

The Médecins Sans Frontières Charter

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

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

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

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

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

無國界醫生憲章

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

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

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

全體成員嚴格遵循其職業規範，並且完全獨立於任何政治、經濟和宗教勢力之外。

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

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MSF ACTIVITY REPORT

活動報告 2010

MSF medical staff measures the height of a sick child affected by the flood in a mobile clinic in Pakistan
無國界醫生醫療人員在巴基斯坦一個流動診所，為一名受水災影響的病童量身高



FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR

主席和總幹事的話

Dear Friends,

The year 2010 was an unprecedented year in terms of the scale and nature of emergencies and the devastation involved, resulting in a tremendous growth in the operational volume of Médecins Sans Frontières (MSF). We had a record 6,561 departures of international field workers in the past year, working around the clock in around 65 countries. The total expenditure in 2010 was 813 million euros, equating to a 32% increase in activities.

The year was started, and unfortunately rounded up as well, with two huge emergencies in Haiti. On 12 January an earthquake flattened Port-au-Prince, the capital of the poorest country in the western hemisphere in seconds. MSF, which had worked with the Haitian people for nearly two decades, was at the heart of the disaster response, and the first critically wounded started to come into MSF health facilities within minutes. MSF launched the largest emergency response in its history thereafter.

In mid-October, Haiti suffered a second blow when a cholera outbreak spread throughout the country. The disease caused panic among the already battered population. But there was a breakdown of trust between the Haitian people and the United Nations (UN) and its affiliated agencies. Despite the fact that there were around 12,000 non-governmental organisations present, MSF was the major provider of care during the epidemic alongside doctors from neighbouring Cuba – MSF alone treated more than 91,000 patients which accounted for more than half of all the cases countrywide since the start of the epidemic through 1 January 2011.

The present international aid system – a UN-coordinated “cluster” system – has proven to be ineffective in handling the dynamics of a major emergency like the one in Haiti and is not meeting the needs of the people it claims to help. The recognition of MSF’s independence from the UN allowed our medical staff to continue treating cholera patients across the country. The experience in Haiti once again reinforced our commitment to this position.



Dr KO Chi Cheong (left) examines a patient with fracture in Haiti
高志昌醫生（左）於海地為一名骨折病人檢查

各位朋友：

二〇一〇年是史無前例的一年，這一年內發生的緊急災難，其規模之大、災難類別之廣和造成的破壞皆前所未見，無國界醫生的工作量也因此大幅增加——我們在一年內派出的前線救援人員數目創新高，達六千五百六十一人次，他們在全球約六十五個國家日以繼夜地工作；總開支達八億一千三百萬歐元，相等於救援工作增加百分之三十二。

甫踏入這一年，先是海地發生大地震，不幸地在同一個國家，另一場災難亦為這年劃上句號。一月十二日，海地這個西半球最貧窮國家的首都太子港，在地震中頃刻間被夷為平地。在海地工作了近二十年的無國界醫生身處重災區，首批重傷者在震後數分鐘內就被送到無國界醫生的醫療設施。之後無國界醫生啟動了有史以來規模最龐大的緊急救援行動。

十月中，海地再遭重創，霍亂肆虐全國。疫情讓飽受磨難的民衆更加惶恐不安，但海地人民對聯合國及其附屬機構經已失去信心。儘管約有一萬二千個非政府組織參與救援，無國界醫生與來自鄰國古巴的醫生卻在疫症中成為醫療護理的主要提供者——僅是無國界醫生，由疫情爆發至二〇一一年一月一日期間，就治療超過九萬一千名病人，佔該國所有病例的半數以上。

這說明了現時的國際救援體系——由聯合國協調的「集群」體系在處理像今次海地的緊急災難時，根本起不了作用，而且無法滿足它聲稱要幫助的民衆所需。無國界醫生獨立於聯合國之外的立場得到承認，使我們的醫護人員可以繼續在該國各地治療霍亂病人。海地的救援經驗再次增強了我們對此立場的堅定信念。

另一場大規模災難於夏天在巴基斯坦展開。該國發生有史以來最嚴重水災，波及二千萬人。在救災過程中，數個聯合國和美國代表把向巴基斯坦人民提供援助與打擊恐怖主義活動混為一談。這樣把水災救援政治化，只加深了長期以來巴基斯坦人民對外國救援動機的猜疑。

■ MSF works in approximately **65 countries** worldwide. The named countries in the map are highlighted in this report.
無國界醫生在全球約**六十五個國家**工作。地圖上標示名稱的國家在本活動報告內含有項目簡介。

Another disaster on an immense scale unfolded during the summer in Pakistan, as 20 million people were affected by the worst flood in the country’s history. In the due course, several UN and US representatives linked the provision of aid to the Pakistani population to the fight against terrorism. This politicisation of flood assistance has only deepened long-held Pakistani suspicions of the intentions of foreign aid.

It is more vital than ever that MSF adheres to its principle of providing impartial and independent aid. MSF does not accept any funds from donor governments for our work in Pakistan, Afghanistan, the Caucasus and countries with highly-charged political environment. Our reliance on private funds gathered from the general public worldwide ensures that we remain strictly independent from any government or military and allows us to be responsive to the needs that we identify. This also helps us to be accepted by all parties involved in the conflict as well as the local communities.

MSF continues to provide medical care to patients forgotten by the global community, such as in the Democratic Republic of Congo, the Sahel region of Africa and central India. Along with our direct patient care, we are persistent on advocating for improved access to healthcare. In this Activity Report, you will see how MSF strives to innovate in order to bring essential medical assistance to people in need while the environments or contexts that our teams are working in are becoming more and more complex.

MSF is approaching its 40th year in 2011. We are grateful and proud that so many donors have committed to stand by us so that we can deliver medical aid to wherever is needed. In 2010, MSF-Hong Kong saw an over 28% increase in private donations to our work. We hope our supporters like you will continue caring about not only the crisis in the media spotlight, but also to the tens of thousands being neglected but struggling to survive. With your support, we can ensure MSF reaches those most in need of medical care.

Thank you very much for standing by us.

無國界醫生恪守不偏不倚和獨立的救援原則，如今更為重要。在巴基斯坦、阿富汗、高加索以及其他高度政治化的國家，無國界醫生的救援項目不接受任何政府的捐助。無國界醫生有賴從全球公眾籌募所得的私人捐款，確保我們維持完全獨立於任何政府或軍事組織之外，只根據我們確認的受災人民的需要去開展救援工作。這亦有助於我們獲得衝突各方及當地社群的接受。

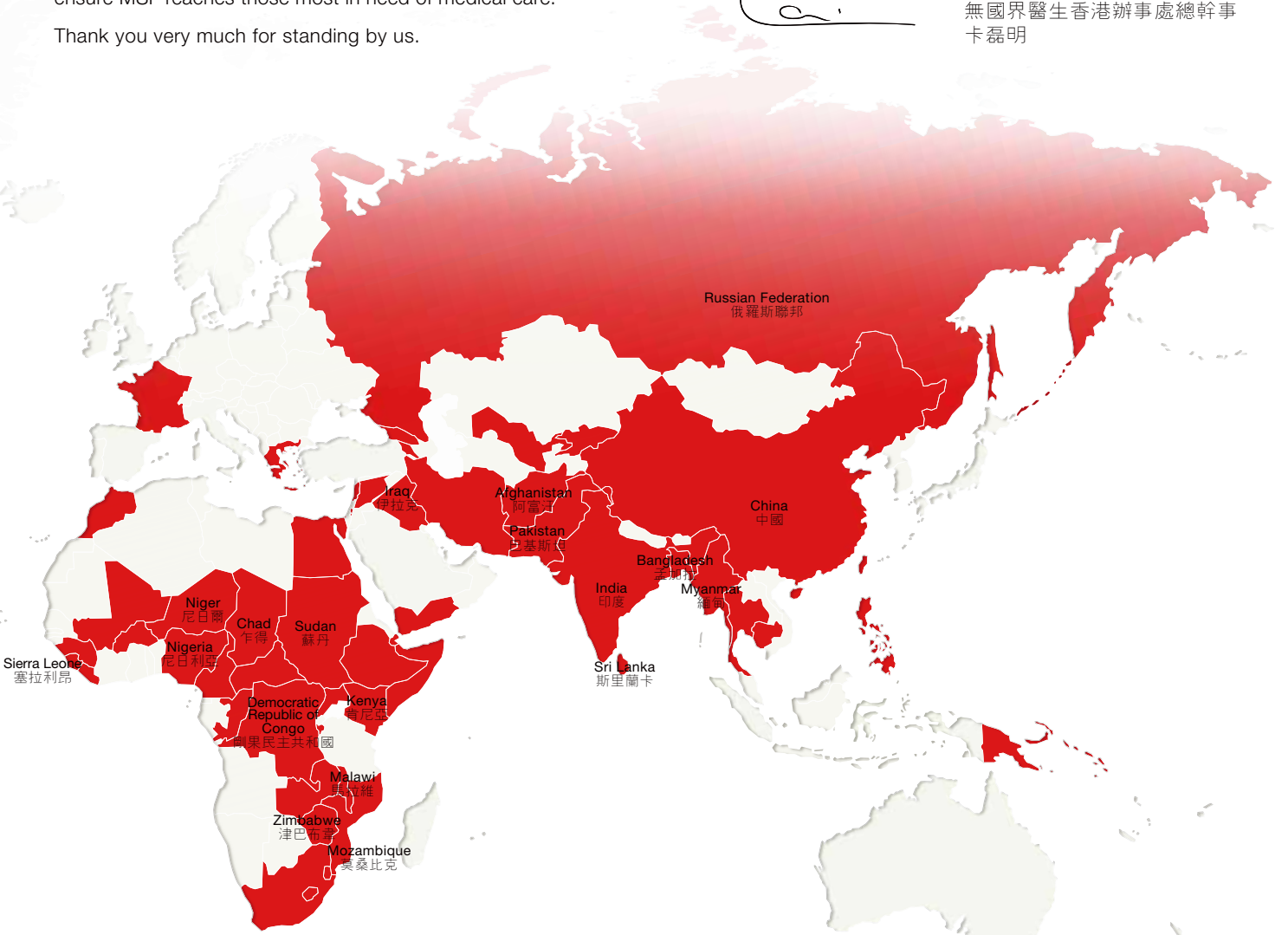
無國界醫生亦繼續在剛果民主共和國、非洲撒哈拉南緣的薩赫勒地區和印度中部等地，向被國際社會所遺忘的病人提供醫療護理。除向病人提供直接護理外，我們亦堅持提倡改善病人獲取醫療服務。你可從本活動報告了解，當無國界醫生身處的環境或狀況日趨複雜時，他們如何以創新方式向人們提供關鍵的醫療援助。

二〇一一年是無國界醫生成立四十年。衆多捐款人堅實的支持，使我們得以向有需要的地區提供醫療援助，我們為此心存感激，並感到自豪。二〇一〇年，無國界醫生香港辦事處籌得的私人捐款增加了百分之二十八以上。除了媒體鎂光燈下的危機外，我們亦希望支持者繼續關注數以萬計默默地掙扎求存卻被忽略的人民。有你的支持，無國界醫生一定能為那些亟需醫療護理的人民提供援助。

衷心感謝大家對我們的鼎力支持。

Dr. FAN Ning
President,
MSF-Hong Kong
無國界醫生香港董事會主席
范寧醫生

Rémi CARRIER
Executive Director,
MSF-Hong Kong
無國界醫生香港辦事處總幹事
卡磊明



PROJECTS BY COUNTRY

各地項目



MSF medical staff treats a woman whose hand became infected at the mobile clinic in southern Sudan
在南蘇丹，無國界醫生的流動醫療隊人員正治理一名手部感染的婦女

Africa

Sudan

Medical needs among the people of Sudan remain significant, where access to healthcare is particularly poor in the south. Working in seven states in southern Sudan as well as the territory of Abyei, MSF carried out over 588,000 outpatient consultations, provided antenatal care to some 96,000 women and treated over 25,900 patients for malnutrition.

Despite the insecurity and administrative constraints hampering the access to the most vulnerable, MSF responded to several medical emergencies in 2010, including the biggest kala azar outbreak in the country in eight years, treating victims of violence in Darfur and launching emergency nutrition programmes in Al Gedaref state.

In Port Sudan, MSF provided reproductive healthcare in hospital, including raising awareness about the harmful medical effects of female genital cutting. At the end of the year, MSF handed this project over to the Ministry of Health.

非洲

蘇丹

蘇丹人民的醫療需求依然龐大，其中南部地區醫療護理更為匱乏。無國界醫生在蘇丹南部七個省以及阿卜耶伊地區工作，進行了逾五十八萬八千次門診診症，向超過九萬六千名婦女提供產前護理，並治療了超過二萬五千九百名營養不良病人。

儘管局勢不安全和行政措施限制，阻礙救援隊接觸最需要援助的一群，無國界醫生於二〇一〇年仍作出了幾次緊急救援，包括應對近八年來該國最大規模的黑熱病爆發、在達爾富爾地區醫治暴力衝突受害者，以及在加達里夫州開展緊急的營養不良治療項目。

在蘇丹港，無國界醫生在醫院提供生殖健康護理，包括就女性生殖器切割對身體帶來的有害影響，提高民衆的認知。無國界醫生已於年底把這項目移交予衛生部。



New supplies being delivered by dugout to the MSF sleeping sickness mobile team in a village in the DRC
在剛果民主共和國一條村落，無國界醫生以獨木舟運送物資給治療昏睡病的流動醫療隊

Chad

In 2010, Chadians faced a major food crisis and several outbreaks of disease. MSF treated malaria and meningitis in the south, responded to outbreak of measles and cholera in the capital city N'Djamena while running 12 emergency nutrition programmes in different regions. In total, MSF treated over 27,000 children, of whom over 21,000 were severely malnourished.

Conflict continued in eastern Chad. MSF provided medical care to the displaced people and local community in Dogdörös, Kerfi and Am Timan. But due to insecurity, MSF was forced to close the programme in Dogdörös in July.

Democratic Republic of Congo (DRC)

MSF offered general and specialised medical care in hospitals and mobile clinics in various provinces in the DRC. Teams responded to outbreak of measles and cholera, while also treated malaria, sleeping sickness, HIV/AIDS and tuberculosis (TB). MSF staff carried out over one million medical consultations, performed more than 10,000 surgeries and assisted 19,200 births.

In the wartorn east of the DRC, MSF provided healthcare and medical supplies to the communities affected by violence, as well as medical and psychological support for sexual violence victims. MSF handed over its activities in Bon Marché hospital to the Ministry of Health.

Kenya

MSF's work in Kenya continues with a strong focus on HIV care, ensuring treatment available in Homa Bay. Besides, in the capital Nairobi, MSF provided HIV/AIDS and TB treatment in two slum areas, Mathare and Kibera, with 7,400 people living with HIV/AIDS receiving care and 5,800 on antiretroviral (ARV) treatment. Medical and psychological services were also provided to patients of sexual violence.

In the northeast, teams provided relief and healthcare to hundreds of thousands of Somali refugees living in camps around the town of Dadaab. An average of 10,000 general consultations were held and 600 patients were admitted to the hospital every month.



A Somali mother feeds her malnourished six-month-old son at a camp in Dadaab in Kenya
在肯尼亞達達阿布一個難民營裡，一名索馬里婦女正給六個月大、營養不良的兒子餵食

乍得

二〇一〇年，乍得人民面對一大食物危機以及數次疾病爆發。無國界醫生分別在南部醫治瘧疾及腦膜炎的病人，在首都恩賈梅納對抗麻疹和霍亂爆發，同時在不同地區進行十二個緊急營養不良治療項目。無國界醫生共醫治了超過二萬七千名兒童，其中逾二萬一千人患上嚴重營養不良。

乍得東部的衝突持續，無國界醫生在多戈爾、克爾非及安提曼地區，為流離失所者和當地社群提供醫療護理。由於局勢不安全，無國界醫生七月被迫結束在多戈爾的援助項目。

剛果民主共和國

無國界醫生在剛果民主共和國不同省份的醫院及流動診所提供一般和專科醫療護理，除了醫治瘧疾、昏睡病、愛滋病和結核病外，同時應對麻疹及霍亂爆發。無國界醫生共進行了超過一百萬次診症、一萬多宗手術，並協助接生一萬九千二百名嬰兒。

在飽歷戰事蹂躪的東部，無國界醫生向受衝突影響的社群提供醫療護理和醫療物資，並向性暴力受害者提供醫療和心理支援。無國界醫生在邦馬爾凱醫院的工作，則已移交予衛生部。

肯尼亞

在肯尼亞，無國界醫生繼續以愛滋病護理為工作重點，包括確保霍馬貝地區有治療服務。在首都內羅畢，無國界醫生則在瑪薩瑞和基貝亞兩個貧民區提供愛滋病及結核病治療，有七千四百名愛滋病病毒感染者接受護理，五千八百人接受抗愛滋病病毒治療。無國界醫生亦向性暴力受害者提供醫療和心理支援服務。

在東北部，醫療隊在達達阿布鎮一帶，為數以十萬計在營地裡棲身的索馬里難民提供援助和醫療護理。醫療隊平均每月進行一萬宗診症，和接收六百名病人入院治療。



© Anthony BOURASSEAU / MSF

MSF distributes supplementary food to reduce the number of children becoming malnourished in Niger

無國界醫生在尼日爾派發營養補充食品，以減低營養不良兒童數目

Malawi, Mozambique, Zimbabwe

MSF responded to Malawi's worst outbreak of measles since 1997 by conducting a vaccination campaign among 3.3 million children and supporting the treatment of nearly 23,000 people. MSF also conducted measles vaccination campaign in neighbouring Mozambique.

MSF continued to support the provision of HIV/AIDS care and treatment in Malawi, Mozambique and Zimbabwe, with a total of over 114,000 patients on ARV treatment. However, the funding retreat by the Global Fund to Fight HIV, Tuberculosis and Malaria in late 2010 will further prevent the authorities of Malawi and Zimbabwe from implementing the new World Health Organization guidelines on ARV treatment and may limit the number of new patients for treatment.

Niger, Nigeria

The poor harvest in 2009 made the nutritional crises far worse in 2010 in Niger. In Maradi, Tahoua and Zinder regions, MSF provided medical care for over 148,000 malnourished children. MSF also treated malaria and cholera, supported maternal and child healthcare, and conducted meningitis vaccination campaigns.

In Nigeria, ethnic and religious tensions flared again both in the north and south. MSF provided medical care and relief items to the displaced families and the injured patients. In the central and northern regions, MSF provided maternal and child healthcare, responded to flooding and outbreaks of measles, meningitis and cholera. Teams also treated over 400 children for lead poisoning in Zamfara state.

Sierra Leone

MSF continued its focus on improving maternal and child health, as well as treating malnutrition and malaria. Teams worked in the capital Freetown, Bo and Pujehun districts. MSF also assisted the Ministry of Health in the implementation of the new policy of free healthcare for children under five, and pregnant and breastfeeding women.

In total, MSF treated more than 14,000 hospital patients in critical condition and carried out more than 210,000 consultations.



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An MSF doctor examines a malnourished child in Sierra Leone

在塞拉利昂，無國界醫生檢查一名營養不良兒童

馬拉維、莫桑比克、津巴布韋

因應馬拉維爆發自一九九七年以來該國最嚴重的麻疹疫情，無國界醫生隨即進行疫苗注射運動，為三百三十萬兒童接種疫苗，並支援近二萬三千名病人的治療。無國界醫生亦在鄰國莫桑比克開展麻疹疫苗接種工作。

無國界醫生繼續在馬拉維、莫桑比克及津巴布韋，支援當地提供愛滋病護理和治療，總共為超過十一萬四千名病人提供抗愛滋病毒治療。然而，抗擊愛滋病、結核病和瘧疾全球基金於二〇一〇年年底削減資助，進一步使馬拉維和津巴布韋當局難以實施世界衛生組織的抗病毒治療新指引，並可能限制了接受治療的新病人人數。

尼日爾、尼日利亞

二〇〇九年農作物失收，導致二〇一〇年尼日爾營養危機更加嚴重。無國界醫生在馬拉迪、塔瓦及津德爾地區，向超過十四萬八千名營養不良兒童提供醫療護理。無國界醫生亦治療瘧疾及霍亂、提供母嬰健康護理，並進行腦膜炎疫苗注射運動。

在尼日利亞，種族和宗教關係在南、北部分地區再次升溫，無國界醫生向流離失所家庭及傷病者提供醫療護理和救援物資。在中部和北部地區，無國界醫生提供母嬰醫療護理，並就水災以及麻疹、腦膜炎和霍亂爆發進行緊急救援。在扎姆法拉州，醫療隊為逾四百名中鉛毒的兒童提供治療。

塞拉利昂

無國界醫生繼續集中改善母嬰健康狀況，以及治療營養不良和瘧疾。醫療隊在首都弗里敦、博城和普傑洪地區工作。無國界醫生亦協助衛生部落實為五歲以下兒童、孕婦及哺乳婦女提供免費醫療的新政策。

無國界醫生共為超過一萬四千名病情危重的住院病人提供治療，並進行了超過二十一萬次診症。



© Seb GEO

A displaced flood victim who suffers from severe diarrhea and dehydration being sent for further treatment in Pakistan

巴基斯坦水災使這災民無家可歸，他因出現嚴重腹瀉及脫水，由醫護人員送往接受進一步治理

Asia

亞洲

Pakistan, Afghanistan

To respond to the flood affecting around 14 million people in Pakistan, MSF supported hospitals, treated injuries and illnesses, ran mobile clinics, distributed relief items and tents, and provided water (up to 2.1 million litres a day) and sanitation services. Overall in the emergency, MSF conducted over 100,000 consultations in five hospitals, seven mobile clinics and six diarrhoea treatment centres.

In the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa province, MSF teams provided emergency services for people caught up in fighting between government forces and armed opposition groups. In Balochistan, MSF assisted Afghan refugees and Pakistanis with medical services and nutrition programmes.

In Afghanistan, MSF improved quality of care in Ahmed Shah Baba hospital in eastern Kabul, with a focus on treatment protocols, emergency room and maternity services. MSF also extended its medical support to all wards in the Boost Hospital in Helmand's provincial capital Lashkargah, and provided medicines and medical equipment.

巴基斯坦、阿富汗

約一千四百萬人受巴基斯坦水災影響，無國界醫生透過支援醫院、醫治傷病者、派出流動診所、分發救援物資和帳篷，並提供食水（達每日二百一十萬公升）和衛生水利設施，為災民提供援助。在整個緊急救援行動中，無國界醫生在五間醫院、七間流動診所及六間腹瀉治療中心，共進行了超過十萬次診症。

在聯邦直轄部落地區和開伯爾巴圖克瓦省，無國界醫生為受困於政府與武裝反對派之間衝突的人民，提供緊急醫療服務。在俾路支省，無國界醫生亦向阿富汗難民與巴基斯坦人民提供醫療服務和營養不良治療項目。

在阿富汗，無國界醫生改善喀布爾東部的艾哈邁沙巴巴醫院的護理質素，尤以治療方案、急症室和產科服務為改善重點。無國界醫生在赫爾曼德省首府拉什卡爾加的布斯醫院，把醫療支援擴展至所有病房，並提供藥物和醫療設備。



MSF outreach workers test people for kala azar in Mymensingh district, Bangladesh
在孟加拉邁門辛縣，無國界醫生外展醫療隊為村民檢測黑熱病

Bangladesh, Myanmar

In Bangladesh, MSF opened a health centre and a therapeutic feeding centre in a slum in capital Dhaka to improve access to free medical care for children, focusing on severe acute malnutrition. MSF also opened a clinic providing free treatment for kala azar in Mymensingh district. Provision of medical care to people in Kutupalong, including an estimated 30,000 unregistered Rohingya refugees, and in Chittagong Hill Tracts also continued.

In Myanmar, apart from treating 18,300 people living with HIV/AIDS, MSF offered basic and reproductive healthcare, and nutritional assistance in Shan, Rakhine and Kachin states, in Yangon and Tanintharyi regions through HIV/AIDS clinics and health centres. MSF teams conducted nearly 660,000 general consultations in 2010.

China

After seven years of providing HIV care in Nanning, Guangxi province, MSF and the Guangxi Centre for Disease Prevention and Control (CDC) handed over their project to local health authorities. About 1,700 patients received free and confidential treatment and care. Around 80 per cent of them were continuing to follow treatment at the time of the handover.

In April, a 6.9 magnitude earthquake hit Qinghai province. MSF donated coal, medical kits and other equipment to help the affected population in Jiegu, the worst affected town, where around 100,000 people were made homeless.

Sri Lanka

Though the 26-year civil war in Sri Lanka ended in 2009, the impact on people's medical needs is still there. In Vavuniya, MSF ran a rehabilitation programme to assist patients suffering from spinal cord injuries and provided surgeries for complicated war-related injuries. Teams also offered counselling to people suffering mental trauma in Kilinochchi district. In Mullaitivu district, MSF supported the district hospital to provide emergency care, gynaecological and obstetric care and surgery.

MSF also continued to support specialist activities in Point Pedro hospital with nearly 3,000 consultations in emergency department and around 1,000 major surgeries.



An MSF physiotherapist conducts a physiotherapy session with a 22-year-old patient in Sri Lanka
無國界醫生的物理治療師為斯里蘭卡這名廿二歲的病人進行治療

孟加拉、緬甸

在孟加拉首都達卡的貧民區，無國界醫生開設了一間醫療中心和一間營養不良治療中心，以改善兒童獲得免費醫療的情況，並集中治療嚴重急性營養不良。無國界醫生又在邁門辛縣開設診所，免費治療黑熱病，同時繼續在庫圖巴朗及吉大港山區提供醫療護理，對象包括約三萬名沒有登記的羅興亞難民。

在緬甸，除了為一萬八千三百名愛滋病病毒感染者提供治療外，無國界醫生分別在撣邦、若開邦、克欽邦、仰光以及德林達依地區，透過愛滋病診所及醫療中心，提供基本醫療、生殖健康護理以及營養支援。無國界醫生在二〇一〇年共進行了近六十六萬次診症。

中國

在廣西南寧市提供愛滋病醫療護理七年後，無國界醫生與廣西疾病預防控制中心把其合作項目移交予當地醫療部門。約一千七百名病人接受了免費及保密的治療和護理，其中約有八成病人於項目移交時仍繼續接受治療。

四月，青海省發生六點九級地震。無國界醫生在有約十萬人無家可歸的重災區結古鎮，向災民捐贈了煤、醫療套裝及其他物資。

斯里蘭卡

雖然斯里蘭卡長達二十六年的內戰已在二〇〇九年結束，但戰事對人民醫療需求的影響依然存在。在瓦武尼亞地區，無國界醫生進行復康項目，以援助脊髓損傷的病人，並為在戰爭中受重傷的傷者進行手術。醫療隊亦在基利諾奇區，為精神受創的病人提供輔導。在穆萊蒂武區，無國界醫生支援地區醫院，提供緊急護理、婦產科護理及手術服務。

無國界醫生亦繼續支援佩德羅角醫院的專科工作，包括進行了近三千宗急症診症和約一千宗大手術。



The population of Kashmir are heavily traumatised by more than two decades of violence
克什米爾地區的人民因超過二十年的暴力而飽受創傷

India

MSF provided general healthcare and treatment for TB, malaria, HIV/AIDS, kala azar and severe acute malnutrition in the states of Bihar, Nagaland and Manipur. In Mumbai, MSF focused on providing HIV/AIDS treatment not yet available in the public sector.

In Chhattisgarh where people affected by the conflict between Naxalite (Maoist) groups and government forces, MSF offered healthcare and nutritional support through operating clinics in villages and camps, and a mother and child health centre in Bijapur town. Almost 60,000 consultations were conducted in clinics. In Kashmir, MSF treated physical injuries and offered psychosocial care to population affected by violence.

MSF also responded to the emergencies of cyclone Laila in Andhra Pradesh, flash floods in Leh, outbreak of acute diarrhea in south Chhattisgarh and sharp increase in malaria cases in Mumbai.

印度

無國界醫生分別在比哈爾邦、那加蘭邦和曼尼普爾邦，就結核病、瘧疾、愛滋病、黑熱病及嚴重急性營養不良，提供醫療護理和治療。在孟買，無國界醫生專注提供當地公共醫療體系尚未有的愛滋病治療。

在切蒂斯格爾邦，人們受困於毛派組織與政府軍之間的武裝衝突，無國界醫生分別在村莊和臨時營地設有診所，以及在比賈布爾鎮設立母嬰健康中心，提供醫療護理及營養支援。有關診所共進行了近六萬宗診症。在克什米爾地區，無國界醫生醫治傷者，又向暴力衝突受害者提供心理支援。

無國界醫生亦就緊急災難，包括安德拉邦受颶風萊拉吹襲、列城的山洪暴發、切蒂斯格爾邦南部爆發急性腹瀉，以及孟買的瘧疾個案急增，都開展緊急救援行動以作應對。



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One of the MSF's focuses in Chechnya is to improve quality of TB dispensaries and laboratories

無國界醫生在車臣的工作重點之一是改善結核病診所和化驗室的質素



© Mads NISSEN

MSF staff screens for Chagas disease at a mobile clinic in Arauca in Colombia

在哥倫比亞阿勞卡省，無國界醫生流動診所的工作人員正檢測美洲錐蟲病

Europe

Russian Federation

The number of violent incidents in North Caucasus, in the south of Russia, increased in 2010. MSF ran a psychosocial support programme for residents and displaced people in Ingushetia and Chechnya. In Dagestan, MSF provided general healthcare and counselling services to displaced people and migrants in Khasavyurt city.

In Chechnya, MSF continued to run gynaecological and paediatric clinics in Grozny and two rural districts in the north. Teams also helped strengthen the Chechen TB programme, with a focus on improving quality in TB dispensaries and laboratories.

歐洲

俄羅斯聯邦

二〇一〇年，位於俄羅斯南面的北高加索地區，暴力事件有所增加。無國界醫生在印古什和車臣，為居民及流離失所者進行心理支援。在達吉斯坦，無國界醫生在哈薩維尤爾特市為流離失所者和移民提供一般醫療護理及輔導服務。

在車臣，無國界醫生繼續在格羅茲尼和北部兩個郊區，開設婦科和兒科診所。醫療隊亦協助強化車臣的結核病治療項目，集中改善結核病診所和化驗室的質素。

Middle East

Iraq

The ability to travel and work in some stable parts of Iraq has increased MSF's capacity to provide assistance. MSF started a project to improve the quality of obstetric and perinatal care in the main specialist referral hospital in Najaf governate, as well as a renal treatment programme for patients with severe kidney failure in Kirkuk city. An MSF surgical team composed of Iraqi doctors also began to work in the hospital in Hawijah in Kirkuk governorate.

MSF continued its reconstructive surgery programme for severely wounded people who were brought to neighbouring Jordan for treatment. Counsellors trained by MSF also continued to provide mental healthcare in hospitals in Baghdad and Fallujah.

中東

伊拉克

無國界醫生能夠前往伊拉克部分穩定地區，並在當地工作，增強了其提供援助的能力。醫療隊開展了一個新項目，旨在提高納傑夫省一間專科轉介醫院的產科和產前及產後護理的質素，又在基爾庫克市開設新項目，醫治嚴重腎衰竭病人。一支由伊拉克籍醫生組成的無國界醫生手術隊，亦開始在基爾庫克省哈維亞鎮一間醫院工作。

無國界醫生繼續其矯形外科手術項目，把重傷者轉送到鄰國約旦接受治療。經無國界醫生培訓的輔導員亦繼續在巴格達和費盧杰的醫院提供精神健康護理。

The Americas

Colombia

In 2010, formally demobilised paramilitary groups re-emerged in many areas across Colombia. MSF focused on providing primary, reproductive, antenatal, psychological and mental healthcare to the people affected by conflict in the districts of Sucre, Bolívar, Norte de Santander, Cauca, Putumayo, Nariño and Caquetá. In total, MSF teams carried out over 72,000 general medical consultations.

MSF handed over the project in Quibdó town and clinics along the San Juan River, while continuing to provide free healthcare in other areas in Chocó department. The provision of medical care in Buenaventura city and Chagas disease treatment programme in Arauca also continued.

美洲

哥倫比亞

二〇一〇年，已正式遣散的民兵組織在哥倫比亞全國多處再次出現。無國界醫生分別在蘇克雷省、玻利瓦爾省、北桑坦德省、考卡省、普圖馬約省、納里尼奧省和卡塔省，向受衝突影響的人民提供基層、生殖健康、產前、心理及精神健康護理，全年共進行了超過七萬二千宗診症。

無國界醫生已將基布多鎮的項目及聖胡安河沿岸的診所移交予其他機構，而在喬科省內其他地區和布埃納文圖拉市的免費醫療護理工作，以及在阿勞卡省的美洲錐蟲病治療項目則繼續運作。



© Julie REMY

A surgical team carries out lifesaving procedures in a makeshift operating theatre in Port-au-Prince, Haiti
在海地太子港臨時搭建的手術室，外科醫療隊正為傷者進行救命的手術

Haiti

In the wake of the devastating earthquake of 12 January 2010, which killed an estimated 222,000 people and left 1.5 million homeless in Haiti, MSF mobilised the largest emergency response in the organisation's 40-year history. Staff worked in 26 hospitals and four mobile clinics. As of the end of October, medical teams treated over 358,000 people and performed more than 16,500 surgeries. Around 85,000 relief supply kits and over 28,000 tents were distributed. Sadly, 12 Haitian MSF staff members were killed in the earthquake.

In mid-October, MSF supported its Haitian colleagues to tackle a nationwide cholera outbreak. From 22 October until the end of the year, MSF treated over 91,000 of the 171,300 people reported as having cholera nationwide. Over 1,000 tons of medical and logistical supplies were delivered.

Besides, MSF continued its support for emergency obstetric care in its field hospital and the Ministry of Health maternity hospital.

海地

二〇一〇年一月十二日發生的海地大地震，據估計奪去了二十二萬二千人性命，一百五十萬人無家可歸。無國界醫生即發動了該組織成立四十年來最大規模的救援行動，救援人員在二十六間醫院及四間流動診所工作。截至十月底，醫療隊治療超過三十五萬八千人，進行超過一萬六千五百宗手術，又派發約八萬五千套救援物資及超過二萬八千個帳篷。無國界醫生有十二名海地籍員工不幸地是在次地震中遇難。

十月中，無國界醫生支援其海地籍員工對抗全國的霍亂爆發。自十月二十二日至年底，在全國十七萬一千三百名有統計的霍亂病人中，無國界醫生醫治了超過九萬一千人，同時派發了超過一千噸醫療和後勤物資。

此外，無國界醫生分別在其醫院及衛生部的婦產醫院，繼續支援緊急產科護理服務。

Video: Haiti One Year Later
Scan the QR Code using smartphone for video

短片：海地災後一周年
用智能手機讀取 QR Code 看片





MSF staff unload cold box containing meningitis vaccines in Niger. The development of vaccination kit helps MSF to increase its capacity for rapidly organising vaccination campaign

無國界醫生員工卸下裝著腦膜炎疫苗的冷藏箱。疫苗注射醫療套裝的開發，幫助無國界醫生提升快速進行疫苗注射運動的能力

Since it was first created by a small group of doctors and journalists in France in 1971, MSF has always strived to find better ways of saving lives and improving the health of more people through emergency medical response. This persistent search for innovation in public health emergencies is rarely highlighted, but it has been a crucial part of how MSF delivers humanitarian medical assistance today.

MSF provides medical aid to people whose lives are threatened by epidemics, malnutrition, healthcare exclusion, natural disasters and armed conflict. During its first decade, it gradually became clear that certain obstacles were standing in the way of MSF making a difference to the lives of people most in need. For example, the very nature of medical humanitarian intervention is working with large numbers of people from poor communities in remote and insecure places, but the capacity to train staff of varying levels in such settings can be limited. These environments are often unfamiliar to international doctors, materials and facilities tend to be limited, and staff turnover is generally high, thus limiting the possibility of building an experienced workforce. That is why MSF piloted and implemented a number of innovations in order to adapt its work to the demands specific to the countries it is present in.

無國界醫生自一九七一年由一群醫生和新聞工作者在法國創立以來，一直於緊急醫療救援行動中，致力探索更好的方法來救助生命和改善更多人的健康。這種尋求創新以應對公共衛生緊急情況的堅持不懈，我們鮮有強調，但它是一直影響著無國界醫生今日如何提供醫療人道援助的重要一環。

無國界醫生給因為疫病、營養不良、被排斥而得不到醫療護理、自然災害及武裝衝突等而導致生命受威脅的人，提供醫療援助。在成立最初十年裡，無國界醫生逐漸認識到，若要救助那些亟需援助的生命，必需先克服一些障礙。例如，醫療人道行動的本質，就是在偏遠及不安全地區，與很多活在困苦中的人民，共同面對困境；但要在這類環境為水平參差的員工進行培訓，醫療人道組織的能力會很有限：來自海外的醫生往往對這類環境不熟悉，物資及設施趨於短缺，工作人員又經常更替，限制了建立富經驗的團隊的可能性。是以無國界醫生試行了不同的創新方法，以期救援工作能夠因應不同國家的個別需要而有所配合。

The First Emergency Kit

One of the earliest innovations took place in the 1980s, when, in a bid to standardise medical procedures, streamline operational management, and empower staff, MSF adapted a technique already used by the emergency medical services in France, and introduced guidelines and standardised drugs and equipment. This soon led to MSF developing pre-packed, ready-to-go, custom-designed medical kits that contained basic drugs, supplies and equipment that were adapted to specific field situations, climates, and diseases. The first emergency kit, applicable to many emergency situations, formed the basis for an interagency kit. The World Health Organization (WHO) coordinated the development of this kit, which was first available in 1990 and has been regularly revised since. Advances such as these resulted in an increased capacity for rapid intervention on a higher technical level, which had previously existed only in the military and civil defence forces of developed countries. MSF has since developed many other kits for vaccination campaigns, surgery, and even one for building a field hospital from inflatable tents.

In continually trying to find innovative ways to supply the best drugs to patients, and in recognising the need for further research, MSF created the non-profit organisation Epicentre in 1987. The aim was to provide scientific evidence that would support operations. Epicentre carries out studies on the incidence, prevalence, and causes of epidemics and infectious diseases in large populations. At the time, few other non-governmental organisations were capable of doing research in the emergency situations in which MSF operated.



Inflatable tent hospital was first used by MSF in 2005 following the earthquake that devastated Pakistani Kashmir. From the outside, they are enormous white tents each measured 100m². While the structure supporting the roof is made of inflatable tubes, the tent interior is arranged according to need – they can be adapted to the set up of operating theatres, intensive care units, and wards with hospital beds.

二〇〇五年巴基斯坦克什米爾地區遭受地震破壞，無國界醫生首次用上充氣帳幕來搭建醫院。從外觀上看，醫院由每個面積為一百平方米的白色帳幕組成。帳幕的頂部結構由充氣管支撐，內部則可因應需要作出配合，可裝置為手術室、深切治療部以及設有病床的病房。

首個緊急救援套裝

其中一項最早期的創新於一九八〇年代出現。當時，無國界醫生內部為了統一醫療程序、精簡項目管理，和賦予員工更大的救援能力，因而採用了當時已被法國的緊急醫療服務界使用的一項技術，並引入各種指引與標準化的藥物和設備。不久，無國界醫生進而開發專門設計、預先分門別類包裝、可以隨時出發使用的多款醫療套裝，內裡包含的基本藥物、物資及設備，都是適用於特定的前線處境、氣候和疾病。首個緊急救援套裝適用於多種緊急情況，成為了跨機構救援套裝的雛形。該套裝在世界衛生組織統籌下開發，並於一九九〇年面世，自此定期改善更新。這類的新進展，提升了在較高技術層面上快速救援的能力。而這種能力，過去只有發達國家的軍隊或民防隊才會擁有。無國界醫生之後還開發了許多其他醫療套裝，用來進行疫苗注射運動、外科手術，甚至利用充氣帳幕來搭建臨時醫院。

無國界醫生一直積極探索向病人提供最佳藥物的創新方式，而且明白到進一步研究的需要，遂於一九八七年創辦非牟利組織流行病學研究中心（Epicentre），旨在為支援救援行動提供科學根據。流行病學研究中心就人口眾多地區的流行病和傳染疾病，研究其發病率、流行程度和成因。在當時，幾乎沒有其他非政府組織有能力在無國界醫生做緊急救援的環境裡進行研究。



The inflatable tent hospital set up by MSF in Haiti after the earthquake provides sanitary environment for surgery even when other medical structures have been damaged

海地地震後，醫療設施被毀，無國界醫生設立吹氣帳幕醫院提供衛生的手術環境

Research in Emergency

For more than 20 years, Epicentre has conducted many surveys, often under very difficult conditions, producing research that has contributed to improving patient care. Between 1996 and 2004, the centre, mandated by MSF, carried out studies and clinical trials on malaria treatment in order to officially prove drug-resistance to the most commonly used medication at the time, and to give leverage to changing the protocols. Epicentre's research also contributed to proving how much more effective several artemisinin-based combination therapies (ACT) were. In several malaria-endemic countries, these results helped support changes in national treatment protocols for malaria.

Unfounded perceptions and unfairness were preventing many HIV-positive people from receiving treatment in the 1990s. Although medication to treat the pandemic already existed in the form of antiretroviral (ARV) treatment, the cost was between US\$10,000 and US\$15,000 per year – prohibitive for millions, particularly in developing countries. Some also had the perception that it would be too difficult to implement complex ARV regimens in resource-poor settings.

MSF, seeing the need for advocacy to challenge this notion, and in order to overcome the price barriers to treatment, set up the Campaign for Access to Essential Medicines in 1999. MSF's Access Campaign pushed for the production of more affordable, generic versions of ARV medicines. Soon, the drugs were being manufactured in Brazil, India and Thailand, opening up the possibility of treating many millions of HIV-positive people. Today, the price of a year's treatment has dropped by 99% and more than six million patients are being treated with ARV drugs. MSF alone provides ARV treatment to more than 170,000 patients in 19 countries. Access Campaign has also been very active in raising awareness about other neglected diseases prevalent in developing countries, and in securing the production of much-needed affordable or adapted medication to treat them.

In recent years, major changes have occurred in the international pharmaceutical market, as drugs are now being produced in countries where the markets are less regulated than those in Europe and the US. Therefore, under the supervision of MSF medical directors, the organisation's pharmacists established and implemented a qualification system that would ensure that any medication used to treat people in MSF projects is no less effective and no more toxic than that used in developed countries.

Access to Essential Medicines

The market-driven nature of the pharmaceutical industry meant that in the 1990s, drugs for certain diseases were still too expensive, or else ineffective or highly toxic. In some rare cases, production had stopped altogether. In 2003, seven agencies from around the world, including MSF, came together to form the Drugs for Neglected Diseases initiative (DNDi), a non-profit drug research and development organisation.

In 2003, MSF and Epicentre sponsored clinical trials for the treatment of sleeping sickness (human African trypanosomiasis), a deadly parasitic disease threatening 60 million people across sub-Saharan Africa. The medication available was either highly toxic or difficult to administer, especially in remote settings. The following year, DNDi, along with other organisations joined the research. The trials proved that nifurtimox-



MSF's HIV/AIDS treatment centre in Uganda. The production of generic versions of ARV medicines opens up the possibility of treating many millions of HIV-positive people

無國界醫生在烏干達的愛滋病治療中心。抗病毒藥物的仿製藥的出現，使醫治數以百萬計愛滋病毒感染者變得有可能

緊急救援研究

二十多年來，流行病學研究中心常常在十分艱難的條件下進行調查，多項研究結果均有助改善病人護理。一九九六年至二〇〇四年間，該中心獲無國界醫生委託進行瘧疾治療的研究及臨床試驗，以正式證實病患對當時最常用的藥物已產生耐藥，這就更改治療方案起了推動的作用。流行病學研究中心的研究，亦有助證實幾種以青蒿素為基礎的複方療法如何更為有效。在一些瘧疾屬地方性流行病的國家，這些研究結果有助支持改變有關國家的瘧疾治療方案。

於一九九〇年代，毫無事實根據的觀點及不公平阻礙了許多愛滋病毒感染者獲得治療。儘管當時已有對抗愛滋病毒疫情的抗逆轉錄病毒治療，但藥價成本介乎每人每年一萬美元至一萬五千美元之間——對數以百萬計、尤其是發展中國家的病人而言，這實在昂貴得無法負擔。有人甚至認為，要在資源匱乏地區進行複雜的抗病毒治療，是太過困難的事。

考慮到有必要進行倡議來挑戰這種觀念，以及克服藥價過高對病人獲得治療造成的障礙，無國界醫生於一九九九年設立「病者有其藥」運動，推動生產價格較可負擔的抗病毒藥物的仿製藥。不久，巴西、印度及泰國開始生產仿製藥，使醫治數以百萬計愛滋病毒感染者變得有可能。今天，治療的藥費已下降百分之九十九，超過六百萬名病人正接受抗病毒治療。單是無國界醫生，就在十九個國家為超過十七萬名病人提供治療。「病者有其藥」運動亦一直非常積極引起大眾關注流行於發展中國家的其他被忽略疾病，並致力確保用以治療這些疾病的經改良或價格可負擔的藥物，得以生產。

近年，國際製藥市場出現重大改變，藥物都在規管不及歐洲和美國那麼嚴格的國家裡生產。因此，在無國界醫生的醫療總監的監督下，我們的藥劑師建立和執行一套合格證明制度，確保所有用於無國界醫生項目的藥物，其效力不會較用於發達國家的藥物為差或毒性更強。

eflornithine combination therapy (NECT) was the best combination medication, showing it to be efficient, well tolerated by patients and easier for healthcare staff to administer. In 2009, nifurtimox (to be used in combination with eflornithine) was added to the WHO's list of essential medicines, so NECT could be used throughout Africa, leading to improved healthcare for patients with sleeping sickness.

MSF has also taken an innovative approach to treating malnutrition in areas prone to food shortages by supplying nutritious “ready-to-use food”, before children at risk develop severe malnutrition. It can be administered to children at home. Since opting for this pre-emptive tactic, rather than the previously used reactive approach alone, in which malnourished children were treated after displaying symptoms, teams have found that the number of admissions to feeding centres has been lower than in preceding years.

New Treating Approaches

The nature of MSF is to act as a medical humanitarian organisation in crisis periods when people's very survival is threatened. Over the years, it has implemented sustainable models of care that have been proven effective, efficient and affordable, and which have since been built upon by other actors, including ministries of health. In South Africa, e.g., MSF operates an HIV and tuberculosis treatment project in the township of Khayelitsha, near Cape Town. The programme uses a decentralised model of care, training nurses to initiate treatment and counsellors to test for the virus. This increases the number of people being diagnosed and treated, and also provides training that benefits people long after MSF has gone.

These are examples of only some of the innovations that MSF has initiated in its first forty years. As Dr Unni KARUNAKARA, MSF International President, summarises, “Throughout the decades, the organisation has always tried to adhere to its social mission of protecting and alleviating the suffering of the poorest and most disadvantaged, while respecting human dignity. MSF will strive to continue its work of saving lives, reducing pain and suffering, and helping restore the lives, potential and dignity of people who find themselves in life-threatening circumstances.”



By supplying nutritious “ready-to-use food” to children at risk of severe malnutrition, MSF finds that the number of admission to feeding centres has lower than in preceding years

透過向面對嚴重營養不良風險的兒童提供高營養的「即食營養食品」，無國界醫生發現營養治療中心接收的營養不良兒童數目較往年少

獲得救命藥物

製藥行業的本質以市場為主導。這令治療某些疾病的藥物，於一九九〇年代裡，要不是價格仍然太貴，就是依然低效或者毒性太強，有個別藥物甚至完全停產了。在這樣的背景下，包括無國界醫生在內的七間來自各地的機構，於二〇〇三年共同成立了一家非牟利的藥物研發組織——被忽略疾病藥物研發組織（DNDi）。

那年，無國界醫生和流行病學研究中心贊助了昏睡病（非洲錐蟲病）治療的數項臨床試驗。昏睡病是可致命的寄生蟲病，威脅著非洲撒哈拉以南六千萬人的性命。當時可用的藥物不是毒性極強就是難於使用（尤其於偏遠地區）。翌年，被忽略疾病藥物研發組織聯同其他組織參與了這項研究。試驗證明，硝呋替莫－依氟鳥氨酸複方療法（nifurtimox-eflornithine combination therapy, NECT）是現今最好的聯合治療，不但有效，而且是病人體質能夠抵受的，醫護人員亦較易使用。二〇〇九年，硝呋替莫（與依氟鳥氨酸聯合使用）被納入世界衛生組織的基本藥物名單，現在硝呋替莫－依氟鳥氨酸複方療法可以在非洲廣泛使用，從而改善對昏睡病患者的醫療護理。

在容易發生食物短缺的地區，無國界醫生採用了創新手法治療營養不良——在高風險兒童病情惡化至嚴重營養不良之前，向他們提供高營養的「即食營養食品」。這種治療性食品，可讓病童留在家中接受治療。相比之前僅採取有病治病的回應手法——即是在營養不良兒童出現癥狀後才予以治療，自採用此預防策略後，醫療隊發現營養治療中心接收的營養不良兒童，數目較往年少。

新治療手法

無國界醫生的本質是在危機期間，當人們的生存受到威脅，它便擔起醫療人道救援組織的角色。多年來，無國界醫生採用了不同的可持續護理模式，很多都被證明有實效、高效率和可負擔，並得到其他醫療、救援機構，包括多國的衛生部以此為基礎，再按各自的需要加以發展。以南非為例，無國界醫生在開普敦附近的卡雅利沙鎮進行的愛滋病和結核病治療項目，便採用了下放管理的護理模式，培訓護士給患者開展治療，也培訓輔導員做病毒測試。此舉令確診和治療的人數增加，同時也提供了培訓，讓人們在無國界醫生他日離開後仍能繼續受惠。

以上只是無國界醫生於成立後首四十年裡眾多創新的部分例子。正如無國界醫生國際議會主席卡雲勒卡亞醫生概括所言：「數十年來我們常力求謹守使命，保護境況堪虞、最弱勢的人們，減輕其痛苦，並尊重他們生而為人的尊嚴。在未來的日子，無國界醫生會致力繼續工作：救助生命，紓緩苦痛，幫助身處生命受威脅境地的人們恢復正常生活，再發揮潛能，重拾尊嚴。」

WORLDWIDE OPERATIONS HIGHLIGHTS

全球前線工作概要

Below are the highlights of MSF activities around the world in 2010 :

以下是無國界醫生於二〇一〇年在全球進行救援工作的概要：

Conducted
進行 **7,334,066** outpatient consultations
次門診診症

Admitted
接收 **362,266** inpatients
人次入院治療

Admitted
接收 **301,297** severely malnourished children to inpatient or outpatient feeding programmes
名嚴重營養不良兒童入院或到門診營養治療項目

Admitted
接收 **69,258** moderately malnourished children to supplementary feeding centres
名中度營養不良兒童到補充營養中心

Treated
治療 **983,425** confirmed malaria cases
宗瘧疾確診個案



Pakistan 巴基斯坦
© Ton KOENE



Niger 尼日爾
© David DI LORENZO / MSF



Haiti 海地
© Ron HAVIV / VII

Admitted
接收 **174,220** people to cholera treatment centres or treated with oral rehydration solution
名病人到霍亂治療中心或以口服補液鹽溶液治療

Assisted
協助 **151,197** women to deliver babies, including Caesarean sections
名婦女分娩，包括剖腹生產

Medically treated
醫治 **10,430** cases of sexual violence
宗性暴力個案



Côte d'Ivoire 科特迪瓦
© Nicola VIGILANTI

Performed
進行 **58,326** major surgical interventions including obstetric surgery, under general or spinal anaesthesia
宗涉及全身麻醉或脊髓麻醉的大手術，包括產科手術

Performed
進行 **39,993** medical and surgical interventions in response to direct violence
宗治療及外科手術，應對直接暴力事件

Conducted
進行 **163,799** individual mental health consultations
次個人精神健康輔導

Conducted
進行 **24,794** mental health group counselling or group support sessions
次精神健康小組輔導或支援

Registered
登記 **210,450** HIV-positive patients under care at end 2010
名愛滋病病毒感染者接受護理(至二〇一〇年底)

Treated
給予 **180,868** patients with first-line antiretroviral (ARV) drugs at end 2010
名病人抗愛滋病病毒第一線藥物治療(至二〇一〇年底)

Treated
給予 **2,936** patients of first-line treatment failure with second-line ARV drugs at end 2010
名第一線治療失敗的病人抗愛滋病病毒第二線藥物治療(至二〇一〇年底)

Provided
為 **10,854** HIV-positive pregnant women with prevention of mother-to-child transmission (PMTCT) treatment
名感染愛滋病病毒的孕婦提供預防母嬰傳染的治療

Provided
為 **9,745** eligible babies born to HIV-positive mothers in 2010 with post-exposure treatment
名在二〇一〇年由感染了愛滋病病毒的母親誕下的嬰兒，提供防止感染的治療

Admitted
接收 **30,090** new patients to tuberculosis first-line treatment in 2010
名病人在二〇一〇年開始接受結核病第一線治療

Admitted
接收 **1,159** new patients to tuberculosis second-line treatment in 2010
名病人在二〇一〇年開始接受結核病第二線治療

Vaccinated
為 **4,542,353** people for measles in response to disease outbreak
人接種麻疹疫苗以應對疫症爆發

Treated
醫治 **188,704** people for measles
名麻疹病人

Vaccinated
為 **1,339,873** people for meningitis in response to disease outbreak
人接種腦膜炎疫苗以應對疫症爆發

Treated
醫治 **5,911** people for meningitis
名腦膜炎病人

Treated
醫治 **8,128** people for visceral leishmaniasis (kala azar)
名內臟利什曼病(黑熱病)病人

Treated
醫治 **1,293** people for human African trypanosomiasis (sleeping sickness)
名非洲錐蟲病(昏睡病)病人

Treated
醫治 **1,254** people for Chagas disease
名美洲錐蟲病病人



Sudan 蘇丹
© Joseph Thomas NORIEGA



Lebanon 黎巴嫩
© Dina DEBBAS



Malawi 馬拉維
© Nabila KRAM



Democratic Republic of Congo 剛果民主共和國
© Robin MELDRUM

IN THE FIELD

香港派出的前線志願工作人員



Medical Doctors

醫生

- | # | Name 姓名 | # | Place of Residence 居住地 |
|----|-------------------------------|----|------------------------|
| 1 | Aristomo Ibnu Chalid ANDRIES | ID | |
| 2 | *Rey ANICETE | PH | |
| 3 | Gemma ARELLANO | PH | |
| 4 | *Honorita BERNASOR | PH | |
| 5 | Jay BUENSUCESO | PH | |
| 6 | Ngoc Khanh Uyen DO | VN | |
| 7 | Marve DUKA | PH | |
| 8 | Roderick EMBUIDO | PH | |
| 9 | *Joan Marie FRANCO | PH | |
| 10 | *Erwin Lloyd GUILLERGAN | PH | |
| 11 | David Agus ISWANTO | ID | |
| 12 | Mira JIMENEZ | PH | |
| 13 | LAU Wing See 劉穎思 | HK | |
| 14 | LEUNG Wai Hung 梁衛紅 | HK | |
| 15 | *Hemant Kumar PANGTEY | IN | |
| 16 | Cicilia Gita PARWATI | ID | |
| 17 | Elsa RAGASA | PH | |
| 18 | Sartini SAMAN | ID | |
| 19 | *Maria C. Juan SARTE | PH | |
| 20 | Karam Jeet Singh Sarjit SINGH | MY | |
| 21 | Heru Sutanto KOERNIAWAN 陳禮雄 | ID | |
| 22 | Natasha Theresa TICZON | PH | |
| 23 | Sisca WIGUNO | ID | |



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

Surgeons / Orthopaedic Surgeons

外科 / 骨科醫生

- | | | |
|----|------------------------------|----|
| 24 | Jasmin BATARA | PH |
| 25 | Marie Jeanne BERTOL | PH |
| 26 | Geraldine BITON | PH |
| 27 | Taweelip BOONSATHIENWONG 林玉昇 | TH |
| 28 | CHOW Shew Ping 周肇平 | HK |
| 29 | FAN Ning 范寧 | HK |
| 30 | Martin John III JARMIN | PH |
| 31 | KO Chi Cheong 高志昌 | HK |
| 32 | Carmelo MENDOZA | PH |
| 33 | Joseph Thomas NORIEGA | PH |

Anaesthetists

麻醉科醫生

- | | | |
|----|---------------------|----|
| 34 | Yusmalinda | ID |
| 35 | Marjorie Ann LADION | PH |
| 36 | LIU Chen Kun 劉鎮鯤 | TW |
| 37 | Margarita QUILALA | PH |
| 38 | SEE Hooi Geok 徐惠菊 | MY |
| 39 | Reynaldo Jr. SORIA | PH |
| 40 | ZHANG Dingyu 張定宇 | CN |

Obstetricians / Gynaecologists

婦產科醫生

- | | | |
|----|------------------|----|
| 41 | Heidi CRUZ | PH |
| 42 | Medilyn GUEVARRA | PH |
| 43 | *Adelaida RIVERA | PH |
| 44 | TU Zheng 屠錚 | CN |
| 45 | Damayanti ZAHAR | ID |

Operating Theatre Nurses

手術室護士

- | | | |
|----|------------------|----|
| 46 | Judy Amor EBAN | PH |
| 47 | Regidor ESGUERRA | PH |
| 48 | Arlene SAPIDA | PH |



Nurses 護士

- 49 * Joseph AZEEM **PK**
50 Mathina Bee GULAM MYDIN **MY**
51 Teresita Baltazar SABIO **PH**
52 TAM Lee Lik 譚利力 **HK**

Midwives 助產士

- 53 LEE Hi Yeen 李海燕 **MY**

Mental Health Specialists 精神健康專家

- 54 Kamini DESHMUKH **IN**
55 Yenni FEBRINA **ID**

Information, Education & Communications Officer 資訊教育主任

- 56 Faye SCARLET **ID**

Laboratory Technicians 化驗室技術員

- 57 Julius Ceazar PAPANGO **PH**

Logisticians 後勤人員

- 58 Dennis ALUND **ID**
59 * Dilip Kumar BHASKARAN **IN**
60 John Arthur BUNNELL **ID**
61 Denis DUPUIS **ID**
62 Yenti EFRIYANTI **ID**
63 * Bagus Emir IKHWANTO **ID**
64 LIM Suet Fong 林雪芳 **MY**
65 Yones MANGIRI **ID**
66 Shahid MUHAMMAD **PK**
67 Hans OLIJVE **SG**
68 * Abubakar RIFAMOLE **ID**
69 Hasbi SHIDDIQI **ID**
70 Yan Debry Dominico SYAUTA **ID**
71 Vanmonika VAT **KH**
72 WANG Jun 王俊 **CN**
73 * XU Wei Bing 徐衛兵 **CN**
74 ZENG Sibin 曾思斌 **CN**



Coordinators 統籌人員

- 75 Sweet C ALIPON **PH**
76 * Radoslav ANTONOV **MY**
77 Muhammad ASHFAQ **PK**
78 * Yvonne BIYO **PH**
79 Morpheus CAUSING **PH**
80 * Roy Anthony COSICO **PH**
81 * Dewi DWIYANTI **ID**
82 * Taufik HAMZAL **ID**
83 Linda ISACK **ID**
84 * Imee Jaleco JAPITANA **PH**
85 * Ashay KURNURKAR **IN**
86 Beatrice LAU Tin Wai 柳天蕙 **HK**
87 Abelardo Jr. LAVENTE **PH**
88 Gloria LEUNG Sin Man 梁倩雯 **HK**
89 Ezequiela MACARANAS **PH**
90 Khalid MAHMOOD **PK**
91 Robin MENDOZA **PH**
92 * Imelda PALACAY **PH**
93 Angelika PATTIHAHUA **ID**
94 Daisy PLANA **PH**
95 Parthesarathy RAJENDRAN **IN**
96 Johanna SENFT **ID**
97 * TAN Zhi Xian 陳致嫻 **SG**
98 * Supaporn TANGMANATTRONG **TH**
99 Samuel David THEODORE **IN**
100 Julie Anna WAN-MIN-KEE 溫蘭麗 **MU**

The above field workers departed to the following countries / areas in 2010 for missions: Afghanistan, Bangladesh, Central African Republic, Democratic Republic of Congo, Egypt, Ethiopia, Georgia, Haiti, India, Kenya, Kyrgyzstan, Liberia, Malawi, Myanmar, Niger, Nigeria, Pakistan, Sierra Leone, South Africa, Sri Lanka, Sudan, Swaziland, Thailand, Uganda, Uzbekistan, Yemen, Zambia and Zimbabwe.

The above coordinators include administration coordinators, field coordinators, financial coordinators, human resources coordinators, logistical coordinators and medical coordinators whom are either based in the capital or project level.

上述志願人員於二〇一〇年出發，前往以下國家或地區參與救援工作：阿富汗、孟加拉、中非共和國、剛果民主共和國、埃及、埃塞俄比亞、格魯吉亞、海地、印度、肯尼亞、吉爾吉斯、利比里亞、馬拉維、緬甸、尼日爾、尼日利亞、巴基斯坦、塞拉利昂、南非、斯里蘭卡、蘇丹、斯威士蘭、泰國、烏干達、烏茲別克、也門、贊比亞和津巴布韋。

以上的統籌人員包括行政管理統籌、項目統籌、財務管理統籌、人力事務統籌、後勤統籌和醫療統籌，分別駐守國家的首都或項目地區。

#Abbreviations 縮寫

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

* 沒有照片 / No photo



有興趣加入無國界醫生的行列？

無國界醫生經常招募積極並具有專業能力的醫療或非醫療員工，派他們到全球不同的項目進行救援工作。詳情請瀏覽 www.msf.org.hk/fieldwork

ACTIVITIES OVERVIEW IN HONG KONG, MAINLAND CHINA AND ASIA

香港、中國內地及亞洲活動概覽



The truck exhibition gives the public a glance of MSF emergency medical frontline response by simulating the operating theatre of a field hospital
模擬前線醫院的手術室及急症病房的貨櫃展覽，讓市民了解無國界醫生前線緊急救援工作

MSF-Hong Kong has been actively recruiting field workers from the Asian region. In 2010, medical and non-medical professionals from Asia dedicated their time, energy and expertise to provide medical assistance to people in need in a spectrum of contexts, including the emergency response to the devastating earthquake and cholera outbreak in Haiti as well as the floods in Pakistan.

A record number of 13 recruitment sessions, where applicants were interviewed and assessed, were carried out in Hong Kong, Guangzhou, the Philippines, Indonesia and Malaysia. The session held in Guangzhou in July was also the first recruitment session in mainland China. In total 122 mission departures were sent out by MSF-Hong Kong serving in field projects worldwide.

To continue the collaboration with the surgical societies in Asia, the second Surgical Round Table conference was successfully organised in Manila in June. The conference will be held again in Penang, Malaysia in 2011. The third annual Surgical Training was also successfully held in Hong Kong and better equipped our field workers to face the complex realities on the front line.

無國界醫生香港辦事處一直在亞洲地區積極招募前線志願人員，加入成為救援團隊的一員。二〇一〇年，來自亞洲地區的醫療及非醫療專業人士，奉獻出自己的時間、精力及專業知識，在各種情況下為有需要的人提供醫療援助，包括就海地大地震與霍亂爆發，以及巴基斯坦水災提供緊急救援。

香港辦事處在香港、廣州、菲律賓、印尼和馬來西亞共舉辦了十三場招募活動，對申請者進行面試及考核，活動次數為歷來最多。其中於七月在廣州舉辦的，更是我們在中國內地的首項招募活動。二〇一〇年，香港辦事處共派出志願人員一百二十二人次，參與世界各地不同的前線救援項目。

為繼續與亞洲區內的外科醫學組織保持合作，第二屆外科手術圓桌會議於六月在馬尼拉成功舉行。下一屆會議將於二〇一一年在馬來西亞檳城舉行。而第三屆外科訓練也在香港成功舉行，該訓練旨在裝備志願人員更能妥善地處理前線的複雜情況。

During 2010, MSF-Hong Kong received a total of around HKD226 million, of which 99.9% was donations from individuals and private sources. Our supporters and many people from the public responded to the devastating earthquake that struck Haiti on 12 January by making immediate and generous donations. Adhering to its fundamental principle that funds should always be raised according to the need on the front line, rather than the potential fundraising capacity generated by immense media and public interest, MSF has taken a very conservative approach in accepting donations restricted for post-earthquake response. A total of HKD24.6 million was received in Hong Kong. 100% of all these restricted donations collected have been used in support of the Haitian post-disaster relief efforts within 2010.

二〇一〇年間，無國界醫生香港辦事處共籌得約二億二千六百萬港元，其中百分之九十九的捐款來自個人及私人來源。其中，我們的支持者及許多公眾人士對於一月十二日在海地發生的大地震及其所造成的破壞都積極回應，即時慷慨捐款，支持我們的救援工作。

無國界醫生堅守籌款的基本原則——籌募捐款應根據前線救援工作的需要，而並非因傳媒及公眾的巨大關注所產生的潛在籌款空間而進行，是以無國界醫生採取十分審慎的方法，接收指定用於海地地震救援工作的捐款。香港辦事處共收到二千四百六十萬港元指定用於海地地震救援的捐款，這些款項已於二〇一〇年內全部悉數用於災後救援工作。



Going up and down the hills in Discovery Bay, 2,400 participants join the "MSF Orienteering Competition 2010"

走遍愉景灣的高坡山徑，二千四百名市民一同參與「無國界醫生野外定向2010」



Campaign leader Sammi CHENG and MSF field worker Alice YEUNG (right) appeal to the public to support "MSF Day"

「無國界醫生日2010」榮譽行動大使鄭秀文與無國界醫生志願人員楊凱霞（右）一同呼籲市民支持活動

The public also supported MSF through a variety of events. The annual fundraising event MSF Orienteering Competition was held on 19 January in Discovery Bay, Lantau. It successfully attracted 2,400 participants to support MSF. Hong Kong's celebrated pop singer Ms. Sammi CHENG supported "MSF Day" by being the Honorary Campaign Leader of the event and appealed to people from all walks of life to volunteer for MSF by giving a day's income or more. Over HKD5.7 million was raised from these two events.

To raise public awareness about the plight of people trapped in violence or conflict settings, MSF-Hong Kong ran an interactive multimedia campaign "Living in Conflict" since late August in Hong Kong and mainland China. It consisted of both online and offline elements. A truck exhibition toured around Hong Kong for more than two months to give visitors a glance of MSF emergency life-saving work through the simulated operating theatre and emergency ward of field hospital in a 40-foot container. A thematic website www.livinginconflict.hk was also launched, letting visitors put themselves into the shoes of a mother in the DR Congo and an MSF surgeon in Gaza as they make choices in difficult situations. The website won the Best New .hk Website Award and the Silver Award (SME Group) in the Top Ten .hk Website Competition 2010 organised by Hong Kong Internet Registration Corporate Limited.

大眾也透過參與不同活動支持無國界醫生。一年一度的籌款活動「無國界醫生野外定向」於一月十九日於大嶼山愉景灣舉行，共吸引了二千四百人參加。另外，香港知名流行歌手鄭秀文支持「無國界醫生日」活動，擔任活動的榮譽行動大使，呼籲各界人士透過捐出一日或更多的人工，支持無國界醫生的工作。該兩項活動共籌得超過五百七十萬港元。

為了使市民更了解暴力衝突地區平民所面臨的困境，無國界醫生香港辦事處自八月下旬起在香港和中國內地舉辦了名為「衝突·求生」的互動多媒體活動，其中包括在網絡世界和實體活動的元素。為期兩個多月的貨櫃展覽在香港巡迴展出，透過在四十尺貨櫃裡模擬前線醫院的手術室及急症病房，參觀者可以對無國界醫生的緊急救援工作有所了解。專題網站 www.livinginconflict.hk 同時推出，瀏覽者可透過這個網站代入剛果民主共和國一位母親和在加沙工作的一位外科手術醫生的角色，在兩難困境中作出抉擇。該網站在由香港互聯網註冊管理有限公司舉辦的《香港十大.hk網站選舉》中，獲得最佳新晉.hk網站獎和中小企組銀獎。



Students from the Peking University pay attention to the information of MSF in the NGO Festival

在北京大學的非政府組織文化節，學生對無國界醫生的資訊深感興趣

In view of the fast-growing use of smartphones, MSF-Hong Kong launched a mobile website and iPhone app in June. An MSF account was registered on Sina Weibo - a Chinese social media - on top of the already set up page on Facebook and account on Twitter, to better utilize online social networks to raise awareness. A blog (www.msf.org.hk/blogs) featuring stories written by MSF field workers and staff was also set up to share their first-hand field experience with the online community.

MSF-Hong Kong continued to contribute to the development of operational strategies of MSF worldwide programmes. Through networking with academics, researchers and relevant authorities in Hong Kong and mainland China, MSF helped the organisation to better liaise with China on issues such as the security of humanitarian workers in conflict areas and health-related aid to developing countries. Views on the perception of medical humanitarian action today were also exchanged.

In mainland China, the MSF-Guangzhou office continues its effort to raise awareness of humanitarian crisis and MSF's response through different activities. Screenings of MSF related documentaries and school talks were held in art venues and universities, including the Peking Union Medical College, throughout the year. One of the films "The Positive Ladies Soccer Club" was also screened at the Guangzhou Documentary Film Festival in 2010.

To share the MSF experience with different sectors, President of MSF-Hong Kong Dr FAN Ning gave a presentation in the second National Summit for Emergency and Disaster Medicine while representatives from MSF-Guangzhou attended the Peking University NGO Festival.



Presentation by Dr. FAN Ning, President of MSF Hong Kong, at Capital Medical University in Beijing

無國界醫生香港董事會主席范寧醫生在北京的首都醫科大學分享前線經驗

智能手機的使用率快速增長，有見及此，無國界醫生香港辦事處於六月推出手機版網站和iPhone應用程式。另一方面，我們在中文社交網站新浪微博註冊了無國界醫生的帳號，聯同早已開設的Facebook專頁和Twitter帳號，進一步善用現今的社交網站，提高大眾對人道危難的關注。香港辦事處又開設博客網站（www.msf.org.hk/blogs），集結無國界醫生志願人員和工作人員在全球不同角落所寫的故事，旨在與網民分享他們在前線工作的親身體驗。

為配合無國界醫生全球項目行動策略的發展，香港辦事處繼續積極協助組織與香港及國內的學者、研究單位和有關部門溝通，溝通重點包括了人道工作者在衝突地區的安全問題、對發展中國家的醫療援助等，並交流對現時醫療人道救援的看法。

在中國大陸，無國界醫生廣州代表處繼續積極開展多項活動，增進民衆對人道危機及無國界醫生救援工作的認識。於過去一年裡，我們在藝術場地及大學（如北京協和醫學院）都會放映有關無國界醫生的紀錄片和舉行講座。其中「陽光女足」一片亦在二〇一〇年的廣州紀錄片電影節上放映。

為了與不同組織分享經驗，無國界醫生香港辦事處主席范寧醫生出席了第二屆全國急救與災難救援高峰論壇並作演講，而無國界醫生廣州辦事處代表亦參加了北京大學非政府組織文化節。



Download MSF iPhone app
下載無國界醫生 iPhone 應用程式



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、大專院校和辦公室義工對我們的支持。

Corporations 機構

AECOM Asia Company Ltd.
AIA
American Express Company
Asiaworks Ltd. (HK)
AsiaWorld-Expo Management Ltd.
Autotoll Ltd.
Carsac Ltd.
Cathay Pacific Airways Ltd.
Centro Design & Furniture Ltd.
Chan Man Chau Fruit Co., Ltd.
China Aerospace International Holdings Ltd.
Chong Hing Bank Ltd.
CITIC Securities International Company Ltd.
Citigroup Inc.
CLP Power Hong Kong Ltd.
Colliers International Agency Ltd.
Communion W Ltd.
Conceptable
Cyberport Facilities Management Office
Decca Holdings Ltd.
DeQingYuan (HK) Ltd.
Discovery Bay Services Management Ltd.
DLA Piper Hong Kong
Flextronic Manufacturing (H.K.) Ltd.
Fubon Bank
G4S Holdings (Hong Kong) Ltd.
Gate Way Valve & Fitting Ltd.
Hair Culture Ltd.
Harbour City
Hong Kong Air Cargo Terminals Ltd.
Hong Yip Service Co. Ltd.
Hutchison Global Communications Ltd.
Hyatt Regency Hong Kong
Intrasia.com
Jenny's Bakery
Jets Technics Ltd.
Jones Day Solicitors and International Lawyers
Kerry Logistics
KPMG
Langham Place
Leo Burnett Ltd.
Many Way (HK) Ltd.
Mekim Ltd.
Midas Health Care Ltd.
Nature Valley
Network Technology Ltd.
New World Department Store China Ltd.
New World Development Co. Ltd.
New World First Bus Services Ltd.
Okamoto Industries (H.K.) Ltd.
OKIA Optical Co., Ltd.
Oriental Watch Holdings Ltd.
Ove Arup & Partners HK Ltd.
PARKnSHOP
Principal Trust Company (Asia) Ltd.
RCG (Hong Kong) Ltd.
Roedl & Partner

Senses Marketing International Ltd.
Shun Tak Group
Shun Tak Holdings Ltd.
Standard Chartered Bank
Sterling & Grant Ltd.
Sum Kee Construction Ltd.
Super Hunter Services Co. Ltd.
Super Star Group
Swiss International Air Lines Ltd.
Tai Shing Group (Holdings) Co. Ltd.
Telford International Co. Ltd.
The Hong Kong Institution of Engineers
The Overlander
UL International Ltd.
W. L. Gore & Associates (HK) Ltd.
Wharf T&T Ltd.
Wing Lung Bank Ltd.
Wong Tung & Partners Ltd.
You Eal (HK) Ltd.

一田百貨
三號幹線（郊野公園段）有限公司
文藝製作公司
慈輝雅集協會
廣州宇聞網絡科技有限公司

Government / Public Organisations 政府及公營機構

香港天文台
康樂及文化事務署
漁農自然護理署
職業訓練局

Medical Institutions 醫療機構

Ateneo School of Medicine and Public Health, Ateneo de Manila University
College of Surgeons, Academy of Medicine of Malaysia
College of Surgeons, Singapore
Department of Anesthesiology, Dr. Kariadi Hospital, Semarang, Indonesia
Faculty of Medicine, University of Malaya
Hong Kong Sanatorium & Hospital
Integrated Midwives' Association of the Philippines, Inc.
Malaysian Medical Association
Obstetrical & Gynaecological Society of Malaysia
Peking University Health Science Centre
Philippine College of Surgeons
Queen Elizabeth Hospital, Hong Kong
Queen Mary Hospital, Hong Kong

Schools / Tertiary Institutions 學校及大專院校

Chinese International School
Kellet School
Renaissance College
South Island School
St. Mary's Canossian School
The University of Hong Kong
Tutor Time International Nursery & Kindergarten

長洲聖心幼稚園
馬鞍山靈糧小學
聖母院書院
嘉諾撒小學
寶血會伍季明紀念學校

Media 傳媒

China.org.cn
Dreamer-HK.com
weR.asia
XD 專業論壇
中國時刻網
失敗論壇
明報通識網
香港高登
時代周報
新浪網香港
網易
數碼天地論壇
親子王國有限公司

Community Groups & Associations 社區團體及協會

Inland Revenue Department
Sports Association
The Volunteers Orienteering Club
同社
香港少年領袖團
香港定向人
香港紅十字會
香港家庭定向會
香港野外定向總會
新方向定向會
醫療輔助隊
懲教署愛群義工團

Foundations 資助基金

Speech & Music Recital Development Foundation

Office Volunteers 辦事處義工

Gordon TROLLEY	Fanny YAU	
吳少蘭	陳淑賢	葉知勇
李強	張艾	葉麗梅
李玉興	張寶鈴	鄺曉萍
李浩禎	康媽倪	蔡奕玲
李添翼	陸航宇	劉曼璇
何榮德	馮維強	劉鳳珍
阮雅薇	馮睿	潘韻詩
周漢明	湯穎思	龍鎮華
邵漢忠	黃如漢	關志遠
侯婧	黃智聰	譚麗妍
陳永安	楊永勤	
陳敏敏	楊彥婷	

The above office volunteers provided services of 36 hours or above in 2010. We are also thankful to have other volunteers contribute their precious help.

上述辦事處義工於二〇一〇年服務三十六小時或以上，我們亦感謝其他義工於過去一年提供的寶貴協助。

We Need Your Support!

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

- Be our field worker or office volunteer
- Make a donation / Be a monthly donor
- Bequeath to MSF
- Organise fundraising activities for MSF

我們需要你的支持！

若想幫助我們救助更多生命，你可考慮以下方法：

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

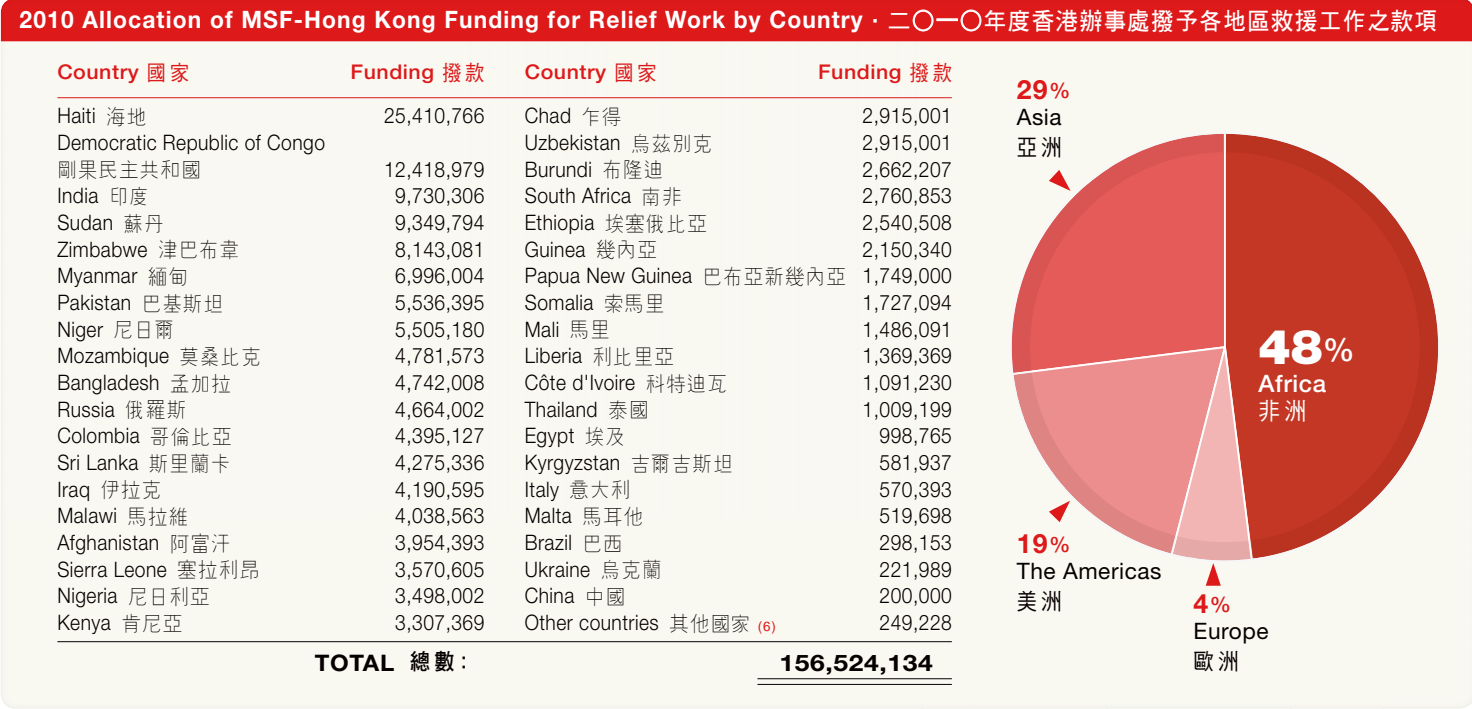
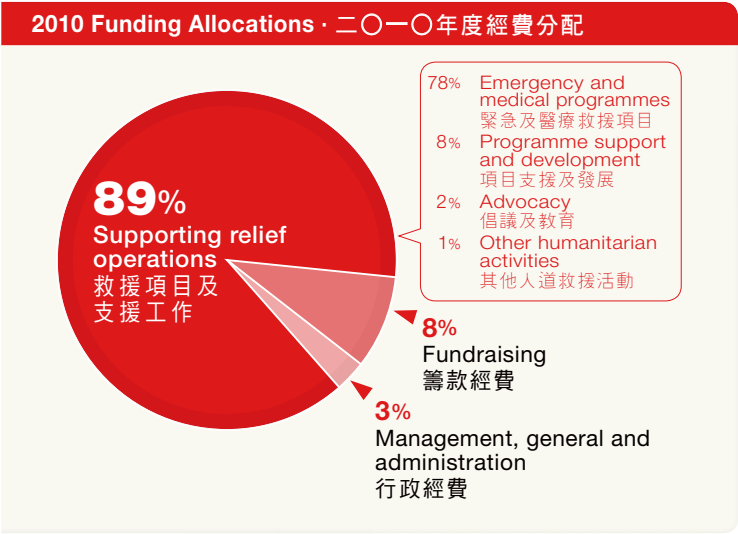
MSF-HONG KONG FINANCIAL OVERIEW 2010

無國界醫生香港辦事處二〇一〇年度財政概覽⁽¹⁾

	2010	2009
INCOME 收入		
Donations from the public 公眾捐款	223,629,450	172,905,258
Donations from the public – sponsorship 公眾捐款——贊助	2,500,500	2,516,000
Other income 其他收入	9,925	15,524
TOTAL 總數:	226,139,875⁽²⁾	175,436,782
EXPENDITURE 支出		
Supporting relief operations 救援項目及支援工作		
Emergency and medical programmes 緊急及醫療救援項目	175,903,473 ⁽³⁾	131,415,825
Programme support and development 項目支援及發展	19,069,025	15,900,841
Advocacy 倡議及教育	5,334,112	4,009,374
Other humanitarian activities 其他人道救援活動	1,557,835	1,646,524
Total supporting relief operations 救援項目工作總開支	201,864,445⁽⁴⁾	152,972,564
Management, general and administration 行政經費	6,227,461	5,229,109
Fundraising 籌款經費	18,047,969	17,235,109
TOTAL 總數:	226,139,875	175,436,782

BALANCE SHEET AS AT 31 DECEMBER 2010 截至二〇一〇年十二月三十一日止年度的資產負債表	2010	2009
Fixed Assets 固定資產	333,556	749,108
Current Assets 流動資產		
Sundry debtors 雜項應收帳款	60,178	25,679
Prepayments and deposits 預付費用及押金	702,925	589,847
Amount due from other MSF offices 應收其他無國界醫生辦事處之帳款	1,434,242	1,013,312
Cash and bank balances 現金及銀行結餘	8,052,875	11,040,733
	10,250,220	12,669,571
Current Liabilities 流動負債		
Sundry creditors and accruals 應付帳款及應計費用	2,012,031	1,202,301
Amount due to other MSF offices 應付其他無國界醫生辦事處之帳款	8,571,745	12,216,378
	10,583,776	13,418,679
Net Current Liabilities 淨流動負債	(333,556)	(749,108)
	0	0
Fund Balances 資金餘額		
Accumulated funds 累積資金	0⁽⁵⁾	0

The financial statements of Médecins Sans Frontières-Hong Kong for the year ended 31 December 2010 were audited by KPMG, and approved by the Board of Médecins Sans Frontières-Hong Kong. The full financial statements are uploaded online at www.msf.org.hk.
無國界醫生香港辦事處於二〇一〇年十二月三十一日止年度之財政報告，經畢馬威會計師事務所核數師審核及無國界醫生香港董事會認可。有關報告全文已上載網站www.msf.org.hk，歡迎查閱。



- Explanatory Notes on Financial Overview 2010**
- (1) All the amount is expressed in Hong Kong dollar.
 - (2) 99.9% of donations came from public donations.
 - (3) A total of HKD156,524,134 was allocated for emergency and medical programmes in 42 countries. HKD18,141,260 of funding is set aside as operation reserves to cover relief expenses in unforeseeable emergencies and to ensure that projects treating patients of diseases where medication adhesiveness is critical can be sustained. HKD1,238,079 of funding is set aside as international fund for operational research and innovation.
 - (4) 89% of donations in total went to supporting relief operations.
 - (5) As of 2010, MSF-Hong Kong maintains a "zero reserve" policy: all donations received, after the fundraising and administration expenses, are fully dispensed for supporting relief operations.
 - (6) Other countries included Indonesia, Chile, Burkina Faso and Belgium.

- 二〇一〇年度財政概覽說明**
- (1) 所有匯算以港元為單位。
 - (2) 99.9%經費來自公眾捐款。
 - (3) 合計156,524,134港元被撥作於四十二個國家進行救援項目的經費。18,141,260港元作為救援撥備，為無法預計的緊急災禍作迅速回應的準備，及確保一些療程不能突然中斷的醫療項目能維持運作。1,238,079港元作為支持救援項目研究及創新之國際撥款。
 - (4) 89%捐款用於救援項目及支援工作。
 - (5) 截至二〇一〇年，無國界醫生香港辦事處採取「零儲備」政策：所有籌得的捐款，扣除籌款及行政經費後，全數撥予救援項目及支援工作。
 - (6) 其他國家包括印尼、智利、布基納法索和比利時。

Board of Directors of MSF-Hong Kong
無國界醫生香港董事會

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Meintje Trijntje NICOLAI ▲
Jean-Michel PEIDAGNEL ●
Dr. David WILSON ▲

▲ Resigned on 28 August 2010 於二〇一〇年八月二十八日離任
★ Appointed on 28 August 2010 於二〇一〇年八月二十八日上任
● Appointed on 29 August 2010 於二〇一〇年八月二十九日上任
■ Appointed on 27 September 2010 於二〇一〇年九月二十七日上任

Advisory Committee of MSF-Hong Kong
無國界醫生香港辦事處顧問委員會

Members 成員: Dr. Emily CHAN Ying Yang 陳英凝醫生
Roger CHAU 周漢旋 ◆
Francis FONG Po Kiu 方保僑 ◇
Lawrence HUI 許卓倫
Tammy WONG 黃沛虹

◆ Resigned on 2 August 2010 於二〇一〇年八月二日離任
◇ Appointed on 2 August 2010 於二〇一〇年八月二日上任

As of December 2010, the office of MSF-Hong Kong, including the representative office in Guangzhou, consists of 33 staff and 37 office volunteers who help carrying out office tasks regularly.

截至二〇一〇年十二月，無國界醫生香港辦事處及其廣州代表處共有三十三名職員，另有三十七名義工定期協助處理日常工作。

MSF-HK Activity Report 2010 is online at 無國界醫生香港辦事處活動報告2010已上載網站
www.msf.org.hk/ar

Editors: LEE Pik Kwan, Gloria CHAN Kwong Wai • Design & Printing: ManGraphic Production Co.
編輯: 李璧君、陳廣慧 • 設計及印刷: 文藝製作公司