

無疆

SANS FRONTIERES

炮火威脅 醫療難求

Access Struggle under Armed Conflicts



金融海嘯下的挑戰

—— 零零八年最後幾個月裡，全球多個金融市場崩潰，銀行和金融機構受到重創，公司倒閉，觸發大規模裁員潮。在這次全球金融海嘯衝擊下，香港未能置身事外，經濟前景轉差，大家自然對自身的金融投資和工作保障也有一定憂慮。

在世界的另一邊，人們亦憂心忡忡，但擔憂的事卻截然不同。在無國界醫生工作的接近七十個國家中，人們每天關心的是最基本的生存問題。在加沙，人們為尋找可以躲避持續轟炸的地方而擔憂；在津巴布韋，人們為如何得到潔淨飲用水而發愁；而在巴基斯坦，人們關心的是怎樣避開影響平民的暴力事件。

無國界醫生一直致力於幫助我們關注的人群，但是仍未知道這場金融海嘯對我們的救援工作將構成怎樣的影響。無國界醫生選擇主要依賴公眾捐款而非政府撥款，是為了確保我們的工作獨立於任何政治、宗教或經濟勢力之外，這對我們繼續提供人道援助至關重要。在金融海嘯衝擊下，捐款者或不得不改變他們運用金錢的優次，這原則性方針可令我們的財政基礎變得脆弱。

二零零八年裡，無國界醫生香港辦事處籌集到的捐款幾乎全都來自公眾，我們沒有接受香港政府的任何資金。全球人道援助的需要仍然很大，我們將加倍努力尋求捐款者的繼續支持。我們亦會繼續透過不同方法來節約開支，包括招募義工協助處理日常工作、用免費機票和飛行里數捐贈來填補交通開支，更多的向公司企業尋求免費服務和商討較便宜的價格來購買必要物資。

透過這期《無疆》，希望您對我們的工作有更多了解。當中我們介紹了無國界醫生在武裝衝突地區工作的情況，以及在「圖片特寫」中介紹在歐洲為無證移民提供的援助。一如既往，我們很歡迎您的意見，並十分感激您長久以來的支持。

無國界醫生香港辦事處總幹事
溫達德

Challenges Ahead under the Financial Tsunami

In the last months of 2008 the financial markets crashed. Banks and financial institutions tumbled, businesses were forced to close and massive layoffs were triggered. This worldwide financial tsunami did not bypass Hong Kong. The city's economic outlook turned negative. People have valid concerns about their financial investments and job security.



In other parts of the world people are concerned too, but the nature of their concerns is very different. In most of the almost 70 countries where MSF is operational, people worry about their day-to-day survival. In Gaza people worry about where to find shelter from the ongoing bombardments. In Zimbabwe people worry about access to clean drinking water. In Pakistan people worry about how to escape violence against civilians.

MSF is committed to stand by all the populations we care for, but we do not yet know how the financial tsunami will impact our operations. MSF chooses to rely mainly on donations from the public rather than funding from governments to ensure that MSF can maintain its independence from any political, religious or economic stakeholders. The is crucial to allow MSF to continue to provide humanitarian assistance. This principled approach makes us vulnerable as some donors may be forced to shift their monetary priorities, which could impact the financial foundation of our work.

In 2008, almost 100% of the total income collected by MSF Hong Kong came from the public. We did not receive any funding from the Hong Kong Government. We will have to make extra efforts for continued donor support, as the need to provide humanitarian assistance remains as high as ever. We will continue to minimize overhead expenses by different measures, such as working with office volunteers to support daily office duties, applying for free air tickets and mileage donation to cover costs of travel, increasingly soliciting for pro-bono professional services and negotiating for charity rates in services and products that we have to purchase.

With this issue of "Sans Frontières" we aim to inform you about our work. We introduce some of our work in armed conflicts to you and you will find a photo feature about MSF's work for undocumented migrants in Europe. As always we will welcome your comments and feedback, and we are grateful for your ongoing support.

Dick VAN DER TAK
Executive Director
Médecins Sans Frontières Hong Kong

封面圖片 Cover Photo: © Bruno STEVENS / Cosmos 加沙地帶 Gaza Strip



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以色列發動軍事行動期間，加沙的醫院急症室都擠滿了傷者。
Hospital emergency departments are besieged by wounded patients in Gaza during the Israeli military operation.

炮火威脅 醫療難求

Access Struggle under Armed Conflicts

最常見的戰亂受害者畫面，是他們被送到手術室接受手術。諷刺的是，其實他們已是相對「幸運」的一群；有更多人在戰火和暴力衝突下，根本沒有任何獲取醫療的機會。被困於巴基斯坦西北部、斯里蘭卡北部和加沙地帶衝突的平民，便是其中之一。局勢極不安全之下，令病人和醫療人員都不能隨意外出求助或伸出援手。

The most common image of conflict victims is of injured people admitted to a surgical ward for an operation. Ironically, those who are sent to hospitals are the "fortunate" ones. There are many more who do not have any access to health care during peaks of violence or because they live in a climate of violence. Civilians trapped in the conflicts in northwestern Pakistan, northern Sri Lanka and the Gaza Strip are in such a situation. It is so dangerous that both the patients and the medical workers cannot move about freely.

去年底以色列在加沙地帶的軍事行動中，平民無一倖免地受到影響。人口稠密的加沙在猛烈轟炸下，平民並無安全地方可避，所有邊境亦遭封閉。就如無國界醫生一名巴勒斯坦籍醫生所形容：「我們每天被炮彈吵醒，也與炮彈聲同眠。我們根本不會知道甚麼時候會受炮彈襲擊。」

即使是受了傷的，亦不敢離家外出求醫。救援組織亦難以在安全情況下，到受襲地區接觸傷者。

擔心受襲 醫療設施關閉

至於在巴基斯坦西北部的史瓦特山谷，於過去一年，平民同樣受困於激進分子與巴基斯坦軍的炮轟之中。鎮內實施戒嚴，令平民無法自由和安全地外出甚或求醫。

當地醫療診所亦因擔心受襲而關閉，這也是暴力衝突環境下醫療難求的常見原因。無國界醫生在史

瓦特開設了流動診所，但在戒嚴期間，私人車輛一律不准行駛，我們的救護車需申請特別批准方能出動。

盡量接近衝突中心

從醫療角度，無國界醫生的目標是減低與暴力衝突有關的死亡和患病個案，以及改善暴力衝突環境下的人民獲得醫療的情況。在暴力衝突之下，首要工作是接觸受害者和需要援助的人。無國界醫生相信，應盡可能接近暴力衝突中心，以便接觸到最被忽略的人民和傷者，為他們提供醫療援助。

在加沙遭猛烈轟炸這困難情況下，無國界醫生唯有嘗試應變方法，向巴勒斯坦籍的醫護人員提供緊急醫療套裝，令他們可以為住在其鄰近地方的病人上門診治。超過三百人便在這方法下獲得治療。同時，無國界醫生亦支援當地醫院，並設立醫療設施，提供手術護理。

被拒進入救援

然而，要接觸受衝突影響的人，並不容易。

過去多年來，斯里蘭卡北部一直是斯里蘭卡政府軍和泰米爾之虎游擊隊的戰場，及至去年十二月，戰事嚴重升級。

在賈夫納半島，政府軍便設有大量的檢查點，嚴重限制了一般平民的行動；儘管無國界醫生仍能獲得軍方批准，可以把重症病人轉送到其他醫院。

自去年九月，斯里蘭卡政府更以安全理由，拒絕無國界醫生和所有國際非政府組織進入戰火最激烈的瓦尼地區。同時，平民亦無法離開當地。

一名與家人成功逃離的母親憶述瓦尼地區內的情況：「十分可怕，每日都有人被殺。我們無食水、無糧食、無藥物。」另一名婦女則指，她嘗試逃離了五次才成功，因每次都遇上游擊隊向人民開槍而被迫折返。

至關重要的原則

及至今年二月底，約三萬五千人成功逃離瓦尼地區，但仍然有二十萬人被困於當地，得不到任何援助。無國界醫生繼續尋求前往當地接觸需要援助的人，並促請交戰雙方確保平民的安全。

無國界醫生香港辦事處主席范寧醫生說：「在暴力衝突的環境下，能夠獲得醫療服務——姑勿論治理的傷患與暴力衝突有否直接關係，對人民來說，都是重要的。」他於今年一月至二月期間，在加沙參與了救援工作三星期。他續說：「加沙只是例子之一。仍有數以萬計的人被困於不同的衝突和暴力之中，都需要外界的援助。對於無國界醫生來說，保持中立、財政和救援行動的獨立，以及不偏不倚地提供醫療，很是重要。這些原則對我們在戰亂地區上做救援，至關重要。」



范寧醫生（右二）與醫療隊於吹氣醫療帳幕內，為一名受傷小童進行手術。
Dr FAN Ning (second on the right) and the medical team provide surgery to a wounded child in an inflatable tent hospital.

During the Israeli military operation in the Gaza Strip that started in late 2008, civilians were indiscriminately affected. Under heavy bombings, civilians in the densely populated Gaza Strip had nowhere safe to flee and borders all around the Gaza Strip were closed. As one of MSF Palestinian doctors put it, "We wake up with bombs, we sleep with bombs. And we don't know when the bombs will come."

Even those who were wounded did not dare to leave home to seek medical care. And aid organisations were hampered from moving safely to reach the wounded.

Facilities Closed for Fear of Violence

In northwestern Pakistan, civilians also found themselves trapped during the sporadic bombardments between the militants and the Pakistani army in the Swat valley throughout 2008. There were curfews in town that stopped people from moving freely and safely, especially when they needed to seek health care.

Local health clinics were closed for fear of violence, which is often the reason for lack of medical care in violent contexts. MSF set up mobile clinics in Swat. But MSF ambulances had to obtain special permits to

operate during curfews, while no other private vehicles were allowed to circulate.

As Proximate as Possible

From a medical point of view, MSF aims at reducing mortality and morbidity linked to violence and at improving access to health care for people living in violent environments. The priority in violent contexts is to reach victims of violence, and people in need. MSF believes that it should be as proximate as possible to the epicenter of violence to reach the most neglected populations and the wounded to provide medical care to them.

In the difficult situation of heavy bombing in Gaza, MSF had to try an adaptive approach. We provided emergency medical kits to some Palestinian medical staff to treat patients at home in the neighbourhoods where the staff lived. More than 300 people were treated by this approach. At the same time, MSF supported Palestinian medical facilities and provided surgical care in its health facilities in Gaza.

Access Denied

Reaching people affected by conflict, however, is not always easy.

Northern Sri Lanka has been a

battleground between the Sri Lankan Army (SLA) and the Liberation Tigers of Tamil Eelam (LTTE) for years and the fighting intensified massively last December.

In Jaffna Peninsula, the movement of persons is heavily constrained by numerous checkpoints by the SLA, though MSF still manages to obtain military authorisation to transfer complicated cases to other hospitals for further treatment.

Since last September, the government has denied MSF and all international non-governmental organisations access to the most intense fighting area of Vanni for security reasons. Civilians could not leave the area either.

"It was terrifying. People got killed every day. We had no water, no food, no drugs," recounted a mother who managed to flee the conflict zone with her family. Another woman also explained that she attempted five times to get out of the conflict zone, but had to return each time because the LTTE kept shooting at people.

Critical Principles

Until late February, approximately 35,000 people had been able to flee Vanni, but up to 200,000 people remain trapped and without access to assistance. MSF continues to seek urgent access to the people in Vanni and urges both parties to the conflict to ensure the safety of civilians.

"In violent contexts, what makes the difference for people is their access to health care, no matter if it is to treat wounds and diseases directly linked to violence or not," says Dr FAN Ning, MSF Hong Kong President, who worked in Gaza for three weeks from January to February.

"Gaza is only one of the examples. There are still tens of thousands of people trapped in conflicts and violence who need assistance from outside. And for MSF, it is important to maintain neutrality, financial and operational independence as well as provide health care with impartiality. These principles are critical for us to be able to assist in these situations," he adds.



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斯里蘭卡北部為逃避戰亂平民而設的營地上，一名受傷的小童。
A wounded child in a camp for people who have fled the violence in northern Sri Lanka.

無國界醫生工作的部分**武裝衝突地區**：

Some Areas with **Armed Conflicts** Where MSF Works:

蘇丹 Sudan

於達爾富爾地區，向因持續衝突而流離失所的人民提供醫療護理、精神健康服務，以及糧食和潔淨飲用水等基本必需品
Provide medical care, mental health services and basic necessities including food and clean drinking water to internally displaced populations affected by ongoing conflicts in Darfur

巴勒斯坦 Palestinian Territories

於加沙地帶為受衝突影響的人提供手術、手術後護理和心理支援
Provide surgery, post-operative care and psychological assistance to people affected by the conflict in Gaza Strip

乍得 Chad

在東部地區為居民和難民提供全面的醫療護理，包括外科手術、產前護理和疫苗注射等
Provide complete health care to the resident population and refugees in the eastern region, including surgery, prenatal care and vaccination

中非共和國

在西北和東北地區，為長期受暴力衝突威脅的人民，提供醫療護理、精神健康服務和治療結核病、愛滋病和昏睡症的病人
Provide medical care, mental health services and treatment for tuberculosis, HIV/AIDS and sleeping sickness for communities living with ongoing threat of violence in the northwestern and northeastern parts of the country

伊拉克 Iraq

在北部地區，為流離失所者提供心理支援和支援當地醫院
Provide psychological support to displaced people and support local hospitals in the northern region

剛果民主共和國

Democratic Republic of Congo

在東北部提供基本及第二層健康護理、營養治療、水利衛生和治療性侵犯受害者
Provide primary and secondary health care, nutritional support, water and sanitation and treatment of rape victims in the northeastern part of the country



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巴基斯坦 Pakistan

於西北邊境省和聯邦行政部落區為當地平民和難民提供基本醫療護理
Provide essential health care for the local population and refugees affected by conflict in North West Frontier Province and the Federally Administered Tribal Areas



© Benjamin LANNEAU / MSF

* 兩名無國界醫生醫護人員柯玫（二十四歲）和阿里（二十七歲）於二月一日在史瓦特被殺。事發時他們正前往為衝突傷者提供醫療援助，所乘坐的救護車被炮火擊中。無國界醫生已全面停止在史瓦特的醫療工作。
* Two MSF medical staff, Riaz AHMAD (24) and Nasar ALI (27), were killed in Swat on 1 February. They were on their way to provide medical assistance to people injured during fighting when their ambulances came under fire. MSF has completely suspended its medical activities in Swat.

斯里蘭卡 Sri Lanka

於瓦尼南面城鎮瓦武尼亞和賈夫納半島，為受衝突影響的人和病人提供治療和緊急援助
Provide medical treatment and emergency assistance in Vavuniya, a town south of Vanni, and Jaffna Peninsula to people affected by conflict and patients

印度 India

於恰蒂斯加爾邦，為受當地毛派武裝分子及政府部隊持續衝突影響的受害者提供醫療援助
Provide medical assistance for victims of ongoing conflict between the local Maoist rebels and the government backed paramilitaries in Chhattisgarh

索馬里 Somalia

提供基本醫療、營養治療、手術護理，並提供食水及救援物品
Provide primary health care, malnutrition treatment, surgical care, water and relief supply distribution

菲律賓 Philippines

在政府軍與叛軍戰火重燃的棉蘭老島上，為徙置區的流離失所者提供診症和清潔食水
Provide medical consultation and access to water in settlement areas for displaced people on Mindanao island, where fighting has resumed between government forces and rebels



© Helmi MEKAOUI / MSF



嚴惠玲於今年一月抵達加沙，參與救援工作。
YIM Wai Ling joined the surgical project in Gaza in January this year.

脆弱但堅強的加沙人民 Vulnerable but Strong People in Gaza

在耶路撒冷等待了數天後，我終於在一月二十二日進入了加沙地帶。其後我很快就發現加沙的醫院遠比我預期的要多。人們也可以在公共醫療設施獲免費醫療服務。但是，以色列和巴勒斯坦不同政黨之間無止境的衝突，阻礙了基礎設施和醫護人員專業水平的發展。

舉例說，當地大多數醫院的衛生環境和設施都不適合做骨科手術，而且在這個與外界隔絕的地區，沒有人造移植骨供應。我們亦只能從歐洲訂購一些特殊儀器以便進行皮膚移植手術。

根據當地官方資料，是次衝突中，一半的受害者都是兒童和婦女。我得悉當地的醫院滿是受傷的兒童，但由於能力和資源有限，孩子們在檢查和敷料前五分鐘才獲發口服止痛藥，顯然，這完全無法減輕檢查和洗傷口時的痛楚。在爆炸中受傷或燒傷之後，他們還得要承受這些苦楚，而他們的父母也無法避開子女們撕心裂肺的哭泣和叫喊聲。

然而，加沙的人民都很堅強。即使在如此困難的環境下，他們仍然非常熱情好客。當地人依舊活躍在大街小巷，許多商店營業到很晚。也許是因為他們沒有選擇，只能努力去適應這艱難的環境。我真的想知道，為甚麼他們不能和大多數人一樣，享受舒適安寧的生活，也想知道他們何時才有這個機會。

嚴惠玲

香港手術室護士，於二零零九年一月到三月被派到加沙

After several days of waiting in Jerusalem, I finally entered the Gaza Strip on 22 January. I soon realised that there are many more hospitals in Gaza than I expected. Civilians have free medical care in public medical facilities. However, the endless conflicts between Israel and different Palestinian political parties have hampered the development of infrastructure as well as the professional standard of medical personnel.

For instance, the hygiene condition and facilities in most of the local hospitals are not suitable for orthopaedic surgery. There is no supply of artificial bone graft in this isolated area. We also had to order specific instruments for skin graft surgery from Europe.

According to the information from the authorities, 50% of the victims of this conflict are children and women. I learnt that the local hospitals were overwhelmed with wounded children. With limited capacity and resources, oral painkillers were given only five minutes before the examination and dressing, which obviously could not relieve pain during the procedure at all. Children had to face such torture in addition to the previous suffering of burn or injury from explosion. And their parents could not escape the weeping and screaming of their kids.

However, people in Gaza are strong. They stay passionate and hospitable even under such difficult conditions. Locals are still active on streets and many shops run till late. Maybe they have no choice but to adapt to these difficult situations. I wonder why they cannot enjoy an easy and peaceful life that most of us have, and when they will have this privilege.

YIM Wai Ling
Hong Kong operating theatre nurse working in Gaza from January to March 2009

疫苗注射 應付黃熱病的唯一方法 Yellow Fever: Vaccination is the Answer

如果你曾經到非洲或中、南美洲的部分國家旅行，對黃熱病應該不會陌生，並已注射過有關疫苗。事實上，許多國家要求旅客入境時必須出示的唯一國際疫苗證明，就是接種過黃熱病疫苗的證書。

病如其名，黃熱病患者會發高熱，眼睛及皮膚均會變黃。病毒由蚊叮咬傳播，在南美九個國家和加勒比海幾個島嶼都已經成為風土病，非洲亦有三十三個國家受威脅。現時每年約有二十萬人受感染，當中三萬人死亡。

黃熱病的潛伏期為三至六天，之後會進入急性期，症狀包括發高熱、肌肉疼痛、頭痛、發冷、失去胃口、噁心和/或嘔吐。大部分病人於三至四日後病情好轉，症狀消失。

然而，百分之十五的患者會於二十四小時內進入「中毒期」，再發高熱，並迅速出現黃疸、腹痛和嘔吐，甚至內臟出血及腎衰竭。半數「中毒期」的患者會於十至十四日內死亡。

目前還沒有專治黃熱病的藥物。最有效的預防方法是疫苗注射。由於在很多地區疫苗注射情況並不理想，迅速發現黃熱病個案和快速應變（緊急疫苗注射計劃），對控制疾病爆發極為重要。

今年初，塞拉利昂的博城爆發黃熱病，無國界醫生及當地衛生部門隨即針對該區五十二萬五千人，展開疫苗注射計劃。

更正：二零零八年第二期《無疆》的「前線醫訊」中，提及美洲錐蟲病目前受感染人數約八百萬，正確為一千六百萬至一千八百萬人。謹此更正，敬請原諒。

Correction: The number of people being affected by Chagas should be an estimated sixteen to eighteen million, and not eight million as mentioned in the Medical Info of Sans Frontières 2008 Issue 2. We apologise for the mistake.

If you have ever travelled to parts of Africa, Central or South America, you may have heard of yellow fever and have been vaccinated for it before your departure. In fact, a yellow fever vaccination certificate is now the only international vaccine certificate required for entry into some countries.

The name "yellow fever" was given because the disease causes fever and yellow discoloration of skin and eyes. It is a viral disease transmitted by mosquito bites, endemic in nine South American countries and in several Caribbean islands with 33 countries in Africa being at risk. There are 200,000 estimated cases with 30,000 deaths per year.

The yellow fever virus has an incubation period of three to six days. There are then two disease phases. The first "acute" phase is normally characterised by fever, muscle pain, headache, shivers, loss of appetite, nausea and/or vomiting. After three to four days, most patients improve and their symptoms disappear.

Nevertheless, 15% enter a "toxic phase" within 24 hours. The patient has fever again and rapidly develops jaundice and abdominal pain with vomiting. Internal bleeding and kidney failure can occur. Half of the patients in the "toxic phase" die within 10 to 14 days.

There is no specific treatment for yellow fever. Vaccination is the single most important measure for preventing the disease. However, since vaccination coverage in many areas is not optimal, prompt detection of yellow fever cases and rapid response (emergency vaccination campaigns) are essential for controlling disease outbreaks.

Early this year, there was an outbreak in Bo, Sierra Leone. MSF and the Ministry of Health launched a mass vaccination campaign targeting the whole district population of 525,000.



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為應付塞拉利昂今年初的黃熱病爆發，無國界醫生參與推展疫苗注射計劃。
MSF takes part in a vaccination campaign in response to an outbreak of yellow fever in Sierra Leone early this year.

為歐洲的無證入境者提供醫療服務

Health Care for Undocumented Migrants in Europe



© Christian SINIBALDI

一名來自加納的無證入境者在意大利卡拉比亞地區一間廢置的工廠居住。
An undocumented migrant from Ghana lives in an abandoned factory in the Calabria region of Italy.

移民在歐洲並不是新鮮事。新發展的是由非洲沿岸和中東湧入歐洲的無證入境者近年大幅增加。無國界醫生分別在意大利、希臘和馬耳他，為剛抵岸和在開放式及關閉式拘留所的入境者，提供健康護理和心理支援。

無國界醫生自二零零二年起在西西里島以南的蘭佩杜薩島，為乘船登岸的入境者提供免費的緊急醫療評估。在二零零八年，登陸船隻數目大幅上升，

有更多入境者來自戰亂或乾旱國家，如索馬里、厄立特里亞、蘇丹和埃塞俄比亞。

由於海上旅程環境惡劣，很多入境者抵達蘭佩杜薩島和馬耳他時，出現休克、缺水或受傷的情況。

至於在希臘，無國界醫生在米蒂利尼島的入境者羈留中心和帕特拉斯城的臨時營地上，為大多數來自阿富汗的無證入境者，改善中心內的居住環境和提供基本醫療護理及心理支援。

The issue of migration is not new in Europe. What is new, however, is the increase of undocumented migrants coming from African coasts and the Middle East. MSF provides health care and psychological support to the migrants in Italy, Greece and Malta when they arrive and during their detention in open and closed centres.

Since 2002, MSF has provided free emergency medical screenings for migrants who arrive by boat on Lampedusa, south of Sicily. In 2008 there was a dramatic increase in the number of boats landing, with more people from countries affected



© Chris MALUSZYNSKI/MOMENT

未能活着逃到歐洲的人被埋在意大利蘭佩杜薩島的公墓的一角。因為身份不明，他們的十字架上只標有數字。
Buried in a corner of the Lampedusa cemetery are those who never made it to Europe alive. The crosses are only marked with numbers because their identities are unknown.

by conflicts or droughts like Somalia, Eritrea, Sudan and Ethiopia.

The main pathologies of migrants landing on Lampedusa and Malta are often directly related to the difficult travelling conditions at sea, such as being in a state of shock and dehydration with traumas or injuries they sustained during their travels.

In Greece, MSF works at the detention centre in Mytilini and a camp in Patra for undocumented migrants who come mainly from Afghanistan. The project focuses on improving the living conditions at the centre and providing primary health care and psychological support.



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來自阿爾及利亞的無證入境者在意大利的蘭佩杜薩海港被海岸巡邏隊救起。
Algerian undocumented migrants rescued by the coast guards patrol boat in Lampedusa Harbour in Italy.



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無國界醫生在蘭佩杜薩島碼頭為剛登岸的入境者進行醫療分流和急救。
MSF operates a medical triage and first aid on the dock just after the migrants land in Lampedusa.



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無國界醫生的診所裡，工作人員正協助一名無證入境者填寫表格申請醫療卡。
In an MSF clinic, a staff helps an undocumented migrant to fill in a form to get a medical card.

全球工作 Worldwide Work



© Joanna STAVROPOULOU/MSF

津巴布韋南部城鎮拜特布里奇是霍亂爆發的重災區。
The southern town of Beitbridge in Zimbabwe has been particularly hard hit by the cholera outbreak.

津巴布韋爆發近年最嚴重霍亂 The Worst Cholera Outbreak in Zimbabwe in Years

自去年八月爆發以來，霍亂個案數字一直上升，無國界醫生在全國開設了多間霍亂治療中心應付疫情。而在鄰近國家如南非、馬拉維、莫桑比克和贊比亞亦有霍亂爆發，無國界醫生正因應各國需要提供援助。

Since the cholera outbreak last August, the number of cases has kept on rising. MSF has opened dozens of cholera treatment centres throughout the country. There are also outbreaks in neighbouring South Africa, Malawi, Mozambique and Zambia and MSF responds as needed.

在剛果民主共和國應付伊波拉疫情

Response to Ebola Haemorrhagic Fever in the DRC

直至一月尾，西開賽省的疫情已被控制。無國界醫生的醫療隊作好準備，以應付新病例出現。

By the end of January, the outbreak in Western Kasai, Democratic Republic of Congo (DRC) was under control. MSF teams are on stand-by in order to respond to new cases.

在剛果民主共和國，一名小童在無國界醫生設立的隔離中心接受治療。

A child receives treatment in an isolation ward set up by MSF in the DRC.



© Jorge DIRKX

支援肯尼亞醫院應付爆炸事件 Support Hospital after Explosion in Kenya

二月一日，一輛運油車在莫洛地區翻側並發生爆炸，無國界醫生支援那古魯醫院，並為醫護人員、病人及其家屬提供精神健康輔導。

After a petrol tanker overturned and exploded near Molo on 1 February, MSF provided support to Nakuru hospital, as well as counselling to health care workers, patients and their families.

布隆迪營養治療項目 Nutritional Intervention in Burundi

醫療隊於二月九日開始，在基隆都的穩定治療中心工作，同時為嚴重和中度營養不良的兒童提供流動營養治療。
The MSF team started working in a stabilisation centre in Kirundo on 9 February. The team also provides ambulatory activities for children with severe and moderate malnutrition.



© Julie RÉMY

海地茱迪安妮醫院搬遷 Move of Jude Anne Hospital in Haiti

醫院新址位於首都太子港的索利達提城地區，好處是能為病人提供更大空間，以及更接近貧民社群。無國界醫生目標是為這些社群提供免費的婦產服務。

The new hospital is in an area called Cité Solidarité in Port-au-Prince. The advantages of this new location are the additional space for patients and its proximity to the slum communities, communities which MSF targets for free obstetric care.

茱迪安妮舊醫院的樓梯狹窄，不便醫護人員用擔架抬病人前往另一層。
The old building of Jude Anne Hospital has a narrow stair that cannot easily accommodate stretchers to walk from one floor to another.

乍得東部開展麻疹疫苗注射計劃 Measles Vaccination in Eastern Chad

自二月初，工作隊在麻疹個案急升的阿貝歇地區，已為超過四萬名兒童注射麻疹疫苗。其他隊伍亦在與蘇丹接壤的邊境地區展開麻疹疫苗注射計劃。

Since early February, MSF teams have been vaccinating more than 40,000 children against measles in the district of Abéché, where the number of measles cases has risen sharply. Other MSF teams also undertake another vaccination campaign along the Sudan border.

無國界醫生在乍得為六個月至十五歲的兒童注射麻疹疫苗。
MSF launches measles vaccination in Chad, targeting children aged from 6 months to 15 years old.



© Philippe LATOUR / MSF

應付印度腦膜炎爆發 Respond to Meningitis Outbreak in India

梅加拉亞邦於二月中爆發腦膜炎，醫療隊到當地協助應付。是次爆發已造成超過一百人死亡，六百人受感染。
The team has responded to the meningitis outbreak in Maghalaya state, which affected 600 people and killed more than 100 in February.

重返蘇丹穆哈加里耶 Back to Muhajariya, Sudan

基於叛軍之間的衝突而被迫離開四星期後，工作隊於二月中重返達爾富爾南部穆哈加里耶，為約三萬五千名受戰火影響的平民提供醫療，更多救援人員將抵達當地，並重整區內的診所。

After four weeks of forced absence due to clashes between rebel groups, MSF team has returned to provide health care to the estimated 35,000 people affected by heavy fighting in Muhajariya, South Darfur since mid-February. More staff will be brought in and clinics in nearby areas will be restored.



© Veronique TERRASSE / MSF

今年一月，無國界醫生把印尼巴布亞的基本醫療項目，移交予當地衛生部門。
MSF handed over the primary health care programme to the local public health authorities in Papua, Indonesia in January 2009.

救援項目結束 艱難的決定

A Difficult Decision: **When to Leave**

在無國界醫生決定展開救援項目之際，就意味著項目會有終結的一日。結束項目，不論對於救援隊伍抑或受助者，都是一個艱難的決定。有人或會覺得這是把我們的病人置之不理，又或是當地仍有醫療需要，有待我們處理。然而，我們不是萬能，也不能回應所有的需要，我們需要量力而為。經驗告訴我們，決定離開，有時是一個痛苦的過程。

建基於分析

決定是否結束或移交項目甚至全面撤離一個國家，是建基於分析——究竟無國界醫生的項目是否有存在需要和具關切性。當醫療危機不再存在，無國界醫生會結束救援工作，零七年尼日利亞爆發腦膜炎、零八年埃塞俄比亞爆發麻疹或零四年的南亞海嘯，正是例子之一。當有其他非政府組織已提供醫療援助，無國界醫生亦會評估會否有資源重疊的情況。

當暴力衝突地區局勢轉為穩定，流離失所者安全重返家園後，無國界醫生亦會離開當地或結束項目。有見盧旺達醫療制度改善，我們於二零零七年結束當地的救援工作。但另一方面，當暴力衝突升級至救援人員的人身安全受到威脅，甚至被殺時，為著救援人員的安全，我們亦會被迫離開。阿富汗及伊拉克分別於零四及零五年發生人道救援人員被襲事件，無國界醫生救援隊伍最後被迫撤離。

當政府當局或當地組織願意和有能力的，去重新建立醫療制度以應付人民的醫療需要時，無國界醫生亦會考慮離開。

例如，二零零六年，無國界醫生與印尼巴布亞省衛生部門合作開展基本醫療項目，主要提供母嬰健康護理。在項目中，我們並非要建立長遠項目以回應當地公共醫療需要，而是透過為當地員工提供培訓，讓

他們有能力分辨及轉介急症病者，從而為當地醫療制度帶來策略上的改善。今年一月，我們便將有關項目移交予當地衛生部門。

離開不代表永不重返

當然，終止、結束或移交項目後不代表無國界醫生不會重返舊地。救援隊伍於二零零四年離開斯里蘭卡，但其後當地暴力衝突再次升級，我們於二零零六年決定重新展開工作。畢竟，沒有人能夠保證暴力衝突不再發生或者醫療和人道需要都得到妥善回應。

要作出終止救援項目這艱難的決定，我們憑藉的是救援經驗、對形勢的分析，以及要考慮到，無國界醫生的短期援助不應錯誤地用來取代表長遠解決方法。結束項目雖然是一個艱難的決定，但它正表現出無國界醫生作為緊急醫療人道救援機構的理念和定位，在危難中向最危困的人伸出援手。

The decision to start an MSF project also means there will be a time to close. Closing a project can be difficult for MSF, both for field teams and for the target population involved. There may be a feeling of abandoning our patients or that some health needs remain to be addressed. We cannot do everything, and respond to all the needs, but we have to be modest. Experience teaches us that the decision to leave is sometimes a painful process.

Based on Analysis

The decision to close or hand-over a project, or to leave a country completely is always based on an analysis of whether MSF's presence is still required and relevant. MSF will end intervention when a medical emergency ceases to exist (meningitis outbreak in Nigeria 2007, measles epidemic in Ethiopia 2008, or Asian tsunami 2004). If there are other NGOs providing medical support, MSF will assess whether its continued presence brings a risk of duplication of efforts.

MSF will also leave or close a project when a previously violent situation is sufficiently stable and displaced people have been able to safely resettle in their areas of origin (Rwanda 2007). On the other hand, a conflict situation can deteriorate to the point that MSF staff is threatened or even murdered (Afghanistan 2004, Iraq 2005), which may force us to leave.

Leaving will be considered when the authorities and local actors have the capacity and motivation to restore and develop a medical system able to meet the needs of the population.

For example, in 2006 MSF launched a primary health care programme focusing on mother and child health care in partnership with the Ministry of Health in Papua, Indonesia. MSF never aimed to establish a long-term response to the public health needs in Papua, but aimed at strategic improvements in the health care system by training the national staff to identify serious cases and to refer the most urgent patients. In January 2009

MSF handed the project over to the local public health authorities.

No Guarantee of No Return

Of course the decision to stop, close or handover a project comes with no guarantee that MSF will not need to return in the future. MSF left Sri Lanka in 2004, but decided to return in 2006 when the conflict escalated again. There is no guarantee that a conflict will not resume, or that medical and humanitarian needs will be correctly addressed.

The difficult decision to bring an end to MSF's assistance is based on our experience, our analysis of the situation and our concern that MSF's short-term solution should not wrongly substitute more permanent solutions. While it can be a difficult decision to make, ending activities reflects the will and identity of MSF to carry out its specific role as an emergency medical-humanitarian actor that exists to help the most vulnerable people at times of extreme crisis.



© Jennifer WARREN

隨著盧旺達的國家醫療應付能力漸增及有其他組織參與協助，無國界醫生得以將項目逐步移交並撤離該國。
The capacity of local systems and the involvement of other external actors in Rwanda have allowed MSF's gradual handover and withdrawal.

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無疆 之意義

《無疆》主要是由無國界醫生香港辦事處的職員撰寫，透過一年兩期的《無疆》，讓你了解我們如何運用你的捐款及加深你對無國界醫生救援工作的了解。《無疆》也是一個平台，讓我們的志願人員和工作人員喚起大家對人道危機的關注，和分享他們的前線救援點滴。

What is "Sans Frontières"?

"Sans Frontières" is written by staff in MSF Hong Kong and sent twice a year to our supporters. We send it to keep you, our donors, informed on how your donation is spent and up-to-date MSF's worldwide work. It is also a platform for our volunteers and staff to raise awareness of the humanitarian crises in which MSF works and share their frontline relief experience.

© Veronique TERRASSE / MSF 印尼巴布亞 Papua, Indonesia

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。

Médecins Sans Frontières (MSF) is an international medical humanitarian organisation, committed to two objectives: providing medical aid whenever needed, regardless of race, religion, politics or gender and raising awareness of the suffering of the people we help.



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