

MSF-HONG KONG ACTIVITY REPORT

無國界醫生(香港)活動報告 2017



From the President and the Executive Director

主席和總幹事的話

Dear Friends,

The year 2017 was another tough period for Médecins Sans Frontières (MSF), but it was also a year of refusing limits. In the face of escalating violence in the complex yet largely forgotten humanitarian crises in some parts of the world, our teams had to push beyond limits to provide much-needed lifesaving medical care. Where we were unable to secure direct access to people trapped at the heart of the violence, we focused our care on those who had escaped.

Targeted attacks by the Myanmar military drove 660,000 marginalised ethnic Rohingya into neighbouring Bangladesh, where MSF ramped up its activities in response to the influx. We dealt with multiple disease outbreaks triggered by the refugees' abject living conditions and poor underlying health. Retrospective mortality surveys conducted by MSF epidemiologists revealed the extreme violence inflicted in Rakhine state: by the most conservative estimate, at least 6,700 Rohingya were killed in a month, including at least 730 children below the age of five years old.

There was no let-up in Yemen's war in 2017 or in the direct trauma injuries suffered as a result. Preventable diseases like cholera and diphtheria also re-emerged, as the country grappled with a total breakdown of its medical, sanitation and economic systems, and import restrictions on fuel, food and medicines.

In both Mosul in Iraq and Raqqa in Syria, bombs rained down on trapped civilians as coalition forces wrestled back control from the Islamic State group. When the fighting was at its most intense in Mosul, our emphasis was on trauma surgery. We also provided paediatric, obstetric and primary healthcare and treated malnutrition for those escaping Mosul. The first stabilisation stages of trauma care were being offered by many organisations including MSF. However, a functional network of medicalised transport was lacking, as were easily accessible referral facilities for definitive surgery.

Our teams saw fewer wounded in the battle for Raqqa. This raised questions about what was happening in an area of urban warfare and bombardment, and whether people were accessing any care at all, or simply dying. To this day we do not know. We provided medical assistance to those fleeing Raqqa.

Several other long-running, lesser reported conflicts escalated. Conflict and violence affected South Sudan, where medical facilities and staff were not spared. MSF's clinics and hospitals were looted and our staff and patients were forced to flee. Over two million South Sudanese were displaced, inside and outside the country, creating the world's fastest growing refugee crisis. This prompted a huge MSF response in Uganda, Democratic Republic of Congo (DRC), Ethiopia and Sudan.



Photo source: Ji Monserrat Nacanaynay

Filipino nurse Ji Monserrat Nacanaynay cares for malnourished children in the MSF's primary healthcare centre in South Sudan.

來自菲律賓的護士Ji Monserrat Nacanaynay在無國界醫生位於南蘇丹的基本醫療中心照料營養不良病童。

各位朋友：

對無國界醫生而言，2017年是艱難的一年，然而也是拒絕退縮的一年。全球多個地區爆發形勢複雜卻備受忽略的人道危機，暴力不斷升級，我們的團隊為了向人們提供亟需的救命醫療服務，不得不超越救援的極限。當我們無法直接接觸被困於戰火中的人時，便集中照顧那些逃出來的人。

緬甸軍方的針對性襲擊，迫使66萬名被邊緣化的羅興亞人逃到鄰國孟加拉。無國界醫生在孟加拉加大救援規模，以應對湧入的難民。難民本身的健康情況欠佳，加上營地環境惡劣，救援隊應對了多次因而造成的疫症。由無國界醫生流行病學家進行的死亡率回顧報告揭示，緬甸若開邦發生極端的暴力事件，以最保守的估計，最少6,700名羅興亞人於一個月內被殺，其中包括最少730名五歲以下的兒童。

2017年，也門的戰火持續，毫無緩和跡象，令人們遭受直接的創傷。國內醫療、衛生和經濟系統全面崩潰，燃油、糧食和藥物的進口亦受到限制，導致霍亂和白喉等可預防的疾病重現。

在伊拉克的摩蘇爾和敘利亞的拉卡，隨著聯軍從伊斯蘭國組織奪回地方控制權，被圍困的平民不斷受到轟炸。在摩蘇爾戰事最激烈時，我們主力進行創傷手術，同時向逃離摩蘇爾的人們提供兒科、婦產科和基本醫療服務，並醫治營養不良病人。無國界醫生與其他救援組織提供最初步的創傷護理以穩定傷者傷勢，然而當地缺乏有效的傷者運送網絡，也沒有容易到達的轉介設施進行決定性手術。

在拉卡的戰事中，我們的團隊接觸到較少傷者，不禁疑惑這個遭受巷戰和轟炸蹂躪的地方發生了什麼事，人們能否獲得醫療服務，抑或只能傷重待斃。直到今天，我們對當地情況仍一無所知，只能向逃離拉卡的人們提供醫療援助。

一些地區曠日持久卻未被廣泛報道的戰事，同樣轉趨激烈。在南蘇丹，衝突和暴力影響嚴重，連醫療設施和醫護人員亦無法倖免。無國界醫生的診所和醫院被劫掠，員工和病人被迫走避。超過200萬南蘇丹人在國內外流離失所，成為全球惡化得最快的難民危機。為此，無國界醫生在烏干達、剛果民主共和國、埃塞俄比亞和蘇丹進行大規模救援行動來應對。

剛果民主共和國飽受暴力所困，當中開賽地區有150萬人流徙。我們的團隊只能在戰事緩和時展開工作。我們發現當地幼童的嚴重急性營養不良比率極高，單是於6月至9月間，就有超過1,000名五歲以下的兒童接受治療。隊伍亦提供全面的兒科護理和外科服務。



DRC was wracked by violence, especially in the Kasai region, where 1.5 million people were displaced. Teams were able to intervene only when the fighting subsided. We discovered extremely high rates of severe acute malnutrition amongst young children in the area, with over 1,000 children under five years old treated between June and September alone. Comprehensive paediatric care and surgery were also provided.

Full-blown conflict resurfaced in Central African Republic. Several towns were emptied, with people seeking refuge in churches, mosques and even MSF hospitals, or surviving hand-to-mouth in the bush. MSF provided medical care to communities across the country in response to the growing health needs.

MSF also strived to provide medical services to pregnant women caught in the grind of conflicts. Over the year, teams assisted over 300,000 childbirths and worked in maternity hospitals in places where women have few other safe, free options.

People still perish with preventable diseases, prompting MSF to conduct mass vaccinations and treatment. Diphtheria, an almost eradicated disease worldwide, broke out in Yemen and amongst refugees in Bangladesh. DRC experienced its most significant cholera outbreak in 20 years, affecting 24 out of its 26 provinces. Measles also surged across eastern DRC where MSF treated 14,000 patients and vaccinated a million children in just eight months.

Tuberculosis (TB) persists as a huge concern. Together with partner organisations and local health authorities, we are pioneering and testing new drug-resistant treatment options, including regulated trials in South Africa and Uzbekistan.

As the largest non-government provider of TB treatment worldwide, we advocated for scaling up the use of the new and effective TB drugs bedaquiline and delamanid, and for the improvement of patient care and treatment.

Last, but not least, we are hugely grateful to all our donors, who make our work possible, and to all our dedicated MSF staff, who give their time and skills to assist others, at times at considerable risk to themselves. We don't forget that up to this day, our three colleagues – Philippe, Richard and Romy – abducted in DRC in 2013, remain unaccounted for. We are deeply saddened and remain committed to finding them: our thoughts are with you, your friends and families.

中非共和國再度爆發全面的衝突。一些城鎮變得空無一人，人們到教堂、清真寺甚至是無國界醫生的醫院避難，或躲在叢林中苟全性命。為應對不斷增加的醫療需要，無國界醫生向全國多個社群提供醫療護理。

無國界醫生亦竭盡所能向被困於衝突中的孕婦提供醫療服務，團隊在年內協助逾30萬名嬰兒出生，並在婦女缺乏安全和免費醫療服務的地區的婦產科醫院工作。

不少人仍被可預防的疾病奪去性命，故此無國界醫生進行大型疫苗接種運動和提供治療。白喉這種幾乎已絕跡的疾病，先後席捲也門和孟加拉的難民營。剛果民主共和國經歷了20年來最嚴重的霍亂疫情，全國26個省份中有24個受到影響。麻疹亦於該國東部肆虐，無國界醫生共治療了1.4萬名病人，並於短短8個月內為100萬名兒童接種疫苗。

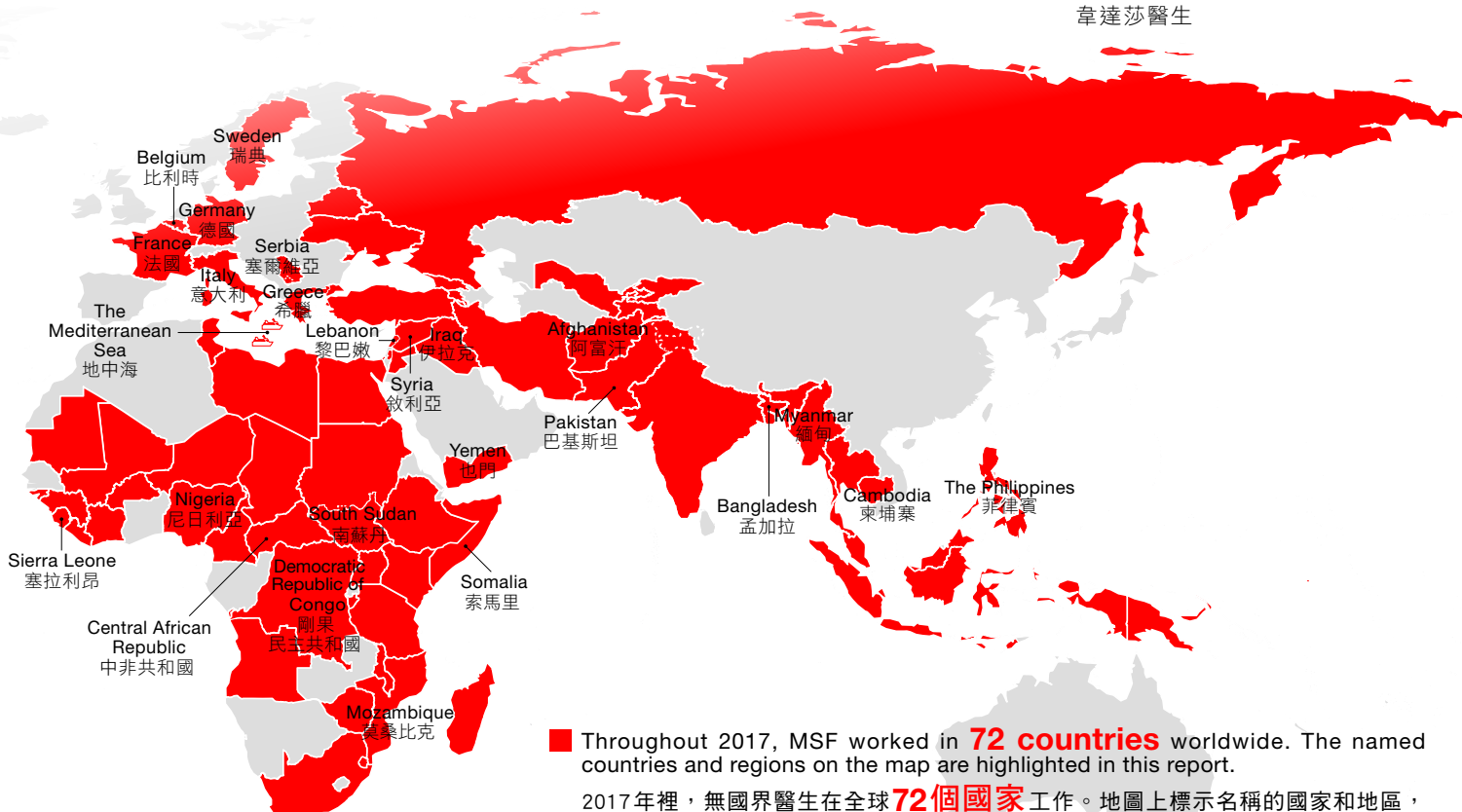
結核病依然是重大的問題。無國界醫生與伙伴機構和各地衛生部門合作，引入和測試全新的耐藥結核病治療方案，包括在南非和烏茲別克等地進行受監管的試驗。

作為全球最大的非政府結核病治療提供者，我們倡議擴大使用全新而有效的結核病藥物貝達喹啉和德拉馬尼，以及改善對病人的護理和治療。

最後，全賴所有捐助者的支持，讓我們的工作得以實行。同時，也感謝所有竭盡心力的無國界醫生員工，付出時間和技術去幫助他人，有時甚至將自己置身危險之中。我們不會忘記菲力浦、瑞查德和羅米這三位同僚，他們於2013年在剛果民主共和國被擄走，至今下落不明。我們掂掛著你們和你們的親友。我們非常難過，並會繼續全力尋找他們。

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■ Throughout 2017, MSF worked in **72 countries** worldwide. The named countries and regions on the map are highlighted in this report.

2017年裡，無國界醫生在全球**72個國家**工作。地圖上標示名稱的國家和地區，在本活動報告內有項目簡介。

The place names and boundaries used in this report do not reflect any position by MSF on their legal status.
本報告內採用的地名及邊界並不反映無國界醫生對其法律地位的立場。

Projects by Country

各地項目



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An injured Rohingya boy sits on his bed at MSF's medical facility in Cox's Bazar, Bangladesh.

在無國界醫生位於孟加拉科克斯巴扎爾的醫療設施裡，一名受傷的羅興亞男孩坐在病床上。

Asia

亞洲

Bangladesh

After a concerted campaign of violence unleashed in Rakhine, Myanmar since August 2017, over 660,000 Rohingya fled to neighbouring Bangladesh. By the end of the year, the total number of Rohingya refugees in the country was 830,000. In Cox's Bazar, MSF massively scaled up its activities, managing 19 health posts, 3 primary health centres and 4 patient facilities. Between July and December, the number of the patients seen by MSF teams each day increased 10-fold.

People who were suspected of having measles and diphtheria also sought care at MSF facilities. Teams treated 2,625 patients for diphtheria, and worked with the Bangladeshi health authorities to extend vaccination coverage. Nearly 200,000 people were vaccinated. Furthermore, they supplied 8 million litres of chlorinated water and installed 1,700 latrines and 170 wells to ensure that newly arrived refugees had access to safe drinking water and adequate sanitation facilities.

Between August and December, MSF treated 120 victims of sexual violence. The majority were rape victims, and one-third were under the age of 18.

Myanmar

Armed conflict, displacement, intercommunal tensions and statelessness led to a significant crisis in Myanmar in 2017, while provision of medical care further diminished.

In northern Rakhine, MSF used to offer primary and reproductive healthcare and support government hospitals with HIV care. Teams conducted 36,000 medical consultations and 1,045 referrals until August 2017. However, three of the four MSF clinics were destroyed amidst violence. Our operations were restricted because of a ban on international staff and a lack of authorisation to carry out medical activities.

In Wa Special Region 2, due to a worsening political situation and the inability to secure access for international staff, MSF activities ended in mid-2017.

In Kachin and Shan, while renewed conflict displaced 100,000 people, MSF kept treating 17,000 patients with HIV and tuberculosis.

MSF continued its work in eastern Rakhine, Yangon, Tanintharyi region, and opened a new programme in Naga.

孟加拉

自2017年8月緬甸若開邦發生一系列暴力衝突後，超過66萬名羅興亞人逃難至鄰國孟加拉。截至2017年底，棲身於孟加拉的羅興亞難民總數達83萬。在科克斯巴扎爾，無國界醫生擴大救援行動，設有19間醫療站、3間基本醫療中心和4間醫療設施。7月至12月期間，無國界醫生團隊每天治療的病人人數增加了10倍。

懷疑感染麻疹和白喉的病人相繼來到無國界醫生的醫療設施求診。醫療隊治療了2,625名白喉患者，並與孟加拉衛生部門合作，擴大疫苗接種覆蓋率，近20萬人接種了疫苗。此外，團隊提供了800萬公升經氯消毒的水，並安裝了1,700個廁所和170口井，以確保最近抵達的難民能夠獲得清潔的飲用水和足夠的衛生設施。

8月至12月期間，無國界醫生治療了120名性暴力受害者。大多數是強暴受害者，三分之一的人為未滿18歲人士。

緬甸

2017年，武裝衝突、流離失所、不同族群之間關係緊張和羅興亞人的無國籍狀態，導致緬甸出現重大危機，醫療服務卻進一步減少。

在若開邦北部，無國界醫生多年來一直提供基本醫療和生殖健康服務，並支援當地公營醫院的愛滋病治療。截至2017年8月，救援隊進行了3.6萬次診症，並轉介了1,045宗個案。然而，無國界醫生的四個診所中有三個在暴力事件中被破壞。由於國際救援人員不獲准前往當地，以及無國界醫生不獲准進行醫療行動，故此組織在當地的項目受阻。

在佤邦第二特區，由於政局惡化，以及未能確保國際救援人員能進入當地，無國界醫生於年中結束在當地的的工作。

在克欽邦和撣邦，當新一輪衝突導致10萬人流離失所，無國界醫生仍在當地治療1.7萬名愛滋病和結核病患者。

無國界醫生繼續在若開邦東部、仰光和德林達依地區工作，並在那加展開新項目。

Afghanistan

After the US airstrikes destroyed the trauma centre in Kunduz in 2015, MSF returned to the city two years later. MSF opened an outpatient clinic for patients with minor injuries or diseases. We continued to run another small clinic outside Kunduz and plans to open a new trauma hospital in 2019.

In the western part of the capital Kabul, MSF continued to support the Dasht-e-Barchi hospital that serves a million people and is the only facility for emergency and complicated deliveries. The team assisted 16,000 deliveries in 2017. MSF also started to support another hospital in the area with staff, training and essential drugs to increase the facility's capacity to provide maternity services.

The first patients on MSF's drug-resistant tuberculosis programme in Kandahar completed their treatment and were discharged. The programme introduced a shorter and better treatment regimen lasting 9 months only instead of 20 months.

Cambodia

MSF continues to offer free diagnosis and treatment for hepatitis C patients in the capital Phnom Penh. In 2017, MSF treated around 3,000 patients with direct-acting antivirals. The new drugs, with a cure rate of over 95%, are proven effective yet are expensive. Through the project, MSF aims to simplify diagnosis and treatment, show its cost-effectiveness and make it replicable in other countries.

In northern Cambodia, MSF is assessing its strategies to help eliminate drug-resistant malaria through a combination of screening, testing, and treatment. Research carried out in 2017 provides an insight into the development of resistance to the three main drugs used to treat *Plasmodium falciparum* malaria. The outcomes of the research will be evaluated, and recommendations will be made for replication elsewhere.

Pakistan

Women's and children's health remains our focus in Pakistan. In 2017, MSF assisted over 15,000 births across the country. In the city of Quetta, Balochistan province, the MSF's paediatric hospital admitted over 450 newborns and nearly 1,200 severely malnourished children before its closure in October. In Timergara, the newborn unit of the MSF-supported hospital doubled its capacity, and was upgraded to include an eight-bed 'kangaroo mother care' room.

In a slum in Karachi, nearly 800 hepatitis C patients started treatment provided by MSF, with over 690 patients completing the course. In Peshawar, MSF launched an awareness campaign in areas affected by the dengue outbreak in August.

MSF was forced to close its projects in the Federally Administered Tribal Areas in northwestern Pakistan. The authorities did not renew the certificates required for carrying out medical activities, leaving people without access to free and high-quality healthcare.

The Philippines

MSF responded to violent clashes between the Philippine armed forces and two pro-Islamic State factions in Marawi, Mindanao region from June 2017. Over 370,000 people were displaced from the city and its surrounding areas. MSF provided psychological first aid to more than 11,500 people, and distributed 1,500 hygiene kits and 1,150 jerry cans. When the siege was declared over in late October, MSF remained in the area to support the displaced and the returnees.

In the capital Manila, MSF partnered with Likhaan, a local organisation, to improve access to sexual and reproductive health services in two densely populated and impoverished districts. In 2017, the team conducted an average of 1,380 consultations each month. With concerted efforts from Likhaan, Manila City Health and MSF, 23,000 girls were vaccinated against the human papillomavirus virus (HPV) that is responsible for cervical cancer.

阿富汗

美軍於2015年的空襲，摧毀了無國界醫生在昆都士的創傷中心。兩年後，組織重返該市開設門診診所，為傷勢或病情較輕者提供醫療護理，同時繼續在昆都士市外運作另一間小型診所，並計劃於2019年開設新的創傷醫院。

在首都喀布爾西部，無國界醫生繼續支援達什巴爾切醫院。這間醫院服務100萬人口，為該區唯一的一間醫療設施能處理緊急分娩和妊娠併發症。2017年，醫療隊共協助逾1.6萬名嬰兒出生。組織亦開始支援該區另一間醫院，透過提供人手、培訓和基本藥物，提升該醫院的婦產科服務。

無國界醫生在坎大哈的耐藥結核病項目，首批病人已完成治療出院。此項目引入為期九個月的療程，較以往長達20個月的治療需時較短，而效果較好。

柬埔寨

無國界醫生於2017年繼續在首都金邊為丙型肝炎患者提供免費診斷和治療，以直接抗病毒藥物治療了約3000名病人。這些新藥的治癒率逾95%，雖已證實有效，但藥價高昂。無國界醫生旨在透過此項目簡化丙型肝炎的診斷和治療，顯示出其成本效益，從而令其他國家仿效。

在柬埔寨北部，無國界醫生正審視其篩查、檢測和治療三管齊下的策略，能否有助杜絕耐藥性瘧疾。2017年進行的研究，就惡性瘧原蟲引致的瘧疾對三種主要藥物產生耐藥性提出見解。無國界醫生將評估研究結果，為策略推行至其他地方作出建議。

巴基斯坦

婦女和兒童的健康依然是無國界醫生在巴基斯坦的工作重點。2017年，組織在全國共協助超過1.5萬名嬰兒出生。在俾路支省奎達市，無國界醫生的兒科醫院於10月關閉前，接收了逾450名新生嬰兒和近1,200名嚴重營養不良兒童住院。在蒂默加拉無國界醫生支援的醫院，新生嬰兒部可接收的病人人數增加一倍，部門內增設了一間有八張病床的「袋鼠護理法」母嬰護理室。

在卡拉奇的貧民窟，近800名丙型肝炎患者開始接受由無國界醫生提供的治療，逾690人完成療程。在白沙瓦，組織於8月在爆發登革熱的地區展開健康推廣活動。

在該國西北部聯邦直轄部落地區，當局未有更新無國界醫生進行醫療活動所需的證明文件，無國界醫生被迫關閉當地所有項目，令人們得不到免費且優質的醫療護理。

菲律賓

菲律賓軍方與兩支親伊斯蘭國武裝派系在棉蘭老島馬拉維的激烈戰鬥，令該市及周邊地區超過37萬人失去家園。無國界醫生自2017年6月起向逾1.1萬人提供心理急救援助，並分發衛生用品套裝1,500套和水桶1,150個。10月下旬，當圍城的狀況終宣告結束，組織繼續留守當地，支援仍然流徙和重返家園的人們。

在馬尼拉，無國界醫生與當地組織Likhaan合作，在兩個人口稠密的貧民區提供性與生殖健康服務。2017年，救援隊平均每月進行1,380宗診症。在Likhaan、馬尼拉市衛生局和無國界醫生通力合作下，超過2.3萬名女童接種了子宮頸癌疫苗。



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In Tanganyika province, DRC, an emergency team is sent to a village where intercommunal fighting occurred to reach the wounded.
在剛果民主共和國坦噶尼喀省，一支緊急救援隊被派往剛發生族群武裝衝突的村落，為傷者提供治療。

Africa

非洲

Democratic Republic of Congo (DRC)

New waves of violence erupted in DRC, where 4.1 million people were internally displaced in 2017 alone. In Tanganyika province, MSF increased its medical services in and around two towns. In Greater Kasai region, teams performed surgery on war-wounded patients, provided care for victims of sexual violence, and ran mobile clinics in city outskirts where health centres were looted, destroyed and burned. As the situation in the Kivus deteriorated, MSF provided 1.5 million outpatient consultations and admitted 95,000 patients to its facilities.

Sixty-two emergency interventions were launched this year, including vaccinations of a million children against measles and treatment of another 14,000 for the disease. From mid-2017, MSF responded to one of the biggest cholera outbreaks of the last two decades in DRC, and cared for 20,000 patients nationwide.

Malaria is endemic and the main cause of death in the country. In 2017, MSF treated more than 850,000 malaria patients, and has been introducing large-scale community-based projects to improve treatment.

剛果民主共和國

剛果民主共和國爆發多輪新的暴力衝突，僅2017年，就有410萬人在國內流離失所。在坦噶尼喀省，無國界醫生在兩個城鎮及周邊地區加強提供醫療服務。在大開賽地區，救援隊為戰爭傷者進行手術，向性暴力受害者提供護理，並在醫療中心被搶掠、破壞和燒毀的市郊地區開設流動診所。隨著南北基伍省的局勢惡化，組織在當地進行了150萬次門診診症，並接收了9.5萬名住院病人。

無國界醫生於年內展開了62項緊急救援行動，包括為100萬名兒童接種麻疹疫苗和醫治1.4萬名已受感染的病童。由年中起，組織應對了該國20年以來其中一次最大型的霍亂疫情，在全國共治療了2萬名患者。

瘧疾在剛果民主共和國屬風土病，亦是該國人口最主要的死因。2017年，組織醫治了超過85萬名瘧疾病人，並持續推行以社區為本的大型項目來改善治療。



An MSF doctor checks on a patient who has recently arrived at the hospital in Bangassou, CAR.

在中非共和國班加蘇的醫院，前線醫生為一名最近來求醫的病人檢查。

Central African Republic (CAR)

As renewed conflict further exacerbated mass displacement in CAR, MSF continued to offer outpatient and inpatient care in 10 provinces. In 2017, teams assisted 17,855 births, performed 8,900 surgical interventions and conducted 749,000 outpatient consultations. MSF also adapted six projects to address the urgent needs of people directly affected by the spiraling conflict. Sadly, teams were forced to suspend and even end their support to health facilities in Bangassou and Paoua due to the worsening security situation.

Networks of community workers were set up to offer free testing and treatment of malaria in various locations. 445,000 malaria patients were treated throughout the year. Vaccination campaigns were organised to protect children from diseases such as diphtheria, hepatitis B, measles, and pneumonia, enabling 185,400 children to be vaccinated.

Mozambique

Mozambique is struggling to curb a dual epidemic of HIV and tuberculosis that claims 34,000 lives each year.

MSF cares for vulnerable and stigmatised groups in the country. In Maputo, the pilot project targets intravenous drug users, aiming to develop a model of care that includes comprehensive harm reduction. Out of 150 patients, one-third and one-fifth are HIV and hepatitis C positive, respectively. Ten of the 27 hepatitis C positive patients who started treatment were cured, the first in the country, as treatment was previously unavailable. In Tete and Beira, the team provides sexual and reproductive health services, including HIV testing and treatment for sex workers and men who have sex with men (MSM). In the last quarter of 2017, 1,270 sex workers and almost 220 MSM were followed up.

Nigeria

In 2017, Nigeria saw its largest meningitis C outbreak in ten years. MSF responded by supporting the Ministry of Health in the four worst-affected states. In Sokoto town, MSF ran a 200-bed facility. Teams assisted in a vaccination campaign that reached more than 278,000 people in Sokoto and Yobe.

Between August and November, MSF responded to a cholera outbreak in Maiduguri, Monguno and Mafa, operating four cholera treatment facilities and treating over 4,000 patients.

In Borno in the northeast, armed conflict has displaced two million people. This year, MSF conducted emergency interventions in 11 towns, providing nutritional and medical care, relief items, and water and sanitation. Teams conducted 400,000 outpatient consultations and assisted 9,000 deliveries. Our health facility in the isolated town of Rann was bombed by the Nigerian army in January, resulting in at least 90 deaths, including three MSF workers.



In Banki, Borno State, Nigeria, MSF provides several water points, which greatly improve access to clean drinking water.

無國界醫生在尼日利亞博爾諾州班基設置了幾個供水點，大大改善了當地清潔飲用水的供應。

中非共和國

中非共和國再度爆發衝突，當地人口大規模流徙的狀況進一步加劇，無國界醫生繼續在10個省份提供門診和住院治療。2017年，救援隊協助了17,855名嬰兒出生，並進行了8,900宗手術和74.9萬宗門診診症。組織亦調整了六個項目，以應對直接受衝突升級影響的人們的迫切需要。由於班加蘇和帕瓦的局勢持續惡化，救援隊被迫暫停甚至中止支援該兩處的醫療設施。

無國界醫生在多處設立社區人員網絡，提供免費瘧疾檢測和治療，全年共醫治了44.5萬名瘧疾病人。組織亦推行了疫苗接種運動，以保障兒童免受白喉、乙型肝炎、麻疹和肺炎等疾病困擾，共有18.5萬名兒童獲接種疫苗。

莫桑比克

莫桑比克正努力遏制愛滋病與結核病雙重疫情，這兩種疾病每年奪去該國3.4萬人的性命。

無國界醫生在該國向脆弱無助和飽受污名的社群提供治療。在馬普托，組織推行針對吸毒人士的試點項目，旨在發展出包括全面減輕毒品傷害的護理模式。在150名病人當中，分別有三分之一和五分之一的人感染愛滋病和丙型肝炎。27名接受丙型肝炎治療的病人中有10人成功治癒，是該國首批能夠接受治療並且康復的患者。在太特市和貝拉市，組織向性工作者和男男性接觸者提供性與生殖健康服務，包括愛滋病毒測試和治療。在2017年最後一季，組織跟進了1,270名性工作者和近220名男男性接觸者。

尼日利亞

2017年，尼日利亞爆發10年來最大規模的丙型腦膜炎疫情，無國界醫生在四個最受影響的州份支援當地的衛生部門。在索科托鎮，組織設有一間有200張病床的醫療設施。救援隊又協助展開疫苗接種運動，為索科托州和約貝州逾27.8萬人注射疫苗。8至11月期間，為應對在邁杜古里、蒙瓦諾和馬法爆發的霍亂疫情，無國界醫生設立四間霍亂治療設施，並醫治逾4,000名病人。

在東北部的博爾諾州，武裝衝突已令200萬人流離失所。這一年無國界醫生在11個城鎮進行緊急救援行動，提供營養治療和醫療護理，分發救援物資，以及進行水利衛生工作。救援隊進行了40萬次門診診症，並協助了9,000名嬰兒出生。在被圍困的萊恩鎮，我們的醫療設施於1月遭尼日利亞軍方轟炸，造成至少90人死亡，當中包括組織的三名工作人員。



An MSF nurse checks on a woman at the hospital in Koinadugu district, Sierra Leone.

在塞拉利昂北部科伊那多谷區的一間醫院，無國界醫生的護士正為一名婦女檢查。

Sierra Leone

MSF contributes to combating high mortality rates among pregnant women and children while the Sierra Leonean health system is recovering from the impact of the Ebola outbreak. MSF supports the paediatric, maternity, obstetric and neonatal services of various facilities in three districts. In a hospital in Koinadugu district, MSF assisted over 1,300 births and treated almost 620 women with pregnancy complications. In Kenema district, one of the hardest hit areas during the Ebola outbreak, a new teaching hospital that focuses on reducing maternal and child mortality will open in 2018.

In the capital Freetown, MSF continued to respond to emergencies. MSF provided clean water to more than 3,000 people at three different points after the landslides and floods that occurred in August. Teams also assisted the health authorities during a cholera vaccination campaign that reached around 120,000 people in high-risk areas.

Somalia

The situation in war-ravaged Somalia remains extreme. After withdrawing from the country in 2013 following repeated attacks on our teams, MSF continuously monitored the situation and re-engaged with relevant authorities. Despite ongoing security concerns, MSF returned to Somalia in May this year, running nutrition programmes and supporting paediatric and emergency services in a regional hospital in the Puntland region. In response to a surge of malnutrition in the Horn of Africa, MSF launched emergency projects in November in Galmudug state, as well as in Gedo region which is on the border with Ethiopia. Teams also carried out exploratory missions to assess the medical and humanitarian needs in Baidoa.

However, the scale of MSF activities in the country remains limited. Our ability to operate depends largely on the acceptance and active support we receive from the authorities and host communities.

South Sudan

Insecurity remains a challenge for humanitarians in this conflict-ridden country. Violent clashes, attacks on health facilities, and looting forced MSF to temporarily suspend its activities and evacuate its teams from four locations in Greater Upper Nile region. In Yei, Equatoria region where MSF manages two clinics, six MSF staff were arrested by the South Sudanese army forces while on duty in January. Though they were subsequently released, the incident raised serious concerns.

As violence led to further civilian displacement, MSF continued to develop a decentralised model of primary healthcare to reach as many dispersed communities as possible. Teams started running clinics on boats to serve people in isolated villages along the Akobo and Pibor rivers. A system was also set up in which local staff travelling with displaced people could continue to provide medical care.



A nurse feeds a child who has been admitted with severe acute malnutrition in an MSF-supported hospital in Puntland, Somalia.

在索馬里邦特蘭地區一間由無國界醫生支援的醫院，護士正在餵一名因嚴重急性營養不良入院的病童。

塞拉利昂

塞拉利昂的醫療系統受伊波拉疫情嚴重影響，現正逐步恢復。無國界醫生致力協助該國應對孕產婦和兒童死亡率高企的問題，在三個地區不同的醫療設施支援兒科、婦產科和新生嬰兒護理服務。在科伊那多谷區，組織協助逾1,300名嬰兒出生，治療近620名出現妊娠併發症的孕婦。在其中一個受伊波拉疫情影响最嚴重的地區——凱內馬區，組織將於2018年開設以降低孕產婦和兒童死亡率為重點的教學醫院。

在首都弗里敦，無國界醫生繼續應對緊急狀況。當地於8月發生山泥傾瀉和水災後，組織在三個地點向逾3,000人提供清潔的飲用水；救援隊亦協助衛生部門進行霍亂疫苗接種運動，在一些高危地區為近12萬人注射疫苗。

索馬里

飽受戰爭蹂躪的索馬里局勢仍然緊張。無國界醫生因救援隊多次遇襲，於2013年撤出該國，但依然繼續觀察當地情況，並與有關部門重新接觸。無國界醫生對索馬里的不安全狀況仍有憂慮，但於2017年5月重返該國，在邦特蘭地區的一間地區醫院開設營養治療項目，並支援該醫院的兒科和急症室服務。為應對非洲之角激增的營養不良個案，組織於11月在加勒穆杜格州以及與埃塞俄比亞接壤的蓋多地區展開緊急項目；救援隊亦到拜多阿評估當地的醫療和人道需要。

不過，無國界醫生在該國的项目規模仍然有限。我們在當地的救援能力，主要視乎有關當局及當地社群對我們的接受和支持程度。

南蘇丹

在這個衝突頻繁的國家，不穩的局勢仍然是人道工作者的一大挑戰。激烈衝突、針對醫療設施的襲擊和搶掠，迫使無國界醫生暫停在上尼羅大區四個地點的項目，並撤走救援隊。無國界醫生在赤道地區的耶伊設有兩間診所，1月時組織的六名員工在當值期間遭南蘇丹軍隊拘捕。雖然他們其後獲釋，但組織高度關注事件。

由於暴力衝突令更多平民流離失所，無國界醫生繼續以分散模式提供基本醫療服務，盡可能接觸更多散落的社群。救援隊亦開始出動小艇進行流動診所，救助阿科博河和皮博爾河沿岸偏遠村落的居民。組織亦採用新做法，讓當地員工與人們一同流徙時可繼續提供醫療服務。



© Andrew McConnell / Panos Pictures

Wooden boats filled with people are rescued by MSF in the sea off the coast of Libya.

無國界醫生在利比亞對開海域，從遇難木船上救人。

Europe

歐洲

The Migration Crisis

In 2017, MSF's search and rescue operations that assisted refugees, asylum seekers and migrants on the perilous central Mediterranean route faced increasing political and operational challenges.

Italy, the European Union and Libya have stepped up their efforts to prevent people on the move from reaching Europe, leaving them exposed to widespread violence and arbitrary detention in Libya. Meanwhile, NGOs were threatened and accused of colluding with traffickers and smugglers. In May, MSF witnessed a Libyan coastguard vessel firing gunshots into the air as it approached a boat in distress.

Despite this, MSF rescued 23,850 people through two dedicated vessels. Teams treated people with injuries they had suffered while in Libya and at sea, and heard the accounts of violence and abuses they had experienced throughout the harrowing journey.

Furthermore, MSF provided medical and mental health support, as well as food, shelter and basic essential items for people seeking refuge and safety in Belgium, France, Germany, Greece, Italy, Serbia and Sweden.

流徙危機

無國界醫生於2017年沿著危險重重的地中海中部路線，援助難民、尋求庇護者和移民，但搜救工作不斷面對日益增加的政治和行動上的挑戰。

意大利、歐盟和利比亞繼續加大力度，阻撓人們前往歐洲。滯留在利比亞的流徙者遭受廣泛的暴力對待和任意拘留。與此同時，多個救助流徙者的非政府組織受到威脅，被指控與販賣和走私人口的分子勾結。5月，無國界醫生目睹一艘利比亞海岸防衛隊艦艇在駛近遇險船隻時，艦艇上有人向天開槍。

儘管如此，無國界醫生的兩艘搜救船從海上救出了23,850人，救援隊為人們在利比亞遭受的傷害提供治療，同時聽取他們在逃難旅程中經歷暴力和虐待的慘況。

此外，無國界醫生還在比利時、法國、德國、希臘、意大利、塞爾維亞和瑞典，向尋求庇護和安全的人們，提供醫療服務和精神健康支援，以及食物、棲身之所和基本必需品。

Iraq

MSF was part of a major emergency response in the battle of Mosul. Several trauma stabilisation posts were positioned close to the front lines. In west Mosul, MSF opened a hospital in June to treat trauma patients as violence escalated. In Hammam al-Alil, 30 kilometres south of Mosul, teams ran an emergency trauma surgery hospital until July, and set up a primary healthcare centre. In Al-Hamdaniya, southeast of Mosul, MSF established a 40-bed department at a hospital with another NGO to provide post-operative care and rehabilitation for the war-wounded.

Across the country, nearly 3 million people were not able to return home due to conflict and violence. MSF delivered basic healthcare, nutrition programmes, maternal health services, treatment for chronic diseases and mental health support for displaced people in 10 governorates throughout the year.

Lebanon

As neighbouring conflicts continue to spiral, MSF works to meet the growing needs of Syrian refugees and Lebanese communities in the country. In 2017, teams carried out more than 291,000 outpatient consultations and 11,100 mental health consultations, and assisted almost 5,600 births.

In Bekaa Valley, MSF expanded its services with the opening of a paediatric ward in a government hospital in March, providing inpatient and elective surgical care to vulnerable children. A paediatric intensive care unit was added in December.

In north Lebanon, MSF implemented a water and sanitation programme in informal tented settlements that were not covered by other humanitarian organisations. In the largest Palestinian refugee camp located in southern Lebanon, the team launched a new home-based care programme for patients who suffer from mobility problems.

Syria

MSF continues to provide assistance in Syria, but its activities are severely limited by insecurity and constraints on access.

Across northern Syria, MSF ran or directly supported 13 health facilities, and deployed mobile clinic and vaccination teams. During the battle of Raqqa in June, MSF set up a medical stabilisation unit near the front lines, and supported the hospital in Tal Abyad which admitted hundreds of injured patients for major surgery. In other parts of the country where MSF could not be present, MSF maintained its remote support to medical facilities.

In 2017, 11 medical facilities supported by MSF were hit in targeted or indiscriminate attacks. In May, MSF suspended all its medical support in East Ghouta for around a month in response to non-respect of healthcare during intense fighting between armed opposition groups.

Yemen

Outbreaks of diseases exacerbated the already dire humanitarian situation in war-ravaged Yemen. In April, a cholera outbreak prompted MSF to open 37 cholera treatment centres and oral rehydration points in nine governorates. Nearly 101,500 cholera patients were admitted over the year. While the cholera epidemic subsided, diphtheria, which was last seen in Yemen in 1992, re-emerged. In response, MSF ran diphtheria treatment units in Ibb city and Ad Dhale and supported two others. Teams treated over 400 patients with the disease.

Overall, MSF scaled up its activities in the country, working in 13 health facilities in 12 governorates and supporting 20 others. Yet in November, a complete naval and air blockade on humanitarian staff and cargo was imposed by the Saudi-led coalition. Our capacity to assist vulnerable communities was hampered by arbitrary restrictions on aid operations.

伊拉克

在摩蘇爾戰事中，無國界醫生是參與主要緊急救援行動的一分子，在靠近戰線的位置設立數個穩定傷患狀況的醫療站。在摩蘇爾西部，組織於6月開設了一間醫院，以治療因暴力升級受創的傷者。在摩蘇爾以南30公里的哈曼阿里爾，救援隊運作一間緊急創傷手術醫院至7月，並設立另一間基本醫療中心。在摩蘇爾東南部的哈姆達尼耶鎮，無國界醫生與另一個非政府組織聯手設立有40張病床的醫院部門，為戰爭傷者提供手術後護理和復康服務。

伊拉克全國有近300萬人在衝突和暴力下未能重返家園。無國界醫生於年內在10個省份，為流離失所者提供基本醫療、營養治療、孕產婦健康服務、慢性病治療和心理健康支援。

黎巴嫩

隨著鄰近國家的衝突持續升級，無國界醫生在黎巴嫩致力應對敘利亞難民和黎巴嫩社群日益增長的需求。2017年，救援隊進行了29.1萬次門診診症，1.1萬次精神健康輔導，並協助近5,600名嬰兒出生。

在貝卡谷地，無國界醫生於3月擴大一間公立醫院的服務，開設兒科病房，向脆弱的兒童提供住院護理和進行選擇性手術。12月，組織在該院增設兒童深切治療部。

在黎巴嫩北部，無國界醫生在未有其他救援組織工作、由帳篷搭建的非正式營地進行水利衛生項目。在黎巴嫩南部最大的巴勒斯坦難民營，救援隊展開了新的家居護理項目，照顧行動不便的病人。

敘利亞

無國界醫生繼續在敘利亞提供援助，不過，受當地不穩的局勢和進入境內地區限制的影響，項目嚴重受阻。

在敘利亞北部，無國界醫生設立或直接支援13間醫療設施，並出動救援隊進行流動診所和提供疫苗接種。6月拉卡戰事期間，無國界醫生在靠近戰線的位置設立穩定傷患狀況的醫療站，並支援在塔勒艾卜耶德的醫院。該醫院接收了數以百計需接受大型手術的傷者。至於無國界醫生無法到達的地區，組織向當地的醫療設施提供遙距支援。

2017年，11間無國界醫生支援的醫療設施遭到針對性襲擊，或在無差別襲擊中遭受破壞。5月，由於武裝反對派爆發激戰時不尊重醫療設施的中立性，組織暫停對東高塔的所有醫療支援約一個月。

也門

在飽受戰爭蹂躪的也門，疫症爆發令原本已經嚴峻的人道狀況進一步惡化。4月，當地爆發霍亂疫情。無國界醫生在9個省開設了37間霍亂治療中心和口服補液站，全年共接收超過10.1萬名病人。當霍亂疫情緩和時，自1992年以來在也門未出現過的白喉重現。組織在伊卜市和達利設立白喉治療中心，並支援另外兩間治療中心，救援隊醫治了逾400名病人。

整體而言，無國界醫生加強在也門的救援行動，在12個省共13間醫療設施工作，並支援另外20間醫療設施。然而於11月，以沙地阿拉伯為首的聯軍向救援組織的人員和物資實施全面的海空封鎖。我們為脆弱社群提供的援助，因肆意限制救援行動的舉措而受阻礙。



© Jeanty Junior Augustin

After receiving care at the Tabarre hospital in Port-au-Prince, Haiti for a year, the patient is recovering from his injuries.
這名傷者在海地太子港泰巴爾創傷醫院接受治療一年後，正逐步康復。

The Americas

美洲

Haiti

In the capital Port-au-Prince, MSF continues to provide specialised care in three temporary facilities built after the 2010 earthquake. That includes the country's only specialised centre to treat patients with severe burns. In 2017, the team conducted 1,300 emergency room visits and admitted 700 patients. The two other facilities are the 176-bed centre targeting pregnant women and newborns with complications, and the Tabarre trauma hospital. Both teams assisted 4,900 births and performed 6,500 surgical operations throughout the year.

In Port-au-Piment in the west, MSF launched a new project in an area devastated by Hurricane Matthew in 2016. The team focuses on improving maternal health services in the local health centre. Since MSF's support began, the number of births in the facility has quadrupled.

MSF treats cholera patients, as well as supports health authorities with epidemiological surveillance, assists with vaccinations, and organises water and sanitation activities to prevent its spread in various locations.

Venezuela

Political and economic crisis and the social consequences continue to have a serious impact on Venezuelans. In 2017, MSF expanded its activities in the capital Caracas, providing mental health support to victims of urban and sexual violence, in collaboration with local organisations and public institutions. MSF also started working in Maracaibo, the second largest city, by offering ante- and post-natal checks, contraception, emergency deliveries and psychological support to young people and victims of sexual violence. Furthermore, MSF advocates for considering sexual violence a medical emergency and integrating medical services and psychological care to help survivors.

Protests that took place in the first half of 2017 resulted in over 100 deaths and thousands of wounded. MSF supported hospitals in five cities with medical supplies, psychological support and technical assistance.

海地

在首都太子港，無國界醫生繼續在三間於2010年地震後興建的臨時設施提供專科護理，其中包括全國唯一專門治療嚴重燒傷者的中心。2017年，救援隊進行了1,300宗急症室診症，並接收了700人入院。另外兩間設施分別是針對出現併發症的孕婦和新生嬰兒、有176張病床的醫療中心，以及泰巴爾創傷醫院。在這兩間設施工作的醫療隊於全年合共協助了4,900名嬰兒出生，並進行了6,500宗手術。

在西部皮芒港，無國界醫生於2016年遭颶風馬修破壞的地區展開了新項目，集中改善當地一間醫療中心的孕產婦健康服務。自組織開始提供支援後，該中心的出生人數增加了三倍。

此外，無國界醫生在不同地點治療霍亂病人，並支援衛生部門進行流行病學監察、協助接種疫苗和進行水利衛生工作，以防止疾病傳播。

委內瑞拉

政治和經濟危機以及其引致的種種社會後果，繼續對委內瑞拉人民造成嚴重的影響。2017年，無國界醫生擴大在首都加拉加斯的項目，與當地組織和公營機構合作，向城市暴力和性暴力的受害者提供精神健康護理。組織開始在第二大城市馬拉開波工作，為年輕人和性暴力受害者提供產前和產後檢查、避孕服務、緊急分娩和心理支援。無國界醫生亦提倡當地把性暴力列為緊急醫療狀況，並結合醫療服務和心理支援去幫助性暴力倖存者。

2017年上半年，委內瑞拉爆發示威，造成超過100人死亡，數千人受傷。無國界醫生支援了五個城市的醫院，向它們提供醫療物資、心理支援和技術協助。



© Eddy Van Wessel

In northern Syria, a young boy was hit by an astray bullet when he was at home. The MSF medical team at the Tal Abyad hospital are trying to save his life. 在敘利亞北部，一名小男孩在家中被流彈擊中，塔勒艾卜耶德醫院的無國界醫生醫護人員正盡力搶救他的性命。

Performing Trauma Surgery in the Public Eye – and in the World's Forgotten Wars

創傷手術：搶救受關注與被遺忘的戰爭傷者

Wars are raging not only in places that receive lots of attention, but also in countries that are often forgotten by the rest of the world. Regardless of the locations, MSF strives to take the best care of its trauma patients possible.

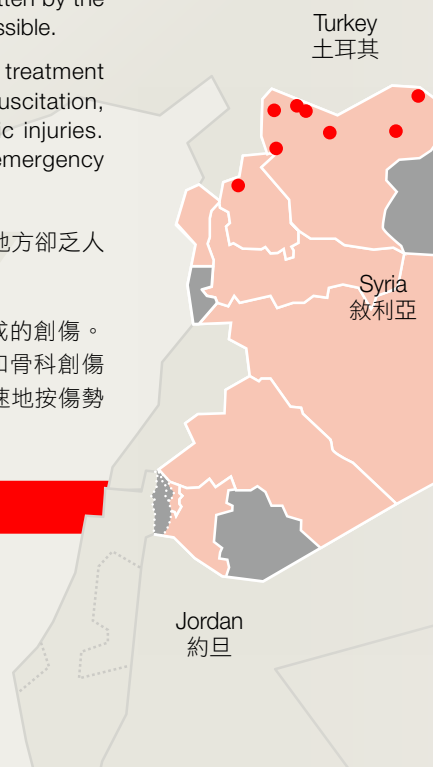
MSF trauma response in northern Syria, similar to other projects in Yemen and Iraq, focuses on the treatment of blast wounds and high-velocity projectile injuries. That requires technical expertise including resuscitation, critical care, care of burn wounds, and treatment of complex abdominal, vascular and orthopaedic injuries. Where possible, teams set up trauma stabilisation points so that patients can receive first aid and emergency care, and be triaged and transported efficiently to a hospital where they can get lifesaving surgery.

戰爭帶來的無情傷害和殘酷破壞，不因國界而異。然而，在某些國度爆發的戰爭備受關注，在另一些地方卻乏人問津。不管戰火在哪裡燃起，無國界醫生都會竭盡所能，為傷者提供最好的治療和護理。

無國界醫生在敘利亞北部的創傷項目，與在也門和伊拉克的項目相似，主要治療爆炸和高速炮彈造成的創傷。處理這些創傷需要專業技術，如協助傷者復甦、危重傷者護理、燒傷護理和治療複雜的腹部、血管和骨科創傷等。在可行的情況下，醫療隊會設立穩定傷患狀況的醫療站，為傷者提供急救和較迫切的護理，並快速地按傷勢把病人分流和運送至可進行救命手術的醫院。

MSF activities in Syria in 2017 • 2017年無國界醫生在敘利亞的救援行動

- Approximate locations where MSF was running facilities and activities
直接運作醫療設施和進行救援工作的大概位置
- Regions where MSF provided remote technical and material support
向醫療設施提供遙距技術和物資支援的地區





© Diala Chassan/MSF

An explosive device is found under the rubble in Raqqa city, northern Syria. These explosive devices have deadly impact on civilians fleeing or attempting to return home.

敘利亞北部城市拉卡的廢墟中發現一個爆炸裝置。這些爆炸裝置對逃離戰火或是嘗試重返家園的平民造成致命的影響。



Photo source: Xue Feng Li

Mainland Chinese anaesthetist Dr. Xue Feng Li worked in northern Syria's Tal Abyad hospital, the only civilian trauma facility in the area and the main referral centre for patients coming from Raqqa. He was part of a team that managed a mass casualty incident when a group of residents fled a village previously held by the Islamic State. One of his patients who lost both legs told him how he got injured. "There were landmines planted along the route. As the villagers made their escape, someone stepped on an improvised explosive device and triggered simultaneous explosions of the others planted nearby. Many people were killed, including his two sons," said Dr. Li.

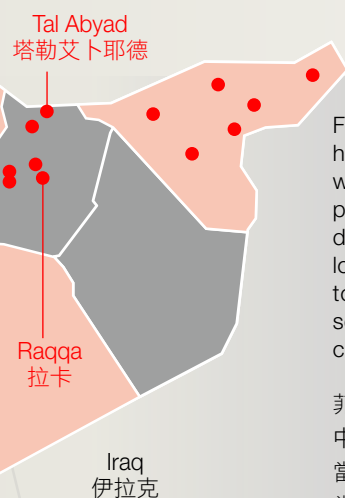
中國內地的麻醉科醫生李雪峰曾在敘利亞北部的塔勒艾卜耶德醫院參與救援任務。這間醫院是該區唯一的民用創傷設施，主要接收由拉卡轉介的傷者。當地有一班村民逃離曾被伊斯蘭國控制的村落時，發生大規模傷亡事故，李醫生是應對該次事故的醫療隊成員之一。其中一名傷者在事故中失去雙腿，李醫生憶述該名傷者指：「路上埋了不少地雷。當村民逃難時，有人踏中一個簡易爆炸裝置，觸發埋在附近的其他裝置同時爆炸。很多人當場被炸死，包括該名傷者的兩個兒子。」



© Eddy Van Wessel

This man suffers from a leg fracture after he was injured in a mine blast in Raqqa. MSF doctors at the Tal Abyad hospital are performing skin grafting for him in the operating theatre.

這名男子在拉卡的一次地雷爆炸中受傷，導致腿部骨折。塔勒艾卜耶德醫院的醫生正在手術室內為他進行植皮手術。



Filipino surgeon Dr. Evangeline Cua who worked in Tal Abyad hospital thought that performing trauma surgery in war zones was not always about the trauma itself. "The most challenging part is to gain acceptance from the local community and to demonstrate that we treat everyone. Because of the war, the locals do not trust the foreigners who come here. They prefer to be treated at private facilities even if they would rack up serious debt. Our presence and medical actions have gradually changed this. We just do our best to treat all in need."

菲律賓外科醫生夸亞曾在塔勒艾卜耶德醫院工作，她認為在戰區中進行創傷手術，並非只是治療創傷。「最具挑戰的一環是要令當地社群接納我們，讓他們明白我們會醫治每一個人。戰爭導致當地人不信任到當地的外國人，即使他們債台高築，也寧願選擇到私家醫療設施接受治療。我們的出現和進行的醫療行動，逐漸改變了他們的看法。我們會盡力醫治所有需要援助的人。」



Photo source: Evangeline Cua



© Frederic NOY

In South Sudan, MSF surgical team treats a wounded patient in a temporarily setup operating theatre.
在南蘇丹，無國界醫生的外科手術團隊在臨時搭建的手術室內救治傷者。

Unlike the Middle East, many war-torn countries which are largely outside of the public's consciousness have suffered from a neglected medical system for decades. Setting up an emergency surgery programme in a remote area of South Sudan or Central African Republic often means that we have to bring in everything. The injuries, mostly from gunshots, knives, machetes or spears, may be slightly less complex than the ones we see in the Middle East. But the principles of trauma surgery remain the same: resuscitation, damage control surgery, and cleaning of wounds.

The effects of conflict and violence ripple through communities, and thus a community response is essential. Our teams consist not just of surgeons, doctors, anaesthetists and nurses, but also mental health workers, physiotherapists, logisticians, administrators and interpreters, etc. Our trained and dedicated national staff especially are a huge asset in expanding our ability to provide quality surgical care.

然而，並非所有飽受戰爭蹂躪的國家，都像中東地區一般獲公眾關注，它們更面對醫療系統長年荒廢的問題。要在南蘇丹或中非共和國的偏遠地區設立緊急手術項目，我們必須進口全套裝備。醫療隊在當地常見的傷勢，大多是由槍、刀、砍刀或矛所造成。雖然未必像中東地區所見的傷勢般複雜，但我們為病人所進行的手術原理大致相同，包括協助傷者復甦、進行防止傷勢惡化的手術和清潔傷口。

衝突和暴力造成的深遠影響，波及一個又一個的社群。故此，以社區為本的全面應對工作是非常重要的。無國界醫生的救援隊不僅有外科醫生、醫生、麻醉科醫生和護士，亦包括精神健康專家、物理治療師、後勤人員、行政人員和翻譯員等。曾受訓練、盡心盡力的當地員工，更是無國界醫生加強提供優質外科服務的主要骨幹。

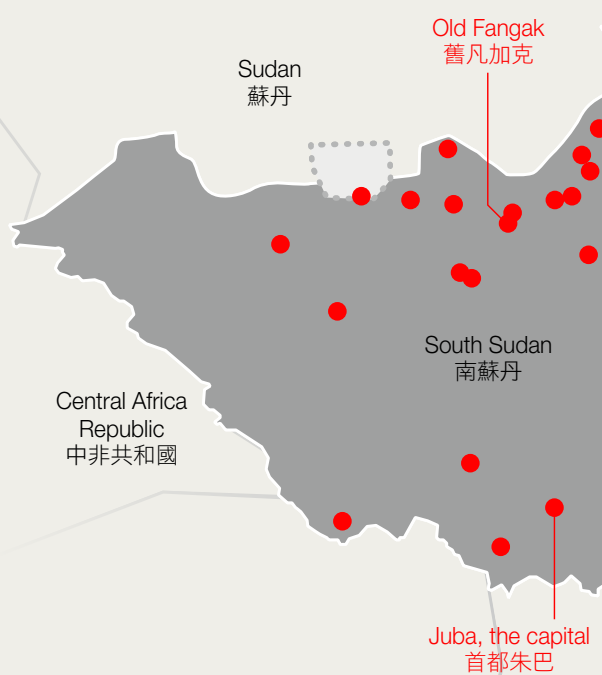




Photo source: Kin Wah Chan

Hong Kong surgeon Dr. Kin Wah Chan was tasked to establish an operating room in Old Fangak, an area affected by tribal conflict in South Sudan. "We had to set up everything from scratch. We managed surgical instrument sterilisation, waste disposal and operating room cleaning, etc. The night we finished the setup, we responded to a mass casualty event because of fierce fighting nearby. Sixteen patients with gunshot wounds flooded in. One surgery after another, we completed all the cases at 8 P.M. the next day," said Dr. Chan.

香港外科醫生陳健華被派往南蘇丹舊凡加克，要在一處深受部落衝突影響的地區開設一間手術室。陳醫生分享說：「我們一切都要由零開始，需負責消毒手術儀器、處理醫療廢物和清潔手術室等。我們當晚甫完成設置手術室，隨即便要應對因附近爆發激烈衝突而導致的大規模傷亡事故。16名槍傷傷者一湧而至，我們為他們一個接一個地進行手術，至翌日晚上8時才完成醫治所有傷者。」



Photo source: Kin Wah Chan

At the MSF hospital in Old Fangak, the treatment room which was originally used for wound dressing is converted into an operating room.

無國界醫生位於舊凡加克的醫院，本來用作清洗傷口的治療室被改裝為手術室。



Photo source: Kin Wah Chan

The converted operating room is equipped with the necessary medical equipment and supplies to save the lives of critically injured people.

完成改裝的手術室配備所需的儀器及物資，以搶救危急的傷者。



Ethiopia
埃塞俄比亞



© Louise Annaud / MSF

MSF logisticians are setting up an inflatable, ready-to-use rapid deployment surgical unit. This unit incorporates the essential components that medical teams need for emergency triage, medical and surgical care.

無國界醫生的後勤人員正在搭建一個充氣即用的手術室，內裡包含醫療團隊在分流和提供醫療和外科護理時所需的裝備。



© Frederic NOY

Local workers unload supplies from an MSF plane on the small airstrip of Old Fangak, which can be impassable during the rainy season. This remote town in South Sudan is only accessible by boat or small plane.

在南蘇丹舊凡加克，當地工人正從停泊在小型跑道上的無國界醫生飛機卸下物資。飛機在雨季是無法通行的，惟這個偏遠小鎮只能靠乘船或小型飛機到達。

MSF activities in South Sudan in 2017 • 2017年無國界醫生在南蘇丹的救援行動



Cities, towns or villages where MSF worked
無國界醫生展開工作的城市、鄉鎮或村落

The place names and boundaries used in this report do not reflect any position by MSF on their legal status.
本報告內採用的地名及邊界並不反映無國界醫生對其法律地位的立場。

Worldwide Operations Highlights

全球前線工作概要

Below are the highlights of MSF activities around the world in 2017:
以下是無國界醫生於2017年在全球進行救援工作的概要：



South Sudan 南蘇丹 © Frederic NOY

Conducted
進行

10,648,300

outpatient consultations
次門診診症

Admitted
接收

749,700

inpatients
人次入院治療

Treated
醫治

2,520,600

cases of malaria
宗瘧疾個案



Democratic Republic of Congo 剛果民主共和國 © Kris Pannecoucke

Treated
給予

201,300

patients with first-line antiretroviral treatment at the end of 2017
名病人抗愛滋病第一線藥物治療 (至2017年底)

Treated
給予

15,400

patients of first-line failure with second-line antiretroviral treatment at the end of 2017
名第一線治療失敗的病人抗愛滋病第二線藥物治療 (至2017年底)



Malawi 馬拉維 © Luca Sola

Admitted
接收

18,500

patients to tuberculosis first-line treatment
名病人開始接受結核病第一線治療

Admitted
接收

3,600

patients to multidrug-resistant tuberculosis treatment with second-line drugs
名病人開始以第二線藥物進行耐藥結核病治療



Niger 尼日爾 © Sarah Pierre / MSF

Vaccinated 為 **886,300** people against meningitis in response to an outbreak
人接種腦膜炎疫苗以應對疫症爆發

Vaccinated 為 **2,095,000** 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 **143,100** patients for cholera
名霍亂病人



Iraq 伊拉克 © Louise Annaud / MSF

Assisted 協助 **288,900** women to deliver babies, including caesarean sections
名婦女分娩，包括剖腹生產

Performed 進行 **110,000** major surgical interventions that require anesthesia
宗涉及麻醉的大型手術

Medically treated 醫治 **18,800** patients for sexual violence
名性暴力受害者



Cambodia 柬埔寨 © Todd Brown

Treated 醫治 **5,900** people with hepatitis C
名丙型肝炎患者



Nigeria 尼日利亞 © Ivan Muñoz / MSF

Admitted 接收 **81,300** severely malnourished children to inpatient feeding programmes
名嚴重營養不良兒童接受住院營養治療



The Philippines 菲律賓 © MSF

Conducted 進行 **306,300** individual mental health consultations
次精神健康個人輔導

Conducted 進行 **49,800** group mental health sessions
次精神健康小組輔導

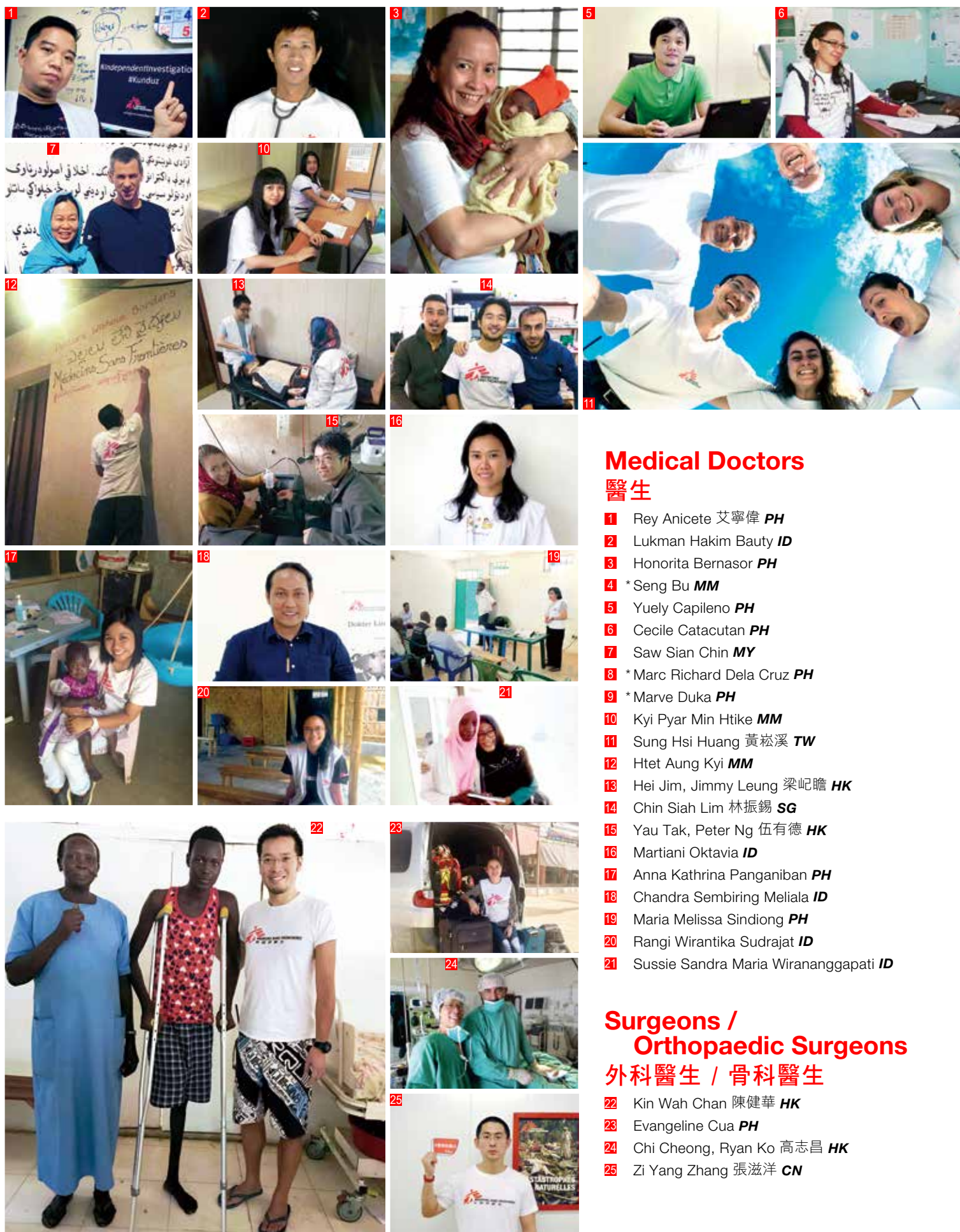


The Mediterranean Sea 地中海 © Maud Veith / SOS Méditerranée

Rescued and assisted 在海上搜救及協助 **23,900** migrants and refugees at sea
名移民及難民

To the Field

無國界醫生（香港）派出的前線救援人員



Medical Doctors

醫生

- 1 Rey Anicete 艾寧偉 PH
- 2 Lukman Hakim Bauty ID
- 3 Honorita Bernasor PH
- 4 *Seng Bu MM
- 5 Yuely Capileno PH
- 6 Cecile Catacutan PH
- 7 Saw Sian Chin MY
- 8 *Marc Richard Dela Cruz PH
- 9 *Marve Duka PH
- 10 Kyi Pyar Min Htike MM
- 11 Sung Hsi Huang 黃崧溪 TW
- 12 Htet Aung Kyi MM
- 13 Hei Jim, Jimmy Leung 梁紀瞻 HK
- 14 Chin Siah Lim 林振錫 SG
- 15 Yau Tak, Peter Ng 伍有德 HK
- 16 Martiani Oktavia ID
- 17 Anna Kathrina Panganiban PH
- 18 Chandra Sembiring Meliala ID
- 19 Maria Melissa Sindiong PH
- 20 Rangi Wirantika Sudrajat ID
- 21 Sussie Sandra Maria Wirananggapati ID

Surgeons / Orthopaedic Surgeons

外科醫生 / 骨科醫生

- 22 Kin Wah Chan 陳健華 HK
- 23 Evangeline Cua PH
- 24 Chi Cheong, Ryan Ko 高志昌 HK
- 25 Zi Yang Zhang 張滋洋 CN



Interested in joining MSF?

MSF is always looking for motivated and skilled medical and non-medical staff for its projects all over the world.

To learn more, please visit msf.hk/fieldwork



Anaesthetists

麻醉科醫生

- 26 Karina Marie Aguilar **PH**
- 27 Xue Feng Li 李雪峰 **CN**
- 28 Jacqueline Caracol Ontoy **PH**
- 29 Reynaldo Soria Jr. **PH**

Obstetricians / Gynaecologists

婦產科醫生

- 30 Na An 安娜 **CN**
- 31 Yun Shen 沈芸 **CN**
- 32 *Yennz Crysyensen Tah **ID**



Operating Theatre Nurses

手術室護士

- 33 Jerome Dael **PH**
- 34 Fel Louie Kim Evangelista **PH**
- 35 Maria Angelina Jimenez **PH**
- 36 Carmelita Manaois **PH**
- 37 Roselyn Morales **PH**
- 38 Romell Nalitan **PH**



Nurses

護士

- 39 *Man Hin, Hebe Chio 趙雯軒 **HK**
- 40 Cheuk Pong Chiu 趙卓邦 **HK**
- 41 Ace Adelson Delizo **PH**
- 42 *Iane Connie Espanta **PH**
- 43 Stephenn Hernandez **PH**
- 44 Rodel Lambatin **PH**
- 45 Ji Monserrat Nacanaynay **PH**
- 46 *Jose Vincent Sajulga Pagarugan **PH**
- 47 Honney Maymor Panes **PH**
- 48 Teresita Baltazar Sabio **PH**



Midwives

助產士

- 49 *Cherry Agustin **PH**
- 50 Darwin Diaz **PH**
- 51 So Ting Wong 黃素婷 **HK**



有興趣加入 無國界醫生 行列?

無國界醫生經常招募有志和專業的醫療及非醫療人員，派他們到全球不同的項目進行救援工作。詳情請瀏覽 msf.hk/fieldwork



Pharmacists 藥劑師

- 52 Cheryl Armecin **PH**
- 53 Theingi Aye **MM**
- 54 Anita Jasmine Vicentillo **PH**

Mental Health Officer 精神健康人員

- 55 Claudio Moroni **SG**

Epidemiologists 流行病學家

- 56 Chung Yu Chen 陳中瑜 **TW**
- 57 Mei Wen Zhang 張美文 **CN**

Logisticians 後勤人員

- 58 * Sylvia Bakarbossy **ID**
- 59 Denny Capua **TL**
- 60 Roje Garcia **PH**
- 61 Sofronio Hernandez Jr. **PH**
- 62 Hiu Ching, Lucy Lau 劉曉靜 **HK**
- 63 Vincent Li 李耀輝 **HK**
- 64 Jonathan Pillejera **PH**
- 65 Raniela Rabe **PH**
- 66 * May Sarah **ID**
- 67 Andreas Sinaga **ID**
- 68 * Wei Yee Teoh **MY**

Administrators / Financial Controllers 行政 / 財務人員

- 69 * Wilma Cuaycong **PH**
- 70 * Andres Joaquin Hagad **PH**
- 71 Linda Isack 伊薩克 **ID**
- 72 So Ching Lam 林素靜 **HK**
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- 75 Riezl Magtira **PH**
- 76 * Roslinda Perangin Angin **ID**
- 77 * Mercenario San Jose **PH**
- 78 Pratiwi Sutowo **ID**
- 79 * Joan May Vasquez **PH**



Coordinators 統籌人員

- 80 * Nardos Belay **KH**
- 81 Yvonne Biyo 卞柔 **PH**
- 82 * Genevieve Cervantes **PH**
- 83 Maria Cristina N. De Costo **PH**
- 84 Allan de la Rosa **PH**
- 85 * Denis Dupuis 狄培爾 **ID**
- 86 Dewi Dwiyantri **ID**
- 87 Roderick Embuido 顏奔濤 **PH**
- 88 Rita Endrawati 蘇涓璐 **ID**
- 89 Zainal Husni Mubarak **ID**
- 90 Melvinn Kaibigan **PH**
- 91 * Marianni Peggy Layzanda 黎珊達 **ID**
- 92 * Beng Kwang Lee **SG**
- 93 Alan Leung 梁雅倫 **HK**
- 94 Chenery Ann Lim 林菁菁 **PH**
- 95 Yones Mangiri 萬傑烈 **ID**
- 96 Raffy Matutino **PH**
- 97 Beverly Molina **PH**
- 98 Wai Lin Oo 奧衛年 **MM**
- 99 Sumit Punnakari **TH**
- 100 Natasha Reyes 韋達莎 **HK**
- 101 Jan Krisna Rodriguez **PH**
- 102 Francisco Raul Salvador **PH**
- 103 Monika Seng **KH**
- 104 Hartini Sugianto 陳芳芳 **ID**
- 105 Karolina Rita Wulandari **ID**
- 106 * Wei Bing Xu 徐衛兵 **CN**

The above field workers departed for the following countries / areas on mission in 2017: Afghanistan, Bangladesh, Burundi, Chad, Democratic Republic of Congo, Egypt, Ethiopia, Haiti, India, Indonesia, Iran, Iraq, Jordan, Lebanon, Libya, Malawi, Malaysia, Mozambique, Myanmar, Nauru, Nigeria, Pakistan, Serbia, Sierra Leone, Somalia, South Sudan, Sudan, Swaziland, Syria, Thailand, Tunisia, Ukraine, Uzbekistan, Venezuela, Yemen and Zimbabwe.

Coordinators include field coordinator, medical coordinator, deputy medical coordinator, financial coordinator, deputy financial coordinator, human resources coordinator, logistical coordinator, supply coordinator, deputy supply coordinator and resource manager.

上述的救援人員於2017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、乍得、剛果民主共和國、埃及、埃塞俄比亞、海地、印度、印尼、伊朗、伊拉克、約旦、黎巴嫩、利比亞、馬拉維、馬來西亞、莫桑比克、緬甸、瑙魯、尼日利亞、巴基斯坦、塞爾維亞、塞拉利昂、索馬里、南蘇丹、蘇丹、斯威士蘭、敘利亞、泰國、突尼斯、烏克蘭、烏茲別克、委內瑞拉、也門和津巴布韋。

以上的統籌人員包括項目統籌、醫療統籌、副醫療統籌、財務統籌、副財務統籌、人力事務統籌、後勤統籌、物資供應統籌、副物資供應統籌和資源經理。

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

* 沒有照片 No photo

Activity Overview of MSF-Hong Kong in Asia

無國界醫生（香港）亞洲活動概覽



Hong Kong 香港 © Waitography

The interactive exhibit *Senses Square* allows the public to experience MSF's frontline work through five senses.

互動展覽「Senses Square」讓公眾可以透過五官，感受和體驗無國界醫生的前線救援。

Striving to deploy qualified medical and non-medical professionals to MSF's programmes worldwide, MSF-Hong Kong carried out 142 mission departures in 2017, with Afghanistan, Iraq, Nigeria and South Sudan as the top deployment destinations. Nineteen of them were deployed for their first field assignment whereas another 33 assumed coordinator positions. There were 20 professionals newly recruited from the region. MSF-Hong Kong also facilitated the 10th Annual Surgical Training which was attended by field staff from different countries.

Further operational support was provided by the Operation Support Unit through monitoring of emergencies and support to emergency response in Southeast Asia and the Pacific. This includes conducting exploratory missions in Mindanao in the Philippines during the Marawi crisis, in Nauru on dengue outbreak and mental health needs, and in Bangladesh on the Rohingya refugee crisis. A database was developed to improve our monitoring and response capacity.

The Unit conducted context research and analysis and provided advocacy support on issues such as the impact of climate change on disasters and Islamist extremism in the Southeast Asia region. The Unit also supported missions outside of the region by sharing its expertise on the influences of China and specific Southeast Asian countries on the mission countries.

Financial independence is crucial for our neutral and impartial lifesaving activities. MSF-Hong Kong focuses on raising funds from the general public and carefully selected private corporations. Over HKD501.6 million was raised in 2017, representing a 12.3% increase from 2016. Almost 100% of our donations came from private sources. While online donation remains one of the most popular channels, we are eager to offer more diversified methods by promoting donation at convenience store. In 2017, 40,000 one-off donations were made respectively via both platforms.

無國界醫生（香港）致力派出專業的醫療及非醫療人員到全球各地的前線項目。2017年共派出救援人員142人次，最經常前往的地區包括阿富汗、伊拉克、尼日利亞和南蘇丹等。當中有19人首次參與救援任務，另有33人次擔任統籌崗位。我們亦在亞洲區招募了20名專業人員。此外，無國界醫生（香港）成功舉辦「第十屆外科訓練」，參加者來自不同國家的前線人員。

行動支援組積極支援前線項目，監察東南亞和太平洋地區的緊急狀況，以及為緊急應對工作提供支援，包括就菲律賓棉蘭老島的馬拉維危機、太平洋島國瑙魯的登革熱疫情和精神健康需要以及孟加拉的羅興亞難民危機進行評估工作。行動支援組亦設立資料庫，以提高我們的監察和應對能力。

此外，行動支援組就氣候變化對災害的影響和東南亞伊斯蘭極端主義等議題，進行背景研究與分析及支援倡議工作，同時運用其對中國和部分東南亞國家影響力的認識，支援世界各地的前線救援項目。

財政獨立對無國界醫生中立不偏的救援行動至關重要，故我們集中向市民大眾和經謹慎選擇的私人企業籌款。2017年我們共籌得逾5億港元，較去年增加12.3%，接近百分之百為私人捐款。網上捐款是最受捐款者歡迎的捐款渠道之一，我們亦推廣透過便利店捐款。2017年，我們在這兩個平台都分別錄得4萬次單次捐款。



Taiwanese documentary filmmaker Mr. Li Chou Yang is invited to be the guest of the opening ceremony of the MSF Film Weekend.

台灣導演楊力州獲邀擔任「無國界醫生電影週末」開幕嘉賓。

We are very grateful for the support of individuals and companies that organised fundraising events for our global medical humanitarian work. We launched the *Wedding Favour Donation Campaign* through which 160 happy couples donated to MSF instead of preparing traditional wedding favours for the guests on their special day.

MSF-Hong Kong continues to expand its public engagement activities, raising awareness on medical humanitarian action in different sectors of the community. An exhibition that incorporated virtual reality technology toured around malls in Hong Kong to show MSF's frontline scenes. School activities including exhibitions, talks and field worker sharing sessions were also organised.

We promote our work and principles through various online and offline initiatives. The interactive exhibit *Senses Square* and the thematic campaign *Take No Sides* highlighted that MSF treats everyone and our intervention in any crisis is based solely on people's needs but not political, economic nor religious interests. The online campaign *Make a Choice* offered participants an opportunity to learn about the dilemmas that field workers face in missions.

On Track To Save – MSF Orienteering Competition was held in Lamma Island, Hong Kong in March. Over 4,600 participants, including around 100 people from overseas, ran over hills and valleys and between control points to experience how we work especially in difficult terrains, and raised HKD6.4 million for our relief work. An interactive zone was set up where participants could sit in a model MSF car and view a 360-degree video featuring MSF's search and rescue efforts at sea and our projects in displaced persons camps.

As for *MSF Day*, Ms. Karena Lam and MSF field worker Dr. Shannon Chan were invited as the campaign leaders to mobilise the general public to support MSF by donating one day's income. The event, echoed by 140 corporations and organisations, 55 schools and over 8,000 donors, raised a record-breaking amount of HKD8.9 million.

In mainland China, MSF continued to foster engagement and dialogue with key stakeholders on global health issues. Our representatives were invited to the national tuberculosis conferences in Xiamen, Shenzhen and Chengdu to share their experiences on treating patients with multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis. In November, the National Institute of Parasitic Diseases of the Chinese Center for Disease Control and Prevention (CDC), the World Health Organization and MSF co-hosted the visceral leishmaniasis workshop to provide training for some 70 staff working at various levels of the CDC.



MSF experts present the certificates for participants from seven provinces after the visceral leishmaniasis workshop.

無國界醫生的專家們於內臟利什曼病培訓班舉行後，為來自7個省的學員頒發證書。

我們衷心感謝所有人士和企業支持無國界醫生的全球醫療人道救援工作，自發舉辦籌款活動。我們新推出「婚宴回禮捐贈」計劃，共有160對新人將婚宴回禮捐給無國界醫生，為他們人生的大日子增添另一重意義。

無國界醫生（香港）繼續積極舉辦更多公眾活動，以提高社會各階層人士對醫療人道救援工作的認識。我們在香港各大商場舉辦具虛擬實境元素的巡迴展覽，將無國界醫生的前線實況呈現市民眼前，並在學校舉辦展覽、講座和救援人員分享會等。

我們亦透過網上和實體活動推廣我們的工作和原則。互動展覽「Senses Square」和主題宣傳活動「救人·不分正反」介紹無國界醫生的救人原則——在任何危機中，無國界醫生只會根據人們的需要提供援助，不受政治、宗教或經濟利益左右。網上遊戲「選擇·求生」則讓參加者有機會了解救援人員在前線面對的兩難抉擇。

「無國界醫生野外定向——救援在野」於3月在香港南丫島舉行，逾4,600人參賽，當中包括100名海外參賽者。他們攀山涉水尋找控制點，從中體驗救援人員在艱難環境下工作的挑戰，更為前線項目籌得640萬港元。賽事場地設有互動區，參賽者可坐上無國界醫生的模擬車輛觀看360度影片，了解無國界醫生在海上的搜救行動和在流離失所者營地的工作。

藝人林嘉欣小姐和無國界醫生前線救援人員陳詩瓏醫生獲邀擔任「無國界醫生日」榮譽行動大使，向市民呼籲捐出一天的薪金以支持無國界醫生的工作。活動共獲得140間機構和團體、55間學校以及逾8,000名市民響應，破紀錄籌得890萬港元。

在中國內地，無國界醫生繼續與相關持分者就全球衛生議題加強交流和對話。我們的代表獲邀參加在廈門、深圳和成都的全國性結核病論壇，就治療耐藥結核病和廣泛耐藥結核病分享經驗。無國界醫生亦於11月與中國疾病預防控制中心寄生蟲病預防控制所和世界衛生組織聯合舉辦的內臟利什曼病培訓班，為約70位疾控中心的員工提供培訓。



Jakarta 雅加達 © MSF

Dr. Maria Guevara, MSF Regional Humanitarian Representative (ASEAN) takes part in a round-table discussion on protection of medical missions in conflict zones.

無國界醫生東盟地區人道事務代表瑪格列醫生出席圓桌論壇，就如何在衝突地區保護醫療救援行動發表意見。

Field workers were invited to share their experiences at the Third International Forum on Hospital Evaluation and Quality Promotion in Xi'an and medical schools in Beijing. They also talked about their frontline work on CCTV, People's Daily and other media platforms. As the key component of the *I love MSF* campaign, the lecture programme "MSF Speakers" brought insights about humanitarian work to the public. In addition, two documentaries, "Access to the Danger Zone" and "Affliction", were screened at the China Film Archive and Xihai Art Museum in Beijing.

In Taipei, the *MSF Film Weekend* was launched at the Huashan Spot Theater in June, with Taiwanese documentary filmmaker Mr Li Chou Yang, and officials from the Ministry of Health and Welfare as well as the Ministry of Interior as guests at the opening ceremony. The event attracted more than 1,100 visitors. Apart from movie screening, we also reached out to elementary and high schools in Taiwan to tell students about MSF.

In Singapore, the *MSF Film Festival* was launched for the first time in June, featuring three documentaries and field worker sharing sessions. Over 1,300 audience members turned up over the course of three days. Another event *Missing Maps Mapathon* was held in December. Participants directly contributed to humanitarian efforts through digitally mapping Niger State in Nigeria, one of the world's most vulnerable places. Organised in collaboration with the National Youth Council, the event mobilised over 200 participants.

A round-table discussion on protection of medical missions in conflict zones was spearheaded by MSF-Hong Kong, in collaboration with the International Committee of the Red Cross and the Indonesian Red Cross Society in Jakarta, Indonesia in August. Key representatives from the Ministries of Foreign Affairs, Health, Social Welfare, and other non-governmental organisations actively participated in it.

In the Philippines, MSF-Hong Kong has increasingly engaged with society. In 2017, film screenings and sharing sessions were held in the major cities of Davao, Cebu and Manila. We also worked closely with the field mission in producing videos and content about reproductive health and cervical cancer screening for our slum project in Tondo and the emergency response for displaced people in the aftermath of the Marawi siege.



Manila 馬尼拉 © Rocel Ann Junio/MSF

MSF staff join a metro-wide drill in preparation for a huge earthquake that may hit Manila, the Philippines.

無國界醫生派員參與模擬菲律賓馬尼拉發生大地震後的應急演習。

前線人員亦曾獲邀到在西安舉行的第三屆醫院評價與品質促進國際高峰論壇，以及在北京不同的醫學院，分享救援經歷；亦透過中央電視台、《人民日報》和其他媒體平台介紹前線工作。年度活動「我愛MSF」的重點則是推出《MSF講述者》節目，向大眾道出救援路上的喜怒哀樂。此外，兩部記錄片《深入危城》和《歷盡苦楚》在中國電影資料館和北京的西海藝術館上映。

「無國界醫生電影週末」於6月在台北光點華山電影館舉行，邀請到台灣導演楊力州先生和當地衛生福利部及內政部的官員擔任開幕嘉賓，吸引了逾1,100名觀眾。此外，我們亦在台灣多所中、小學向學生介紹無國界醫生。

在新加坡，「無國界醫生電影節」於6月首度舉行，共播放三部記錄片，並設有救援人員分享環節，三天的活動共吸引逾1,300名觀眾。另一項活動「地圖松」則於12月舉行，參加者透過為亟需援助的尼日利亞尼日爾州繪製電子地圖，直接為前線救援工作出一分力。該活動由無國界醫生與當地全國青年理事會合辦，共有逾200人參加。

由無國界醫生主辦、紅十字國際委員會和印尼紅十字會合辦的圓桌論壇，於8月在印尼雅加達舉行，論壇主題為在衝突地區保護醫療救援行動。當日，當地外交部、衛生部和社會福利部以及其他非政府組織的主要代表均踴躍發言。

在菲律賓，無國界醫生（香港）與當地社會加強聯繫，於2017年在達沃、宿霧和馬尼拉等主要城市舉辦電影放映和分享會，並與派駐菲律賓的救援隊合作製作影片等，內容講述在湯都區貧民窟的生殖健康與子宮頸癌普查項目，以及在馬拉維事件後，無國界醫生協助流離失所者的緊急應對行動。

Acknowledgements

鳴謝

MSF-Hong Kong would like to thank all donors and the following corporations, organisations, schools, institutions and office volunteers for their generous support to our work.

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

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Alliance Française de Hong Kong
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同社
新方向定向會
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香港野外定向會

Schools / Tertiary institutions

學校及大專院校

Buddhist Yip Kei Nam Memorial College
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Catiline Kindergarten, International Preschool
Cheung Chuk Shan College
Creative Kindergarten (Tuen Mun Branch)
Fukien Secondary School (Siu Sai Wan)
Holy Family Canossian College Students' Association
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Medici Cantano
Mei Lam Estate To Kwong Kindergarten
Office of Service Learning, Lingnan University
Po Leung Kuk Ma Kam Ming College Student Union 2016-17
Po Leung Kuk Ngan Po Ling College
Salesian School
SKH Mung Yan Primary School
SKH Tsang Shiu Tim Secondary School
St. Joseph's Anglo-Chinese School
St. Stephen's College

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The above office volunteers provided services 36 hours or above in 2017. We are also thankful to have other volunteers contributed their precious help.

上述辦事處義工於2017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。

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Dirk Van Der Tak

* Appointed on 26 August 2017 2017年8月26日上任 # Resigned on 26 August 2017 2017年8月26日離任

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

Members 成員: Dr. Ying Yang, Emily Chan 陳英凝醫生 Po Kiu, Francis Fong 方保僑 Lawrence Hui 許卓倫

As of December 2017, the MSF offices in Hong Kong, Guangzhou, Beijing and Taipei had 61 staff and 17 regular office volunteers who helped with office tasks.

截至2017年12月，無國界醫生在香港、廣州、北京和台北的辦事處共有61名職員，另有17名義工定期協助處理日常工作。

MSF-Hong Kong Financial Overview 2017 (in Hong Kong dollar)

無國界醫生（香港）2017年度財政概覽 (以港元為單位)

	2017	2016
INCOME 收入		
Donations income 捐款收入	501,633,032	446,511,122
Other income 其他收入	279,940	183,738
TOTAL 總數:	501,912,972 (1)	446,694,860
EXPENDITURE 支出		
Supporting relief operations 救援項目與支援工作		
Emergency and medical programmes 緊急與醫療救援項目	376,727,319 (2)	343,140,542
Programme support and development 項目支援與發展	44,100,511	31,380,530
Public awareness and other campaigns 提高公眾關注與倡議	13,257,218	13,977,611
Other humanitarian activities 其他人道救援活動	3,096,508	2,745,594
Total supporting relief operations 救援項目工作總開支	437,181,556 (3)	391,244,277
Management and general administration 行政經費	16,743,032	14,110,084
Fundraising 籌款經費	47,988,384	41,340,499
TOTAL 總數:	501,912,972	446,694,860

Statement of Financial Position as at 31st December 2017

截至2017年12月31日止的財務狀況表

	2017	2016
Fixed Assets 固定資產	1,327,531	1,615,562
Current Assets 流動資產		
Debtors 應收帳款	36,756	76,864
Deposits and prepayments 押金與預付費用	5,306,802	3,533,172
Amount due from MSF entities 應收其他無國界醫生辦事處之帳款	1,030,378	2,064,529
Cash and bank balances 現金與銀行結餘	36,024,961	29,233,564
	42,398,897	34,908,129
Current Liabilities 流動負債		
Creditors and accrued expenses 應付帳款與應計費用	6,006,602	5,801,216
Deferred income 遞延收入	1,629,081 (4)	9,549,658
Amount due to MSF entities 應付其他無國界醫生辦事處之帳款	36,090,745	21,172,817
	43,726,428	36,523,691
Net Current Liabilities 淨流動負債	(1,327,531)	(1,615,562)
	0	0
Fund Balances 資金餘額		
Accumulated funds 累積資金	0 (5)	0

There is a legal obligation to explain that the figures listed above are only partial but not the full set of specified financial statements (i.e. statutory annual financial statements) for the year ended 31 December 2017. Those statements were prepared in accordance with the Hong Kong Financial Reporting Standards and in compliance with the Hong Kong Companies Ordinance (HKCO). They were also approved by the Board of MSF-Hong Kong and were audited by the auditor, KPMG. The auditor's report was unqualified, which means that they are of the view that the statutory annual financial statements give a true and fair view of the financial position of the organisation as at 31 December 2017 and of its financial performance for the year then ended. The auditor did not refer to any matters which they drew by way of emphasis without qualifying their report, which means they did not have reservations about the statements. And they did not include any comments as required under section 406(2), 407(2), or (3) of the HKCO. These sections require the auditor to state in their report if the information in the directors' report is inconsistent with the financial statements; accounting records have not been adequately kept; financial statements are not in agreement with accounting records or they fail to obtain information or explanations necessary for their work. The full set of audited financial statements is available at msf.hk.

按照法例，謹此聲明，以上陳列數據僅為截至2017年12月31日止年度的指明財務報表（即：法定財務報表）的一部分，並不是完整的財務報表。該報表是根據《香港財務報告準則》以及《公司條例》擬備。報表已由無國界醫生（香港）董事會認可，並由核數師畢馬威會計師事務所審核。核數師在核數報告中，對報表無保留意見，即認為法定財務報表真實而中肯地反映了組織於截至2017年12月31日止的財務狀況和該年度的財務表現。核數師亦沒有以強調方式提述須予注意的事項，即核數師對報表沒有保留。核數報告內也沒有任何根據香港《公司條例》第406(2)、407(2)或(3)條的陳述。這些條例列明，若果財務報表與董事報告不吻合；公司沒有備存充分的會計記錄；財務報表與會計記錄不吻合；或核數師沒有取得所有對審計工作而言屬必需的資料或解釋，核數師必須在其報告內述明。完整財務報表可瀏覽：msf.hk

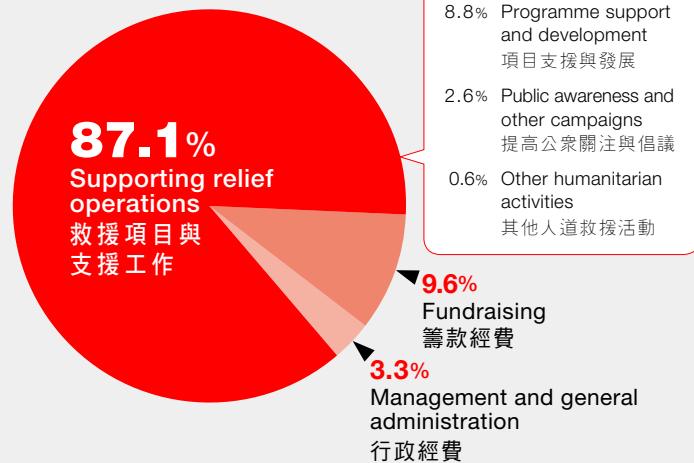
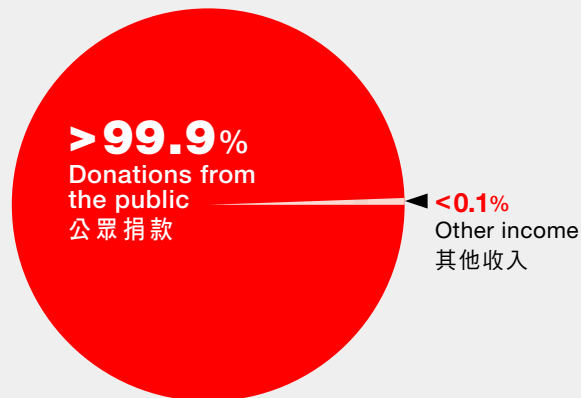
Explanatory Notes on Financial Overview 2017

- (1) 99.9% of donations came from public donations.
- (2) A total of HKD376,727,319 was allocated for emergency and medical programmes in 52 countries.
- (3) 87.1% of total income went to supporting relief operations.
- (4) Deferred income represents donation fund received and designated for the Ebola initiative which is yet to be spent as at 31 December 2017 and expected to be recognised as donation income upon the fund is spent.
- (5) In 2017, MSF-Hong Kong maintained a "zero reserve" policy: all donations received, after the fundraising, management and general administration expenses, were fully dispensed for supporting relief operations.
- (6) Other countries and regions include Brazil, Ghana, Madagascar, Mali, Côte d'Ivoire, Mexico and Dominican Republic.

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.

2017 Funding Sources · 2017年度經費來源

2017 Funding Allocations · 2017年度經費分配 (5)

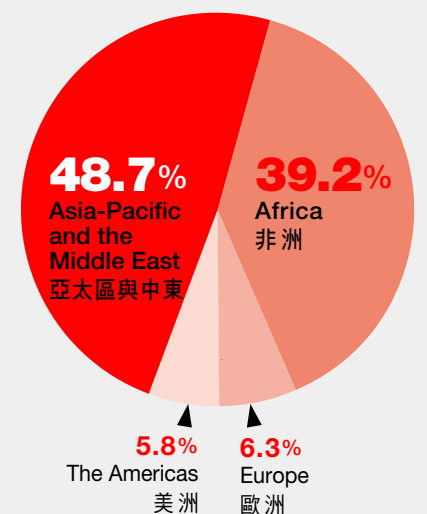


2017 Allocation of MSF-Hong Kong Funding for Relief Work by Country(HKD) · 2017年度無國界醫生(香港)撥予各地區救援工作之款項(港元)

Country 國家	Funding 撥款	Country 國家	Funding 撥款
Afghanistan 阿富汗	45,767,564	South Africa 南非	5,585,310
Democratic Republic of Congo 剛果民主共和國	38,253,902	Kenya 肯尼亞	5,451,734
Lebanon 黎巴嫩	20,696,450	Guinea 幾內亞	5,051,827
Pakistan 巴基斯坦	18,657,856	Chad 乍得	4,000,000
Iraq 伊拉克	17,997,104	Niger 尼日爾	3,748,652
South Sudan 南蘇丹	16,087,561	Malaysia 馬來西亞	3,500,000
Nigeria 尼日利亞	15,361,104	Libya 利比亞	3,000,000
Yemen 也門	15,037,010	Tajikistan 塔吉克斯坦	3,000,000
India 印度	14,977,470	Turkey 土耳其	3,000,000
Haiti 海地	14,058,104	Uzbekistan 烏茲別克	3,000,000
Sierra Leone 塞拉利昂	11,844,220	Ukraine 烏克蘭	2,928,845
Syria 敘利亞	10,921,644	Zimbabwe 津巴布韋	2,806,230
Mauritania 毛里塔尼亞	10,406,756	Belgium 比利時	2,619,982
Jordan 約旦	10,343,873	Malawi 馬拉維	2,030,667
Italy 意大利	9,279,230	Cambodia 柬埔寨	1,935,875
Migrant Support Balkan Route 巴爾幹半島路線	8,322,924	Egypt 埃及	1,880,046
Central African Republic 中非共和國	7,841,382	Mozambique 莫桑比克	1,449,501
Venezuela 委內瑞拉	7,312,017	Tunisia 突尼斯	1,328,122
Bangladesh 孟加拉	6,010,256	Palestine 巴勒斯坦	1,186,057
Ethiopia 埃塞俄比亞	6,000,000	Indonesia 印尼	810,802
Myanmar 緬甸	5,850,000	Russia 俄羅斯	648,367
Burundi 布隆迪	5,610,292	Nauru 諾魯	550,531
		Bolivia 玻利維亞	335,450
		Other countries and regions 其他國家和地區 (6)	242,602

TOTAL 總數:

376,727,319



Asia-Pacific and the Middle East 亞太區與中東	183,242,492
Africa 非洲	147,851,026
Europe 歐洲	23,799,348
The Americas 美洲	21,834,453

2017年度財政概覽說明

- (1) 99.9%經費來自公眾捐款。
- (2) 合計376,727,319港元被撥作於52個國家進行緊急與醫療救援項目的經費。
- (3) 87.1%收入用於救援項目與支援工作。
- (4) 「遞延收入」是指因應西非爆發的伊波拉疫情而收到、截至2017年12月31日為止尚未被使用的指定捐款。該筆款項將在使用後被撥為「捐款收入」。
- (5) 2017年，無國界醫生(香港)採取「零儲備」政策：所有籌得的捐款，扣除籌款與行政經費後，全數撥予救援項目與支援工作。
- (6) 其他國家和地區包括巴西、加納、馬達加斯加、馬里、科特迪瓦、墨西哥和多明尼加共和國。

無國界醫生在香港是一家根據香港《公司條例》設立的擔保有限公司，名為無國界醫生組織(香港)有限公司。

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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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無國界醫生(香港)

活動報告2017電子版：

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In the south of Mosul, Iraq, MSF runs a field trauma clinic with emergency room, operating theatre, intensive care unit and in-patient department.

在伊拉克摩蘇爾南部，無國界醫生的創傷診所設有急症室、手術室、深切治療部和內科病房。