



MEDECINS SANS FRONTIERES
无国界医生

MSF ACTIVITY REPORT

活动报告 2016



From the President and the Executive Director 主席和总干事的话

Dear Friends,

Devastating conflicts continued in 2016, and one-third of MSF's projects were dedicated to providing assistance to populations caught in wars. In Nigeria, the armed conflict between Boko Haram and the Nigerian military displaced 1.8 million people in Borno state alone, with many communities cut off from the rest of the country. MSF discovered shocking situations where two out of ten children under five were dying due to malnutrition. Thousands of people in different villages were entirely reliant on aid. Even though the humanitarian situation improved gradually in areas that were accessible, the number of people in need of life-saving assistance in inaccessible areas is unknown. MSF also stepped up efforts in neighbouring Chad, Cameroon and Niger for people fleeing Nigeria and local populations affected.

In South Sudan, MSF provided emergency treatment for patients with gunshot wounds and injuries following intense fighting between government and opposition forces in the capital, Juba. Teams also intensified assistance for South Sudanese refugees arriving in Uganda, Ethiopia and Sudan.

In Syria, MSF's activities continued to be significantly constrained due to insecurity in opposition areas and lack of authorisation by the Syrian government. Following the closure of the Jordanian-Syrian border, 75,000 Syrians were left stranded in a desert no man's land. MSF and other organisations were denied access, while those stranded were prevented from seeking assistance and protection outside Syria.

In Yemen, indiscriminate attacks against civilians and civilian infrastructure persisted. MSF's response in the country was the largest among our operations in the Middle East in 2016. After a deadly airstrike on an MSF-supported hospital in the north, MSF temporarily withdrew its staff from six hospitals.

The United Nations (UN) Security Council unanimously adopted a resolution in May, condemning attacks on medical facilities and pledging to protect staff and patients in conflict. Yet, airstrikes and shelling against health facilities continued, often by military coalitions acting with the direct or indirect involvement of Security Council members France, Russia, UK and USA. In 2016, 34 MSF-managed or supported health structures were attacked in Syria and Yemen.

Despite hardening attitudes towards refugees and migrants, over 300,000 people attempted to cross the Mediterranean during the year, and 5,000 people lost their lives. MSF's teams rescued and assisted around 49,000 people from boats in distress. With no safe and legal alternatives to reach Europe, almost all those rescued passed through Libya. They described horrific suffering at the hands of smugglers, armed groups and individuals. MSF began to run clinics at detention facilities in and around Tripoli, the Libyan capital.



Taiwanese doctor Huang Sung-hsi gives consultation to a patient during his mission in MSF's HIV and TB project in Swaziland

来自台湾的医生黄崧溪到斯威士兰参与无国界医生的艾滋病与结核病防治项目，图为他在当地为病人诊症

各位朋友：

2016年，世界不少地方继续烽烟不绝，无国界医生全球三分之一的救援项目，全力为饱受战火蹂躏的人们提供援助。尼日利亚武装组织博科圣地与该国军队之间的武装冲突，仅在博尔诺州便导致180万人流离失所，还令许多社群跟该国其他地区完全隔绝。无国界医生更揭发令人震惊的状况：每十名儿童当中就有两人因营养不良，生命危在旦夕；不同村落数以千计的人只得依靠人道援助。尽管在救援组织能够到达的地区，人道情况逐渐改善，可是在它们无法前往的地区，急需救命援助的人数仍然未知。无国界医生同时在毗邻的乍得、喀麦隆和尼日尔增加援助，协助从尼日利亚逃到这些国家的难民以及当地受影响的人群。

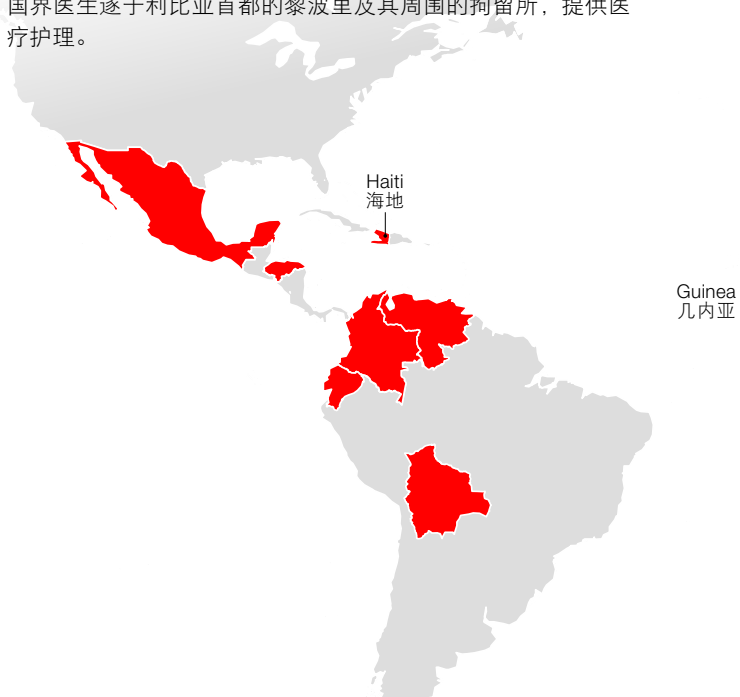
在南苏丹首都朱巴，政府军与反对派部队爆发激烈战斗后，无国界医生为遭受枪伤和其他创伤的人提供紧急治疗。前线人员亦加大救援力度，协助逃到邻国乌干达、埃塞俄比亚和苏丹的南苏丹难民。

在叙利亚，由于反对派所控制的地区局势不稳，加上无国界医生仍未获得叙利亚政府许可，救援工作依然受到严重限制。继约旦和叙利亚边境关闭后，7.5万名叙利亚人被困于沙漠中的无人地带，但无国界医生和其他救援组织均被拒入内，受困于当地的人们也无法离开该国寻求援助和保护。

在也门，针对平民和民用设施、不加选择的袭击亦持续不断。2016年，无国界医生在该国开展了组织在整个中东地区最大规模的救援行动。该国北部一间由无国界医生支援的医院，遭空袭造成严重伤亡后，组织一度需要从六间医院暂时撤离所有工作人员。

联合国安全理事会于5月一致通过决议，谴责针对医疗设施的袭击，并承诺保障冲突中医护人员和伤病者的安全。然而，针对医疗设施的空袭和炮击未见停止，作为安理会成员国的法国、俄罗斯联邦、英国和美国，更往往直接或间接参与有份施袭的军事联盟。2016年，共有34间由无国界医生直接管理或支援的医疗设施，分别在叙利亚和也门遇袭。

即使全球对难民和移民的态度愈趋强硬，全年仍有逾30万人尝试横越地中海，5,000人因而丧命。无国界医生的救援队伍从遇难船只中救出和协助约4.9万人。由于没有安全和合法的途径前往欧洲，几乎所有获救的人都是途经利比亚横渡地中海。他们描述了在蛇头、武装分子以及其他人手上的可怖经历。无国界医生遂于利比亚首都的黎波里及其周围的拘留所，提供医疗护理。



Three months after the signing of the EU-Turkey deal, MSF announced it would no longer accept funds from the European Union (EU) or its member states, in opposition to their damaging deterrence policies and continued attempts to push people and their suffering away from European shores.

In Southeast Asia, MSF assisted people on the move, including the Rohingya, in Indonesia, Thailand and Malaysia by providing mental health support and primary healthcare.

The constantly evolving landscape of humanitarian medicine requires MSF to keep pace with change. In Niger, MSF participated in a clinical trial to establish the efficacy of the new vaccine – heat stable and does not require refrigeration – against rotavirus infection. Following the 2014-2015 West Africa Ebola outbreak, MSF contributed to the development of a vaccine with the potential to help prevent future outbreaks. After a new cholera control strategy using a single-dose oral vaccine was found to be effective by MSF teams against outbreaks in South Sudan, it was replicated in Zambia where 423,000 people were vaccinated in the largest cholera vaccination campaign ever undertaken during an outbreak.

Pneumonia remains the leading cause of death in children under five, and the high price of the pneumococcal conjugate vaccine places it out of reach for many developing countries. In 2016, thanks to half a million supporters who participated in MSF's A Fair Shot campaign, Pfizer and GlaxoSmithKline – the only two manufacturers of the vaccine – agreed to lower the price for children caught in humanitarian emergencies.

MSF remains the largest non-government provider of tuberculosis (TB) treatment worldwide. In 2016, our teams treated 2,000 patients for drug-resistant TB. MSF is also contributing to clinical trials, initiated in 2016 and aimed at establishing evidence on the safety and efficacy of the new TB drugs bedaquiline and delamanid. In Cambodia, it is estimated that between 2 and 5 percent of the population is infected with hepatitis C. MSF launched a new programme there, putting 307 patients on treatment.

MSF's work to deliver free, life-saving medical care where it is needed most is only possible thanks to the vital, ongoing commitment of our supporters. We extend our sincere gratitude to you all and pay tribute to the tens of thousands of MSF staff in 71 countries. We also take this opportunity to remember our colleagues who lost their lives while on mission. Teams remain committed to finding and bringing to safety our three colleagues abducted in the Democratic Republic of Congo (DRC) in 2013. Our thoughts are with them, their families and friends.

欧盟和土耳其签署协议三个月后，无国界医生宣布不再接受欧盟或其成员国的资助，以反对其具伤害性的阻遏政策，和一直试图将人们及其苦难推离欧洲海岸的做法。

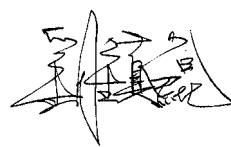
无国界医生亦在东南亚援助逃难的人们，包括罗兴亚人，分别在印度尼西亚、泰国和马来西亚提供精神健康支援和初级医疗护理。

与人道援助相关的医学正不断发展，促使无国界医生也要跟上转变，应对前线需要。在尼日尔，无国界医生参与了一项临床试验，以确立防止轮状病毒感染的新疫苗的疗效。这种疫苗耐热，无需冷藏。2014至2015年埃博拉疫情肆虐西非后，无国界医生亦为研发新疫苗作出贡献，帮助预防未来的疫症爆发。在南苏丹，无国界医生发现全新的控制霍乱策略，透过采用单剂量口服疫苗，能有效对抗疫症爆发，组织继而在赞比亚采用同一策略，接种了42.3万人，是历来疫症爆发期间最大型的霍乱疫苗接种运动。

肺炎仍是导致五岁以下儿童死亡的主因，但许多发展中国家无法负担肺炎链球菌结合疫苗的高昂价格。2016年，有赖来自世界各地共50万名支持者参与无国界医生发起的“公平的疫苗注射”行动，全球唯一生产这种疫苗的两家药厂辉瑞和葛兰素史克，同意降低价格，令处于人道灾难的儿童得以受惠。

无国界医生一直是全球结核病治疗提供者当中，最大的非政府组织。2016年，我们的医疗队伍共治疗2,000名耐药结核病患者，并参与一项临床试验，旨在采集证据，证明抗结核病新药贝达喹啉（bedaquiline 暂译名）和德拉马尼（delamanid）的安全性和效用。在柬埔寨，据估计2%至5%的人口感染了丙型肝炎。无国界医生在当地开展新项目，为307名患者提供治疗。

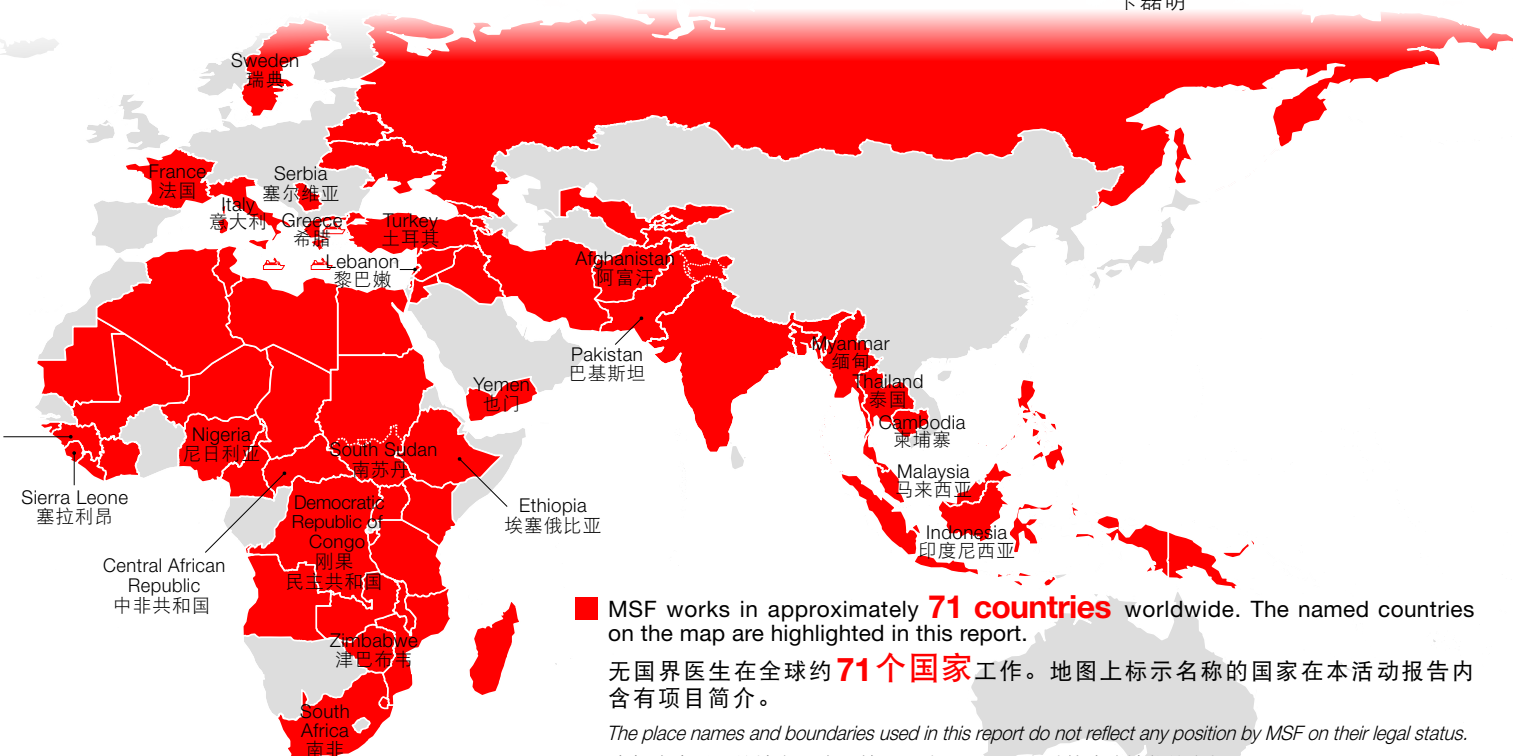
无国界医生之所以能够在最有需要的地区，提供免费且救命的医疗服务，全赖支持者对我们坚定不移的承诺。我们谨此衷心感谢各位之余，亦向身处全球71个国家数以万计的无国界医生工作人员致意，并深切怀念那些在救援任务期间失去生命的同事。无国界医生的团队依然努力寻找于2013年在刚果民主共和国被掳走的三位同事，我们不会忘记他们，以及他们的家人和朋友。



Dr. Liu Chen-kun
President, MSF-Hong Kong
无国界医生（香港）主席
刘镇鲲医生



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无国界医生（香港）总干事
卡磊明



Projects by Country

各地项目



© Kadir van Lohuizen/Noor

In Boost hospital in Afghanistan, a father waits to see a doctor for his daughter's broken leg in the emergency room
在阿富汗的布斯医院内，一名父亲在急诊室陪伴断了腿的女儿等候医生诊治

Asia

Afghanistan

Afghanistan has one of the highest maternal mortality rates in the world. MSF assists in safe deliveries and providing care for complicated cases. In 2016, MSF helped deliver over 66,000 babies. The Dasht-e-Barchi hospital in Kabul and Khost maternity hospital in eastern Afghanistan admitted altogether more than 3,000 newborns with complications in their neonatology units.

MSF completed the rehabilitation of Boost hospital in Lashkar Gah. The inpatient therapeutic feeding centre under the paediatric department has already treated over 2,400 malnourished children. MSF also opened new programmes in Kabul and Kandahar, providing treatment of chronic non-communicable diseases and drug-resistant TB respectively.

MSF's trauma centre in Kunduz was hit by airstrikes in 2015. At the end of 2016, MSF finally obtained commitments from all parties to the conflict that they will respect our staff and patients and allow us to provide medical care impartially. MSF will evaluate the possibility of resuming trauma care activities there.

Pakistan

Gaps in healthcare for women and children continue to be a serious concern. MSF has been running or supporting mother and child healthcare in various regions, by providing maternal care, neonatal and paediatric care including emergency obstetric services and therapeutic feeding for malnourished children. In the eastern district of Balochistan province, MSF reopened a mother and child health unit in collaboration with the health authorities in 2016, where over 11,000 malnourished children were treated and over 800 patients were admitted to the neonatal and paediatric wards.

In a slum in Karachi, MSF provided treatment for 412 hepatitis C patients in the year. In April, MSF distributed over 1,600 emergency kits to people affected by the flooding in Khyber Pakhtunkhwa.

亚洲

阿富汗

阿富汗是全球孕产妇死亡率最高的国家之一，无国界医生致力协助当地孕妇安全分娩，并应对并发症个案。2016年，无国界医生为超过6.6万名婴儿接生。在首都喀布尔的达什特巴尔切医院和该国东部的霍斯特妇产科医院，新生儿病房共接收逾3,000名有并发症的婴儿。

无国界医生在2016年完成修建拉什卡尔加的布斯医院，隶属儿科部门的住院喂食治疗中心治疗了逾2,400名营养不良儿童。组织在喀布尔和坎大哈省亦开设新项目，分别治疗长期病患和耐药性结核病。

无国界医生的昆都士创伤中心于2015年遭遇空袭后，在2016年底终获冲突各方保证尊重医护人员和病人，并让组织不偏不倚地提供医疗护理。组织将研究在当地重启创伤护理项目的可能性。

巴基斯坦

妇女和儿童医疗护理不足仍是该国一大问题。无国界医生继续在不同地区运作或支援妇女和儿童医疗护理，提供妇产科、新生儿和儿科护理，包括紧急产科服务和儿童营养不良治疗。在俾路支省东部，无国界医生在2016年与当地卫生部门合作，重启母婴健康医疗服务，治疗了逾1.1万名营养不良儿童，并接收了逾800名病人到新生儿和儿科病房。

在卡拉奇一个贫民窟，无国界医生在年内向412名丙型肝炎患者提供治疗。4月，救援队还向开伯尔巴图克瓦省水灾灾民派发了逾1,600份紧急救援物资。



MSF provides psychosocial support to Rohingya refugees in Indonesia
无国界医生在印度尼西亚为罗兴亚难民提供心理社交支援



In northern Cambodia, MSF does pro-active malaria screening for people at risk, so that early treatment can follow
无国界医生在柬埔寨北部为感染疟疾的高危一族进行检测，以便及早展开治疗

Cambodia

MSF launched a programme in Phnom Penh in May 2016 offering the first free treatment of hepatitis C in the country. Around 300 patients were on treatment and 183 were on the waiting list. So far, a large percentage of hepatitis C patients are older, with a median age of 55 and 50% of patients overall were found to have advanced fibrosis of the liver which can result in severe damage of liver.

In northern Cambodia, a research project was set up to find ways to eliminate malaria in an area where there is proven resistance to the most powerful anti-malarial drug, artemisinin. In 2016, the project was expanded to test more than 3,000 people who were not showing malaria symptoms. 33 of them were identified as carrying the most serious strain of malaria and were put to treatment.

Myanmar

MSF continues to provide treatment and care for over 35,000 patients with HIV, TB and multidrug-resistant TB (MDR-TB) across Myanmar. A new, more affordable and effective oral treatment was also provided to hepatitis C patients in Yangon and Dawei.

Because of a worsening political situation and restrictions on international staff working in Wa Special Region 2, medical activities in the region were limited. In northern Rakhine, the attacks on border police in October 2016 prompted a severe military curfew and all humanitarian assistance was suspended, leaving thousands of patients without access to primary healthcare for over two months. A partial resumption of programmes was allowed in mid-December, albeit in limited areas. Checkpoints hindered access to emergency and specialist care, particularly for the Rohingya.

Southeast Asia Migration

MSF continues to work with migrants and refugees in locations across Southeast Asia. In **Indonesia**, MSF provided mental healthcare to Rohingya refugees living in four camps in Banda Aceh, including psychological sessions for 1,244 people. In separate emergency interventions unrelated to refugees, MSF donated hygiene kits after flashfloods in West Java, and provided psychological support to over 2,500 people following an earthquake in Aceh.

In **Malaysia**, MSF supported partner NGOs in providing healthcare via mobile clinics to the Rohingya people and other migrant groups. The team carried out around 3,300 consultations. MSF also addressed the protection needs of asylum seekers by making referrals to the UNHCR on behalf of those who were not authorised to file applications directly.

In southern **Thailand**, MSF worked with a local organisation to give mental health support to migrant communities in detention facilities, and to victims of human trafficking in shelters and immigration detention centres. The project closed at the end of 2016, following a decline in detainee numbers.

柬埔寨

2016年5月，无国界医生在金边开展项目，提供全国首个免费的丙型肝炎治疗服务。约300名病人正接受治疗，183人在等候名单上。项目至今发现大部分丙型肝炎患者年纪较大，年龄中位数为55岁，而50%病人的肝脏均出现晚期纤维化，可对肝脏造成严重损害。

在柬埔寨北部，组织则设有研究项目，针对一些对最强的抗疟疾药物青蒿素出现耐药性的地区，找出根绝疟疾的方法。2016年，项目扩大检测范围，检验超过3,000名没有疟疾症状的人，发现其中33人带有恶性疟原虫，并给予治疗。

缅甸

无国界医生在缅甸多个地区，继续治疗逾3.5万名艾滋病毒感染者、结核病或耐药药结核病人，并在仰光和土瓦，向丙型肝炎病人提供价格较可负担并有效的新口服治疗。

由于政治局势恶劣和国际救援人员进入第二特区佤邦遭受限制，该区的医疗工作只能局部地进行。而在若开邦北部，边境警察于2016年10月遭袭击后，当地实施军事宵禁，所有人道救援工作被迫暂停，数以千计的人逾两个月无法获得初级医疗护理。部分项目于12月中重启，惟检查站阻碍人们获得急诊和专科医疗护理的机会，当中以罗兴亚人尤甚。

东南亚流徙危机

无国界医生继续在东南亚地区为移民和难民提供医疗援助。在**印度尼西亚**，无国界医生为班达亚齐四个营地的罗兴亚难民，提供精神健康护理，包括开展心理健康辅导环节，有1,244人参与。救援队还进行了其他紧急救援，分别在西爪哇水灾后捐赠卫生装备套，和在亚齐省地震后向逾2,500人提供心理支援。

在**马来西亚**，无国界医生支援其他非政府组织，通过流动诊所向罗兴亚人和其他移民社群提供医疗护理。在2016年，救援队进行了约3,300次诊症。无国界医生还代表不获准直接提交申请的寻求庇护者，把个案转介到联合国难民署跟进，以响应寻求庇护者获保护的需要。

在**泰国南部**，无国界医生与当地组织合作，提供精神健康支援给在羁留设施的移民，及入境羁留中心和避难所的人口贩卖受害者。随着羁留者数字下跌，项目在2016年底结束。



© Borja Ruiz Rodríguez/MSF

A cholera treatment centre set up by MSF team in DRC in response to an outbreak
刚果民主共和国爆发霍乱，无国界医生设立霍乱治疗中心应对

Africa

Democratic Republic of Congo (DRC)

MSF undertook over 30 emergency interventions this year, tackling disease outbreaks and responding to violence and refugee crises. The teams across the country conducted over 1.9 million outpatient consultations, and admitted over 137,000 patients to hospitals. When an outbreak of yellow fever hit all the provinces bordering Angola, MSF vaccinated a million people in the capital Kinshasa and Kongo Central. In Haut-Uélé, MSF treated 84,000 patients in an exceptional outbreak of malaria.

In Ituri, MSF opened a project to assist victims of sexual violence in a mining area where attacks by armed groups and bandits recurred. Over 1,100 victims of violence and around 12,000 patients with sexually transmitted infections were treated. In Tanganyika, MSF supported health facilities during a nutrition emergency, and treated wounded patients following an escalation in intercommunal violence.

MSF handed over its activities to the health authorities in Shamwana after providing comprehensive healthcare for 10 years.

非洲

刚果民主共和国

无国界医生在年内开展了逾30项紧急救援工作，包括处理疫情爆发，和应对暴力冲突及难民危机。救援队在全国各地进行了超过190万次门诊诊疗，并接收了超过13.7万名病人入院治疗。当邻近安哥拉的多个省份爆发黄热病时，无国界医生在首都金沙萨及中刚果省为100万人注射疫苗。在上韦莱省，无国界医生在一场异常严重的疟疾爆发中，治疗了8.4万名病人。

在伊图里连番遭受武装组织和土匪袭击的一个采矿地区，无国界医生展开了项目，专门协助性暴力受害者，治疗了超过1,100名暴力冲突受害者及约1.2万名性传播感染患者。在坦噶尼喀，无国界医生支援当地医疗设施，应对人们营养紧急情况，并在当地部族冲突升温后医治伤病者。

无国界医生在舍奈旺拿提供综合医疗护理十年后，已将项目移交当地卫生部门负责。



In CAR, MSF uses a theatre troupe to encourage people to take advantage of a mass vaccination campaign

在中非共和国，无国界医生请来剧团以戏剧方式呼吁民众接种疫苗



A brother and sister, both Ebola survivors, are attending checkups at MSF's clinic in Conakry, Guinea

一对战胜埃博拉的兄妹在几内亚科纳克里的无国界医生诊所接受检查

Central African Republic (CAR)

Despite relatively peaceful elections in early 2016, the security situation remains extremely concerning. Two MSF staff members lost their lives while working. Half of the population depended on aid to survive, but many humanitarian agencies withdrew due to a lack of funding. MSF continues to provide comprehensive inpatient and outpatient care to local and displaced populations through 17 projects across the country.

In the capital Bangui, MSF scaled up its services for women and babies, assisting 600 births per month in the country's largest maternity hospital. Teams also supported and rehabilitated the maternity hospitals in two other areas.

Ethiopia

MSF continues to fill healthcare gaps, respond to emergencies and address the needs of the growing refugee population. In the Somali region, MSF supports hospitals and other health facilities to assist refugees from neighbouring Somalia and local communities. In Gambella region, where 340,000 South Sudanese refugees are hosted, MSF offers basic and secondary health services including paediatric care, surgery, nutritional support and treatments for malaria and HIV/AIDS. In Tigray region, MSF provides mental health care for 6,200 Eritrean refugees in two camps. The team assisted 3,435 refugees through outpatient and inpatient consultations.

Diseases such as kala azar are endemic in the country. In Amhara region, MSF's main focus is to provide screening and treatment for kala azar patients co-infected with HIV and/or TB, contributing to a significant decrease in transmission and infection rates.

Guinea, Sierra Leone

Having been heavily involved in tackling the deadly Ebola epidemic, MSF closed its last Ebola-related project in Guinea in 2016, as the Ebola survivors no longer experienced medical complications and did not need further specialised treatment. MSF also handed over its psychological support services to the Ministry of Health and other organisations. The team has moved on to treat people suffering from advanced HIV, opening a 31-bed centre in a hospital in the capital Conakry.

In Sierra Leone, MSF also handed over the Ebola survivors' clinic in the capital to the Ministry of Health. Teams now help reduce maternal, neonatal and child mortality in two districts in the Northern Province. In one of the districts, the team also offers screenings for Ebola, malaria and HIV and provides healthcare to Ebola survivors.

中非共和国

尽管选举已于2016年初相对和平地举行，当地的安全局势仍极其令人忧虑，两名无国界医生工作人员在工作时丧命。虽然该国一半人口依靠援助生存，但很多人道机构却因为缺乏资金而要撤走。无国界医生通过全国17个项目，继续为当地居民和流离失所者提供综合的住院及门诊服务。

在首都班吉，无国界医生扩大母婴健康服务，在该国最大的妇产医院每月平均协助600次分娩。救援队还支援和修复了位于另外两个地区的妇产医院。

埃塞俄比亚

无国界医生持续填补该国医疗护理的缺口、应对紧急状况，并响应难民人口增加带来的需求。在索马里地区，无国界医生支援医院和其他医疗设施，以援助来自邻国索马里的难民和当地社群。在接收了34万名南苏丹难民的甘贝拉地区，救援队提供基本及二级医疗服务，包括儿科、外科、营养支援、疟疾和艾滋病治疗。在提格雷地区，救援队则在两个营地为6,200名厄立特里亚难民提供精神健康护理，并为3,435名难民提供住院及门诊诊疗。

黑热病等疾病在该国属风土病。在阿姆哈拉地区，无国界医生集中于筛检，并治疗同时感染黑热病和艾滋病及 / 或结核病的病人，显著降低了疾病的传播率及感染率。

几内亚、塞拉利昂

大力参与对抗致命埃博拉疫症爆发后，由于埃博拉幸存者已不再出现并发症和无需进一步专科治疗，无国界医生遂于2016年关闭了在几内亚其最后一个埃博拉项目，并将心理支援服务转交当地卫生部和其他组织负责。救援队已转为治疗艾滋病病人，在首都科纳克里一间医院，开设了一间有31张病床的治疗中心。

在塞拉利昂，无国界医生亦已将位于首都的埃博拉幸存者诊所转交给当地卫生部门负责。救援队现正于北部省两个地区，协助减少孕产妇、新生儿及儿童的死亡率。在其中一个地区，队伍还提供埃博拉、疟疾和艾滋病病毒测试，并为埃博拉幸存者提供医疗护理。



An extensively drug-resistant TB patient in Khayelitsha, South Africa, is taking the promising new medication, delamanid

在南非卡雅利沙，一名广泛耐药结核病人正服用成效较好的新药德拉马尼

South Africa

In South Africa, where there is the largest HIV patient cohort in the world, MSF aims to influence the government's strategy for meeting the UNAIDS treatment targets, and to develop and implement new treatment regimens and innovative models of care through its HIV/TB projects in KwaZulu-Natal province and Khayelitsha.

MSF also continues to fight for access to new drugs. In Khayelitsha, MSF has the largest national cohort on the promising new medication, delamanid, with 61 patients initiated on treatment this year.

In Rustenburg, the platinum mining belt, MSF continues to help provincial health authorities expand access to care for victims of sexual violence, through supporting three primary healthcare facilities that provide an essential package of medical, legal and psychosocial care.

South Sudan

As insecurity and violence spread across the country, providing humanitarian assistance has become increasingly complex and dangerous. In 2016, the MSF-run hospital in Malakal was attacked. Over 25 people were killed, including two staff members. Our medical activities were temporarily suspended in three other locations due to looting and armed robbery.

Despite the growing challenges, MSF continues to respond to urgent medical needs and maintain its essential healthcare programmes in different regions. After fighting broke out in the capital, Juba, MSF set up a surgical facility and ran mobile clinics. Teams also provided basic emergency healthcare in Leer and Mayendit in Greater Upper Nile region as intense fighting displaced thousands of people. Following increased violence in Yei in Equatoria region, MSF set up a clinic to provide healthcare, mental health support and vaccinations.

Zimbabwe

Major gaps in HIV-related services still exist in Zimbabwe. Cervical cancer is an emerging health problem, with women living with HIV five times more likely to contract it than those who are not. In a clinic in the capital Harare, MSF offers a comprehensive package of HIV, TB and MDR-TB care adapted for all ages, and cervical cancer screenings and early treatment strategies for all HIV-positive women.

In Gutu, Masvingo province, MSF has taken a community-based approach to manage large cohorts of stable HIV patients since 2011. It continues to support the Ministry of Health and Child Care to implement new models of HIV/AIDS care, preventive screenings and early treatment strategies for cervical cancer in six district health centres, and routine viral load monitoring of patients on antiretroviral (ARV) drugs.



An MSF community health promoter tests a child for malaria at a mobile clinic in Leer County, South Sudan

无国界医生的社区健康员在南苏丹莱尔县的流动诊所，为儿童进行疟疾检验

南非

南非是全球最多艾滋病病毒感染者国家。无国界医生透过夸祖鲁-纳塔尔省和卡雅利沙的艾滋病 / 结核病项目，致力影响当地政府的策略，以达致联合国艾滋病规划署的治疗目标，以及发展和推行新治疗疗程和创新的护理模式。

无国界医生还持续为病人争取得到新药的机会。在卡雅利沙，无国界医生有全国最大批病人，正服用成效较好的新药德拉马尼，61名病人于年内开始接受治疗。

在勒斯滕堡这个铂金矿带，无国界医生继续协助省卫生部门，增加性暴力受害者获得护理的机会，包括支援三间初级医疗设施，提供必需的医疗、法律援助及心理社交支援护理。

南苏丹

由于南苏丹局势不稳，暴力在全国蔓延，提供人道援助的工作日趋复杂和危险。2016年，无国界医生在马拉卡勒运作的一间医院遭受袭击，超过25人被杀，包括两名工作人员。我们在另外三处的医疗项目也曾因抢掠和持械行劫而一度暂停。

即使面对日益严峻的挑战，无国界医生仍持续响应紧急医疗需求，并在不同地区维持必需的医疗护理项目。首都朱巴爆发冲突后，无国界医生设立了一所外科手术设施，并运作流动诊所。为应对激烈战斗造成数以千计的人流离失所，救援队在上尼罗大区的莱尔县和马耶迪特县提供基本紧急医疗护理。随着赤道地区耶伊的暴力冲突升温，无国界医生在当地设立了一间诊所，提供医疗护理、精神健康支援及疫苗注射。

津巴布韦

在津巴布韦，艾滋病相关服务的缺口依然存在。子宫颈癌是正冒起的健康问题，感染了艾滋病病毒的女性感染子宫颈癌的机会，比没感染病毒的人高出五倍。在首都哈拉雷一间诊所，无国界医生为所有年龄层的人提供综合的艾滋病、结核病和耐多药结核病护理，亦为所有感染艾滋病病毒的女性，作子宫颈癌筛查和提供早期治疗策略。

在马斯温戈省的古图，无国界医生自2011年起以社区为本方式，管理大批情况稳定的艾滋病病毒感染者。无国界医生持续支援卫生与儿童福利部，在六个地区的健康中心推行新的艾滋病医疗护理模式、子宫颈癌预防性筛查及早期治疗策略，并恒常监测正在服用抗病毒药物的病人的艾滋病病毒载量。



© Borja Ruiz Rodríguez/MSF

An MSF team distributes life jackets during a rescue operation in the Mediterranean Sea, where 25 victims of suspected fuel inhalation onboard the overcrowded inflatable boat were found dead. 107 people were rescued

无国界医生在地中海的搜救行动中，向一艘超载的充气橡皮艇的乘客分发救生衣，最后救起107人，并发现船上有25人怀疑吸入燃料而身亡

Europe

The Migration Crisis

In 2016, over 300,000 people fleeing wars, persecution, poverty and insecurity attempted to cross the Mediterranean to reach Europe. About 5,000 people lost their lives. MSF teams, on board three specially equipped search and rescue boats, actively searched for boats in distress in international waters north of Libya. They rescued and assisted over 30,000 people in over 200 operations. The MSF-Greenpeace rescue operation assisted over 18,000 people in 361 interventions off the Greek coast.

Meanwhile, arrivals in Greece decreased sharply after the signing of the EU-Turkey deal. The closure of the Balkan route, in addition, left migrants and refugees stranded, without access to basic services, adequate shelter or information on their legal status.

MSF assisted people on the move in Italy, Greece, Serbia, France and Sweden, providing medical and psychological support, as well as food, shelter, water, sanitation and essential relief items.

欧洲

流徙危机

2016年，超过30万人为逃离战争、迫害、贫穷和不安全局势，而尝试横越地中海到欧洲，约5,000人因此丧命。无国界医生救援队分别登上三艘特别装备的搜救船，主动搜索在利比亚以北的国际水域范围遇险的船只。他们在超过200次行动中，救起并协助了超过3万人。无国界医生与绿色和平合作的搜救行动，则在希腊对开海岸进行了361次行动，协助了超过1.8万人。

与此同时，欧盟与土耳其签订协议后，抵达希腊的人数大幅下跌。加上巴尔干半岛路线被封，令不少移民和难民滞留，未能获得基本服务、适当的栖身之所或关乎他们法律地位的信息。

无国界医生分别在意大利、希腊、塞尔维亚、法国和瑞典，向正在迁徙的人们提供医疗和心理支援，以及食物、栖身之所、饮用水、卫生和必需的救援物品。



© Jeanty Junior Augustin

After Hurricane Matthew devastated southwestern Haiti, an MSF water and sanitation worker supplies safe drinking water

飓风马修重创海地西南部，无国界医生的水利卫生人员协助灾民获得安全饮用水



© Abbass Salman/MSF

MSF provides chronic disease care to Syrian refugees in Lebanon
无国界医生在黎巴嫩为叙利亚难民提供慢性病护理

The Americas

Haiti

Health needs are immense in Haiti, and access to medical care was hampered by repeated strikes in the country's public hospitals in 2016. During one of them, MSF's hospital in the north of the capital Port-au-Prince, had to deal with a large increase in the number of emergency and surgical patients, and there was a significant impact on the number of referrals from our clinic in the slum area in Port-au-Prince to other hospitals.

During the year, MSF opened a new clinic in the capital to provide emergency medical care to victims of sexual and gender-based violence. The health system overall has been further weakened after the damage caused by Hurricane Matthew at the end of 2016. MSF focused its emergency response in the south, the worst-hit region, by supporting a hospital, running mobile clinics and treating cholera patients.

Middle East

Lebanon

Since the Syrian conflict began in 2011, MSF has continued to expand its medical activities in response to the growing needs of the 1.5 million Syrian refugees who fled into Lebanon, and other vulnerable communities.

MSF opened a health centre in a refugee camp in south Beirut providing sexual and reproductive health services. The team also launched a home-based care programme for chronic disease patients with mobility problems. In the Bekaa Valley where the majority of refugees have settled, MSF opened a chronic diseases care centre to improve treatment coverage. In northern Lebanon, MSF has extended its activities, running five primary healthcare centres, particularly treating chronic diseases and mental health issues.

In 2016, MSF conducted over 340,000 outpatient consultations, 7,300 mental health sessions and assisted 6,300 births.

美洲

海地

海地的医疗需求十分巨大，而2016年当地公共医院多次发生罢工，令人们获得医疗护理更加困难。受其中一次罢工行动影响，无国界医生位于首都太子港北部的医院需处理的急诊和外科病人激增，这也明显影响到从我们在太子港贫民窟的诊所转诊至其他医院的病人数字。

无国界医生在年内还在首都设立了一间新诊所，提供紧急医疗护理给性暴力和性别暴力的受害者。该国医疗系统更因2016年底飓风马修吹袭，造成严重破坏而被进一步削弱。无国界医生的紧急救援集中在灾情最严重的南部，包括支援当地医院、开设流动诊所和治疗霍乱病人。

中东

黎巴嫩

自叙利亚冲突于2011年开始，无国界医生一直扩展医疗救援工作，以响应150万名逃到黎巴嫩的叙利亚难民，和其他脆弱社群持续增长的援助需求。

无国界医生在贝鲁特南部一个难民营开设了一所健康中心，提供性与生育健康服务，队伍亦为行动不便的慢性病患者开展了一个家居护理计划。为改善治疗覆盖面，无国界医生在大多数难民栖身的贝卡谷地增设了一所慢性疾病护理中心。在黎巴嫩北部，无国界医生扩展工作，运作五间初级医疗中心，尤其针对慢性病及精神健康问题提供治疗。

在2016年无国界医生进行了超过34万次门诊诊疗、7,300次精神健康辅导，并协助6,300次孕妇分娩。



© Mohammed Sanabani/MSF

In an MSF-supported hospital in Yemen, mothers accompany their sick children in the paediatric department
在也门一间由无国界医生支援的医院，母亲们正在儿科病房陪伴病倒的子女

Turkey

Turkey hosts the world's largest refugee population – over three million – of whom 2.8 million are Syrians. Syrian refugees live in precarious conditions outside camp settings with insufficient access to basic public services. Although its authorisation to work in Turkey expired in June, MSF continued to provide financial and technical support to local NGOs working on the Syrian-Turkish border offering primary healthcare and psychological support. MSF's teams also gave remote support to medical staff in Syria.

The collaboration with an international NGO in offering paediatric as well as sexual and reproductive health consultations to Syrian refugees was concluded in April.

Yemen

A full-scale war has been raging in Yemen at an immense cost to the population. In 2016, MSF scaled up its activities to address the lack of healthcare and to assist the increasing number of war victims. Teams directly provided healthcare to patients in 12 hospitals and supported at least 18 other health facilities. Nearly 33,000 patients in facilities operated or supported by MSF received treatment for intentional physical violence, including war wounds.

Between October 2015 and August 2016, MSF lost 26 colleagues and patients in four separate bombings of health facilities it runs or supports. The airstrike on Abs hospital on 15 August 2016 killed 19 people, including an MSF staff member, and wounded 24. MSF immediately withdrew its staff from six hospitals, and resumed activities in the north of Yemen in November.

土耳其

土耳其接收的难民数目是全球之冠，有超过300万人，其中280万是叙利亚人。住在难民营以外的叙利亚难民生活极不稳定，未能获得足够的基本公共服务。虽然无国界医生在土耳其工作的官方许可在6月已过期，但组织仍然继续在财政与技术方面，支援当地的非政府组织，在土耳其与叙利亚接壤的边境地区提供初级医疗护理及心理支援。无国界医生救援队还为在叙利亚的医护人员提供远程支援。

由无国界医生与另一间国际非政府组织合作，向叙利亚难民提供儿科，以及性与生育健康护理的项目，则已于4月结束。

也门

也门的全面战争令当地人民付出沉重代价。无国界医生于2016年扩展在当地的工作，以应对稀缺的医疗护理和协助日益增多的战争受害者。救援队分别在12间医院直接提供医疗护理，并支援另外最少18间医疗设施。在无国界医生运作或支援的医疗设施里，有近3.3万名病人因遭受蓄意暴力对待或战争而受伤，需要接受治疗。

2015年10月至2016年8月期间，共有四次轰炸击中无国界医生运作或支援的医疗设施，造成26名员工和病人丧命。2016年8月15日阿布斯医院遭受空袭，导致19人死亡、24人受伤，死者包括一名无国界医生工作人员。无国界医生随即把也门北部六间医院的工作人员撤走，直至11月才恢复在当地的工作。

Expanding the Response to Nigeria's Humanitarian Crisis

加强应对尼日利亚的人道危机

In 2016, a devastating humanitarian crisis continued to unfold in Nigeria, largely unnoticed by the rest of the world. Caught in ongoing conflict between the armed group Boko Haram and the Nigerian armed forces, millions of people in Borno state, northeast Nigeria, have been displaced from their homes. Entire towns and villages have been razed, and infrastructure, including healthcare facilities, destroyed. Thousands of children have succumbed to the deadly combination of malnutrition, measles and malaria.

In Maiduguri, the state capital, the population has more than doubled to over two million, with the arrival of people fleeing insecurity. This has put an additional strain on the infrastructure. Displaced people live in extremely deprived conditions. In response, MSF has been treating malnutrition, providing maternal health services and responding to outbreaks of cholera and measles.

2016年，尼日利亚灾难性的人道危机持续，却不为外界所关注。武装组织博科圣地与尼日利亚军队之间冲突不断，该国东北部博尔诺州数百万人陷于战火之中，被迫仓皇逃离家园。许多城镇和村落被夷为平地，基础设施建设包括医疗设施也遭破坏，数以千计的儿童因不敌营养不良、麻疹和疟疾交缠而死亡。

大批人涌到首府迈杜古里逃避战火，令这里的人口增加超过一倍至逾200万人。人口剧增导致基础设施不胜负荷，流离失所者处境堪虞。无国界医生于是提供营养不良治疗及孕产妇护理服务，同时应对霍乱和麻疹疫情的爆发。



© Sylvain Cherkaoui/COSMOS

78,000 internally displaced people lived in a camp in Ngala and received little external assistance. Over 20% of the children were found to suffer from malnutrition

恩加拉营地住有7.8万名流离失所者，他们几乎没有外来援助，超过20%的儿童被发现患上营养不良



© Sylvain Cherkaoui/COSMOS

An average of 10 people died each day in the camp in Ngala due to lack of access to healthcare
由于缺乏医疗服务，恩加拉营地每日平均有十人死亡

In the summer, suspicions that the plight of those living outside the capital was just as extreme were confirmed. But at that time, the Nigerian armed forces only allowed certain aid organisations access to towns that had fallen under their control, provided that they were accompanied by armed escorts. After 1,000 emaciated women and children were evacuated by the army to Maiduguri from Bama, a town 70 kilometres away, MSF made the exceptional decision to accept an armed escort to assess the situation in Bama. The team found thousands of the displaced living in camps under military control, with almost no access to food, clean water or healthcare. Malnutrition rates were far above what constitutes a crisis, and there were signs that many people had already died.

到了夏天，对于首府以外城镇的民众面对一样恶劣处境的怀疑，终于获得证实。但当时尼日利亚军方只容许少数救援组织前往他们控制的地区，并必须有武装护送。当军队从迈杜古里70公里以外的巴马撤出1,000名瘦弱不堪的妇孺后，无国界医生作出了破例决定，接受武装护送到当地评估灾情。救援队发现数以千计的流离失所者滞留在军方管制的难民营内，几乎完全得不到粮食、清洁的饮用水或医疗服务，营养不良率也远高于危机水平，并有迹象显示许多人已经死亡。



© MSF/Musa Yahaya

A doctor helps malnourished children take an appetite test at an MSF's nutrition centre to see if they can eat food
在无国界医生的营养治疗中心，医生协助病童进行食欲测试，看看他们是否能够进食



© Sylvain Cherkaoui/COSMOS

To restore some sense of normalcy, camp residents organise schooling for children
为了恢复一些正常状态，营地居民替孩子们安排课堂



© Sylvain Cherkaoui/COSMOS

Access to water is a major problem for the displaced. Every morning they rush to fill their water buckets

对流离失所者来说，获取饮用水是一大问题，他们每天一大清早便涌到水站等候



© Ikram N'gadi

MSF screened children for malnutrition in multiple towns in Borno state

无国界医生在博尔诺州多个城镇筛查儿童是否患上营养不良

Over the following months, MSF managed to access other towns across the state. Having found similarly appalling situations, teams started providing health and nutritional care, water and sanitation, conducting vaccinations and distributing food and essential non-food items in over 20 sites in Maiduguri and 10 other towns. However, many areas of Borno state are entirely inaccessible for humanitarian organisations and the fate of those stranded there is unknown.

MSF's work is based on the principles of independence and impartiality, but independent access in Borno state has been a serious challenge. In this highly insecure context, with very few other aid organisations present, MSF teams have had to make difficult choices and compromises to reach vulnerable communities in desperate situations.

接下来的几个月，无国界医生设法到达博尔诺州的其他城镇。救援队发现同样令人震惊的状况，于是在迈杜古里20个地点和其他十个城镇，提供医疗和营养治疗以及饮用水和卫生设施，又进行防疫接种，并分发粮食和基本必需品。然而，救援组织仍无法前往博尔诺州许多地区，无从得知被困在当地的人们的命运。

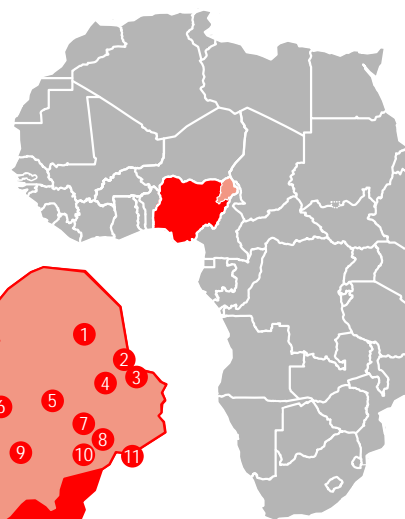
无国界医生本着独立和不偏不倚的原则进行救援工作，但要在博尔诺州独立地进入灾区，却一直是个严峻的挑战。在这个极不安全的环境下，仅有少数的救援组织在当地工作，无



© Sylvain Cherkaoui/COSMOS

In Gamburu, the only health centre was burnt down. But the road out is too dangerous for people to seek care elsewhere

甘比鲁唯一的医疗中心被烧毁，可是道路太危险，人们不敢到别处寻求医疗



Borno state 博尔诺州

In 2016, MSF ran 10 medical facilities in 6 towns of Borno state and conducted regular visits to 5 other towns.

2016年，无国界医生在博尔诺州六个城镇设有十间医疗设施，并定期到访其他五个城镇进行救援。



MSF distributed rations for one month to families in need, which included 5 litres of oil, 5 kg of beans and 25 kg of millet

无国界医生向有需要的家庭派发一个月粮食，包括五公升食油、五公斤豆和25公斤小米



An estimated 15,000 displaced people live in a camp in Bama, a town on the front line of the conflict between Boko Haram and the Nigerian military

位于博科圣地与尼日利亚军队冲突前线的巴马，估计有1.5万名流离失所者栖身于难民营

MSF teams have had to take extraordinary risks, travelling with armed escorts or using helicopters in an active conflict zone. Meanwhile, access to areas held by Boko Haram is virtually non-existent; similarly MSF and other organisations have little access to the groups of men, women and children subjected to screening by the Nigerian armed forces for indeterminate periods of time.

Even so, MSF will continue to negotiate with Boko Haram, and with the Nigerian armed forces, who are supported militarily by the UK and the US, asking for independent access to all people in need, no matter where they are.

国界医生的救援队惟有作出艰难的抉择和妥协，以接触到绝望中的危难社群。无国界医生队伍不得不冒上格外风险，接受武装护送或乘坐直升机前往战事活跃地区。同时，要前往博科圣地控制的地区几近不可能，而无国界医生以及其他组织也难以接触被尼日利亚军方无限期地筛查的男女和儿童。

然而，无国界医生将会继续与博科圣地，以及得到英美军事支持的尼日利亚政府军交涉，希望能独立进入灾区，接触所有亟需援手的人们，无论他们身处何方。

Hong Kong electrical engineer Vincent Li was in Maiduguri, helping to set up MSF's new hospital and therapeutic feeding centre in early 2017:

"We estimate that 40 percent of the health facilities have been destroyed and burnt during the conflict. So the medical support here is very limited. At the moment we are trying to concentrate on the nutrition crisis. In the waiting areas, there are mothers carrying their babies, waiting for medical help and food distribution. I have already seen a lot of children with nutrition problems. They are very thin.

The hospital has an inpatient therapeutic feeding centre for treating patients with acute malnutrition. These patients, especially children, have severe problems: they are hungry, but they cannot eat because they are too ill. So they have to be admitted to hospital immediately for treatment."

The photo shows Vincent (right) and the local staff with the twin little boys who were among the first batch of patients since the opening of the therapeutic feeding centre.

李耀辉是来自香港的电力工程师，在2017年初，他获派到迈杜古里，协助无国界医生设立一间全新的医院和营养治疗中心，他当时说：

"我们估计冲突中有四成的医疗设施遭破坏和焚毁，当地的医疗援助非常有限。我们目前全力处理营养危机。许多母亲带着孩子，在医院的候诊区等待接受治疗 and 粮食派发。我见过很多患营养不良的儿童，他们都瘦骨嶙峋。

医院设有住院营养治疗中心，医治患急性营养不良的病人。他们的病情严重，尤以儿童为甚。他们很饥饿，却因病得太重而无法进食，必须立即入院接受治疗。"

图为他（右）与当地员工合照，他们手抱着一对年幼孪生兄弟，是营养治疗中心启用后首批病人之一。



Photo source: Vincent Li



- 1 Monguno 蒙贡诺
- 2 Gambaru 甘比鲁
- 3 Ngala 恩加拉
- 4 Dikwa 迪夸
- 5 Maiduguri 迈杜古里
- 6 Benisheik 贝尼谢赫
- 7 Bama 巴马
- 8 Pulka 普尔卡
- 9 Damboa 丹博阿
- 10 Gwoza 果扎
- 11 Banki 班基

Worldwide Operations Highlights

全球前线工作概要

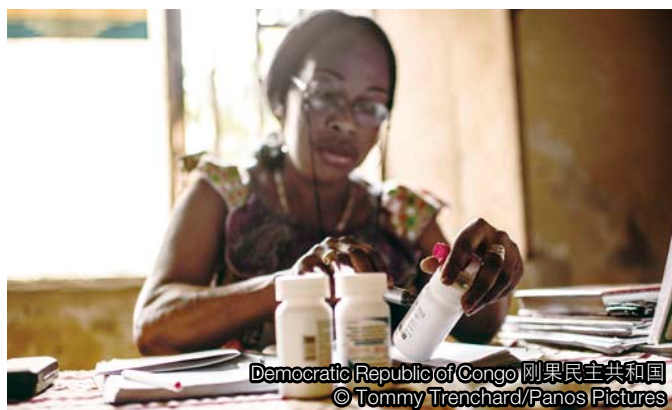
Below are the highlights of MSF activities around the world in 2016:

以下是无国界医生于2016年在全球进行救援工作的概要：



Conducted 进行 **9,792,200**
outpatient consultations
次门诊诊症

Admitted 接收 **671,700** inpatients
人次入院治疗



Treated 给予 **222,200** patients with first-line antiretroviral treatment at the end of 2016
名病人抗艾滋病毒第一线药物治疗 (至2016年底)

Treated 给予 **10,200** patients of first-line failure with second-line antiretroviral treatment at the end of 2016
名第一线治疗失败的病人抗艾滋病毒第二线药物治疗 (至2016年底)



Treated 医治 **2,536,400**
cases of malaria
名疟疾病人

Admitted 接收 **80,100** severely malnourished children to inpatient feeding programmes
名严重营养不良儿童进行住院营养治疗



Admitted 接收 **18,200** patients to tuberculosis first-line treatment
名病人开始接受结核病第一线治疗

Admitted 接收 **2,700** patients to multidrug-resistant tuberculosis treatment with second-line drugs
名病人开始以第二线药物进行耐多药结核病治疗



Conducted 进行 **229,000** individual mental health consultations
次精神健康个人辅导

Conducted 进行 **53,300** group mental health sessions
次精神健康小组辅导



Jordan 约旦 © Chris Huby

Performed **92,600** major surgical interventions that require anaesthesia
进行 92,600 宗涉及麻醉的大型手术

Medically treated **13,800** patients for sexual violence
医治 13,800 名性暴力受害者



Afghanistan 阿富汗 © Kate Stegeman/MSF

Assisted **250,300** women to deliver babies, including caesarean sections
协助 250,300 名妇女分娩, 包括剖腹生产



Democratic Republic of Congo 刚果民主共和国 © Dieter Telemans

Vaccinated **1,167,600**
为 1,167,600

people against yellow fever in response to an outbreak
人接种黄热病疫苗以应对疫情爆发

Vaccinated **869,100** people against measles in response to an outbreak
为 869,100 人接种麻疹疫苗以应对疫情爆发

Vaccinated **169,200** people against meningitis in response to an outbreak
为 169,200 人接种脑膜炎疫苗以应对疫情爆发

Treated **20,600** patients for cholera
医治 20,600 名霍乱病人



Mediterranean Sea 地中海 © Borja Ruiz Rodríguez/MSF

Rescued and assisted **30,600** migrants and refugees at sea
搜救及协助 30,600 名海上移民及难民

To the Field

香港派出的前线救援人员



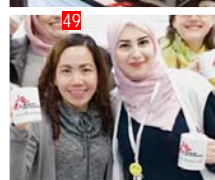
Medical Doctors 医生

Name 姓名 # Place of Residence 来自

- 1 Rey Anicete **PH**
- 2 Honorita Bernasor **PH**
- 3 Yuely Capileno **PH**
- 4 Cecile Catacutan **PH**
- 5 Cheong Kai-ning 钟凯宁 **HK**
- 6 Anna Kathrina De Jesus **PH**
- 7 Marc Richard Dela Cruz **PH**
- 8 Marve Duka **PH**
- 9 Hartini Sugianto **ID**
- 10 Htet Aung Kyi **MM**
- 11 Husni Mubarak Zainal **ID**
- 12 Kyi Pyar Min Htike **MM**
- 13 Leung Hei-jim, Jimmy 梁纪瞻 **HK**
- 14 Lim Chin-siah 林振锡 **SG**
- 15 Lukman Hakim **ID**
- 16 *Cynthia Ng **PH**
- 17 Poe Poe **MM**
- 18 Rangi Sudrajat **ID**
- 19 Jan Krisna Rodriguez **PH**
- 20 Francisco Raul Salvador **PH**
- 21 Maria Christina Sarte **PH**
- 22 Maria Melissa Sindiong **PH**
- 23 Jamela Anne Villacorte **PH**
- 24 Wong Poh-fei 黄宝妃 **MY**
- 25 Zou Wei 邹伟 **CN**

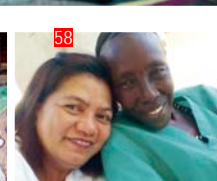
Surgeons / Orthopaedic Surgeons 外科医生 / 骨科医生

- 26 Au Yiu-kai, Paul 欧耀佳 **HK**
- 27 Steven Bacalian **PH**
- 28 Shannon Melissa Chan 陈诗珑 **HK**
- 29 Evangeline Cua **PH**
- 30 *Maria Teresa Ingalla **PH**
- 31 Ko Chi-cheong, Ryan 高志昌 **HK**



Interested to join MSF?

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



Anaesthetists 麻醉科医生

- 32 Karina Marie Aguilar **PH**
- 33 Marjorie Ann Ladion **PH**
- 34 Ayixia Nawan 阿依夏·那万 **CN**
- 35 Jacqueline Ontoy **PH**
- 36 Margarita Quilala **PH**
- 37 Reynaldo Soria, Jr. **PH**

Obstetricians / Gynaecologists 妇产科医生

- 38 Damayanti Zahar **ID**
- 39 Marie Caesarini **ID**
- 40 Veronica Lee Ventura **SG**
- 41 Yennz Crysenssen Tah **ID**

Operating Theatre Nurses 手术室护士

- 42 Fel Louie Kim Evangelista **PH**
- 43 Maria Angelina Jimenez **PH**
- 44 Roselyn Morales **PH**

Nurses 护士

- 45 Joseph Azeem **PK**
- 46 Ace Adelson Delizo **PH**
- 47 Iane Connie Espanta **PH**
- 48 Stephenn Hernandez **PH**
- 49 Imee Japitana **PH**
- 50 Rodel Lambatin **PH**
- 51 Carmelita Manaois **PH**
- 52 Janoa Manganar **PH**
- 53 Ji Monserrat Nacanaynay **PH**
- 54 Romell Nalitan **PH**
- 55 Teresita Sabio **PH**
- 56 Jan Vincent Sotito **PH**

Midwives 助产士

- 57 Cherry Agustin **PH**
- 58 Aimee Mateo **PH**
- 59 Wong So-ting 黄素婷 **HK**



Laboratory Technicians 化验室技术员

60 Genevieve Cervantes **PH**

61 Gay Heyres **PH**



Pharmacists 药剂师

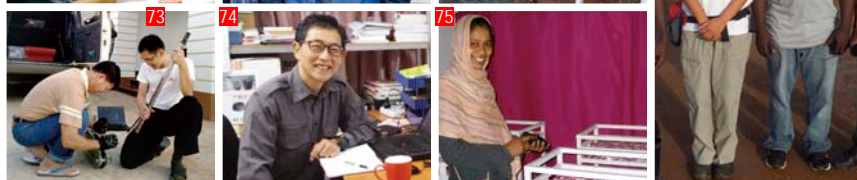
62 * Cheryl Armecin **PH**

63 Anita Jasmine Vicentillo **PH**



Mental Health Officer 精神健康员

64 Claudio Moroni **SG**



Epidemiologist 流行病学家

65 Zhang Meiwèn 张美文 **CN**



Advocacy Manager 倡议经理

66 Chen Youding 陈又丁 **CN**



Logisticians 后勤人员

67 * Andreas Sinaga **ID**

68 Johann Annuar **SG**

69 Muhammad Ashfaq **PK**

70 * Denny Capua **TL**

71 Muhammad Hafeez **PK**

72 Lau Hiu-ching, Lucy 刘晓静 **HK**

73 Leung Hon-zoen, Eric 梁瀚臻 **HK**

74 Li Yiu-fai, Vincent 李耀辉 **HK**

75 May Sarah **ID**

76 Jonathan Pillejera **PH**

77 * Raniela Rabe **PH**

78 Sylvia Bakarbossy **ID**

79 Teoh Wei-yea **MY**

80 Thimotius SP Benu **ID**



Administrators / Financial Controllers 行政 / 财务人员

81 Chai Xi, Cathy 柴溪 **CN**

82 Cheng Chiao-yu, Joanna 郑巧钰 **TW**

83 * Wilma Cuaycong **PH**

84 Melvinn Kaibigan **PH**

85 * Lee Beng-kwang **SG**

86 Linda Isack **ID**

87 Riezl Magtira **PH**

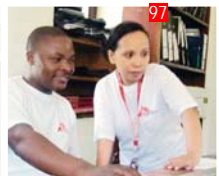
88 Mak Ka-wei, Stephen 麦家伟 **HK**

89 Imelda Palacay **PH**

90 Pratiwi Sutowo **ID**

91 Mercenario San Jose **PH**





有兴趣加入 无国界医生 行列?

无国界医生经常招募积极并具有专业能力的医疗或非医疗人员, 派他们到全球不同的项目进行救援工作。详情请浏览 msf.org.cn/fieldwork



Coordinators 统筹人员

- 92 Abdel Haris Hafiz **ID**
- 93 Karmina Marie Aguilar **PH**
- 94 Angelika Pattihahuan **ID**
- 95 *Radoslav Antonov **MY**
- 96 Yvonne Biyo **PH**
- 97 Maria Cristina De Costo **PH**
- 98 Allan De La Rosa **PH**
- 99 Denis Dupuis **ID**
- 100 *Hemanathan Nagarathnam **MY**
- 101 Muhammad Ibrahim **PK**
- 102 Mira Jimenez **PH**
- 103 Adil Khan **PK**
- 104 Sajjad Hussain Khan **PK**
- 105 Ezequiel Macaranas **PH**
- 106 Beverly Molina **PH**
- 107 *Novri Asmi **ID**
- 108 Sumit Punnakari **TH**
- 109 Syed Shaukat Ali Muttaqi Shah **PK**
- 110 Sisca Wiguno **ID**
- 111 Farman Ullah **PK**
- 112 Maria Beatriz Uy **PH**
- 113 *Xu Weibing 徐卫兵 **CN**
- 114 *Yan Debry Dominico Syauta **ID**

The above field workers departed to the following countries/areas in 2016 for missions: Afghanistan, Burundi, Cambodia, Central African Republic, Democratic Republic of Congo, Ethiopia, Haiti, India, Iran, Iraq, Jordan, Kenya, Kyrgyzstan, Lebanon, Libya, Malawi, Malaysia, Mozambique, Myanmar, Pakistan, Papua New Guinea, Russia Federation, Serbia, Sierra Leone, South Africa, South Sudan, Sudan, Syria, Tajikistan, Turkey, Ukraine, Uzbekistan, Yemen and Zimbabwe.

Coordinators include head of mission, field coordinators, admin/finance coordinator, financial coordinators, human resources coordinators, logistical coordinators, medical coordinators, supply and logistics coordinator, and water and sanitation coordinator.

上述救援人员于2016年出发, 前往以下国家或地区参与救援工作: 阿富汗、布隆迪、柬埔寨、中非共和国、刚果民主共和国、埃塞俄比亚、海地、印度、伊朗、伊拉克、约旦、肯尼亚、吉尔吉斯斯坦、黎巴嫩、利比亚、马拉维、马来西亚、莫桑比克、缅甸、巴基斯坦、巴布亚新几内亚、俄罗斯联邦、塞尔维亚、塞拉利昂、南非、南苏丹、苏丹、叙利亚、塔吉克斯坦、土耳其、乌克兰、乌兹别克斯坦、也门和津巴布韦。

以上的统筹人员包括项目总管、项目统筹、行政 / 财务统筹、财务统筹、人力事务统筹、后勤统筹、医疗统筹、物资供应及后勤统筹, 和水利卫生统筹。

#Abbreviations 缩写

CN China 中国内地 | **HK** Hong Kong 香港 | **ID** Indonesia 印度尼西亚 | **MY** Malaysia 马来西亚 | **MM** Myanmar 缅甸 | **PK** Pakistan 巴基斯坦 | **PH** Philippines 菲律宾 | **SG** Singapore 新加坡 | **TW** Taiwan 台湾 | **TH** Thailand 泰国 | **TL** Timor-Leste 东帝汶

* 没有照片 No photo

Activity Overview of MSF-Hong Kong in Asia

无国界医生（香港）亚洲活动概览



MSF Orienteering Competition 2016 breaks the event record with over 4,600 participants and HKD7.2 million raised
“无国界医生野外定向2016”打破历年纪录，有超过4,600人参加，并筹得720万港元

In its efforts to provide qualified professionals to serve in MSF's programmes worldwide, MSF-Hong Kong carried out 148 mission departures this year. Among them, 23 were first missionaries and 27 assumed the responsibilities of coordinator. 31 professionals were newly recruited from the region. In addition, the Hong Kong office successfully facilitated the 9th annual surgical training, which allowed participants from different countries to gain additional experience.

Meanwhile, the Operational Support Unit contributed to MSF's work through monitoring emergencies and supporting MSF's missions on emergency response in Southeast Asia. That includes launching an exploratory mission during the outbreak of dengue in Nauru in early 2016. The Unit also supported MSF's operations in Asia through research, analysis and advocacy.

Financial independence is crucial for our neutral and impartial life-saving activities, enabling us to reach out to people in conflict zones and complex contexts. MSF-Hong Kong focuses on raising funds from the general public and private corporations. Over HKD446 million was raised in 2016, representing a 14% increase from last year. Almost 100% of our donations came from private sources. We also recruited more than 20,000 new monthly donors as “MSF Field Partners”, an increase of nearly 18% from 2015. In our continuous effort to enhance our online donation platform, over 42,000 one-off donations were made electronically, representing a 35% increase from 2015. Thanks to the dedicated support of our donors, we can react to emergencies as soon as they occur, and provide quality care to people who need it most.

香港办事处致力为无国界医生全球各地的项目提供有资格的专业人员，这一年共派出救援人员148人次，当中有23人首次参与救援任务，另有27人次担任统筹岗位，我们亦在亚洲区招募了31名专业人员。此外，香港办事处成功举办第九届外科训练，来自不同国家的参加者借此取得额外的经验。

与此同时，行动支援组积极参与前线工作，监察东南亚地区的突发事件，以及支援无国界医生在区内的救援项目作紧急应对，包括在2016年初前往爆发登革热的太平洋岛国瑙鲁进行灾情评估。行动支援组还通过研究、分析和倡议，协助亚洲区的项目。

财政独立对于我们中立不偏的救援行动至关重要，使救援队伍能接触身处冲突地区和复杂局势的人们。无国界医生主力向大众及私人企业筹募经费，2016年共筹得逾4.46亿港元，几乎百分之百都是私人捐款，并较去年增长14%。我们亦招募了超过两万名新加入的“无国界医生救援伙伴”每月捐款者，人数较2015年增加近18%。在持续优化网上捐款平台的努力下，年内共筹集超过4.2万次单次网上捐款，较2015年增加超过35%。香港办事处谨此衷心感谢所有捐款人持续的支持，让我们得以迅速响应紧急灾难，为最需要的人们提供有质量的医疗援助。



Dr. Zhao Yifan talks about his MSF experience in the field at an international forum in Kunming

赵一凡医生在昆明一个国际高峰论坛上分享他参与无国界医生救援工作的收获



An MSF staff member introduces the tool used on the front line to visitors in the "Emergency Assignment" exhibition in Taipei

在台北的“穿梭救援间”展览上，无国界医生职员向参观者介绍前线使用的工具

MSF-Hong Kong is also greatly encouraged by the many members of the public in Hong Kong who joined us at our two major annual events. 2016 marks the 15th anniversary of the MSF Orienteering Competition, which took place in Sai Kung in March. Over 4,600 participants not only experienced some of the challenges faced by frontline field workers through joining the competition, but also raised HKD7.2 million for our relief work. Both numbers broke the event record. A newly developed mobile application aiming to increase interaction with participants was well received, with 3,000 downloads in total. As for MSF Day, Mr. Dayo Wong Tze-Wah, the Honorary Campaign Leader this year, mobilised the general public to donate a day's income to MSF. The event that spanned two months received generous support from numerous enterprises, organisations, schools and over 9,300 individuals, raising HKD8.2 million in total.

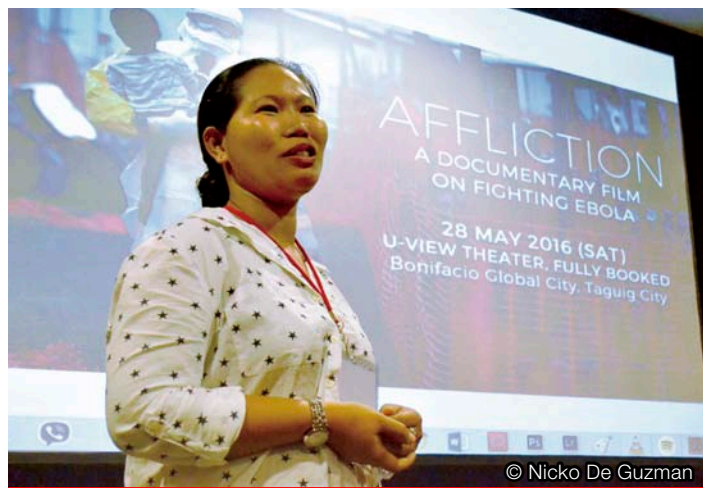
In mainland China, MSF continued to foster engagement and dialogue with key stakeholders. Against the backdrop of China's growing role in global health, Dr. Joanne Liu, MSF's International President, was invited by the China National Health Development Research Center, National Health and Family Planning Commission of China, to give a presentation on "MSF's Medical Aid and a Reflection on Global Health Governance" in March. On the same occasion, she attended a panel discussion on the challenges of global health and development aid, as well as the role that China could play. In November, MSF supported and participated in the first visceral leishmaniasis (VL) workshop co-hosted by the National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention and Xinjiang Center for Disease Control and Prevention. Held in Urumqi, the workshop covered not only the prevention, control and treatment of VL, but also other infectious diseases including dengue, hepatitis C, HIV, syphilis and TB.

In 2016, MSF-Hong Kong further extended its reach in Taiwan and Singapore. In April, the MSF Taipei office was officially established, aiming to raise awareness of MSF and recruit field workers. The "Emergency Assignment" held at the Huashan Cultural Park attracted over 18,000 visitors in 10 days. Through an interactive audio guide and the display of tools and equipment used in the field, it showcased our frontline actions to the public. We also held a photo exhibition about the refugee crisis, and participated in the annual conferences of the orthopaedic association and society of anaesthetists. In Singapore, we organised field worker sharings, including one about the frontline challenges faced by female field workers which was held on International Women's Day.

对于许多香港市民热心参与我们的两个年度活动，我们也深受鼓舞。2016年是无国界医生野外定向比赛15周年，赛事于3月在西贡举行，超过4,600名参赛者不仅身体力行参加比赛，体验救援人员面临的挑战，更为前线项目筹得720万港元，参加人数和筹得款项均打破了活动纪录。为这次比赛新设计的手机应用程序也广受参赛者欢迎，共计有3,000次下载。至于无国界医生日，担任荣誉行动大使的著名艺人黄子华先生，呼吁公众捐出一日人工支持无国界医生。为期两个月的活动得到了众多企业、组织、学校和超过9,300名市民踊跃支持，共筹得820万港元。

在中国内地，无国界医生继续与相关各方加强交流和对话。在中国对全球卫生逐渐发挥更大作用的背景下，无国界医生（国际）主席廖满娣医生于3月应中国国家卫生计生委卫生发展研究中心邀请，以“无国界医生的卫生援助及对全球卫生治理的反思”作专题演讲，并与其他获邀嘉宾共同探讨全球卫生和发展援助面临的挑战，以及中国可承担的角色等议题。11月，中国疾病预防控制中心寄生虫病预防控制所与新疆维吾尔自治区疾病预防控制中心主办第一届内脏利什曼病研讨会，无国界医生协办会议并参与其中。是次研讨会在新疆乌鲁木齐举行，总结了此病的防控与治疗各个方面，还涵盖其他传染病如登革热、丙型肝炎、艾滋病、梅毒和结核病。

2016年，香港办事处进一步拓展在台湾及新加坡的工作。4月，台北办事处正式成立，旨在增加民众对组织的认识和招募前线救援人员。于华山文创园区举行的“穿梭救援间”展览，透过互动的语音导览及展示前线实际使用的工具，把救援行动呈现参观者眼前。十天的展期里共吸引了超过1.8万人次参观。我们还举办了一个关于难民危机的图片展，并参与了骨科及麻醉科医学会年会。在新加坡，我们则举办救援人员分享会，包括于国际妇女节当日举办一场以女性救援人员的挑战为题的分享会。



Honney Maymor Panes shares her experience in an MSF Ebola mission following the screening of the documentary, "Affliction", in Manila

在馬尼拉《歷盡苦楚》放映會上，帕內斯與觀眾分享她參與無國界醫生對抗埃博拉項目的第一手經歷



A group photo of high school students attending the MSF photo exhibition in Jakarta

雅加達一班中學生參觀無國界醫生的圖片展後於會場合照留影

Bearing witness and speaking out about the suffering endured by the populations and patients we assist is a core responsibility of MSF. Using virtual reality technology for the first time, we launched a tour exhibition in Hong Kong to bring the frontline scenes of the Mediterranean refugee crisis to the public. Through the "Emergency Stop" mini-campaign, we called for public support to condemn hospital attacks in war zones. The first-ever MSF Film Festival in the city, showcasing five thought-provoking documentaries, also offered the audience a window to parts of the world which are normally forgotten.

Our documentaries were equally well received in mainland China. In October, Travel Channel broadcasted a film featuring MSF's fight against HIV/AIDS in Malawi. Two months later, "Affliction", an MSF documentary showing our efforts against Ebola, was selected by the Guangzhou International Documentary Film Festival, China for screening. This year, MSF field workers won the attention of the public and media with their experience sharing spread on a range of online platforms like Yixi, Yitiao and Zhuojian. We also launched an interactive website, "Walk with MSF – I Love MSF", to enable people to convey their support to our field workers.

In Indonesia, the Philippines and Malaysia, MSF-Hong Kong stepped up its engagement efforts with the general public. In May and July, MSF introduced "Affliction" to the public in Manila and Kuala Lumpur. We also cooperated with the Indonesia AIDS Coalition to increase awareness about the access to essential medicines through screening the critically acclaimed documentary "Fire in the Blood", and sharing our knowledge on the potential impact of free trade agreements on public health. A 10-day photo exhibition was organised in Jakarta in December to connect the public to three pressing issues that MSF faces today – the migration crisis, women's health and neglected diseases. The event, officiated by Dr. Eni Guslina, Director of Family Health, Ministry of Health, attracted over 5,600 visitors.

見證苦難，為受助社群和病者公开发声，是无国界医生的核心责任。在香港，我们首次举办具虚拟现实元素的巡回展览，把地中海难民危机实况呈现市民眼前，又推出“救．不救”活动，促请大众关注战区中接连有医疗设施被针对袭击的情况，并作出谴责。首届无国界医生电影节亦挑选了五部发人深省的纪录片，让观众透过纪录片这一扇窗，一睹世界某些被遗忘的角落。

我们的纪录片在中国内地同样备受欣赏。旅游卫视于10月播出了有关无国界医生在马拉维对抗艾滋病的纪录片。两个月后，以无国界医生抗击埃博拉疫症为主题的纪录片《历尽苦楚》，获入选于中国（广州）国际纪录片节上映。这一年无国界医生救援人员得到大众和媒体的广泛关注，多位救援人员的前线经验分享在一席、一条和拙见等在线分享平台广泛流传。我们亦推出“与无国界医生同行——我爱MSF”网站，让民众藉此向救援人员送上支持。

香港办事处亦在印度尼西亚、菲律宾和马来西亚加强与各地民众的联系。我们分别于5月和7月在马尼拉和吉隆坡播放《历尽苦楚》，并与印度尼西亚艾滋病联盟合作，透过放映备受赞赏的纪录片《血中焰火》，和分享我们就自由贸易协议对公共健康的潜在影响等专门知识，提高大众对病者有其药议题的关注。于12月在雅加达举行为期十天的图片展，亦把公众与无国界医生目前面临的三个迫切问题——移民危机、妇女健康和被忽略疾病连系起来。印度尼西亚卫生部家庭健康总监恩尼．古斯利那医生亲临担任主礼嘉宾，活动共吸引了逾5,600人参加。

Acknowledgements

鸣谢

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.

无国界医生衷心感谢所有捐款人以及下列机构、团体、学校、大专院校和办事处义工对我们的支持。

Corporations

机构

BaoQiao Partners Capital Ltd.
BB Group Company Ltd.
Benita Fashion
BodiBra
Brilliant International Inc. Ltd.
Centro Design & Furniture Ltd.
Chan Man Chau Fruit Co.
Chong Hing Bank Ltd.
CNA Holdings Ltd.
Collyer Logistics International Ltd.
Communion W Ltd.
Consolidated Marketing Group International
Wealth Management Ltd.
Cru Magazine
Dah Chong Hong Holdings Ltd.
DeQingYuan (HK) Ltd.
Edinburgh Secretarial Services Ltd.
FLEURS
FreShMAAn Music Magazine
Fubon Bank (Hong Kong) Ltd.
Global Call Ltd.
Helix System Ltd.
HKBN Enterprise Solutions Ltd.
Hong Kong Disneyland
Jones Day Solicitors and International
Lawyers
Langham Place
Media Digital Technologies Co. Ltd.
Mind & Life
Morn Creations Ltd.
New Media Group
Newtech Technology Co. Ltd.
NOVA Dynamic Media Co. Ltd.
Okamoto Industries (Hong Kong) Ltd.
OneAsia Network Ltd.
Orient Securities International Holdings Ltd.
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Popwin Giftware Manufacturing Co. Ltd.
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STA Pacific Ltd.
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Tai Shing Group (Holdings) Co. Ltd.
Tak Lee Machinery Co. Ltd.
Tegapps Ltd.
The Envoy
The Financial Times
The Garden Co. Ltd.

The Grand Cinema
The Hong Kong Electric Co. Ltd.
The Overlander
The Revolution Group Co. Ltd.
The "Star" Ferry Co. Ltd.
Thong Sia Watch Co. Ltd.
Times Square Ltd.
TPV Technology Ltd.
Tseung Kwan O Plaza
Ubisoft Ltd.
United Italian Corp. (HK) Ltd.
Wilson Group
Winga Apparel Group Ltd.
Wiseford Industries Ltd.
Zhong Lun Law Firm
一田百货
十胜牛和食料理
中原电器行有限公司
中国对外翻译有限公司
君合律师事务所
建安联合会计师事务所
盈健医疗集团有限公司
伟泰工程（香港）有限公司
麦合天城（北京）国际广告有限公司
创越法律事务所
华泰王子大饭店
越南牛肉粉专门店
谭仔三哥米线

Foundations / Funding bodies

资助基金

Speech & Music Recital Development
Foundation
The Courage Fund
财团法人玉溪有容教育基金会

Medical / Professional institutions

医疗 / 专业机构

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

Community groups / associations

社区团体 / 协会

Alliance Française de Hong Kong
Medici Cantano
Rotaract Club of The University of Hong
Kong, HKUSU
同社
飞扬粤剧团

香港定向人有限公司
香港定向总会
香港野外定向会
港岛青年商会
新方向定向会
圣约翰救伤队

Schools / Tertiary institutions

学校及大专院校

天佑小学
石篱天主教中学
东华学院
青衣商会将军澳幼儿园
迦密唐宾南纪念中学
香港中文大学校友会联会张焯昌学校
香港中国妇女会冯尧敬纪念中学
香港专业教育学院沙田分校学生发展处
香港理工大学学生会中国内地学生协会
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善一堂幼儿园
顺德联谊总会李兆基中学
汇基书院（东九龙）
茜色园主办可立小学
圣母书院
嘉德丽幼儿园·国际幼儿园
嘉诺撒培德书院
福建中学
德望学校
乐富礼贤会幼儿园
岭南大学服务研习处
宝血会伍季明纪念学校

Office Volunteers

办事处义工

Gauri Apte	吴皓维	陈日恒	刘凤珍
Nazanin	吕宁婷	陈永安	蔡依庭
Bagherzadeh	李佳晏	陈淑贤	蔡奕玲
Cindy Fung	周昊哲	喻凯柏	赖羿禧
Olivia Prosser	周汉明	彭于祯	赖韵如
Michelle Wai	周晓岚	冯维强	罗小璐
Monique Wai	唐镇浩	杨浩福	罗耀琳
何荣德	柴溪	叶丽梅	苏宥臻
吴少珍	袁嘉敏	裴江南	
吴少兰	梁信彦	刘曼璇	

The above office volunteers provided services 36 hours or above in 2016. We are also thankful to have other volunteers contribute their precious help. 上述办事处义工于2016年服务36小时或以上，我们亦感谢其他义工于过去一年提供的宝贵协助。

Board of Directors of MSF-Hong Kong · 无国界医生（香港）董事会

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Dr. Chan Shut-wah, Kenneth 陈述华医生[#]

Dr. Fan Ning 范宁医生[#]

Dr. Wilson Li 李威仪医生^{*}

Leung Sin-man, Gloria 梁倩雯[◇]

Dr. Marlene Lee 李曼宁博士[#]

Dr. Sartini Saman[#]

Johann Annuar^{*}

Dr. Roy Anthony Cosico[^]

[#] Appointed on 27 August 2016 于2016年8月27日上任

^{*} Resigned on 27 August 2016 于2016年8月27日离任

[◇] Resigned on 18 July 2016 于2016年7月18日离任

[^] Resigned on 28 September 2016 于2016年9月28日离任

Advisory Committee of MSF-Hong Kong · 无国界医生（香港）顾问委员会

Members 成员: Dr. Chan Ying-yang, Emily 陈英凝医生 Fong Po-kiu, Francis 方保侨 Lawrence Hui 许卓伦

As of December 2016, the MSF offices in Hong Kong, Guangzhou, Beijing and Taipei have 61 staff and 37 regular office volunteers who help with office tasks.

截至2016年12月，无国界医生在香港、广州、北京和台北的办公室共有61名职员，另有37名义工定期协助处理日常工作。

MSF-Hong Kong Financial Overview 2016 (in Hong Kong dollar)

无国界医生香港办事处2016年度财政概览 (以港元为单位)

	2016	2015
INCOME 收入		
Donations income 捐款收入	446,511,122	392,974,645
Other income 其他收入	183,738	24,796
TOTAL 总数:	446,694,860 ⁽¹⁾	392,999,441
EXPENDITURE 支出		
Supporting relief operations 救援项目及支援工作		
Emergency and medical programmes 紧急及医疗救援项目	343,140,542 ⁽²⁾	298,760,753
Programme support and development 项目支援及发展	31,380,530	33,619,679
Public awareness and other campaigns 提高公众关注及倡议	13,977,611	9,936,610
Other humanitarian activities 其他人道救援活动	2,745,594	2,083,824
Total supporting relief operations 救援项目工作总开支	391,244,277 ⁽³⁾	344,400,866
Management and general administration 行政经费	14,110,084	11,872,547
Fundraising 筹款经费	41,340,499	36,726,028
TOTAL 总数:	446,694,860	392,999,441

Statement of Financial Position as at 31st December 2016

	2016	2015
Fixed Assets 固定资产	1,615,562	1,060,828
Current Assets 流动资产		
Debtors 应收帐款	76,864	138,960
Deposits and prepayments 押金及预付费用	3,533,172	1,985,797
Amount due from MSF entities 应收其他无国界医生办事处之帐款	2,064,529	1,707,602
Cash and bank balances 现金及银行结余	29,233,564	22,206,001
	34,908,129	26,038,360
Current Liabilities 流动负债		
Creditors and accrued expenses 应付帐款及应计费用	5,801,216	2,392,861
Deferred income 递延收入	9,549,658 ⁽⁴⁾	-
Amount due to MSF entities 应付其他无国界医生办事处之帐款	21,172,817	24,706,327
	36,523,691	27,099,188
Net Current Liabilities 净流动负债	(1,615,562)	(1,060,828)
	0	0
Fund Balances 资金余额		
Accumulated funds 累积资金	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 2016. Those statements were prepared in accordance with the Hong Kong Financial Reporting Standards and in compliance with the Hong Kong Companies Ordinance (HKCO) and have been delivered to the Hong Kong Companies Registry. They were also approved by the Board of MSF-Hong Kong and have been 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 2016 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，谨此声明，以上陈列数据仅为截至2016年12月31日止年度的指明财务报表（即：法定财务报表）的一部分，并不是完整的财务报表。该报表是根据《香港财务报告准则》以及《公司条例》拟备，并已送呈公司注册处。报表已由无国界医生（香港）董事会认可，并由审计师毕马威会计师事务所审核。审计师在审计报告中，对报表无保留意见，即认为法定财务报表真实而中肯地反映了组织于截至2016年12月31日止的财务状况和该年度的财务表现。审计师亦没有以强调方式提述须予注意的事项，即审计师对报表没有保留。审计报告内也没有任何根据香港《公司条例》第406(2)、407(2)或(3)条的陈述。这些条例列明，如果财务报表与董事报告不吻合：公司没有备存充分的会计纪录；财务报表与会计纪录不吻合；或审计师没有取得所有对审计工作而言属必需的数据或解释，审计师必须在其报告内说明。完整财务报表可浏览：msf.org.cn

Explanatory Notes on Financial Overview 2016

- (1) 99.9% of donations came from public donations.
- (2) A total of HKD293,627,373 was allocated for emergency and medical programmes in 53 countries. HKD49,513,169 of funding is transferred to Operational Centre Brussels and then set aside to cover relief expenses in unforeseeable emergencies and to ensure that projects treating HIV/AIDS patients where adhesiveness is critical can be sustained.
- (3) 87.5% 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 2016 and expected to be recognised as donation income upon the fund is spent.
- (5) In 2016, MSF-Hong Kong has maintained a "zero reserve" policy: all donations received, after the fundraising, management and general administration expenses, are fully dispensed for supporting relief operations.
- (6) Other countries and regions included Ecuador, Eritrea, Bolivia, Nepal, Tanzania, Australia and Bulgaria.

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.

>99.9%
Donations from
the public
公众捐款

<0.1%
Other income
其他收入

87.5%
Supporting relief
operations
救援项目及
支援工作

76.8% Emergency and
medical programmes
紧急及医疗救援项目
7.0% Programme support
and development
项目支持及发展
3.1% Public awareness and
other campaigns
提高公众关注及倡议
0.6% Other humanitarian
activities
其他人道救援活动

9.3%
Fundraising
筹款经费

3.2%
Management and
general administration
行政经费

2016 Allocation of MSF-Hong Kong Funding for Relief Work by Country(HKD) · 2016年度香港办事处拨予各地区救援工作之款项 (港元)

Country 国家	Funding 拨款	Country 国家	Funding 拨款
Democratic Republic of Congo 刚果民主共和国	30,696,481	Iraq 伊拉克	3,341,917
Afghanistan 阿富汗	26,045,493	Malawi 马拉维	3,032,438
South Sudan 南苏丹	21,687,203	Papua New Guinea 巴布亚新几内亚	3,000,000
Central African Republic 中非共和国	20,795,319	Syria 叙利亚	3,000,000
Pakistan 巴基斯坦	19,921,477	Ukraine 乌克兰	2,663,271
Lebanon 黎巴嫩	16,268,562	Uzbekistan 乌兹别克斯坦	2,500,000
Myanmar 缅甸	14,500,000	Niger 尼日尔	1,951,169
Bangladesh 孟加拉国	14,000,000	Venezuela 委内瑞拉	1,711,992
Haiti 海地	11,506,378	Egypt 埃及	1,477,899
Turkey 土耳其	8,688,058	Mauritania 毛里塔尼亚	1,364,160
Guinea 几内亚	8,413,042	France 法国	1,335,291
India 印度	8,061,300	Mali 马里	1,335,291
Zimbabwe 津巴布韦	7,676,626	Burundi 布隆迪	1,279,676
Migrant Support Balkan Route 巴尔干半岛路线	7,196,814	Tunisia 突尼斯	1,247,500
Sierra Leone 塞拉利昂	5,831,233	Cambodia 柬埔寨	1,224,911
Yemen 也门	5,500,000	Malaysia 马来西亚	900,000
South Africa 南非	5,210,558	Belgium 比利时	826,354
Ethiopia 埃塞俄比亚	4,300,000	Indonesia 印度尼西亚	813,293
Chad 乍得	4,000,000	Madagascar 马达加斯加	727,709
Mozambique 莫桑比克	3,890,532	Algeria 阿尔及利亚	483,969
Kenya 肯尼亚	3,826,351	Côte d'Ivoire 科特迪瓦	278,181
Italy 意大利	3,777,897	Russia 俄罗斯联邦	230,222
Nigeria 尼日利亚	3,538,926	Other countries and regions 其他国家和地区 ⁽⁶⁾	69,880
Jordan 约旦	3,500,000		

TOTAL 总数:

293,627,373

45.3%
Africa
非洲

44.7%
Asia and the
Middle East
亚洲及中东

4.5%
The Americas
美洲

5.5%
Europe
欧洲

Africa 非洲	133,069,192
Asia and the Middle East 亚洲及中东	131,278,560
Europe 欧洲	16,030,334
The Americas 美洲	13,249,287

2016年度财政概览说明

- (1) 99.9%经费来自公众捐款。
- (2) 合计293,627,373港元被拨作于53个国家进行紧急及医疗救援项目的经费。49,513,169港元呈交至比利时行动中心，以便为无法预计的紧急灾祸作迅速响应的准备，并确保治疗艾滋病等需要持续进行的项目能得以继续。
- (3) 87.5%收入用于救援项目及支援工作。
- (4) “递延收入”是指因应西非爆发的埃博拉疫情而收到、截至2016年12月31日为止尚未被使用的指定捐款。该笔款项将在使用后被拨为“捐款收入”。
- (5) 于2016年里，无国界医生（香港）采取“零储备”政策：所有筹得的捐款，扣除筹款及行政经费后，全数拨予救援项目及支援工作。
- (6) 其他国家和地区包括厄瓜多尔、厄立特里亚、玻利维亚、尼泊尔、坦桑尼亚、澳大利亚和保加利亚。

无国界医生在香港的组织是一家根据香港《公司条例》设立的担保有限公司，名为无国界医生组织（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.

无国界医生章程

无国界医生是一个国际的非政府组织，其成员主要为医生和其他医务人员，也欢迎有助于组织完成自身使命的其他专业人员参与。全体成员同意遵循以下准则：

无国界医生不分种族、宗教、信仰和政治立场，为身处困境的人们以及天灾人祸和武装冲突的受害者提供援助。

无国界医生遵循国际医疗守则，坚持人道援助的权利，恪守中立和不偏不倚的立场，并要求在其行动中不受任何阻挠。

全体成员严格遵循其职业规范，并且完全独立于任何政治、经济和宗教势力之外。

作为志愿者，全体成员深谙执行组织的使命所面临的风险和困难，并且不会要求组织向其本人或受益人作出超乎该组织所能提供的赔偿。

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A nurse from the Philippines, Romell Nalitan, checks the temperature of a sick child in the MSF's hospital in the displaced persons camp in Bentiu, South Sudan

在南苏丹的本提乌，设于流离失所者营地内的无国界医生医院里，来自菲律宾的护士纳利坦正替一名病童量度体温

