

SANS



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Bulk Economy



無國界醫生是國際醫療人道救援組織，我們的宗旨是無分種族、宗教、政治背景或性別，為有需要的人提供醫療援助，並致力引起大眾對危困中人群的關注。

MSF is an international medical humanitarian organisation, committed to two objectives: providing medical aid wherever needed, regardless of race, religion, politics or sex and raising awareness of the plight of the people we help.

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編者的話

每當提及人道危機，大家可能都會聯想到非洲等偏遠國家。其實，一些與香港同樣位處亞洲的國家，亦有很多平民身處危困，需要外來的援助和關注。

印度、斯里蘭卡近年成為旅遊新興熱點，但風光明媚背後，某些地區不時爆發衝突，平民惶恐度日之餘，基本的生活環境也得不到保障，甚或要逃離家園。只是，這些困境一直不為外界所察覺。

同樣在印度，踏入二零零七年，便有一宗影響全球數以百萬計病人，能否獲得可負擔藥物的訴訟正在進行。諾華製藥公司無視全球三十多萬人促請它撤銷訴訟的聲音，堅持挑戰印度政府的專利法，令有「發展中國家的藥房」之稱的印度，面臨可能不能再生產較便宜的仿製藥的局面。

筆者動筆之時，訴訟仍未有結果。但無論如何，病人「無藥可救」，絕非你和我所願意見到。

Editor's Note

When we talk about humanitarian crises, Africa is the continent that often comes to mind. In reality, people living in some Asian countries near Hong Kong are also struggling from a number of conflicts that deserve more attention and assistance.

India and Sri Lanka have become popular destinations for holidaymakers. Behind the beautiful scenery, however, civilians in some areas continue to live in fear of violent attacks. Many are forced to flee from violence and are living in camps or in the bush. Unfortunately, this is rarely noticed by the outside world.

Again in India. The Indian court has begun hearings in the case between pharmaceutical giant Novartis and the Indian Government in early 2007. Despite a petition signed by more than 300,000 people worldwide, Novartis insists on challenging the patent law of India, threatening access to affordable essential drugs for millions of patients around the world. India might lose its status as the "Pharmacy of Developing World" and might not produce affordable generic drugs for the poor.

The case has not been decided yet. However, none of us wish to see patients lose their lives because they are denied access to affordable medicines.

亞洲被遺忘的衝突：印度及斯里蘭卡

Asia in Conflict – Neglected Violence in India and Sri Lanka

印度和斯里蘭卡這兩個國家，對生活在亞洲的你我來說，相信不會陌生。可是，一直以來卻甚少有人留意在這兩個國家發生的地區衝突。一次又一次的衝突，無論對平民的影響有多深遠，都甚少成為國際新聞的頭條。其實，在亞洲地區被遺忘的國度，每天都有很多人民活在暴力陰霾之下，承受著惶恐與不安，得不到應有的醫療照顧。

As someone living in Asia, India and Sri Lanka are two countries that we are familiar with. However, few people pay attention to the a number of conflicts in these countries. Despite the seriousness of the clashes, these violent events rarely make headlines around the world. Many people continue to live in an atmosphere of fear and violence with little or no access to health care.

在 印度中部恰蒂斯加爾邦發生的武裝衝突，正是其中一個被外界忽略的亞洲地區衝突。在過去超過二十五年，由信奉毛澤東主義者組織的毛派叛軍，與獲得印度政府支持的部隊多次激戰，超過五萬名平民無家可歸，被迫逃亡到叢林或流徙者的營房。在恰蒂斯加爾邦南部的多爾納波營房，就是於過去一年半之內，在該地區迅速出現的二十多個營房之一。

充斥緊張氣氛

無國界醫生護士佩里斯乘坐著無國界醫生的白色四驅車，前往多爾納波營房，她在路途上已察覺到這個地區的緊張氣氛。汽車駛過的兩旁，站著配有裝備的士兵，正緊密地監察這裡的一切。

佩里斯慨嘆：「在衝突中，平民通常都是受害者。恰蒂斯加爾邦的人民，因為衝突而失去家園、土地、牛群，甚至他們的根。返回村莊就要冒上生命危險。結果，他們沒有選擇，只能寄居在營房內。」

第一眼望到的多爾納波營房，就像一條普通的村落。但隨著汽車慢慢地駛進田地，就見到躲在一般房子後面的，是一間又一間、密密麻麻的小棚舍，用波紋錫片搭建的舍頂，簡陋不已。流徙的人民圍著僅有的幾個水泵，等候打水。一個男人把水盛載到由流徙者自行搭建的洗澡間——一個木板圍起，再覆蓋著印度女子平常用以裹在身上的莎麗而成的小空間。這裡，也見不到有妥善的衛生設施。佩里斯說：「這裡的居住環境惡劣和不衛生，疾病和營養不良也會因而出現。」

每天面對的恐懼

在營房附近的叢林，一群婦女用頭頂著剛收集來的柴枝，步向營房，另外又有一個孩子，放牧著瘦削的牛群。這個景象表面上看來很是平和。可是，在同一時候，卻有說附近一個營房，因被以為是一個軍事訓練營，結果在不久之前受襲。很多事情往往未能從表象中看到，但對當事人——因暴力事件而逃亡的人來說，他們每天卻要活在惶恐之中。

The conflict in the state of Chhattisgarh, in the heart of India, is among Asia's forgotten conflicts. For more than 25 years, fighting has raged between Maoist rebels and the state. More than 50,000 civilians have been forced to flee their homes and seek safety in the jungle or in camps for the displaced. The Dornapal camp in southern Chhattisgarh is one of 20 such camps that have sprung up in the past year and a half.

Thick with Tension

On the way to the camp in MSF's white jeep, Len Pulles, a nurse working with MSF, can almost smell the tension in the air. Armed soldiers watch everything closely along the side of the road.

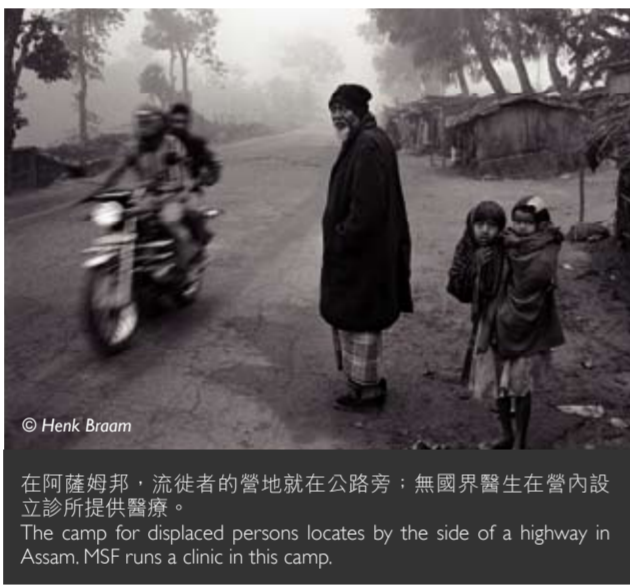
"As usual in conflicts, civilians are also victims of the fighting. In Chhattisgarh, people have been driven out of their villages. They lose their houses, land, cattle and cultural roots. Going home means that people have to risk their lives. They are condemned to live in the camps," says Len with a sigh.

At first glance, Dornapal looks like a normal village. However, as you approach the field, there is a sea of corrugated tin roofs of small and packed huts behind the houses. People stand around while they wait for the few available water pumps. A man carries water to a shower built by the camp's residents. The shower is nothing more than a few wooden planks covered with saris.

There is also no proper sanitation facility. "People here live in terrible and unhygienic conditions that can lead to illness and malnutrition," says Len.

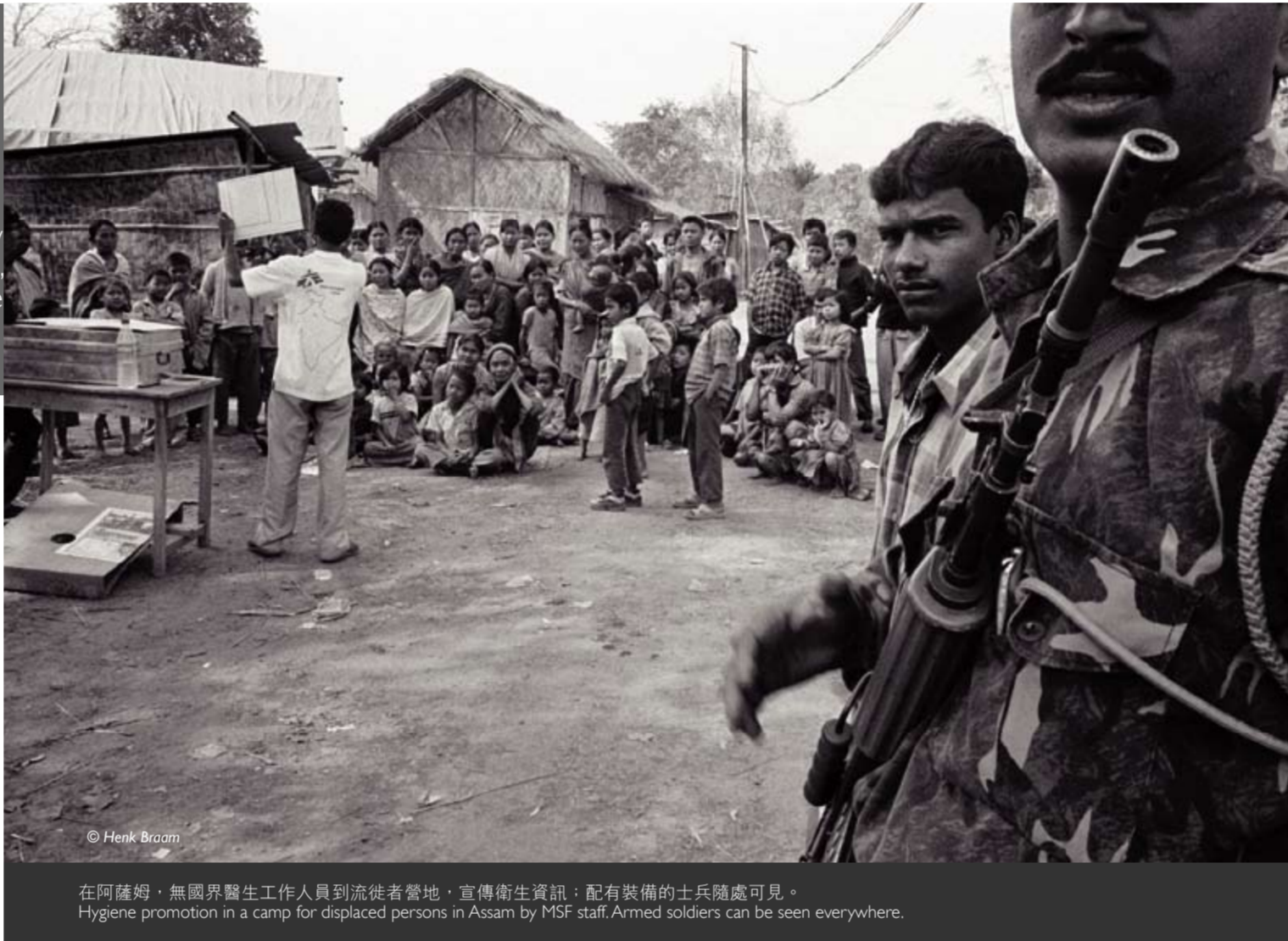
Facing Fear Every Day

From the jungle near the camp, women with stacks of wood on their heads emerge. A child herds some skinny cows. It seems like a peaceful picture, but rumours circulate that a displaced persons camp was attacked some time ago because it was thought to be a training camp. While it's not visible on the surface, the camp residents live every day in fear.



© Henk Braam

在阿薩姆邦，流徙者的營地就在公路旁；無國界醫生在營內設立診所提供醫療。
The camp for displaced persons locates by the side of a highway in Assam. MSF runs a clinic in this camp.



© Henk Braam

在阿薩姆，無國界醫生工作人員到流徙者營地，宣傳衛生資訊；配有裝備的士兵隨處可見。
Hygiene promotion in a camp for displaced persons in Assam by MSF staff. Armed soldiers can be seen everywhere.

看不見的暴力

在 印度恰蒂斯加爾邦發生的武裝衝突只是冰山一角。在該國的部分地區，即使表面平靜，沒有烽煙四起，但並不代表暴力事件不存在。

印度東北部的曼尼普爾邦正是如此。曾在印度擔任無國界醫生人道事務主任的張敏宜說：「日間的曼尼普爾邦生氣勃勃，市集人來人往。但在這個有四十多個派系共同生活的地方，暴力事件並不罕見。雖然沒有官方戒嚴令，但入黑後不會有人夠膽走在街上，因為隨時隨地都可能發生槍擊事件。宗教會社播放的音樂頌禱聲，夾雜著狗吠聲、果實從樹上掉下來的聲音，還有附近民居舉行喪禮的樂聲，氣氛怪異恐怖。」

隱藏的暴力

毗連曼尼普爾邦的阿薩姆邦，人民表面上的生活更一切如常，很難想到這裡在約十年前發生了兩次武裝衝突，而當年失去家園的人，現在仍有數千人被迫滯留在流徙者的營房內。

衝突可以代表著流血，但有更多的暴力事件，並非我們肉眼見得到。張敏宜說：「在印度，於我們工作項目的醫療記錄裡，全年的性暴力個案是『零』。但同一時間，我們在阿薩姆邦的數個婦科診所，每個月都有三、四十名婦女，到我們的診所要求終止懷孕，我們會轉介至政府醫院處理。」又有一次，一名只有十一、二歲的少女來診所求診，陰道流血很多。張敏宜說：「大家或會想，是不是她有口難言？」

據她理解，在阿薩姆邦的少數族裔女性，一旦被侵犯，會反被怪責行為不檢點而遭逐出村莊。一般醫護人員又視報警、上庭作證等程序麻煩，加上大部分的檢控個案未能把疑犯繩之於法，更令受害女性卻步。

很多暴力事件，看不見、聽不到，是否就理應被人忽視、忘記？

Invisible Violence

The situation in Chhattisgarh is only one of several prolonged armed conflicts occurring in India. Although some areas in India appear to be calm, it does not mean that violence does not exist.

In the northeastern part of India, in the state of Manipur, it is easy to misinterpret the seemingly calm atmosphere. Man-ye Cheung, MSF's Humanitarian Affairs Officer in India, says, "During most of the day, people do their usual business at the markets, which are bustling with activity. However, with more than 40 parties in conflict, violent events are not unusual in the troubled state. There is no official curfew, but because of shootings, nobody dares to hit the street after nightfall. The area at night is filled with religious chants, mixed with the sounds of barking dogs, falling fruits from trees, and sometimes percussion music from funerals in the vicinity, giving the neighborhood an eerie atmosphere."

Hidden Violence

Bordering Manipur is the state of Assam. Looking at the daily life of ordinary people, it is hard to imagine that



© Irene Slegt

無國界醫生為受衝突影響而得不到基本醫療服務的曼尼普爾邦平民，提供醫療。
MSF provides medical services to Manipuri citizens who have no or limited access to primary health services due to conflicts.



Photo source: Man-ye Cheung

印度北部克什米爾是另一個處於暴力陰霾下的地區。張敏宜憶述在當地的情景時說：「當地住了八百萬人，有一百萬軍隊，走在街上不出幾步就有軍人駐守，氣氛頗為緊張，每個月都有手榴彈爆炸事件發生。」圖為無國界醫生在當地精神醫院內的輔導中心。
Indian administered Kashmir is another area fraught with local tensions. "With 1 million troops in a population of 8 million people, soldiers are stationed throughout the volatile region. Grenade explosions take place every month," says Man-ye Cheung, recalling her time in Kashmir. The facility in the picture is the MSF counselling centre in a local psychiatric hospital.

there have been two armed conflicts over the last decade. Thousands of people who lost their homes during this period are still displaced in camps.

The consequences of violence are more than what we can see on the streets. "There is no sexual assault case according to the medical records of our project in India. Yet there are 30-40 abortion requests every month in Assam and we refer those women to government hospitals," says Man-ye. Once, a teenage girl around 12-years-old rushed to the clinic with severe vaginal bleeding. "One may wonder what actually happened?" questions Man-ye.

Based on her understanding, women from minority groups in Assam can be evicted from the village because of "misconduct", if they were assaulted. On the other hand, many health workers view reporting the case to the police and witnessing in court as troublesome procedures, let alone very few suspects are ever convicted. These problems are only deterring victims of sexual violence from reporting to the local authorities.

Violence might not always be seen or heard, but the victims do not deserve to be forgotten.

受困戰火下的斯里蘭卡人民

Civilians Under Fire in Sri Lanka

「在 這個充斥著武裝衝突的地區，居住了十五萬人，但一個外科醫生、麻醉師，甚至是急症室醫生也沒有。」去年十二月，在斯里蘭卡北端的賈夫納半島，無國界醫生救援人員法蘭斯華重開救援項目時這樣說。

去年年中開始，斯里蘭卡政府軍與泰米爾猛虎解放組織衝突重燃，令該國平民飽受戰火威脅，數以萬計的人無家可歸。該國東部與東北部地區，尤其被猛烈轟炸。

北部地區與外界隔絕

受戰事影響，賈夫納半島通往斯里蘭卡主島的高速公路全面關閉，令半島與外界隔絕。大部分醫療人員更因衝突而逃亡，又沒有人願意前往半島協助救援，令當地情況更為惡劣。無國界醫生自重返半島工作的短短一個月間，在佩德羅角醫院已進行了超過四十個緊急手術，另有約五十宗，以剖腹產子為主的婦產科手術。

因衝突加劇，無國界醫生在佩德羅角醫院的工作，一度於去年十月暫停，至十二月重開。在斯里蘭卡其他地方，針對平民和救援人員的暴力事件也有所增加。法國非政府組織「反鐵錘行動」的十七名救援人員，於去年八月在該國東部被殺。而斯里蘭卡的政客與傳媒，均指控國際組織支持泰米爾猛虎的反抗勢力，有些官員甚至企圖驅逐或限制人道救援組織在衝突的地區工作。



© Kate Janossy / MSF

無國界醫生醫療隊在賈夫納半島處理的病症，大多為緊急手術。
Most of the surgeries carried out by MSF teams in Jaffna Peninsula are emergency interventions.

救援人員中立性應受尊重

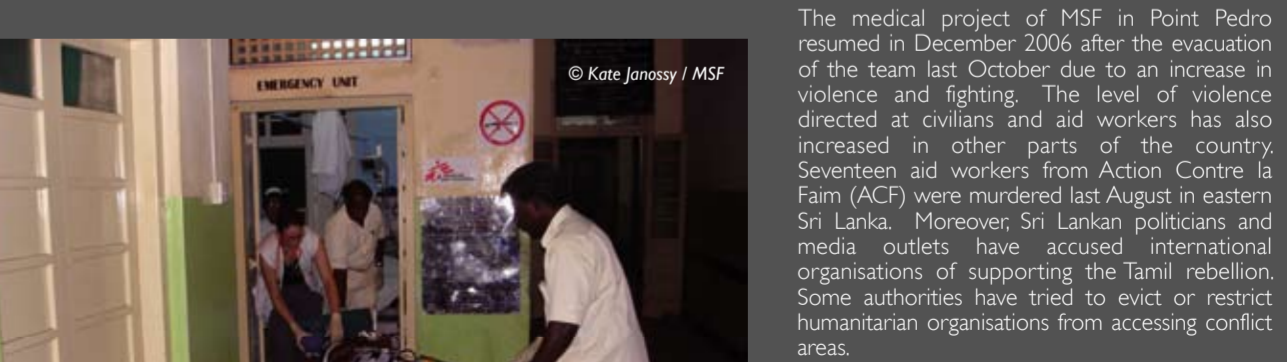
在所有的軍事衝突中，交戰雙方必須尊重人道工作者的獨立性和中立性，令平民能夠得到賴以續命的緊急救援。雖然無國界醫生能重返佩德羅角工作，但不安全局面和加諸於救援組織的種種限制，令外界援助最受衝突影響的人民加倍困難。

“There was no surgeon, no anesthetist, and no emergency physician – all of this for a population of 150 000 people living in an area of armed conflict," said Gwennola Francois, MSF field coordinator in Point Pedro, Jaffna Peninsula located in the northern tip of Sri Lanka, after returning there in December 2006.

Tens of thousands of people have been displaced in Sri Lanka by the armed conflict that resumed in mid-2006 between government forces and the Liberation Tigers of Tamil Eelam (LTTE). Bombing has been intense in war-affected regions, especially in the country's east and northeast.

Northern Part of Country Is Isolated

The Jaffna Peninsula was essentially cut off from the rest of the country when the main highway was closed due to the conflict. What makes it even worse is that many medical specialists have fled, while others are unwilling to go to the peninsula to replace them. Since the return of MSF to Point Pedro Hospital, over 40 surgical interventions have been carried out within a month, while another 50 gynaecological and obstetric interventions, mostly caesareans, have also been done.



© Kate Janossy / MSF

Neutrality of Aid Workers Should be Respected

As in any armed conflict, warring parties must respect the independence and neutrality of humanitarian aid workers if civilians are to receive lifesaving emergency assistance. Although MSF was again able to work in Point Pedro, insecurity and limitations placed on humanitarian organisations continue to make it increasingly difficult to deliver aid to people most affected by the conflict.

無國界醫生在賈夫納半島重開項目之前，當地急症室醫生也沒有。
There was no emergency physician in Jaffna Peninsula before MSF returned to the hospital there.

「手執油燈，小心避開睡在病房地地上的人…」

“With only an oil lamp in my hand, I try not to step on the people on the floor.”



Photo source: Hartini Sugianto

陳芳芳醫生在杜比鎮為流離失所者而設的營房內，與孩子們合照。Hartini with children in the camp for the displaced in Dubie.

你能否想像，在擠滿病人的病房內，醫生夜半被急召到病房時，只能手執油燈照明？無國界醫生志願人員在前線工作時，往往需要克服很多障礙。印尼籍醫生陳芳芳自去年六月到剛果民主共和國，參與無國界醫生的工作，她究竟如何克服這些挑戰？以下是她從前線送來的分享。

杜比鎮是剛果民主共和國加丹加省內一個小鎮，人口本來只約一萬人。去年十一月，超過一萬八千名國內流離失所者，為逃避武裝派系與軍隊的戰事，於數周內逃命到這裡來。儘管他們開始陸續返回家園，但區內平民仍有很大的醫療需要。

作為醫療人道救援組織，我們在杜比鎮的醫院提供兒科、住院和婦科護理，及運作營養治療中心，亦會派流動醫療隊到鄰近的穆登特里。

既有趣亦令人沮喪的工作

在杜比鎮的醫院，我們相當忙碌，每晚僅得我和一位當地醫生當值。這裡的醫療工作既有趣，亦有令人沮喪的時候。有趣的是，我們的工作開始從基本醫療護理，轉到方向較集中的事務上，例如為愛滋病或結核病感染者，提供預防機會性感染的措施。沮喪的是，這裡有很多限制。我們想做的很多，但設施有限，不足以處理複雜病症，還要面對文化、宗教上的差異，和確保病人能及時轉送到醫院來的挑戰。

於過去一個月，瘧疾是其中一大問題。有十五名五歲以下的小童接受了輸血，但還有一些小孩的父母，基於信仰理由，拒絕讓孩子輸血。

超額負荷的兒童病房

附上的這張相，可讓你更了解我們每天在兒童病房的工作。看著這樣一個小生命努力掙扎生存，叫人極之痛心。

不過，相中的小孩很幸運。他只得四個月大，患有瘧疾，並出現貧血和抽搐。被送到醫院時，已完全體虛無力，並不斷氣喘，但他接受輸血後，已迅速康復了。

我們真的很關注兒童病房的情況。病房只有十五張病床，但有時我們會接收多達三十二名病人。儘管半數病童都病情嚴重，他們也只能躺在地上。每當我夜半被急召到病房，我只能手執油燈，步步為營，小心避開睡在地上的人。

我們不能解決一切事情，但我們都會盡力而為。

如欲了解更多前線救援故事，請登入www.msf.org.hk。



© Hartini Sugianto / MSF

這名小孩患有瘧疾，出現貧血和抽搐，幸好經輸血後康復過來。This child, who suffered from malaria complicated with anaemia and convulsions, recovered from her illness after a transfusion.

Can you imagine working as a doctor in a ward overcrowded with patients and an oil lamp is the only lighting? There are a number of limitations that MSF field workers have to overcome. Indonesian doctor Hartini Sugianto has worked in the Democratic Republic of Congo (DRC) since last June. How did she overcome the difficulties? This is what she shared with us from the field.

Dubie is a small town with a host population of around 10,000 in the Katanga province of DRC. In November 2005, Katanga's population nearly tripled when more than 18,000 internally displaced persons arrived in a matter of weeks. They were fleeing fighting between the local militias and the Congolese military. Though the internally displaced persons have started returning to their homes, there are still a lot of medical needs among the population in the region.

As a medical humanitarian organisation, we provide hospital-based paediatric, in-patient and maternal healthcare services, and run a therapeutic feeding centre in Dubie. There is also a mobile team who works in Mutendele.

Interesting and Frustrating Work

In Dubie, we are quite busy in the hospital with only a local doctor and me on call every night! There are two sides of medical work here – interesting but at the same time frustrating. It is interesting because we are moving from basic medical care to provide more oriented treatments including providing prophylaxis against opportunistic infections to those who are infected with HIV or tuberculosis. It is also frustrating due to the limitations. We want to do more. Yet it is never easy in limited facilities to manage complicated health problems, not to mention coping with the cultural and religious differences and to make sure patients are referred to the hospital as soon as possible.

Malaria has been the biggest problem in the past month. Fifteen children under five received a blood transfusion here. However, there were other children who could not receive transfusions because their parents refused to do so due to their religious belief.

Overloaded Paediatric Ward

You will know more about our daily life in the paediatric ward from the picture. It is always heart breaking to see such a little child struggling for life.

The child in the picture was lucky. He was 4 months old, suffering from malaria complicated with anaemia and convulsions. He was totally floppy and obviously gasping for air when he arrived. After the blood transfusion, he recovered marvellously.

We are very concerned about the paediatric ward. There are only 15 beds in the ward but there can be up to 32 admissions sometimes. Children have no choice but to lie on the floor; although half of them are in severe condition. Whenever I am called in the middle of the night, I have to walk through the ward carefully. With only an oil lamp in my hand, I try not to step on the people on the floor.

We cannot do everything; but at least we do something.

For more sharing from MSF field workers, please visit www.msf.org.hk.

救援足跡 They are with MSF Hong Kong

潘麗嫻 - 醫療統籌 / 孟加拉達卡
Dhammika Perera - Medical Coordinator, Dhaka, Bangladesh

奧衛年 - 項目統籌 / 中國湖北襄樊
Wai-lin Oo - Field Coordinator, Xiangfan, Hubei, China

陳芳芳 - 醫生 / 剛果民主共和國加丹加省
Hartini Sugianto - Medical Doctor, Katanga, Democratic Republic of Congo

巴施簡雲 - 後勤人員 / 剛果民主共和國盧布圖
Dilipkumar Bhaskaran - Logistician, Lubutu, Democratic Republic of Congo

王婭 - 財務管理人員 / 埃塞俄比亞亞的斯亞貝巴
Ya Wang - Financial Controller, Addis Ababa, Ethiopia

閔道新 - 化驗室技術員 / 埃塞俄比亞利博
Robin E. Mendoza - Laboratory Technician, Libo, Ethiopia

費澳多 - 行政及財務管理人員 / 埃塞俄比亞切拉堤
Samuel David Theodore - Administrator / Financial Controller, Cherati, Ethiopia

程德君 - 醫生 / 埃塞俄比亞切拉堤
Joyce Tak-kwan Ching - Medical Doctor, Cherati, Ethiopia

孫日稻 - 醫生 / 印度安得拉邦
Temmy Sunyoto - Medical Doctor, Andhra Pradesh, India

查卡博 - 醫生 / 印尼安汶
Rhitam Chakraborty - Medical Doctor, Ambon, Indonesia

司徒多嫻 - 後勤、行政及財務管理人員 / 肯尼亞
Juanita "Cathy" Theodora - Logistician / Administrator / Financial Controller, Kenya

卓夏培 - 項目統籌 / 利比里亞蒙羅維亞
Vipul Chowdhary - Field Coordinator, Monrovia, Liberia

鄂思瓊 - 醫生 / 利比里亞寧巴
Arlyn Estur - Medical Doctor, Nimba, Liberia

黎珊達 - 財務管理人員 / 馬拉維
Marianne P. Layzanda - Financial Controller, Malawi

嘉曼 - 醫生 / 摩爾多瓦蒂拉斯波爾
Monique Kamat - Medical Doctor, Tiraspol, Transdnestria, Moldova

潘淵 - 後勤統籌 / 緬甸仰光
Yuan Pan - Logistics Coordinator, Yangon, Myanmar

李海燕 - 助產士 / 巴基斯坦阿格拉
Hi-yeen Lee - Midwife, Agra, Pakistan

辛定高 - 後勤人員 / 巴基斯坦伊斯蘭堡
Arnold Santiago - Logistician, Islamabad, Pakistan

彭魯馬 - 項目統籌 / 巴基斯坦克什米爾巴格
Ronnie Palomar - Field Coordinator, Bagh, Kashmir, Pakistan

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Mira Jimenez - Medical Doctor, Bagh, Kashmir, Pakistan

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Abubakar Rifamole - Logistician / Administrator, Malakand, Pakistan

狄文卓 - 項目統籌 / 塞拉利昂博城
Elpidio Demetria, Jr. - Field Coordinator, Bo, Sierra Leone

米漢達 - 後勤統籌 / 塞拉利昂博城
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Gemma Arellano - Medical Doctor, Bo, Sierra Leone

寇小曼 - 醫生 / 塞拉利昂博城
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Roy Anthony Cosico - Medical Doctor, Kambia, Sierra Leone

白雲黛 - 麻醉師 / 塞拉利昂坎比亞及馬布拉卡
Rowella Bacwaden - Anaesthetist, Kambia & Magburake, Sierra Leone

范度天 - 醫生 / 索馬里巴科勒州胡杜爾
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Nicole Po-lan Wong - Financial Controller, Sudan

陳梓欣 - 外科醫生 / 蘇丹阿庫姆
Clement Tzu-hsin Chen - Surgeon, Akuem, Sudan

費碧娜 - 精神健康主任 / 蘇丹卡爾馬
Yenni Febrina - Mental Health Officer, Kalma, Sudan

陳聰智 - 醫生 / 蘇丹達爾富爾凱卜卡比耶
David Chong-tse Tan - Medical Doctor, Kebkabiya, North Darfur, Sudan

祁樂夏 - 項目統籌 / 泰國
Andrais Karel Keiluhu - Field Coordinator, Thailand

彭蘭 - 精神健康主任 / 烏干達帕德爾及基特古姆
Daisy Plana - Mental Health Officer, Pader & Kitgum, Uganda

查坦娜 - 護士 / 贊比亞卡皮里
Imee J. Japitana - Nurse, Kapiri, Zambia

馬綺她 - 護士 / 津巴布韋
Maria Margareta Mita - Nurse, Gweru, Zimbabwe

(截至二零零七年三月二日 As of 2 March 2007)

塞拉利昂對抗瘧疾 需大量投放資源

Massive Investment Needed to Combat Malaria in Sierra Leone



© Dominick Tyler

診所內的護士，正為一名女孩進行瘧疾快速測試。 A nurse uses a Paracheck kit to test a young girl for malaria in the clinic.

自 零四年七月，塞拉利昂政府修改該國治療瘧疾的指導方針後，推行新治療方案「青蒿素綜合療法」的進展一直緩慢。至今新藥供應遠不足以應付需要，導致部分地區未能對抗病情。

無國界醫生於零六年八月進行的調查顯示，兒童死於瘧疾的個案數字驚人，即使在一些婦孺能夠獲得免費適當治療的地區，很多人仍不會前往求醫。

無國界醫生在塞拉利昂的項目總管艾奧芳解釋：「部分原因是人們要走很遠路程才能去到診所，以及村內有一些傳統醫術。我們很多病人來到診所時都已太遲，部分甚至曾接受『傳統治療』，這些都可以是致命的。」

進一步發展外展工作

無國界醫生遂決定設立社區健康計劃及兩隊外展隊伍，到博城的村落探訪。除了向村民宣傳瘧疾資訊，隊伍會為病童提供瘧疾快速測試及治療，有小孩和孕婦的家庭更會獲派發加有殺蟲劑的蚊帳。

艾奧芳說：「我們計劃在零七年進一步發展外展工作。隊伍將針對高危地區，在當地衛生部門協助下，訓練母嬰健康站的職員使用瘧疾快速測試、瘧疾治療，及遇有瘧疾和其他疾病嚴重個案時，該轉送到醫療中心。」此外，無國界醫生亦會繼續推動塞拉利昂，全面使用「青蒿素綜合療法」治療瘧疾。

Since the government of Sierra Leone changed its national guidelines for treating malaria in July 2004, the process of implementing a new treatment protocol, Artemisinin-based Combination Therapy (ACT), has been slow. There are currently far too few drugs available to cope with the demand, leaving some health districts ill-equipped to tackle the disease.

A mortality survey conducted by MSF in August 2006 showed that an alarming number of child deaths are still due to malaria. Even in areas where women and children can receive the correct treatment for free, many do not seek health care when they need it.

"This is partly due to the distance people have to travel to reach clinics and the presence of traditional healers in the villages. A significant proportion of our patients arrive too late to be cured, and some have also been given traditional 'treatments'. These can be fatal." Head of Mission for MSF in Sierra Leone, Suanne Elofsson explains.

Further Development of Outreach Work

Thus, MSF decided to create a community health programme and two outreach teams to visit villages in the Bo district. Apart from informing the villagers about malaria, the teams offered sick children rapid malaria tests and treatment. All families with small children and pregnant women were given mosquito nets impregnated with insecticide.

"In 2007 we will develop the outreach work further. The teams will identify particularly vulnerable areas. Also, with the help of the local health authorities, the teams will train staff at the Maternal and Child Health posts in using rapid malaria tests, treating malaria, and referring severe cases of malaria and other diseases to health facilities," says Elofsson. MSF at the same time will continue to push for comprehensive implementation of the ACT protocol.

中非共和國北部暴力持續升級

Constant Spiral of Violence in Northern CAR

自零五年年底，在中非共和國北部，親政府與反政府勢力的暴力衝突升級，導致大批平民流離失所，很多村莊被襲、搶掠或燒毀，村民都逃難到叢林中。

無國界醫生負責該國北部瓦姆省救援項目的項目總管皮瓦斯說：「最初我們並不理解叢林的意思是甚麼，直至逃難者親述：『我們就活像野人。』『我們失去尊嚴。』『我們吃的，就跟動物吃一樣！』」在叢林裡躲藏生活數月後，人們面對著糧食隨時不足的問題，而患上急性及中度營養不良的兒童也有所增加。

惡劣的生活環境

那裡很多人患有瘧疾、寄生蟲疾病、呼吸道感染及

腹瀉，因為他們根本沒有容身之所，又缺乏清潔食水，只能棲身於極度惡劣的環境中。結果，醫療隊單在今年一月，就處理了超過五百宗傷口包紮個案，大多與惡劣的居住環境有關。

遭受戰火波及的平民，如今正活在夾縫中。一方面他們被指控親叛軍，又被叛軍偷去僅有的糧食和財產。他們不能走到鄰近較大的村莊求醫，也不能重返原居地重建家園。皮瓦斯說：「他們進退維谷，持續升級的暴力衝突正把他們迫向極限。」

無國界醫生救援隊伍現時在中非共和國五個城鎮，為得不到其他基本醫療的人提供援助，並派出流動醫療隊，診治因戰火而躲到叢林的人。



© Ton Koene

無國界醫生的流動醫療隊診治因戰火而躲到叢林的人。

MSF mobile clinics provide medical consultations to people who have hidden in the bush to escape violence.



© Ton Koene

逃避戰火的村民，在叢林裡搭起簡陋小茅屋躲避。
Villagers seek refuge in basic shelter in the bush.

Since late 2005, an increase in violence committed by pro- and anti-government forces in northern Central African Republic (CAR) has caused massive population displacement. Many villages have been attacked, looted or burnt, forcing the inhabitants to flee to the bush.

"We do not realise what the word bush means, but testimonies from people we met give a clear idea: 'We are living like savages.' 'We have lost our dignity.' 'We are eating the same as the animals.'" said Alfonso Verdú Pérez, Head of Mission for MSF projects in the Ouham region of northern CAR.

After several months surviving in the bush, the people faced a considerably vulnerable food security situation and there was an increase in the number of moderate and acutely malnourished children.

Harsh Living Conditions

Many people also suffer from malaria, parasites, respiratory infections and diarrhoea, which are consequences of a lack

of shelter; consumption of non-potable water; or extremely harsh living conditions. More than 500 wound-dressings were performed in January 2007. The majority of injuries were related to severe living conditions.

People caught in the crossfire are now trapped between accusations of being pro-rebel and the demands of rebel soldiers who steal their minimal food stocks and assets. They cannot move to the main villages in the area to access health services or return to rebuild their own houses. "These people really live between a rock and a hard place, in a constant spiral of violence that is pushing them to the limit," Alfonso added.

MSF teams provide primary and secondary healthcare in and around five towns in CAR for people who otherwise have almost no access to basic health services. They also run several mobile teams in the area to provide medical consultations to people who have hidden in the bush to escape violence.

無國界醫生全球工作 MSF Worldwide Work

一月 海地貧民區爆發嚴重衝突

一月廿四日，聯合國維持和平部隊在海地首都的希特索雷貧民區，與當地武裝組織再次爆發嚴重衝突。無國界醫生支援的醫院接收了十七名槍傷傷者。當地局勢仍十分緊張，無國界醫生除了為傷者提供急救，還在當地提供兒科、婦產科服務，和針對暴力創傷作心理治療。

January Heavy Fighting in Haitian Capital's Slum

Heavy fighting erupted again between the UN Stabilisation Mission in Haiti and local armed groups in the Haitian capital's slum of Cité Soleil on 24 January. The hospital supported by MSF received 17 people with gunshot wounds. The situation remained extremely tense. In addition to emergency care for victims of violence, MSF also provides paediatric, maternity, and mental health care for psychological violence-related trauma in the capital.

二月 雅加達水災

印尼雅加達發生嚴重水災，無國界醫生派出流動醫療隊，前往被洪水隔絕的偏遠地區。醫療人員診治了八百宗個案，大多數病人患有上呼吸道感染、皮膚感染及腹瀉。醫療隊並派發衛生器具、毛氈以及供災民搭建臨時帳篷用的防水帆布。



© MSF

無國界醫生流動醫療隊一名護士，在達爾富爾為逃避戰亂的小孩提供診治。
MSF's nurse in a mobile clinic treats homeless children who are displaced by violence in Darfur.



© Vanessa Vick

無國界醫生聯同烏干達衛生部及世衛，開展腦膜炎疫苗注射計劃。

MSF in coordination with the Ugandan Ministry of Health and the WHO launched a meningitis vaccination campaign.

February Floods in Jakarta

The Indonesian emergency team of MSF offered medical consultations for people affected by the severe floods in and around Jakarta in Indonesia. They focused on sending mobile clinics to outlying parts of the city that were largely cut off by the floodwaters. The teams provided around 800 consultations, mainly for upper respiratory tract infections, skin infections and diarrhoea. They also distributed hygiene kits, blankets and plastic sheeting to help people construct temporary shelter.

二月 達爾富爾暴力持續

蘇丹西部的人道情況仍然駭人，達爾富爾的衝突令不同部族愈趨分裂，激起對村落或難民營的襲擊，甚至與武裝力量毫無關連的平民，亦成為直接襲擊對象。因應村落受襲而經常出現的醫療和人道需要，無國界醫生正努力作出回應，包括設立手術室醫治受襲傷者等。

February Continued Violence in Darfur

The humanitarian situation in the western region of Sudan remains appalling. The conflict in Darfur is increasingly splitting the population along ethnic lines, prompting attacks on villages or displaced camps, making direct targets out of civilians without any relation to the military. MSF tries to respond to new medical

and humanitarian needs that arise regularly and are directly related to attacks on villages, such as settling up an operating room to treat the wounded.

二月 烏干達北部爆發腦膜炎

今年初，烏干達北部兩個地區證實出現首批甲型流行性腦膜炎個案後，無國界醫生與該國衛生部及世界衛生組織緊密合作，致力降低死亡率、減低病情擴散及強化流行病監控系統，包括於二月展開連串疫苗注射計劃，為四十五萬人提供注射。無國界醫生並在當地醫療設施，支援個案管理及提供抗生素治療。

February Meningitis Outbreak in Northern Uganda

Since the first cases of meningococcal meningitis A were confirmed in two districts of the West Nile region of northern Uganda in early 2007, MSF has been working closely with the Ugandan Ministry of Health and the World Health Organisation to reduce mortality, minimise the spread of the epidemic, and strengthen the epidemiological-surveillance system. They launched a series of vaccination campaigns targeting a total of 450,000 people. MSF supported case management and the supply of antibiotic treatment in health facilities.

無國界醫生促「諾華」撤銷訴訟 保障病人獲可負擔藥物 MSF Urges Novartis to Drop Its Case in India



© Sheila Shettle / MSF

數百名印度市民在本年一月廿九日上街示威，反對諾華製藥公司對印度政府的訴訟。
Hundreds of Indian protested in New Delhi, India on 29 January 2007 against Novartis's challenge to the Indian government.



© Jun Aoki / MSF

仿製藥競爭令第一線抗愛滋病毒藥物降價，由二千年的每名病人約一萬美元跌至約一百三十美元。
Generic competition brings the price of the first-line antiretroviral drug down from around US\$10,000 in 2000 to US\$130 per patient per year.

瑞士藥廠諾華製藥公司，就其抗癌藥基利克（Gleevec）在印度申請專利被拒，入稟法庭尋求推翻決議，並向印度專利法中，保障公眾健康的條文提出異議。無國界醫生促請諾華製藥公司撤銷訴訟，因這訴訟會影響發展中國家的病人獲得基本藥物的機會。

印度一直被譽為「發展中國家的藥房」——它是廉價仿製藥物的一個主要供應者，生產的仿製藥廣為印度及眾多發展中國家人民所使用。印度的法例包含保護公眾健康的措施，設計上力求於保護創新發明與促進公共衛生之間，取得平衡。

若諾華成功迫使印度修改其符合國際貿易法則的專利法，收窄對公共衛生的保護，印度這個重要的藥物來源，就會受到威脅，因為更多的藥物將會獲得專利，而沒有了仿製藥所帶來的市場競爭，藥價將維持高企。

無國界醫生全球聯署行動

此案最後的聆訊將於二零零七年三月底進行，至截稿時法庭仍未有裁決。

無國界醫生現正發起全球聯署行動，促請諾華製藥公司立即撤銷訴訟。請與我們一起告訴諾華製藥公司，不該阻礙人們有獲得所需藥物的權利。**如欲網上簽署，請登入無國界醫生香港辦事處網頁 www.msf.org.hk。**

Swiss pharmaceutical company Novartis is challenging public health safeguards in India's patent law as it fights the Indian government's rejection of its patent application for the cancer drug Gleevec. MSF is urging Novartis to drop its litigation as its actions could affect access to essential medicines in developing countries.

India has long been described as the "Pharmacy of Developing World" - it is a major supplier of affordable generic medicines both for its citizens and people in many developing countries. India's law contains safeguards designed to preserve a balance between protecting innovation and promoting public health. If Novartis is successful in pressurising India into changing its law, many more drugs could become patented - making them off-limits to the generic competition that has proven to bring prices down.

MSF International Petition

The final hearing is scheduled to be in the end of March. On the day of release of this newsletter, the final decision by the court is yet to come.

MSF is launching an international petition to put pressure on Novartis to drop the case. Please join us in telling Novartis it has no business standing in the way of people's right to access the medicines they need. **To sign the petition on-line, please visit MSF Hong Kong website: www.msf.org.hk.**

參與無國界野外定向比賽 為被忽視的人尋找新方向！

Participating in MSF Orienteering Competition
Extending Your Help to Those Neglected!

© Gary Ma



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「無國界野外定向比賽2007」已於二月四日假西貢灣仔順利舉行。一千六百多名參賽者在賽場上勇往直前，攀山越嶺，努力爭取好成績。他們本著「身同感受，定向前行」的精神，為無國界醫生籌得超過一百八十萬港元的經費，以行動支持無國界醫生的全球醫療人道救援工作，為被忽視的人尋找新方向。

無國界野外定向比賽得以連續六年成為全港最大型的野外定向活動，除了有賴各參賽者和捐款人的支持外，還有多個政府部門、商營機構及團體的熱心協助，包括香港野外定向總會協辦、友邦慈善基金全力支持；科浪國際控股有限公司、消防處、入境處、警務處等公司及政府部門派員參賽，並特此鳴謝The Overlander、瑞士國際航空、港龍航空、太古資源有限公司、陳文洲水果有限公司、太古可口可樂香港、德青源、潛水歷險會、新5餐、指定電台新城電台；以及懲教職員義工團、香港少年領袖團、香港聖約翰救傷隊及各方好友的義務幫助。沒有你們，無國界野外定向比賽絕對不會那麼成功！多謝支持！來年再見！

The annual MSF Orienteering Competition was successfully held on 4 February in Wan Tsai, Sai Kung. In the MSF spirit, over 1,600 participants joined the competition and raised more than HKD 1.8 million to support MSF's worldwide medical aid work.

With the support of different organisations and companies, the MSF Orienteering Competition has been the biggest orienteering challenge in Hong Kong for six consecutive years. We would especially like to thank the Orienteering Association of Hong Kong for co-organising the event, the AIA Foundation as a vibrant supporter, Sunlink International Holdings Limited, the Fire Services Department, the Immigration Department and the Hong Kong Police Force, which sent teams to participate.

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