooding in Yambio and the measles outbreak in Gogrial.

南蘇丹

大批蘇丹難民湧入南蘇丹，促使無國界醫生在當地展開2012年其中一個最大型的緊急救援項目。當地居住環境惡劣，旱季時雨水稀少；雨季時則整片平原頓成澤國，唯一對外交通是飛機。

在上尼羅州馬班縣的4個難民營，約11萬名難民完全依賴人道救援組織的援助，部分營地的死亡率於7月時更達緊急水平的兩倍。無國界醫生管理3間前線醫院和7間外展診所，每周進行多達8,000次醫療診症，以及為走過漫長逃難旅程和缺水缺糧的人群提供護理。

無國界醫生亦向聯合州的伊達難民營提供醫療援助，及至9月，成功把死亡率降至低於緊急水平。

無國界醫生繼續在瓊萊州管理醫院和外展診所，當地激烈的族群衝突，導致居民流離失所。在該國其他地方，無國界醫生的項目提供一系列的醫療護理，包括手術，以及營養不良、結核病和黑熱病治療。

於2012年，無國界醫生共提供了869,300宗門診診症、接收超過46,700名病人入院，又醫治148,700名瘧疾病人，和為204,800人注射麻疹疫苗。醫療隊亦因應延比奧水災和戈格里亞勒的麻疹爆發，分別展開緊急救援項目。



An MSF doctor treats a bomb explosion victim in Boost hospital, Afghanistan
在阿富汗的布斯醫院，無國界醫生正治理一名炸彈爆炸傷者

Asia

Afghanistan

People often have to travel long distances, across insecure areas, to reach public medical facilities. A lack of trained medical staff, particularly female doctors and nurses, further restricts access for many.

The trauma centre run by MSF in Kunduz is unique in northern Afghanistan, providing free, high-quality surgical care to victims of the conflict and of traffic accidents. 2012 saw a new emergency room and a larger outpatient clinic. Over the year, surgeons carried out 1,500 operations.

In eastern Kabul, MSF continues to support the Ahmad Shah Baba hospital. In 2012, emergency obstetric care was extended to offer services around the clock. Mental health and health promotion services were also developed. In the South, Boost hospital in Lashkargah had 2,000 people admitted each month, a 15-fold increase in patients since MSF started working in this hospital in 2009.

In the East, MSF opened a maternity hospital in Khost. Though a targeted bomb attack at the hospital forced a suspension of activities for several months, MSF reopened it at the end of December following the assurance of support and safety for its activities by the community leaders and relevant parties.

亞洲

阿富汗

在阿富汗，人們經常需要長途跋涉，越過不安全的地區，才能到達公共醫療設施。受過訓練的醫護人員、尤其是女醫生和護士不足，進一步令病人難以獲得護理。

無國界醫生在昆都士管理的醫院，是阿富汗北部唯一一間創傷中心，為衝突和交通意外傷者提供免費和高質素的外科護理。該院於2012年設立了一間全新的急症病房和擴建門診部門，並全年共進行了1,500宗手術。

在喀布爾東部，無國界醫生繼續支援艾哈邁沙巴巴醫院，擴展其緊急產科服務時間至全日廿四小時，並加設精神健康和健康推廣服務。在南部，位於拉什卡爾加的布斯醫院每月接收2,000名病人，自無國界醫生於2009年在該院工作以來增加了15倍。

而在東部，無國界醫生在霍斯特開設了一間婦產科醫院。雖然其後一宗炸彈襲擊迫使該醫院暫停運作數月，無國界醫生在得到各社群領袖和有關各方的支持，以及保證醫療工作能安全進行的情況下，遂於12月底重開該醫院。



Provision of drug-resistant TB treatment is one of MSF's focuses in India
無國界醫生在印度的工作重點之一，是醫治耐藥結核病



An MSF doctor examines a child with diarrhoea in a refugee camp in Rakhine, Myanmar
在緬甸若開邦一個難民營，無國界醫生正檢查一名患有腹瀉的兒童

Bangladesh

Around 30,000 registered refugees were living in Kutupalong camp, in Cox's Bazaar, some fleeing violence in Myanmar. MSF runs a clinic there but has been challenged by the government. In Dhaka's slum district of Kamrangirchar, MSF runs two health centres offering basic medical care and child and maternal health services. Girls aged between 10 and 15 often get married and become pregnant soon afterwards, so there is a real need for specialist services to these young women.

Another project in the country is to treat the deadly tropical disease transmitted by sandflies called kala azar. Some 90 per cent of cases occur in just six countries, and Bangladesh is one of them.

India

Drug-resistant tuberculosis (DR-TB) is a major health problem and the national response remains underdeveloped. DR-TB is much more difficult to treat, requiring at least two years of medication with serious side effects. MSF has HIV and TB clinics in Manipur and Mumbai. The Mumbai project has a team specialised in treating co-infection of HIV and DR-TB or hepatitis B or C. Research into treatment options and models of care is an important component.

In Chhattisgarh, MSF provides basic healthcare to people caught up in conflict between the government and Maoist opposition groups through mobile clinics and a mother and child health centre. In the disputed region of Kashmir, mental healthcare continues to be the focus for MSF. MSF also treats kala azar and manages feeding centres in Bihar, and supports a district hospital in Nagaland.

Myanmar

Deadly inter-communal clashes in Rakhine triggered an official state of emergency. Over 100,000 people were displaced and living in makeshift camps. MSF provided basic medical care in 15 of the largest ones, treating patients with skin infections, worms, chronic coughs and diarrhoea. Insecurity, delayed authorisation and repeated threats from a small group of Rakhine people have hindered MSF's work, particularly with the Rohingya.

Elsewhere in the country, thousands of people still have no access to medical services. Coverage for antiretroviral treatment for people with HIV is very low: barely one in three of those needing it receives it. MSF, the leading provider in the country, has to make difficult choices about whom to treat.

孟加拉

在科克斯巴扎爾的庫圖巴朗營地，約有3萬名已登記的難民居住，部分人是為逃避在緬甸的衝突而來。無國界醫生在當地設有一間診所，但有關工作一度受到政府挑戰。在首都達卡的坎蘭格查貧民窟，無國界醫生管理兩間醫療中心，提供基本醫療護理和母嬰健康服務。當地少女在10至15歲左右結婚，繼而懷孕的情況十分普遍，因此有實際需要為這些年輕女性提供專科服務。

無國界醫生在孟加拉的另一個項目是治療由沙蠅傳播的致命熱帶疾病黑熱病。全球約90%的個案集中出現在6個國家，孟加拉是其中之一。

印度

耐藥結核病是印度主要的醫療問題，但當地醫療體系的對應仍然不足。耐藥結核病較普通結核病難治療，病人需服藥至少兩年，且會有嚴重副作用。無國界醫生在曼尼普爾和孟買設有愛滋病和結核病診所，其中孟買的項目備有一支專門治療同時感染愛滋病及耐藥結核病、乙型肝炎或丙型肝炎患者的隊伍。該項目的重點之一是研究不同治療方案和護理模式。

在切蒂斯格爾邦，無國界醫生透過流動醫療隊和支援母嬰健康中心，為被困於政府軍和毛派反對組織持續衝突中的人群，提供基本醫療護理。在爭議地區喀什米爾，精神健康護理仍是無國界醫生的工作重點。無國界醫生同時在比哈爾邦醫治黑熱病和管理營養不良治療中心，以及在那加蘭邦支援一間地區醫院。

緬甸

若開邦的致命族群衝突促使當地進入緊急狀態。超過10萬人流離失所，被迫住在臨時營地。無國界醫生向其中15個最大的營地提供醫療護理，醫治皮膚感染、寄生蟲病、長期咳嗽和腹瀉病人。局勢不安全、官方審批延誤，以及一小撮的若開邦民眾多次作出威脅，均窒礙了無國界醫生的救援工作，尤其是針對羅興亞人的援助。

在緬甸其他地區，數以千計的人仍無法獲得醫療服務。愛滋病毒感染者的抗病毒治療覆蓋比率非常低，每3名有需要人士只有一人獲得治療。無國界醫生是該國主要的抗病毒治療提供者，在決定治療對象時往往要作出困難的抉擇。



MSF provides assistance such as construction of latrines to people displaced by floods in Pakistan

無國界醫生為巴基斯坦水災災民興建廁所及提供其他支援



High levels of domestic violence is a major cause of medical needs in Papua New Guinea

巴布亞新幾內亞家庭暴力問題嚴重，是引發醫療需求的主要原因

Pakistan

MSF programmes focus mainly on meeting urgent needs among communities affected by insecurity. In the northwest, where many Afghan refugees and displaced people have settled, MSF works in emergency departments and operating theatres in hospitals in Hangu and Timergara, and provides support on maternity services. In Peshawar, MSF runs a hospital specialising in obstetrics and gynaecology.

In Balochistan, MSF focuses on the needs of pregnant women and children. The teams also responded to the severe flooding in eastern Balochistan in September, by providing basic health services, safe drinking water and relief items. In October, in partnership with a local organisation, MSF opened a clinic in Karachi, providing basic healthcare and emergency services.

Papua New Guinea

There are high levels of domestic, sexual, social and tribal violence in Papua New Guinea, yet medical care remains inadequate. MSF provides comprehensive treatment and psychosocial care, with a particular emphasis on victims of domestic and sexual violence, through family support centres in Lae and Tari. The team also offers emergency surgery at Tari hospital.

Decades of conflict have weakened the health system in the Autonomous Region of Bougainville and MSF is now helping refurbish several healthcare facilities. A maternity waiting home provides accommodation for women in their final weeks of pregnancy, so they do not have to travel for long periods on poor roads during an emergency.

Europe

Russian Federation

Years of war, the destruction of the health system and social stigma associated with TB have contributed to a lack of TB diagnosis and treatment in the north Caucasus, especially for drug-resistant TB (DR-TB). MSF has worked with the Ministry of Health to implement a comprehensive TB programme in the Chechen republic. The MSF team is developing a special focus on children, as well as on HIV-TB co-infection.

On another medical front, one in six people in Chechnya has heart disease but the scale and quality of medical services do not meet the needs. In Grozny, Chechnya's capital, MSF is working to improve the cardiac unit in a local hospital.

巴基斯坦

無國界醫生在巴基斯坦的重點，是應對受局勢不穩影響的社群的緊急需要。在不少阿富汗難民及流離失所者聚居的西北部，無國界醫生分別於亨古和蒂默加拉的醫院的急症部門和手術室工作，並支援婦產科服務；同時在白沙瓦運作一間婦產科醫院。

在俾路支省，無國界醫生集中照顧孕婦和兒童的需要，並於9月該省東部發生嚴重水災後，向災民提供基本醫療護理、清潔飲用水和救援物資。於10月，無國界醫生與一個當地組織合作，在卡拉奇開設一間診所，提供基本醫療護理和緊急服務。

巴布亞新幾內亞

巴布亞新幾內亞的家庭暴力、性暴力，和社會及部族之間的暴力情況十分嚴重，但醫療護理並不足夠。無國界醫生透過在萊城和塔里設立家庭支援中心，提供全面的治療和心理社交護理，以家庭暴力和性暴力受害者為重點對象。隊伍亦在萊城醫院提供緊急外科服務。

數十年來的衝突削弱了布幹維爾自治區的醫療系統，無國界醫生正在當地修復數間醫療設施，並開設了一間「待產之家」，讓將近分娩的婦女居住，而毋須臨產時才長途跋涉到醫院去。

歐洲

俄羅斯聯邦

多年的戰事、醫療系統受損以及社會對結核病的歧視，導致高加索北部地區的結核病診斷和治療不足，尤其是針對耐藥結核病的工作。無國界醫生與衛生部門合作，在車臣共和國設有一個結核病綜合治療項目。無國界醫生隊伍將重點放在兒童以及愛滋病和結核病雙重感染者身上。

另外，在車臣，每6人便有一人患有心臟病，但醫療服務的規模和質素都無法應對相關的醫療需要。在車臣首都格羅茲尼，無國界醫生協助一間醫院改善其心臟科服務。



© MSF / Anna SURINYACH

Intensified violence has led to increasing need for surgical and emergency care in Syria
敘利亞衝突升級導致當地對外科和緊急護理的需求增加

Middle East

Syria

Conflict intensified across Syria in 2012. Medical attention for the direct victims of violence is not the only problem: the targeted destruction of health facilities and the collapse of the health system mean that many people cannot get the routine or emergency healthcare they need. Despite not receiving government authorisation to deliver medical assistance, MSF decided to work in the country, in opposition-held areas.

Two hospitals were set up in Idlib governorate and a third was opened in Aleppo. One of the teams in Idlib worked in a cave, and then in a converted farm, in which they set up an outpatient department, emergency department and operating theatre. They had seen more than 7,200 patients by the end of the year. The hospital in Aleppo not only treated the war-wounded but also offered obstetric and emergency care, as well as basic health services. In addition, MSF donated tons of medicines, medical supplies and relief items in different governorates and to the Syrian Arab Red Crescent in Damascus.

The Americas

Haiti

Delays in funding and building mean the reconstruction of the health system even three years after the earthquake is far from complete. Access to healthcare was a problem for many people even before the disaster: fees were unaffordable and there were few adequately equipped public hospitals. MSF continues to fill gaps in emergency care with more than 500 beds in four hospitals, with a focus on maternal healthcare and trauma cases.

Teams also treated close to 25,000 patients with cholera, which according to Haitian authorities had affected 638,000 people and killed almost 8,000 by the end of 2012.

中東

敘利亞

敘利亞衝突在2012年持續惡化。為暴力直接受害者提供醫療服務並非唯一的挑戰，針對醫療設施的襲擊頻仍，加上醫療系統崩潰，意味很多人無法獲得恆常或緊急的醫療護理。雖然尚未獲敘利亞政府准許提供醫療援助，但無國界醫生決定在該國的反對派控制地區工作。

無國界醫生在伊德利卜省開設了兩間醫院，並在阿勒頗開設了一間醫院。其中一支在伊德利卜的醫療隊伍在山洞裡工作，之後轉移至一個經改建的農場，在該處設立門診部、急症室和手術室。截至2012年底，隊伍共為超過7,200名病人診症。位於阿勒頗的醫院不但治療戰爭相關創傷，亦提供產科、緊急護理和基本醫療服務。此外，無國界醫生亦向不同省份，以及向大馬士革的敘利亞阿拉伯紅新月會，捐贈了數以噸計的藥物和醫療及救援物資。

美洲

海地

援助資金和工程延誤令海地的醫療體系在大地震後3年仍未完成重建。地震前，因無法負擔醫療費用，設備妥善的公立醫院又僅有數間，令很多病人本已很難獲得醫療護理。無國界醫生繼續填補緊急醫療護理的需要，在4間共有超過500張病床的醫院工作，重點是處理婦產科及創傷個案。

隊伍亦已醫治了近2.5萬名霍亂病人；根據海地官方數字，截至2012年底，已有63.8萬人感染霍亂，約8,000人死亡。

The story of refugees – Misery that follows conflict and flight 難民的故事——衝突與逃難後的另一困境

Millions of people fled their homes in 2012. The reasons differed – people escaping violence or the collapse of their societies, gathering in makeshift camps, disused buildings, in the desert, the bush or the city – but most have had one thing in common. The assistance they received was minimal.

2012年裡，數以百萬計的人逃離了自己的家園。原因各有不同，有的為了逃避暴力事件，有的因為天災，而住在臨時營地、廢置大廈、荒漠、叢林甚至城市之中。但他們都有一個共通點，就是所獲得的援助少之又少。



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Mbera camp, Mauritania 毛里塔尼亞·姆貝雷營地

Mohamed and his family, sit among other refugee families who are also fleeing violence around northern Mali and have arrived days ago at the Mbera refugee camp in neighbouring Mauritania.

穆罕默德與家人和其他難民家庭圍坐在一起，他們都是因馬里北部衝突而逃難到鄰國毛里塔尼亞，數日前來到姆貝雷營地。



©Nichole SOBECKI / MSF

Batil camp, South Sudan 南蘇丹・巴提營地

Refugees are often hungry when they arrive, if not malnourished. But food supplies have been inadequate in places supposed to offer safety. Hence nutrition care is often a focus of MSF activities in refugee camps.

This mother holds her severely malnourished daughter in MSF's intensive therapeutic feeding centre in Batil refugee camp in South Sudan, where the rate of severe acute malnutrition among children is 10.1 percent, five times above the emergency threshold.

難民來到難民營時，不是營養不良，便是已很挨餓了一段時間，但能安全棲身的營地卻又往往糧食供應不足，故無國界醫生在難民營的工作重點之一，通常是營養不良護理。

無國界醫生在南蘇丹巴提難民營的治療性營養餵食中心內，一名母親緊抱著她嚴重營養不良的女兒。該營地裡的兒童嚴重急性營養不良比率達10.1%，較緊急水平高出5倍。



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Dadaab camp, Kenya 肯尼亞・達達阿布營地

Many refugee camps are in very poor condition. Refugees who arrive empty-handed, exhausted and under extreme stress, have to survive with a bare minimum of assistance, or nothing at all.

Extreme overcrowding at the refugee camps in Dadaab, Kenya, has meant that thousands of new arrivals from Somalia have had to set up makeshift shelters.

很多難民營的生活環境惡劣，難民來到時又已經身無長物、筋疲力竭並面對極大壓力，只能依賴僅有的些微援助過活，甚或得不到任何援助。

肯尼亞達達阿布難民營已極度擠迫，新一輪來到的索馬里難民唯有就地取材，搭建臨時營帳。



© Kaung HTET / MSF

Rakhine, Myanmar 緬甸 · 若開邦

Tens of thousands of people displaced by inter-communal violence in Rakhine ended up living in makeshift camps. As in many refugee settings, both the quantity and quality of water are a problem, increasing the risk of disease.

在若開邦，數以萬計的人因族群衝突而被迫住到臨時營地。一如很多難民營，營內飲用水的供應量和質素都欠佳，增加疾病爆發的風險。



© Michael GOLDFARB / MSF

Tripoli, Lebanon 黎巴嫩 · 的黎波里

For Syrian refugees facing a harsh winter in 2012, little was provided to protect them from the cold. These two Syrian refugee boys are tending a fire in their ramshackle home in Lebanon.

面對著2012年的嚴冬，敘利亞難民只能依賴很少物資以抵擋寒冷的天氣。這兩名敘利亞難民男孩在黎巴嫩的破落房舍內，便靠生火取暖。



Doro camp, South Sudan 南蘇丹 · 多羅營地

Malnutrition weakens children's immunity and leaves them exposed to a full range of other diseases, including malaria. An MSF medical worker is treating a child admitted to the field hospital in Doro camp with severe malaria.

營養不良降低兒童的免疫能力，令他們更容易患上瘧疾等其他疾病。一名醫療人員正在多羅營地的前線醫院，為一名患上嚴重瘧疾的男童提供治療。

© Florian LEMS/MSF



© Robin HAMMOND/Panos Pictures

Dadaab camp, Kenya 肯尼亞 · 達達阿布營地

Somali refugees have been living in the camps around Dadaab since 1991, yet providing adequate assistance remains a major challenge. Originally designed to accommodate 90,000 refugees, close to half a million people are now living in and around the Dadaab camps.

自1991年以來，索馬里難民已經在達達阿布一帶的營地居住，但要在營內提供足夠援助，仍是一大挑戰。營地本只可容納9萬名難民，但現時營地裡和附近地區共住了近50萬人。

Worldwide Operations Highlights

全球前線工作概要

Below are the highlights of MSF activities around the world in 2012:

以下是無國界醫生於2012年在全球進行救援工作的概要：

Conducted 進行 **8,316,000** outpatient consultations 次門診診症

Admitted 接收 **472,900** inpatients 人次入院治療

Treated 治療 **1,642,800** malaria cases 宗瘧疾個案



© Emily LYNCH/MSF



© Nicole TUNG

Performed 進行 **78,500** major surgical procedures, 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

Performed 進行 **36,400** medical and surgical interventions in response to direct violence 宗治療及外科手術，應對直接暴力事件



© Angel NAVARRETE

Admitted 接收 **276,300** severely malnourished children to inpatient or outpatient feeding programmes 名嚴重營養不良兒童入院或到門診營養治療項目

Admitted 接收 **71,500** moderately malnourished children to supplementary feeding centres 名中度營養不良兒童到補充營養中心

Registered 登記 **310,500** HIV patients under care at end 2012
名愛滋病毒感染接受護理(至2012年底)

Treated 給予 **279,600** HIV patients with first-line antiretroviral treatment at end 2012
名病人抗愛滋病毒第一線藥物治療(至2012年底)

Treated 給予 **4,670** patients of first-line treatment failure with second-line antiretroviral treatment at end 2012
名第一線治療失敗的病人抗愛滋病毒第二線藥物治療(至2012年底)

Provided 為 **13,100** 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

Provided 為 **11,900** eligible babies born in 2012 with post-exposure treatment
名在2012年出生的嬰兒，提供防止感染愛滋病毒的治療



Assisted 協助 **185,400** women to deliver babies, including Caesarean sections
名婦女分娩，包括剖腹生產

Medically treated 醫治 **10,600** patients for sexual violence
名性暴力受害者

Admitted 接收 **29,000** patients to tuberculosis first-line treatment
名病人在2012年開始接受結核病第一線治療

Admitted 接收 **1,780** patients to tuberculosis second-line treatment
名病人在2012年開始接受結核病第二線治療



Conducted 進行 **169,600** individual mental health consultations
次個人精神健康輔導

Conducted 進行 **21,700** group counselling or mental health sessions
次小組輔導或精神健康支援

Admitted 接收 **57,400** people to cholera treatment centres or treated with oral rehydration solution
名病人到霍亂治療中心或以口服補液鹽溶液治療

Vaccinated 為 **690,700** 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 **26,200** people for measles
名麻疹病人

Vaccinated 為 **496,000** people against meningitis in response to an outbreak
人接種腦膜炎疫苗以應對疫症爆發

Treated 醫治 **3,430** people for meningitis
名腦膜炎病人



Treated 醫治 **1,440** patients for Chagas disease
名美洲錐蟲病人

Admitted 接收 **2,000** patients for treatment for human African trypanosomiasis (sleeping sickness)
名病人進行非洲人類錐蟲病(昏睡病)治療

Treated 醫治 **5,860** patients for visceral leishmaniasis (kala azar)
名內臟利什曼病(黑熱病)病人



香港派出的前線救援人員



Medical Doctors

醫生

Name 姓名 # Country of Residence 來自

- 1 *Aristomo Ibnu Chalid ANDRIES **ID**
- 2 *Rey ANICETE **PH**
- 3 Honorita BERNASOR **PH**
- 4 CHING Tak Kwan, Joyce 程德君 **HK**
- 5 Ngoc Khanh Uyen DO **VN**
- 6 Roderick EMBUIDO **PH**
- 7 Joan Marie FRANCO **PH**
- 8 HSIEH Yueh Che 謝岳哲 **TW**
- 9 Miladi KURNIASARI **ID**
- 10 Chenery Ann LIM 林菁菁 **PH**
- 11 Kester MANIAUL **PH**
- 12 *Elsa RAGASA **PH**
- 13 Maria C. Juan SARTE **PH**
- 14 Heru SUTANTO KOERNIAWAN 陳禮雄 **ID**
- 15 TAN Day Seng 陳利晨 **MY**
- 16 Sisca WIGUNO **ID**
- 17 *Awais YAQUB **PK**
- 18 Husni Mubarak ZAINAL **ID**
- 19 *ZHOU Ji Fang 周吉芳 **CN**
- 20 ZOU Wei 鄒緯 **CN**

Surgeons

外科

- 21 Lynn Sarah AGDEPPA **PH**
- 22 AU Yiu Kai, Paul 歐耀佳 **HK**
- 23 Marie Jeanne BERTOL **PH**
- 24 CHAN Kin Wah 陳健華 **HK**
- 25 CHAO Chun Chih 趙鈞志 **TW**
- 26 Rowena Helena EVANGELISTA **PH**
- 27 Martin John JARMIN III **PH**
- 28 KO Chi Cheong 高志昌 **HK**
- 29 *Carmelo MENDOZA **PH**
- 30 *Maria Lorena Corazon RODRIGUEZ **PH**
- 31 *YIU Hon Wah, Oliver 姚漢華 **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 www.msf.org.hk/fieldwork

Anaesthetists 麻醉科醫生

- 32 Karina Marie AGUILAR **PH**
- 33 Xenia DAVID **PH**
- 34 Cristina Emily GUERRERO **PH**
- 35 Dennis LAGUNAY **PH**
- 36 LEE Yi Chen 李一辰 **TW**
- 37 Margarita QUILALA **PH**
- 38 Reynaldo SORIA Jr. **PH**

Obstetricians / Gynaecologists 婦產科醫生

- 39 AN Na 安娜 **CN**
- 40 Heidi CRUZ **PH**
- 41 HU Ming Jing 胡明晶 **CN**
- 42 Yennz Crysenssen TAH **ID**
- 43 Damayanti ZAHAR **ID**

Operating Theatre Nurses 手術室護士

- 44 Benny BOSANG **PH**
- 45 Regidor ESGUERRA **PH**
- 46 *Mathina Bee GULAM MYDIN **MY**
- 47 Maria Angelina JIMENEZ **PH**
- 48 Carmelita MANAOIS **PH**
- 49 Romell NALITAN **PH**

Nurses 護士

- 50 *Joseph AZEEM **PK**
- 51 Imee Jaleco JAPITANA **PH**
- 52 Janoa MANGANAR **PH**
- 53 *Maheswari Malathi P. MURUGAYIA **MY**
- 54 PAU Chun Yu 鮑雋宇 **HK**
- 55 Teresita Baltazar SABIO **PH**
- 56 WONG Li Wai 黃麗惠 **SG**



Midwives 助產士

57 Luisa FLORES **PH**

58 LAI Chit Ying 黎哲瑩 **HK**

59 *PANG May Lian, Julie 馮美蓮 **MY**

Laboratory Technicians 化驗室技術員

60 Anthony ARCEGA **PH**

61 Genevieve CERVANTES **PH**

62 Gay HEYRES **PH**

63 Jericho Glenn LOPEZ **PH**

64 *Julius Ceazar PAPANGO **PH**

Pharmacists 藥劑師

65 Ryan LEWIS **PH**

Logisticians 後勤人員

66 *Raees ARSHAD **PK**

67 Novri ASMI **ID**

68 John Arthur BUNNELL **ID**

69 *Bruno CHAPEL **HK**

70 CHU King Hei 朱景熙 **HK**

71 Allan DE LA ROSA **PH**

72 Marilou EUGENIO **PH**

73 Mohammad Iqbal FIRDJANSJAH **ID**

74 *Abdel Haris HAFIZ **ID**

75 *Patrice MARTIAL **ID**

76 *Steven MUIR **CN**

77 May SARAH **ID**

78 Johanna SENFT **ID**

79 *Hasbi SHIDDIQI **ID**

80 Yan Debry Dominico SYAUTA **ID**

81 TAN Kiak Li, Marie 陳杰俐 **MY**

82 Vanmonika VAT **KH**

83 WEN Yun Jie 溫蘊潔 **CN**

84 *XU Wei Bing 徐衛兵 **CN**

有興趣 加入 無國界醫生行列？

無國界醫生經常招募
積極並具有專業能力的醫療或非醫療人員，
派他們到全球不同的項目進行救援工作。

詳情請瀏覽

www.msf.org.hk/fieldwork



Administrators / Financial Controllers 行政 / 財務人員

- 85 Maria Cristina N. DE COSTO **PH**
- 86 Andres Joaquin HAGAD **PH**
- 87 Linda ISACK **ID**
- 88 *Sajjad Hussain KHAN **PK**
- 89 *LEE Beng Kwang **SG**
- 90 *Ezequiela MACARANAS **PH**
- 91 Beverly MOLINA **PH**
- 92 Imelda PALACAY **PH**
- 93 Angelika PATTIHAHUAN **ID**
- 94 Sumit PUNNAKARI 孫蘇密 **TH**
- 95 Julie-Anna WAN-MIN-KEE 溫蘭麗 **MU**
- 96 Karolina Rita WULANDARI **ID**

Liaison Officer 聯絡主任

- 97 LEE Sau Wai 利秀慧 **HK**

Coordinators 統籌人員

- 98 John Patrick F. ALMEIDA **PH**
- 99 *Gemma ARELLANO **PH**
- 100 *Muhammad ASHFAQ **PK**
- 101 Yvonne BIYO **PH**
- 102 *Roy Anthony COSICO **PH**
- 103 Denis DUPUIS **ID**
- 104 *Marianni Peggy LAYZANDA **ID**
- 105 LEE Seung Ngai, Linda 李湘霓 **HK**
- 106 LEUNG Sin Man, Gloria 梁倩雯 **HK**
- 107 Khalid MAHMOOD **PK**
- 108 Yones MANGIRI **ID**
- 109 *Sadiq Syed MUHAMMAD **PK**
- 110 Shahid MUHAMMAD **PK**
- 111 *Hemanathan NAGARATHNAM **MY**
- 112 Michael PARKER **TH**
- 113 Daisy PLANA **PH**
- 114 *Priscilla RUGEBREGT **ID**
- 115 Sartini SAMAN **ID**
- 116 *Malik Ashfaq Ahmad SHAHID **PK**
- 117 *TU Zheng 屠錚 **CN**
- 118 *YIU Miu Fan, Esther 姚妙芬 **HK**

The above field workers departed to the following countries/areas in 2012 for missions: Afghanistan, Bangladesh, Burundi, China, Democratic Republic of Congo, Ethiopia, Haiti, India, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Papua New Guinea, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Syria, Uganda, Ukraine, Yemen, Zambia and Zimbabwe.

Coordinators include administration coordinators, field coordinators, financial coordinators, human resources coordinators, logistical coordinators, medical coordinators and supply coordinators.

#Abbreviations 縮寫

CN China 中國 | **HK** Hong Kong 香港 | **ID** Indonesia 印尼 | **KH** Cambodia 柬埔寨 | **MU** Mauritius 毛里求斯 | **MY** Malaysia 馬來西亞 | **PH** Philippines 菲律賓 | **PK** Pakistan 巴基斯坦 | **SG** Singapore 新加坡 | **TH** Thailand 泰國 | **TW** Taiwan 台灣 | **VN** Vietnam 越南

* 沒有照片 No photo

上述救援人員於2012年出發，前往以下國家或地區參與救援工作：阿富汗、孟加拉、布隆迪、中國、剛果民主共和國、埃塞俄比亞、海地、印度、肯尼亞、吉爾吉斯斯坦、馬拉維、莫桑比克、緬甸、尼日利亞、巴基斯坦、巴布亞新幾內亞、塞拉利昂、索馬里、南非、南蘇丹、蘇丹、敘利亞、烏干達、烏克蘭、也門、贊比亞和津巴布韋。

以上的統籌人員包括行政統籌、項目統籌、財務統籌、人力事務統籌、後勤統籌、醫療統籌和物資供應統籌。

香港、中國內地及亞洲活動概覽



©Wato LEE / MSF

The Urban Survivors Photo Exhibition shows the daily struggles of inhabitants from different slums
「城市求生」圖片展展示不同貧民窟居民的日常生活和如何掙扎求存

In 2012, medical and non-medical professionals from the Asian region continuously dedicated their time, energy and expertise to provide medical assistance in different settings, from emergency response to refugee crisis in South Sudan, conflict in Syria, to stable long term projects like HIV/AIDS and tuberculosis treatment in India and Myanmar.

A total of 153 mission departures were carried out by MSF-Hong Kong. Among them, 38 were first missionaries and 31 were deployed in the capacity of coordinating or medical team leader positions. 50 new professionals were also recruited from the region during the year.

Collaboration with the surgical societies in the Asian region continued with the 4th Surgical Round Table conference being organised in Singapore. The 5th annual surgical training was also successfully held in Hong Kong with participants from all over the world.

To support MSF emergency interventions in the region, MSF-Hong Kong's Emergency Response Support Unit carried out assessments following the natural disasters in Indonesia and the Philippines, one of which helped to establish an MSF emergency response to Typhoon Bopha in Mindanao. The unit also supported the Myanmar mission through an emergency assessment training.

The generous donors of MSF-Hong Kong remained steadfast in their commitment to the provision of vital medical humanitarian relief, donating almost HK\$248 million to MSF in 2012.

2012年，來自亞洲區的醫療和非醫療專業人士繼續奉獻出他們的時間、精力和專業知識，在不同環境下提供醫療援助，包括因應南蘇丹難民危機及敘利亞衝突而展開的緊急救援，以及長期項目如印度和緬甸的愛滋病及結核病治療等。

無國界醫生(香港)全年共派出救援人員153人次，其中38人次為首次參與任務的救援人員，31人次則是被派往擔任統籌或醫療隊長崗位。無國界醫生全年在區內共招募了50名專業人士加入救援行列。

我們與亞洲區的外科醫學組織繼續保持合作，並在新加坡舉行了第四屆外科手術圓桌會議。第五屆外科訓練亦在香港順利舉行，為來自世界各地的參加者提供培訓。

為支援無國界醫生在區內的緊急救援工作，無國界醫生(香港)的緊急救援支援組分別在印尼和菲律賓發生天災後進行評估，其中一次評估工作，更有助無國界醫生展開項目援助受颱風寶霞吹襲的棉蘭老島災民。支援組亦協助緬甸的項目，進行緊急災難評估訓練。

2012年，無國界醫生(香港)的慷慨捐款人繼續堅守他們的承諾，向有需要的人提供人道援助，共捐出約2.48億元予無國界醫生。



A record high of 2,800 participants join the "MSF Orienteering Competition 2012"
「無國界醫生野外定向2012」有2,800名參加者支持，創歷年新高



Honorary Campaign Leader SHU Qi (3rd from left) appeals to the public to support MSF Day by donating a day's income
「無國界醫生日2012」榮譽行動大使舒淇(左三)呼籲公眾捐出一日人工，支持無國界醫生

This compassion was greatly needed by our medical teams in South Sudan over the summer. More than 170,000 refugees had made the harrowing journey from Sudan into South Sudan to escape the escalating conflict and food insecurity in Sudan's Blue Nile and South Kordofan States. The refugees' basic needs were immense across different camps. With the generous and rapid response of our donors, MSF was able to launch one of its biggest emergency programmes of 2012, and reduce the mortality rate in one of the MSF hospitals from 25% to 2% in one month.

In May, MSF-Hong Kong launched its first ever Direct Response TV (DRTV) campaign to recruit new monthly donors, and the results from the trials proved that it is a cost-effective and efficient channel for MSF to find new, committed supporters. Long-term support such as regular giving or making a bequest to MSF is absolutely vital in guaranteeing MSF's ability to continue saving lives in the future.

The public also supported MSF through different events. The annual MSF Day campaign provides a platform for the public to volunteer for MSF by giving a day's income or more. Renowned film actress Ms. SHU Qi was the Honorary Campaign Leader and the whole effort raised over HKD4.4million, making it the most successful one to date.

The 11th MSF Orienteering Competition which was held on 11 March in Tai Lam Country Park, Tuen Mun continues to be the largest orienteering competition in Hong Kong. Nearly HKD4.1 millions was raised by 2,800 participants and their sponsors to support MSF's worldwide relief work. Both numbers broke the event record.

The Urban Survivors Photo Exhibition was also launched in Hong Kong. It took the visitors on a virtual journey through five slums in different countries, to look into the daily struggles of slum habitants, the humanitarian issues they face, and how MSF addresses their medical needs.

As part of our continuing outreach to new supporters, with different social media, we registered on Instagram and Tuding to feature photos from the front line for smartphone users both in Hong Kong and mainland China. MSF-Hong Kong also started to extend its engagement with the public in neighbouring countries to increase MSF visibility in the Southeast Asian region. Active communications with national media and registration of an MSF Twitter account dedicated for Southeast Asia were carried out.

這份支持於這年夏天，對身處南蘇丹的醫療隊伍而言十分重要。超過17萬難民因為日益惡化的衝突和食物供應不穩，從蘇丹的青尼羅州及南科爾多凡州逃難到南蘇丹。多個難民營都出現龐大的基本援助需要。全賴我們捐款人的慷慨和迅速回應，讓無國界醫生得以展開2012年其中一個最大型的緊急項目，更使當地其中一間醫院的死亡率，於一個月內由25%降至2%。

5月，無國界醫生(香港)首次以籌款電視廣告招募新的每月捐款人，結果顯示這是一個具有成本效益和效率的途徑去找到新的忠實支持者。定期捐款、捐贈保單或遺產等長期支持方式，對於確保無國界醫生在未來能夠繼續救助生命，是非常重要的。

大眾也透過參與不同活動支持無國界醫生。一年一度的「無國界醫生日」活動，讓公眾透過捐出一天或更多的收入，等同為無國界醫生做義工。是次活動由著名電影藝人舒淇擔任榮譽行動大使，並成功籌得超過440萬港元，為歷年之冠。

第十一屆「無國界醫生野外定向」於3月11日在屯門大欖郊野公園舉行，繼續是全港最大型的野外定向比賽。2,800名參加者及其贊助人共籌得近410萬港元，支持無國界醫生在全球的救援工作。參加人數和籌得款項均打破了活動的紀錄。

「城市求生」圖片展亦在香港舉行，帶領參觀者經歷一次虛擬旅程，了解在5個不同國家的貧民窟內，居民的日常生活和掙扎、他們所面對的人道問題，以及無國界醫生如何應對他們的醫療需要。

我們繼續透過不同社交平台接觸新支持者，包括在Instagram及圖釘註冊了無國界醫生的帳戶，讓香港和中國內地的智能手機用戶能看到來自前線的照片。無國界醫生(香港)亦開始在鄰近國家擴大與公眾的聯繫，包括主動聯絡各國的本地傳媒，以及開設專為東南亞而設的Twitter帳號，以提高無國界醫生在東南亞地區的認知度。



President of MSF-Hong Kong Dr. FAN Ning (left) shares his relief experience with the public in mainland China

無國界醫生(香港)主席范寧醫生(左)與內地民衆分享救援經驗



Group photo of Dr. Unni KARUNAKARA (5th from left), International President of MSF, with the medical students after his lecture in Peking University

無國界醫生(國際)主席卡雲勒卡亞醫生(左五)於北京大學演講後與醫學生合照

To help build up knowledge of China's health-related aid to Africa and Asia, and enhance mutual understanding of MSF and China on medical, humanitarian issues, MSF-Hong Kong and its Beijing representative facilitated the field teams to exchange views with Chinese embassy officials in Myanmar, Central African Republic, South Sudan and the Democratic Republic of Congo. Dr. Bart JANSSENS, MSF Director of Operations was invited to attend the Third International Roundtable on China-Africa Health Collaboration held in Beijing. MSF representatives in Beijing and for ASEAN countries also attended the International Conference on Emergency Management organised in Beijing.

In addition, MSF introduced "MSF Day" in mainland China. It appealed the general public to spread MSF messages through Weibo to raise awareness of humanitarian crises. This online campaign successfully attracted more than 16,000 online participants. MSF organised "MSF Photo Exhibition: Humanitarian Aid Without Borders", as well as documentary screenings and talks, in Beijing and Guangzhou. The Simplified Chinese edition of the book "Working with MSF: Reflections and Observations" – a collection of memoirs by 31 MSF front-line workers — was published in mainland China amid much acclaimed.

MSF continued its exchanges with the medical community, too. As part of the celebrations of the 100th Anniversary of Peking University Health Science Center, Dr. Unni KARUNAKARA, International President of MSF, gave a special guest lecture on the theme "Medical Innovation in Humanitarian Work". Experience sharing sessions by MSF field workers were organised in universities in Beijing and Guangzhou. MSF also reached out to surgeons at the Seventh International Congress of the Chinese Orthopaedic Association.

With the public's recognition of humanitarian aid, MSF documentary The Positive Ladies Soccer Club won the Best Charity Documentary in the "2012 Walker Film Festival", organised by the Travel Channel. MSF was also awarded by huanqiu.com in the "World of Wonderforum".

為加深認識中國在非洲和亞洲地區的醫療援助情況，以及增進無國界醫生與中國之間對醫療和人道議題的相互了解，無國界醫生(香港)及其北京代表協助安排了前線隊伍，分別與在緬甸、中非共和國、南蘇丹和剛果民主共和國的中國大使館官員交流意見。無國界醫生行動總監詹森醫生獲邀出席在北京舉行的第三屆中非衛生合作國際研討會；無國界醫生駐北京以及東盟的代表亦參加了在北京舉行的應急管理國際研討會。

此外，「無國界醫生日」首次在內地舉行，鼓勵大眾透過微博宣揚無國界醫生的救援訊息，以提高大眾對人道危機的關注。這個網上活動獲得1.6萬名內地網民支持參與。無國界醫生又先後在北京和廣州巡迴展出「救援·無疆——無國界醫生圖片展」，其間並舉行了紀錄片放映會及講座。由31位無國界醫生前線醫護和後勤人員執筆的回憶錄《無國界醫生手記》，亦已於國內出版並甚獲好評。

無國界醫生同時繼續加強與醫學界的交流，除了分別在北京、廣州的醫學院分享前線救援經驗外，無國界醫生(國際)主席卡雲勒卡亞醫生亦獲邀在「迎北醫百年慶典，無國界醫生北醫宣講會」上，以「人道救援中的醫療創新」為題作客席演講。此外，無國界醫生出席了第七屆中國骨科醫師聯會，與外科醫生增進溝通。

在內地民眾對人道救援的認同下，無國界醫生紀錄片《陽光女足》在旅遊衛視的「2012行者影像節」中，獲得最佳公益影片獎；同年組織亦於環球網(huanqiu.com)舉行的「環球網精彩大典」中獲頒榮譽獎項。



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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。

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AECOM Asia Company Ltd.
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Government / Public Organisations

政府及公營機構

香港消防處
香港警務處
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Medical Institutions

醫療機構

College of Medicine, Health Sciences
Institute, De La Salle University
Faculty of Medicine, University of Malaya
Hong Kong Women Doctors Association
Hospital Tuanku Ja'afar, Seremban
Iloilo Mission Hospital
Malaysian Society of Anaesthesiologists
Philippine Society of Anesthesiologists, Inc.
Philippine Orthopaedic Association
Queen Elizabeth Hospital, Hong Kong
SingHealth Humanitarian Relief Programme
The Hong Kong College of Anaesthesiologists
The Philippine Academy of Medical Specialists
United Christian Hospital, Hong Kong

Schools / Tertiary Institutions

學校及大專院校

HKU SPACE
The University of Hong Kong
West Visayas State University
YMCA 青年會專業書院
天主教南華中學
信生中英文幼稚園
保良局董玉娣中學學生會

香港道教聯合會鄧顯紀念中學
牽晴間培元英文幼稚園暨幼兒園
新翠培元英文幼稚園暨國際幼兒園
筲箕灣街坊福利會培元幼稚園

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Community Groups & Associations

社區團體及協會

Alliance Française de Hong Kong
Buddhist Youth Association
Hong Kong Darts Association
Hong Kong Institute of Engineers
Hong Kong Logistics Association
Hong Kong Sanatorium & Hospital Runners Club
Inland Revenue Department Sports Association
The Volunteers Orienteering Club
同社
青進野外定向會
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香港聖約翰救護機構
香港懲教署愛群義工團
新方向定向會

Foundations

資助基金

Speech & Music Recital Development Foundation

Office Volunteers

辦事處義工

Tiffany LEE	秦 潔	遲明月
Fanny YAU	張 鑫	蔡奕玲
王 喜	陳永安	劉曼璇
丑易倩	陳妙嬋	劉鳳珍
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林國希	楊永勤	羅小璐
范芷芊	葉麗梅	

The above office volunteers provided services 36 hours or above in 2012. We are also thankful to have other volunteers contribute their precious help.

上述辦事處義工於2012年服務36小時或以上，我們亦感謝其他義工於過去一年提供的寶貴協助。

We Need Your Support!

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

- Be our field worker or office volunteer
- Make a donation
- Be a monthly donor
- Bequeath to MSF
- Create online fundraising page to raise fund for MSF

我們需要你的支持！

若想幫助我們救助更多生命，你可考慮以下方法：

- 成為前線救援人員或辦事處義工
- 單次捐款
- 成為每月捐款者
- 捐贈保單及遺產
- 開設網上籌款專頁為無國界醫生籌款

MSF-Hong Kong Financial Overview 2012

無國界醫生(香港)2012年度財政概覽⁽¹⁾

	2012	2011
INCOME 收入		
Donations from the public 公眾捐款	247,779,431	253,007,412
Other income 其他收入	13,412	36,238
TOTAL 總數:	247,792,843⁽²⁾	253,043,650
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	179,971,151 ⁽³⁾	194,150,000
Programme support and development 項目支援及發展	27,101,882	24,032,959
Advocacy 倡議及教育	8,222,577	6,599,972
Other humanitarian activities 其他人道救援活動	1,879,297	1,627,851
Total supporting relief operations 救援項目工作總開支	217,174,907⁽⁴⁾	226,410,782
Management, general and administration 行政經費	9,089,885	7,687,683
Fundraising 籌款經費	21,528,051	18,945,185
TOTAL 總數:	247,792,843	253,043,650

Balance Sheet as at 31st December 2012

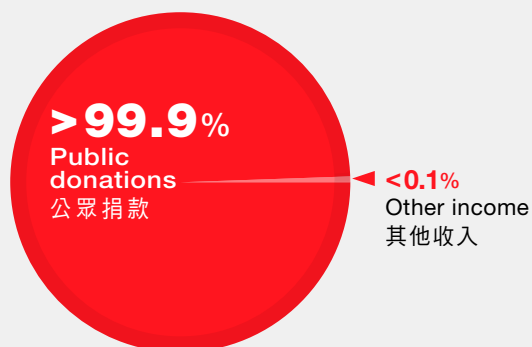
截至2012年12月31日止年度的資產負債表

	2012	2011
Fixed Assets 固定資產	139,261	183,751
Current Assets 流動資產		
Sundry debtors and receivables 雜項應收帳款及應收費	143,727	186,705
Prepayments and deposits 預付費用及押金	1,196,773	1,076,284
Amount due from other MSF offices 應收其他無國界醫生辦事處之帳款	1,579,243	3,665,523
Cash and bank balances 現金及銀行結餘	19,314,829	29,494,904
	22,234,572	34,423,416
Current Liabilities 流動負債		
Sundry creditors and accruals 應付帳款及應計費用	1,697,135	1,325,305
Amount due to other MSF offices 應付其他無國界醫生辦事處之帳款	20,676,698	33,281,862
	22,373,833	34,607,167
Net Current Liabilities 淨流動負債	(139,261)	(183,751)
	0	0
Fund Balances 資金餘額		
Accumulated funds 累積資金	0⁽⁵⁾	0

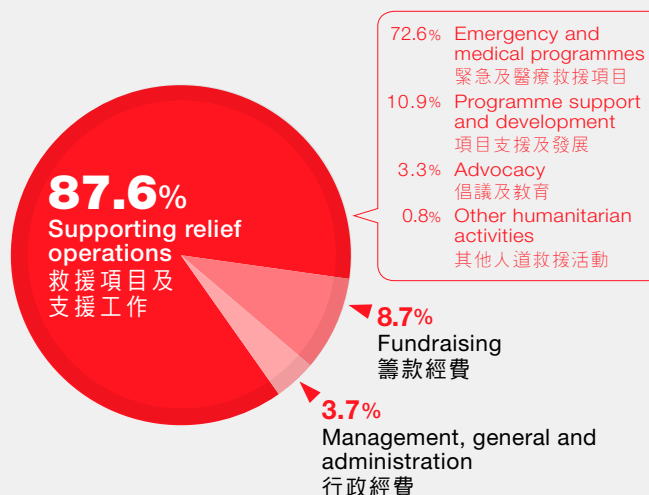
The financial statements of Médecins Sans Frontières - Hong Kong for the year ended 31 December 2012 were audited by KPMG, and approved by the Board of Médecins Sans Frontières-Hong Kong. The full financial statements are available at www.msf.org.hk.

無國界醫生(香港)於2012年12月31日止年度之財政報告，經畢馬威會計師事務所核數師審核及無國界醫生(香港)董事會認可。有關報告全文已上載網站 www.msf.org.hk，歡迎查閱。

2012 Funding Sources · 2012年度經費來源



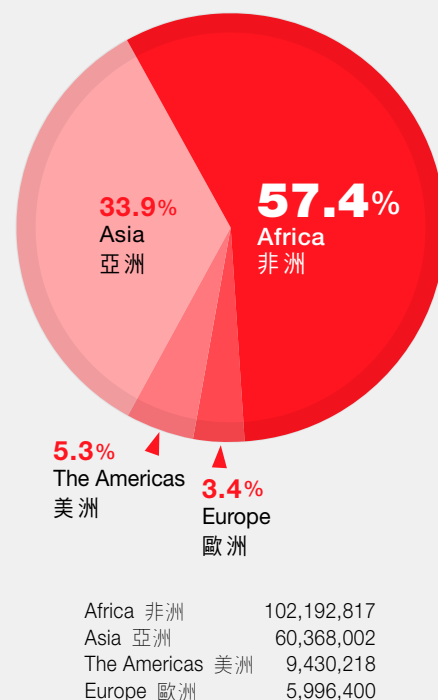
2012 Funding Allocations · 2012年度經費分配⁽⁶⁾



Country 國家	Funding 撥款	Country 國家	Funding 撥款
South Sudan 南蘇丹	18,069,887	Pakistan 巴基斯坦	3,426,738
Democratic Republic of Congo 剛果民主共和國	15,204,048	Malawi 馬拉維	3,363,373
Afghanistan 阿富汗	13,965,240	Burundi 布隆迪	3,320,822
Myanmar 緬甸	12,603,000	Uzbekistan 烏茲別克	3,239,000
India 印度	10,778,708	South Africa 南非	3,236,106
Bangladesh 孟加拉	7,004,140	Colombia 哥倫比亞	3,000,000
Nigeria 尼日利亞	7,000,000	Ethiopia 埃塞俄比亞	2,778,409
Somalia 索馬里	6,725,672	Mauritania 毛里塔尼亞	2,749,693
Haiti 海地	6,404,584	Egypt 埃及	1,709,547
Chad 乍得	6,000,000	Syria 敘利亞	1,505,563
Zimbabwe 津巴布韋	5,942,041	Libya 利比亞	1,162,609
Sierra Leone 塞拉利昂	5,712,623	Ukraine 烏克蘭	982,602
Kenya 肯尼亞	5,097,957	Sudan 蘇丹	570,292
Russian Federation 俄羅斯聯邦	5,000,000	Mali 馬里	514,525
Guinea 幾內亞	4,912,714	Côte d'Ivoire 科特迪瓦	236,777
Niger 尼日爾	4,139,576	Bahrain 巴林	202,310
Iraq 伊拉克	4,000,000	Liberia 利比里亞	103,800
Mozambique 莫桑比克	3,587,899	Other countries 其他國家 (6)	237,182
Papua New Guinea 巴布亞新幾內亞	3,500,000		

TOTAL 總數:

177,987,437



Explanatory Notes on Financial Overview 2012

- (1) All the amount is expressed in Hong Kong dollar.
- (2) 99.9% of donations came from public donations.
- (3) A total of HKD177,987,437 was allocated for emergency and medical programmes in 46 countries. HKD746,337 of funding was allocated for activities covering more than one country, which is not accounted for in individual country totals. Also, HKD1,237,377 of funding is set aside as international fund for operational research and innovation.
- (4) 87.6% of donations in total went to supporting relief operations.
- (5) As of 2012, 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 included Sri Lanka, Uganda, Thailand, Brazil, Yemen, Italy, Philippines, Occupied Palestinian Territory, Central African Republic and Jordan.

2012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177,987,437港元被撥作於46個國家進行救援項目的經費。746,337港元用於橫跨多過一個國家的項目，而未有納入任何單一國家的救援項目經費內。此外，1,237,377港元作為支持救援項目研究及創新之國際撥款。
- (4) 87.6%捐款用於救援項目及支援工作。
- (5) 截至2012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) 其他國家包括斯里蘭卡、烏干達、泰國、巴西、也門、意大利、菲律賓、巴勒斯坦佔領區、中非共和國和約旦。

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HU Yuan Qiong 胡元琼

Jean-Michel PIEDAGNEL

* Resigned on 25 August 2012 於2012年8月25日離任

◇ Appointed on 25 August 2012 於2012年8月25日上任

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

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Francis FONG Po Kiu 方保僑

Lawrence HUI 許卓倫

Tammy WONG 黃沛虹

As of December 2012, the MSF offices in Hong Kong, Guangzhou and Beijing have 44 staff and 26 regular office volunteers who help with office tasks.

截至2012年12月，無國界醫生在香港、廣州和北京共有44名辦公室職員，另有26名義工定期協助處理日常工作。

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

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

MSF-HK Activity Report 2012 is online at www.msf.org.hk/ar
無國界醫生(香港)活動報告2012已上載網站

The Médecins Sans Frontières Charter

Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

無國界醫生憲章

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

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

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

全體成員嚴格遵循其職業規範，並且完全獨立於任何政治、經濟和宗教勢力之外。

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

MSF-Hong Kong

無國界醫生(香港)

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香港西環德輔道西410至418號太平洋廣場22樓

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		(852) 2338 8277 (Donation / 捐款)
Fax	傳真	(852) 2337 5442 (General / 查詢)
		(852) 2304 6081 (Donation / 捐款)
Website	網址	http://www.msf.org.hk
E-mail	電郵	office@msf.org.hk

MSF in Guangzhou

無國界醫生在廣州

Room 1104-05, 11/F, Block A, Fuqian Mansion, No.618-620 JieFangBei Road, Guangzhou, P.R.China
廣州市越秀區解放北路618-620號府前大廈A座1104-1105室

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E-mail	電郵	info@msf.org.cn

MSF in Beijing

無國界醫生在北京

2-3-31, SanLiTun Diplomatic Residence Compound, SanLiTun Dong San Jie, Chaoyang District, Beijing, P.R.China
北京市朝陽區三里屯東三街外交公寓2號樓3單元031房間

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© MSF / Olga OVERBEEK

Filipino doctor Kester MANIAUL (right) examines a boy with severe malaria in MSF hospital in Doro refugee camp, South Sudan

菲律賓醫生馬尼華(右)在南蘇丹多羅難民營的無國界醫生醫院內，替一名患有嚴重瘧疾的男孩檢查