

無疆

SANS FRONTIERES

無國界醫生的考慮——
何時展開緊急救援工作？
When to Respond to an Emergency?
MSF's Considerations.



何時開展項目？

每日，我們都可以從傳媒報道中得知世界各地正發生的危機。戰爭、衝突、疫病和天災嚴重影響數以百萬人的生命。留意各地的政治和局勢發展，以便我們可以立即行動，以回應受影響人民的需要和苦困，是無國界醫生的責任。

然而，無國界醫生並不可能在每一處都開展項目，我們往往需要作出艱難的救援決定。我們需要識別出哪些危機是我們的醫療隊可以真正帶來改變和最大影響。一般來說，在任何環境下，無國界醫生都以接觸最需要援助的人為目標。

在我們身處的地區，最近便先後有中國新疆騷亂、台灣莫拉克風災，以及中國、緬甸邊境局勢緊張的情況。這些事件都造成苦困與絕望。我們在事件伊始就作出緊密監察，與身處現場的人建立聯繫，並認真地審視每一個案。最後，無國界醫生決定不就這些事件開設救援項目。部分無國界醫生的支持者和傳媒都曾致電香港辦事處查詢，因為他們覺得以事態性質，無國界醫生應採取救援行動。

這期《無疆》的《無國界醫生的考慮——何時展開緊急救援工作？》一文便講述開設項目的準則，希望藉此讓大家更了解我們的做法。決定是否開展項目，往往需要討論。每個決定都獨一無二，因為每個危機都各自有其不同的挑戰。

作為醫療組織，我們最首要評估的是受影響人民的健康情況。無國界醫生不會參與重建或完全與醫療無關的工作，若政府或其他組織已採取適切回應，我們亦會為免工作重複，而可能不介入援助。

有時，我們決定不採取行動的決定或會令你覺得不合邏輯。不過，我們必定會對最需要援助的人作出承擔。我們應該只考慮人道需要，而並非取決於最新近的傳媒報道。有數以百萬計的人仍身處被外界遺忘的危機，同樣需要我們的關注。

無國界醫生香港辦事處總幹事
溫達德

When to Start a Project?

Every day the media tells us about crises all over the world. War, conflict, epidemics and natural disasters seriously affect the lives of millions of people. It is MSF's responsibility to monitor the political and contextual developments in the world to ensure that we can immediately respond to human needs and suffering, whenever they arise.



However, it is impossible for MSF to always intervene everywhere. Tough operational choices need to be made. We need to identify the crises where our teams can make a real difference and have the strongest possible impact. As a general rule MSF will always aim to reach those most in need in any given context.

In our own region we were recently confronted with the riots in China's Xinjiang province, typhoon Morakot in Taiwan, and tension on the China/Myanmar border. All these events caused suffering and despair. We have closely monitored the situation from the beginning, established contacts on the ground, and evaluated the cases seriously. After all, MSF decided against opening a project. Some MSF supporters and members of the media have called MSF-HK for a clarification, as they feel the nature of these crises justifies an MSF response.

In this Bulletin you will find an article, "When to Respond to an Emergency? MSF's Considerations.", that will hopefully help you to better understand our approach. The decision to start a project is always subject to debate. Every decision is unique, because every crisis brings its own set of challenges.

MSF is a medical organisation, so we will always primarily assess the health needs of the affected population. MSF will not get involved in reconstruction or strict non-medical activities. We will also have to prevent double-work, and may decide not to intervene if a government or other organisations already provide an appropriate response.

Sometimes our decision not to respond may seem illogical. However, our commitment is always with people most in need. We should be driven by humanitarian needs only, and not by the latest media reports. There are millions of people in forgotten crises who deserve our attention too.

Dick VAN DER TAK
Executive Director
Médecins Sans Frontières Hong Kong



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剛果民主共和國城鎮戈馬於二零零八年末發生衝突，無國界醫生為流離失所者提供緊急救援。
MSF started emergency relief programmes for the displaced people after fighting erupted in Goma, the Democratic Republic of Congo in late 2008.

無國界醫生的考慮—— 何時展開緊急救援工作？ When to Respond to an Emergency? MSF's Considerations.

作為一個醫療人道救援組織，回應危難中出現的緊急事件一直是我們的工作重點。不過，危難每天都會發生，就算我們多麼希望展開救援行動，在能力所限之下也無法全部回應。我們經常要作出困難的決定——在哪裡開展工作和如何訂立行動的優先次序。

As a medical-humanitarian organisation, responding to emergencies during crises has always been at the heart of MSF's work. However, as much as we wish to always act, crises occur every day and it is beyond our capacity to respond to each of them. We are thus often faced with difficult decisions: where to intervene and how to prioritise.



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除了提供醫療援助，無國界醫生也會向有需要的災民分發物資。
In addition to providing medical assistance, MSF also distributes relief items to the affected people in need.

緊急事件發生後，無國界醫生會力求在四十八小時之內到達災區，評估當地需要。

一支評估隊伍（包括醫療和後勤專家）會確定災難的強度，以及災民的即時需要。這些需要由糧食、飲用水、衛生設備、緊急醫療服務，到棲身之所、燃料和心理支援不等。

評估需要的重要

我們也會把災區現存的應變能力，包括本土以及國際的援助，納入考慮之列，以避免工作重覆或重疊。例如二零零四年的南亞海嘯，我們決定將救援工作集中在印尼重災區亞齊省。當地的醫療需要遠較泰國緊迫，因為泰國的當地社區已作出迅速而有效的回應。

這類型的初部評估通常需時二至十天，按緊急事件的性質和規模來決定。如有需要，無國界醫生會在評估時向災民和醫院分發物資，以及提供醫療援助。

評估搜集得來的資訊，讓無國界醫生得以審視災區有沒有未能滿足的需要，和這些需要能否由無國界醫生來處理。無國界醫生會確保將有

限的資源運用得最好，去提供有效和高質素的援助。

傳媒報道 ≠ 真正需要

近年來，我們觀察到傳媒多以大篇幅來報道天災，其他突發事件如疫症和武裝衝突，則相對得到較少、甚至沒有任何報道。我們明白到，突如其來和戲劇性的天災，如地震和海嘯，都極具新聞價值。不過，傳媒的報道可能會令大眾要求立即就某些事件採取行動，而忽略了要先就事情小心評估需要，我們將這些事件稱為「CNN危機」。

這些「CNN危機」都具有一個類似的模式：當緊急事件被主流傳媒廣泛報道後，災區火速湧現大批金錢捐助和物資。在災難後數天，這些資源確實帶來幫助。不過，當救援人員和物資不斷湧到災區，又沒有平衡到真正的需要時，可能會為本土和國際組織的協調上帶來沉重負擔，導致工作重覆，甚至浪費。

當天災發生並引發大量傳媒報道後，我們不難看到以下新聞：捐贈往災區的物資中有壽司等新鮮食物和過期藥物；居於熱帶地區的災民收到禦寒冬衣；即食麵派發到沒有煮食燃料的災區等。故此，先進行

評估來決定適當的援助是十分重要的。最好的救援不但要迅速，更要基於每個緊急事件的特殊需要。

緊急事件 ≠ 只有天災

除了天災，其他緊急事件如疫症爆發、暴力衝突和人口流徙也可能需要人道援助。雖然這些緊急事件只獲得極少的公眾和傳媒注視，無國界醫生也會主動回應他們的人道需要。例如，尼日利亞和尼日爾的醫療服務極其匱乏，經常會爆發致命的腦膜炎。今年初，兩國的腦膜炎疫情到達警戒線時，無國界醫生便進行了緊急大型疫苗注射計劃，為四百萬名兒童注射腦膜炎疫苗。

在決定是否開展一個項目時，不同的機構都有不同的考慮。作為一個矢志要為有需要的人提供人道救援的機構，無國界醫生不會因為可預見的捐款，又或是能夠提升機構的知名度而開展一個項目。有很多地區都有著龐大的人道救援需要，同一時間也有很多緊急事件發生，無國界醫生會逐一小心評估，去提供適時和恰當的援助。



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為了對付津巴布韋的霍亂疫情，無國界醫生設置了抽水機，為平民供應清潔食水。

To combat the cholera epidemic in Zimbabwe, MSF has constructed water pumps to provide clean water to civilians.

Immediately after an emergency, MSF teams will strive to reach the affected area within 48 hours to conduct a needs assessment.

An assessment team consists of medical and logistical experts attempting to identify the magnitude of the crisis and the immediate life-saving needs of the affected population. These needs may range from food, drinking water and sanitation, emergency clinical services to shelter, fuel and psychological support.

Important Need Assessment

We also take into consideration the existing response capacity – both local and international – to avoid duplication or overlapping of relief efforts. For example, after the 2004 Asian tsunami, we decided to focus our effort on Aceh in Indonesia as health needs were more pressing in the hard-hit region of Indonesia when compared with Thailand, where effective responses were mounted by the Thai community.

These types of initial assessments will usually take about 2 to 10 days depending on the nature and scale of the emergency. During these assessments, the MSF team will also distribute relief items to the victims, donate medical supplies to health structures and provide medical assistance if needed.

The information collected during these assessments allow MSF to gauge if there are unmet needs that MSF may address. MSF ensures the best use of its limited resources to provide effective, high quality aid.

Media Coverage ≠ Actual Need

We have observed in recent years that natural disasters have intense media coverage while other emergencies such as epidemics and armed conflict, receive weaker or almost no media attention. It is understandable that unexpected, dramatic natural disasters like earthquakes and tsunamis are extremely newsworthy. However,

media coverage may generate public demand of instant action on those issues, before a careful assessment on the need is carried out. We call these issues “CNN emergencies”.

These “CNN emergencies” have a similar pattern: when an emergency is widely covered by mainstream media, a vast influx of money and in-kind donations will be quickly channelled to the field. In the first few days, these resources may help to ease the situation. However, the flood of human and material resources without balancing the real need may overload the coordination of local and international groups and lead to an overlap or even a waste of relief efforts.

From time to time, following huge media coverage of a natural disaster, it is not rare to read about the following news: the donation of fresh food like sushi, winter clothes to tropical regions, instant noodles to areas without cooking fuel, expired drugs sent to the affected areas, etc. Doing an assessment before deciding the appropriate way to respond is important. Interventions should not only be quick but also based on the specific needs of the affected populations in each emergency.



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尼日爾是腦膜炎的爆發熱點，無國界醫生在該國進行大規模的疫苗注射計劃。MSF carries out mass vaccination campaign against meningitis in Niger.

Emergencies ≠ Natural Disasters Only

Apart from natural disasters, there are other emergencies such as disease outbreaks, armed conflict and population displacement that may require humanitarian assistance. MSF actively responds to these emergencies as well although they receive far less public and media attention. For example, in Nigeria and Niger, where healthcare provision is insufficient and meningitis outbreaks occur regularly, MSF undertook emergency mass vaccination campaigns and vaccinated four million children against meningitis when the alert threshold had been reached early this year.

Different organisations have different considerations in deciding when to start a project. As an organisation devoted to providing essential healthcare to people in need, MSF does not base its decision to start a project or not on the prospect of fundraising or the possible enhancement of the organisation's profile. There are many places where humanitarian needs are big and often many emergencies happen at the same time. MSF will make careful assessment case by case to decide when and how to provide a timely and appropriate response.

無國界醫生近年進行的部份緊急救援項目 Some MSF Emergency Responses in Recent Years

- 二零零九年九月，亞太地區接連發生天災。無國界醫生派出緊急救援隊伍到印尼、菲律賓和薩摩亞群島提供即時援助。
- 二零零九年九月，巴布亞新幾內亞發生五十年來首次霍亂爆發，無國界醫生免費治療霍亂病人。
- 二零零九年九月，中非共和國西南部面臨緊急營養危機，無國界醫生開設了四間中心治療營養不良兒童。
- 二零零九年五月，馬里北部麻疹爆發。無國界醫生為四十萬名六個月至十五歲的兒童注射麻疹疫苗。
- 二零零九年四月，尼日利亞和尼日爾爆發腦膜炎，無國界醫生為四百萬名兒童注射腦膜炎疫苗。
- 二零零八年末，加沙地帶爆發衝突。無國界醫生提供手術、手術後護理和心理支援。



© Anne YZEBE / MSF

無國界醫生在斯里蘭卡的曼尼農場設立了一間吹氣帳幕醫院，治療流離失所者。
MSF set up an inflatable field hospital to provide medical care for displaced people living in Manik Farm, Sri Lanka.

- 二零零八年末，斯里蘭卡北部的戰事升級，無國界醫生為平民提供外科支援、婦產科治療及緊急治理。
- 二零零八年八月及九月，兩個熱帶風暴及兩個颶風分別吹襲海地。無國界醫生為災民提供基本醫療服務和派發衛生包。
- 二零零八年五月，埃塞俄比亞南部發生營養危機，無國界醫生治療了超過七萬二千名嚴重和中度營養不良兒童。
- 二零零八年五月，中國四川省發生黎克特制八級地震，無國界醫生為災民提供醫療和心理援助。
- 二零零八年五月，風暴納爾吉斯吹襲緬甸。截至同年十一月，無國界醫生援助了超過五十二萬人。
- 二零零八年一月，巴基斯坦西北邊境省發生派系衝突，無國界醫生至今仍為當地居民和難民提供基本醫療服務。
- 二零零八年初，津巴布韋爆發霍亂，直至今年三月，無國界醫生治療了接近五萬六千名病人。

- In September 2009, a succession of natural disasters occurred in Asia Pacific, MSF sent emergency teams to Indonesia, the Philippines and Samoa islands to provide immediate assistance.
- In September 2009, MSF provided free treatment to cholera patients in Papua New Guinea in the first cholera outbreak in 50 years in the country.
- In September 2009, south-western Central African Republic faced a serious nutritional emergency. MSF opened four feeding centres to treat malnourished children.
- Measles epidemic hit northern Mali in May 2009. MSF vaccinated around 400,000 children from six months to 15 years old against the disease.
- In April 2009, MSF vaccinated four millions children against meningitis in an outbreak affected Nigeria and Niger.
- In late 2008, conflict occurred in the Gaza Strip. MSF provided surgical care and psychological assistance.



© Bruno STEVENS / Cosmos

無國界醫生在加沙地帶開設了一個緊急手術項目，治理遭受炮火威脅的平民。
MSF set up an emergency surgical programme to treat civilians caught in the fire in the Gaza Strip.

- In late 2008, conflict escalated in northern Sri Lanka. MSF provided medical and surgical support, obstetric and gynaecological treatment, and emergency care.
- In August and September 2008, two tropical storms and two hurricanes hit Haiti. MSF provided primary healthcare and distributed hygiene kits to victims.
- In May 2008, a nutritional crisis occurred in southern Ethiopia. MSF treated more than 72,000 severely and moderately malnourished children.
- In May 2008, a magnitude 8.0 earthquake hit Sichuan province of China. MSF provided medical and psychological support to the victims.
- In May 2008, Cyclone Nargis hit Myanmar. MSF assisted more than 520,000 people in first six months.
- In January 2008, sectarian clashes broke out in North West Frontier Province, Pakistan. MSF provides essential healthcare for the local population and refugees until now.
- In early 2008, a cholera outbreak swept through Zimbabwe. As at March 2009, MSF treated almost 56,000 people.

專利不應阻礙病人獲得所需藥物 Patents Should Not Block Access to Essential Drugs

H1N1甲型流感在全球肆虐，你我都備受威脅。隨著疫情預計將有第二輪爆發，國際焦點再次投放在H1N1的疫苗和藥物之上。

當流感大爆發威脅全球，重要的是大家不要忘記，在發展中國家，每天仍有數以千計病人因傳染病而死亡。這些病人因為自身及政府都無法負擔藥價，而無法獲得所需藥物。

要降低藥價，最有效和可持續的做法就是引入生產者的競爭。然而，如果藥物受到專利保護，而專利擁有者又不容許競爭，藥物價格就可能會被人工化地抬高。

為了公共衛生的需要，一國政府可以發出強制性許可證，以完全合法的做法凌駕專利。強制性許可，能夠讓該國的本地生產者合法地生產專利藥品的仿製藥，從而促使藥價下降。

就以愛滋病為例，無國界醫生在二零零零年為愛滋病人提供抗愛滋病毒治療，當時只有擁有專利的藥廠生產有關藥物，每位病人的藥費，每年高達一萬美元。隨後幾年間，多家生產商生產仿製藥，帶來的競爭令藥價大幅滑落。今天在發展中國家，最常用的三聯方案治療愛滋病，藥費每人每年已低於一百美元。

不過，發展中國家使用強制性許可，有時會引來激烈的爭議和批評。美國等富裕國家曾威脅對這樣做的國家採取貿易制裁；也有藥廠採取報復措施，例如二零零七年泰國對三種藥物發出強制性許可，跨國藥廠雅培隨即將在泰國進行中的新藥註冊全部取消。

無國界醫生「病者有其藥」運動政策倡議總監查爾絲說：「專利不應成為病人獲得所需藥物的障礙，不論是流感，是愛滋病，還是其他疾病。」



© Tim DIRVEN / 乍得 Chad

Influenza A (H1N1) has been raging worldwide and poses a threat to us all. With the forecast of a second wave of pandemic spread, global attention once again focused on vaccines and treatments for pandemic influenza A (H1N1).

However, it is important to remember that while a flu pandemic is a threat, thousands die of infectious diseases every day in developing countries. They are deprived from essential medicines because they and their governments cannot afford them.

The most effective and sustainable way to bring down the price of a drug is through competition among producers. But if a drug is under patent and the patent owner is not willing to allow competition, an artificially high price can be charged for the drug.

In order to serve public health needs, a government can override a patent – in an entirely lawful manner – by issuing what is called a compulsory license. A compulsory license allows local producers in a country to legally manufacture a generic version of the patented drug, thereby driving its price down.

To cite HIV/AIDS as an example, when MSF began providing antiretroviral treatment to people living with HIV/AIDS in 2000, a year's treatment course cost more than US\$10,000 per person. At that time, antiretrovirals were only available from the drug companies that held the patents. With the onset of competition among multiple producers, prices began to plummet in the years that followed. The most-used triple-drug AIDS treatment in the developing world now costs less than US\$100 per year.

Yet the use of compulsory licensing by developing countries sometimes attracts a storm of controversy and criticism. In some cases, wealthy countries such as the US have responded to these actions by threatening trade sanctions. There have also been retaliatory measures by pharmaceutical companies. For example, the multinational pharmaceutical company Abbott withdrew all applications to register new drugs in Thailand immediately after the country issued compulsory licenses for three drugs in 2007.

"Patents should not stand in the way of access to essential drugs: not with influenza, and not with HIV/AIDS or any other illness," said Michelle CHILDS, Director of Policy and Advocacy at MSF's Campaign for Access to Essential Medicines.

救命藥物的價格經常叫發展中國家的病人難以負擔。

Life-saving drugs are always priced out of reach of patients in developing countries.

無法言喻的恐懼 —— 逃避叛軍襲擊的平民

Indescribable Fear – Civilians Fleeing the LRA Violence



© Brendan BANNON

在南蘇丹接近剛果民主共和國邊境的一個難民營裡，兒童在溪邊清洗衣服和煮食器具。
Children washing clothes and cooking pots in the creek at a refugee camp in southern Sudan, right beside the DRC border.

自二零零八年九月起，烏干達叛軍「聖主抵抗軍」對剛果民主共和國東北部的平民施以嚴重暴力襲擊。零九年三月，烏干達、剛果民主共和國和南蘇丹針對聖主抵抗軍展開聯合軍事行動後，情況進一步惡化。

現時，剛果民主共和國北部、南蘇丹和中非共和國的幾個地區都受到暴力影響，超過二十五萬名剛果人和數千名蘇丹人流離失所。

遭襲擊的剛果村落都被搶掠一空，所有東西都被燒成灰燼，很多村民被大刀亂砍至死，婦女和女童被擄去做性奴，或被迫運送在衝突中掠奪得來的物品，甚或被徵集參與戰事。

無國界醫生醫療隊在剛果民主共和國和蘇丹，為流離失所者和本地居民提供緊急援助和免費醫療服務，亦在中非共和國派發糧食和救援物資。

Since September 2008, the Lord's Resistance Army (LRA), the rebel group from Uganda, has committed acts of extreme violence against civilians in north-eastern Democratic Republic of Congo (DRC). In March 2009, the situation deteriorated further when Uganda, the DRC and southern Sudan launched a joint military offensive against the LRA.

Today, several regions in northern DRC, southern Sudan and the Central African Republic (CAR) are affected by the violence, displacing more than 250,000 Congolese and thousands of Sudanese.

During the attacks in the DRC, entire Congolese villages have been looted and often burnt to the ground, people have been hacked to death with machetes, and women and children have been abducted for use as sexual slaves, forced to carry looted goods, or recruited to the conflict.

MSF teams operating in the DRC and Sudan are providing emergency assistance and free medical services to the displaced and the locals. Food and relief items distribution was also done in the CAR.



© Vanessa VICK

剛果民主共和國東北部一城鎮在襲擊中被焚毀。
A town in northeastern DRC was burnt in the attack by the LRA.



© Brendan BANNON

逃避聖主抵抗軍襲擊的難民正前往南蘇丹難民營。
A group of refugees fleeing the LRA attack are on the road to a refugee camp in southern Sudan.



© Brendan BANNON

這男子(右)在兒子被殺害後逃到南蘇丹的難民營躲避。
This man (right) fled the DRC and stayed in a refugee camp in southern Sudan after his son was killed.



© Brendan BANNON

無國界醫生南蘇丹診所內的一名剛果母親和她嚴重營養不良的孩子。
A Congolese mother and her severely malnourished child in an MSF clinic in southern Sudan.

在重重限制下工作—— 在土庫曼當醫療顧問

Working in a Restrictive Context – Be a Medical Advisor in Turkmenistan



© James KAMBAKI / MSF

無國界醫生於二零零四年在邁丹尼開設母嬰健康護理項目。
MSF started a mother and child healthcare programme in Magdanly in 2004.

抵達土庫曼之後，我才知道我的任務原來如此艱鉅。

中亞國家土庫曼於一九九一年自前蘇聯獨立，現在對外界仍然採取封閉的態度。土庫曼人民只能獲得前蘇聯時期的、過時的醫療護理。了解到該國對適切醫療的需求，無國界醫生於一九九九年開始在土庫曼工作，並於五年前在列巴普州的邁丹尼開設母嬰健康護理項目。

雖然無國界醫生致力改善邁丹尼的醫療服務，但由於該區所有醫療服務都面對官僚式的障礙，加上缺乏政治承擔，阻礙了無國界醫生進行實質的工作。無國界醫生的外籍醫療人員在該國不獲發行醫牌照，我

們被禁止進行任何臨床工作，只能擔任醫療顧問。

我的職責是給予當地醫護人員建議，解釋背後的原因，游說他們接受新知識，以改變固有的概念和做法。在無法參與實際的醫療工作下，我感到我的動力正逐漸減退。

就這樣過了一個多月，我嘗試調整自己的工作模式，而這個小改變竟然帶來了豐碩的成果。一天，一名當地的婦科醫生替一個健康情況需要終止懷孕的婦女，進行擴宮頸和刮宮術，當中沒有進行任何止痛程序。我觀察了整個過程後，便循循善誘地建議他以世界衛生組織建議的手動真空吸引術代替，又詳細解釋此方法的優點。他一表示興趣，

我便立刻安排附有影音配套的理論培訓，和籌劃捐贈有關器材。

培訓時，我抓緊機會講解世衛的安全流產指引，這個指引包含的不單止是手動真空吸引術，還有止痛、預防感染、預防貧血和家庭計劃輔導幾方面。我還按當地醫生的要求，示範了一次和支援了兩次有關手術，直至保證到當地醫生可以獨立掌握到這種新技術。在跟進期間，我很高興地發現，在無國界醫生的醫療用品供應下，項目已實行了世衛的整個治療方案。

享受當一個顧問

自此之後，我主力根據當地醫生的需要提供實用的培訓。我找到我的角色，也得到任務的滿足感。

與之前的任務相似，很多病人都心存感激，有些還拿著相機回到醫院和我們拍照。我的任務將要完結時，當地婦科醫生和助產士為我舉行了一個歡送會。一位高級助產士千里迢迢由距離一百公里的醫療站前來參與，實在令我非常驚喜。席間，每人都表達了對無國界醫生工作的讚賞，好像培訓、藥物供應和設立手術室等。

八個月的任務過後，我可以為自己能夠熬過無國界醫生這個如此特殊、不尋常和外在環境限制多多的項目而感到自豪。

無國界醫生土庫曼項目婦科醫生屠錚

邁丹尼位於列巴普州東面的偏遠地區。
Magdanly situated in the remote eastern region of Lebap Province.

© Roy Anthony COSICO



Photo Source: TU Zheng

婦科醫生屠錚於土庫曼參與為期八個月的救援項目。
TU Zheng, a gynaecologist, joins the eight-month mission in Turkmenistan.

無國界醫生在一九九九年開始在土庫曼工作。無國界醫生在列巴普州邁丹尼的區域醫院支援兒科和婦科健康服務，以及進行化驗工作。有關項目已於二零零九年九月結束。

屠錚醫生是無國界醫生首位來自中國大陸的醫生。她今年二月至九月，前往土庫曼參與第二次救援任務，擔任婦科醫生。她於二零零七年前往利比里亞，參與首個救援任務。

MSF started working in Turkmenistan in 1999. In Magdanly in Lebap Province, MSF supported paediatric and maternal health, and laboratory activities at the local district hospital. The programme was closed in September 2009.

Dr. TU Zheng is the first mainland Chinese doctor of MSF. She joined the second MSF mission in Turkmenistan from February to September this year, where she worked as a gynaecologist. Her first mission was in Liberia in 2007.

I had not realised how difficult my mission would be until I arrived in Turkmenistan.

Turkmenistan, a Central Asian country that became independent from the former Soviet Union in 1991, has remained largely closed to the outside world. Its people receive poor medical care and out-of-date practices of Soviet era. Recognising the need for proper medical care, MSF began working in Turkmenistan in 1999. Five years ago, MSF set up a mother and child healthcare programme in Magdanly in Lebap Province.

While MSF is attempting to improve healthcare in the city, its ability to provide meaningful care has been hampered by the fact that all healthcare services in this district face bureaucratic obstacles and a lack of political commitment. As MSF medical expatriates are not licensed to practice in the country, we are barred from any clinical work and could only take an advisory role.

My duty was to give suggestions, explain the reasons behind them, and convince the local medical staff to update their knowledge and change their concepts and practice. Without practical medical involvement, I felt my motivation fading.

One month passed and I tried to adjust my working style. Amazingly, this little change did bring fruitful results.

One day, a local gynaecologist did a dilatation and curettage (D&C) without any pain control for a woman whose situation needed an induced abortion. After observing the procedure, I suggested the gynaecologist use the manual vacuum aspiration (MVA) procedure recommended by the World Health Organization (WHO) instead of D&C and explained the advantages of the new procedure. I convinced him patiently and gave him systematic guidance. When the gynaecologist showed interest, theoretical training with video guidance and MVA equipment donation were scheduled on the spot.

In the training, I took the opportunity to address the safe abortion guideline of WHO, which includes not only the MVA procedure, but also pain relief, infection prophylaxis, anaemia prophylaxis and family planning consultation. At the request of local doctors, I demonstrated once and backed-up twice until we were sure the local doctors could handle the new procedure independently. In the follow-up period, I was so glad to find

out that the whole WHO protocol was implemented with the medical supply from MSF.

Enjoy being an Advisor

Starting from that time, I focused on providing practical trainings to meet their needs. I discovered my role and obtained self-satisfaction in the mission.

Similar to the previous mission, I received a lot of gratitude from the patients. Some of them came back with their cameras and took photos with us. At the end of my mission, I was invited to have a farewell dinner with the local gynaecologists and midwives. To my surprise, a senior midwife came all the way from her health house which was 100 km away. During the dinner, everyone expressed appreciation for the work done by MSF, such as trainings, drugs supplies and construction of operation rooms.

After this eight-month mission, I can be proud that I survived with MSF in such a particular, unusual and restrained context.

TU Zheng

MSF Gynaecologist
in Turkmenistan

全球工作 Worldwide Work

在達爾富爾提供有限度援助 Provide Limited Aid in Darfur

國際刑事法庭於三月向蘇丹總統巴希爾發出逮捕令後，十三個非政府人道組織，包括無國界醫生荷蘭分部和法國分部，隨即被驅逐離開達爾富爾。無國界醫生其他分部繼續在達爾富爾的五個地區提供援助。

The issuing of an arrest warrant by the International Criminal Court for Sudan's President al-Bashir in March was followed immediately by the expulsion of 13 humanitarian non-governmental organisations from Darfur, including the Dutch and French sections of MSF. MSF's other sections continue to provide aid in five locations in the Darfur region.

結束摩爾多瓦項目 Projects Closed in Moldova

五月，無國界醫生結束最後一個在摩爾多瓦德涅斯特河東岸地區進行的愛滋病治療項目。該區宣稱從摩爾多瓦獨立，但一直未獲國際承認。該項目成功為當地人設立具質素的愛滋病醫療護理，和推動摩爾多瓦分配所獲得的國際醫療資源予該區。

In May, MSF closed the last HIV/AIDS treatment project in Transnistria, a breakaway region of Moldova unrecognized by the international community. The project has successfully established quality HIV/AIDS medical care for the population and kick-started the international health resources allocated for Moldova also reaching Transnistria.



無國界醫生一名護士為德涅斯特河東岸地區一名病人驗血。
An MSF nurse performs a blood test on a patient in Transnistria.

加強巴基斯坦援助 Stepped Up Support in Pakistan

巴基斯坦軍方與武裝反對派在西北邊境省的戰事，導致二百一十萬人逃難。無國界醫生加強支援醫院，並向流離失所的家庭提供醫療和救援物資。

The fighting between Pakistani military forces and armed opponents in the North West Frontier Province forced an estimated 2.1 million people to flee. MSF stepped up support in hospitals, provided healthcare and distributed essential relief items to assist the displaced families.



© Marta RAMONEDA

一名逃離家園的母親在無國界醫生位於西北邊境省的醫院病房內，緊抱自己的孩子。
A displaced woman holds her baby at the MSF in-patient ward in the North West Frontier Province.

治療斯里蘭卡流離失所者 Medical Aid for the Displaced in Sri Lanka

政府軍與泰米爾之虎游擊隊的交戰結束，但病人數目仍超出醫院病床數目。無國界醫生在瓦武尼亞的工作主要為流離失所者提供手術後護理及住院治療。

After fighting ended between the Sri Lankan army and the Tamil Tiger rebels, the number of patients at hospitals still exceeds bed capacity. MSF activities in Vavuniya district focus on post-operative care and hospitalisation for displaced people.



無國界醫生在瓦武尼亞的醫護人員為傷者提供手術後護理。
MSF medical staff provide post-operative care to patients in Vavuniya.

應對風暴吹襲孟加拉和印度 Post-cyclone Relief in Bangladesh and India



© Veronique TERRASSE / MSF

無國界醫生為受熱帶氣旋埃拉影響的災民提供救援物資。
MSF distributes relief items to people affected by cyclone Aila.

五月，熱帶氣旋埃拉吹襲孟加拉和印度，無國界醫生在兩國提供基本醫療護理和派發救援物資，並在印度的偏遠村落設立疫症爆發監察和控制系統。

After cyclone Aila in May, MSF provided basic healthcare and distributed relief items to affected people in Bangladesh and India. The team also set up a surveillance system to monitor and control potential disease outbreaks in remote villages in India.

於乍得被擄的工作人員安全獲釋 MSF Abducted Staff Safely Released in Chad

無國界醫生在乍得的宿舍於八月四日遭遇搶劫，一名國際工作人員被擄走，至九月二日安全獲釋。無國界醫生被迫暫停該區的两个項目。

An MSF staff member who went missing following an armed robbery at the MSF compound in Adé in eastern Chad on 4 August was safely released on 2 September. MSF was forced to suspend two projects in that area of Chad.



© Jean-Pierre AMICQ / MSF

乍得的不安全情況妨礙人道救援工作。
Insecurity in Chad hampers humanitarian work.

支援阿富汗醫院 Support Hospitals in Afghanistan

無國界醫生與阿富汗當局達成協議，在兩間醫院內設立工作項目，力求於九月開始在拉什卡爾加的赫爾曼德省醫院和喀布爾省阿贊基瑪地區醫院工作。

MSF has reached an agreement with the Afghan authorities to set up activities in two hospitals. We aim to start working in the Provincial Hospital of Helmand in Lashkar Gah, and the District Hospital in Arzan Qimat, Kabul province in September.



©PK LEE / MSF

何先生和何太太每星期都會來到無國界醫生香港辦事處，協助我們處理捐款。
Mr. and Mrs. Ho come to the MSF-HK office every week to assist in donation handling.

各有專長的義工 節省無國界醫生一分一毫 Talented Office Volunteers Help MSF Save Costs

「何先生，早晨！」每逢周一早上回到辦事處，總看見何先生已埋首工作。然而，何先生並非辦事處職員，他是一位在無國界醫生香港辦事處工作了七年的資深義工，每逢周一和周五早上八時半已抵達辦事處工作。去年，他更帶同剛退休的太太一同為我們服務。

何榮德在二零零二年八月三十一日加入無國界醫生的義工行列，當時他主要負責剪輯報章中有關醫療人道危機或醫藥的新聞，每天需要詳細閱讀四至五份報章。他笑說：「因為工種不同，當時不少新同事都誤會我整天躲懶看報紙。」何先生現在主要負責輸入捐款紀錄。對他來說，準確無誤地輸入一批又一批重要的捐款資料，既是他這些年來為無國界醫生工作的目標，也是他參與義務工作的原動力。何太現時也為捐款部工作，協助處理街頭籌款的捐款表格。

共同經歷變遷

何先生在這裡服務多年，與辦事處一起經歷變遷和挑戰，包括二零零

三年非典型肺炎肆虐香港，義工也被迫「停工」三個月；二零零五年南亞海嘯，所有人義不容辭加班處理捐款；二零零六年辦事處由美孚荔灣花園搬往西環太平洋廣場；二零零八年捐款系統更新，大家一起上課學習新系統。

辦事處搬遷前，不少義工都居於美孚、荔枝角或長沙灣一帶，何先生也是當中的一員。以往他只需步行約十分鐘便抵達辦事處，其後辦事處搬遷，並沒有窒礙他和其他義工轉到西環工作。

何先生和何太太都不約而同地說：「無國界醫生像一個大家庭！」除了工作外，辦事處同事和義工一起午膳，在飯桌上聊天分享，令他們深深感受到團隊精神。逢星期五由同事進行的前線救援工作簡報，更讓他們更了解義務工作背後的目的。

除了何先生和何太太外，無國界醫生香港辦事處的義工團隊還有超過五十人，協助我們處理日常工作，包括資料輸入、信件處理、翻譯、刊物設計，以及擔任活動司儀、攝影師等，當中有四位更為無國界醫生服務超過十年。我們衷心感謝義工的協助，令無國界醫生可以更有效地運用資源，節省行政開支，讓更多的傷病者得到援助。



© MSF

(右一至右三) 三位為無國界醫生服務超過十年的辦事處義工。
(From right one to right three) Three office volunteers have worked for MSF for more than ten years.

“Good morning, Mr. Ho!” Every Monday, Mr. Ho is used to arriving at MSF-HK's office early, fully immersed in his work while most of the staff are just arriving. He is not one of the colleagues, but a senior office volunteer serving MSF-HK for seven years. He usually starts his work at 8:30am every Monday and Friday. Last year, he introduced new blood, his newly retired wife, to join the office volunteer team.

HO Wing Tak has worked as an office volunteer since 31 August 2002. At that time, his task was to read several newspapers a day to collect news about medical humanitarian crises and pharmaceutical issues. “Maybe my task was different from others, so some of the newcomers thought that I shunned work and kept on reading newspapers,” Mr. Ho said.

Now, he works for the donation service unit to update donation records. The target, as well as the driving force for him to input batches of donation records week by week is

finishing his work accurately. Mrs. Ho also works for the same unit to help handling donation forms from face-to-face fundraising teams.

Experienced Changes with MSF-HK

Volunteering for MSF-HK for all these years, Mr. Ho has experienced challenges and changes with us. He recalled the abrupt suspension of office volunteer work for three months while SARS devastated Hong Kong in 2003, lots of overtime work to handle donations for the Asian tsunami in 2005, the office removal from Laichikok Bay Garden in Mei Foo to Pacific Plaza in Sai Wan in 2006 and learning how to use a newly enhanced donation system in 2008.

Before the office removal, most of our volunteers lived in Mei Foo, Lai Chi Kok and Cheung Sha Wan. It took Mr. Ho about 10 minutes to walk from his home to our old office. Luckily, our volunteers were glad to continue to work for MSF after the office moved to Sai Wan.

“MSF is like a big family.” Both Mr. and Mrs. Ho are impressed and attracted by the harmonious atmosphere in the office. Chatting and sharing over lunch with everybody in the office together brings them the sense of unity. An update from office staff about MSF's frontline news every Friday also reinforces their belief in the work.

The dedication and support of Mr. and Mrs. Ho to MSF is not a rare case. MSF-HK have more than 50 office volunteers to assist our daily work, such as data entry, letter mailing and filing, translation, and publication design. Some volunteers also help as emcee or photographer for our public events.

All volunteers offer their effort and time to support MSF, not to mention four of them have already served for more than 10 years. We sincerely thank them all for their assistance, so MSF can fully utilise our resources and reduce administration expenses and help more vulnerable populations worldwide.

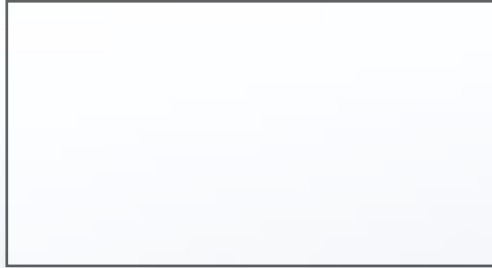
我們擁有一支強大而又可信賴的義工隊伍，聯同辦事處職員，處理無國界醫生的日常運作。
A strong and reliable team of volunteers join hands with office staff in the general running of the office.



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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。

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.



© Chiels LIU Chen Kun 蘇丹烏韋勒 Aweil, Sudan

《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，讓我們喚起大家對人道危機的關注，和分享我們的前線救援點滴。

What is “Sans Frontières” ?

“Sans Frontières” is written by staff in MSF-HK and sent twice a year to you, our supporters, to keep you informed on how donation is spent and up-to-date MSF’s worldwide work. It is also a platform for us to raise awareness of the humanitarian crises in which MSF works and share our frontline relief experience.

《無疆》已上載網站 www.msf.org.hk/bulletin

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