

全国外语翻译证书考试指定教材

王立弟
王东志
编著

英语翻译 二级口译

National Accreditation
Examinations for
Translators and
Interpreters

Level II ▶▶▶

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外语教学与研究出版社

FOREIGN LANGUAGE TEACHING AND RESEARCH PRESS

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随着中国与世界的交流日益加深、交流领域不断扩大，优秀的翻译人员作为让中国与世界互相了解的关键纽带，也随之成为社会急需人才。正是在这一时代背景下，全国外语翻译证书考试（NAETI）应运而生。其目的是通过这项考试，为翻译从业人员提供一个更为广阔的平台，它可作为各个企业、涉外机构、相关单位招聘人才的参考，亦可反映出业界的标准。

教育部考试中心与北京外国语大学通力合作，在参考了包括美国、加拿大、欧盟、澳大利亚等国家和地区的翻译资格认证标准的基础上，在全国范围内推出了这一考试。这是一种面向国内社会的非学历证书考试，主要测试应试者的外语笔译和口译能力，并对通过考试者颁发具有国际水准的翻译资格认证。考试目前设英、日两个语种。英语包括四个级别，一、二、三级各包括笔译和口译两种考试，考试合格者可获得相应级别的笔译或口译证书。英语四级考试含笔译和口译两部分，两部分均合格者可获得四级翻译证书。

自从教育部考试中心和我校合办的全国外语翻译证书考试举行以来，在社会上产生了较大的影响。由于这是一项面向全国的非学历证书考试，并具备权威的认证，所以报名参加的考生众多，既包括在校学生，也包括从事翻译工作的在职人员。但有考生向我们反映，参加这项考试却苦无应试的权威教材，复习准备不知从何下手。我校曾针对这项考试举办了培训班，授课的教师中有不少参与命题者，他们选择考试真题和同类的材料为学生授课，也感到有必要把这些经验、技巧总结出来，推出一套权威考试教材。

因此，我们组织了富有经验的相关教师，编写了这套“全国外语翻译证书考试指定教材”，根据不同的考试类型和级别，分别成册。教材编写从针对性、实用性出发，以期能达到帮助考生系统复习准备的目的。大体的编排思路是：1）选择历年真题进行详细讲解，让考生体会考试的难度和要求，注意自己在哪些方面有所不足；2）然后补充相似的模拟题，同时也有详细的解题方案，拓展考生的翻译技巧，让考生积累经验；3）最后是一些实战练习，虽然标出了难点进行说明，但并没有配备相关的参考译文，旨在让考生自己进行有针对性的练习，从而提高应试水平；或者是给出一些历届考试的译文（包括各种水平），对翻译中的得失进行说明，以便考生对照自己的问题，加强巩固。

希望这套教材的推出，能为广大的应试者提供复习准备的依据，帮助他们通过考试；并且使得全国各地开展的各类考试培训班能有参考的资料，便于开展授课。当然，一些翻译从业者或爱好者也可利用这套教材自学。随着考试的继续进行，我们还会不断更新、完善这套教材，欢迎广大读者提出宝贵的意见。

金 莉

北京外国语大学副校长、博士生导师
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随着我国社会经济的迅猛发展和改革开放的不断深入，对翻译专业人才的需求也愈来愈迫切，高校开设的翻译专业成为学生们的热选。教育部考试中心举办的全国翻译证书考试为有志成为翻译工作者的人们提供了一个专业技能的测试平台。其中的二级口译证书是专门为具备专业口译能力的人士设计的，要求被测试者具备从事英汉/汉英双向交替传译的能力。口译工作按照操作方式和场合要求的不同一般可以分为陪同口译(escort interpreting)、交替传译(consecutive interpreting)和同声传译(simultaneous interpreting)。交替传译又分为短交传和长交传，短交传基本上是逐句地或者两三句为一段地翻译，长交传则要一段一段地翻译，需要在翻译过程中做笔记，等讲话人说完一段话再进行翻译。从事长交传需要经过专门的训练才能具备良好的协调能力和专业技能。另外，专业翻译技能还包括能够在正式场合下对不同体裁和题材的讲话发言内容进行现场翻译，这对口译工作人员的语言能力、知识能力和翻译技能都有较高的要求。

从事翻译工作，无论是笔译还是口译，具备良好的双语能力是一个必要前提。双语能力包括外语能力和汉语能力。对绝大多数中国学生来说，汉语是他们的母语，外语是第二语言。双语之间存在一强一弱的差异是必然的，因此，提高外语能力是做好翻译工作的瓶颈之一。当然，翻译训练本身也会对外语能力的提高起到很大的促进作用。不过我们不应该把这两者混为一谈，因为翻译能力的训练过程有其自身的特点和重点，这一点需要认识清楚。

除了双语能力外，翻译工作对学习者提出的最大挑战是对不同领域的知识的掌握。翻译工作要同各行各业打交道，需要具备广博的知识。虽然不能指望从事翻译的人对什么都了解，特别是在我们所处的这样一个信息化的时代；但是，要想成为一个出色的翻译工作者，没有良好的教育和知识积累是不行的。因此，在翻译的训练过程中，我们将有意识地让学生接触到不同学科领域、不同行业 and 不同语境下的材料，以扩大他们的知识面。二级口译证书考试的一个难点不在于考试内容有多么难，而在于所设定的知识是一个开放性的体系，考试的内容具有很大的不确定性。知识面的扩大是一个循序渐进、不断积累的过程，不要指望一蹴而就，认为读了两篇文章就能够立刻见效，重要的是提高自身的求知欲和具备不断学习进取的精神。

翻译训练的第三个方面是要通过不断地摸索，掌握翻译的内在规律和策略。翻译工作的特点是操作的复杂性，即便平时单项的听说技能都很过硬，刚开始做口译工作时还是会感到顾此失彼、力不从心。人的大脑具备同时操纵多项复杂任务的能力，但是这

必须依赖于很好的协调性。协调性本身并不是与生俱来的能力，而是通过大量的实践培养出来的。

本教材选取了不同题材的中英文材料作为口译练习的素材。内容涉及公共卫生、环境保护、经济发展、科学技术、文化教育、家庭与女性等不同领域。但是由于篇幅的限制，每个类别也只是一两篇文章。我们的目的是希望这些材料能够引起学习者的兴趣和注意，并以此作为起点去搜集和学习相同或者相关领域的知识。在选择材料时，我们还对材料的适宜性做了比较和相应的安排，选取了比较适合口译的几种类型，包括没有稿子的即席讲话、讨论发言、访谈以及事先准备的带稿发言讲话。没有经过准备的即席讲话信息密度小，句子结构也相对简单，翻译起来较容易上手。有准备的发言在信息的密度和句子结构的难度上都有所增加，作为口译训练的素材具有一定的挑战性。但是，总体上看，所选的材料都具有口语讲话的特征，这一点与书面材料有着显著的差别。

使用本书的材料做口译练习时，可以根据学生的英语水平和翻译能力，事先做一些译前的准备，包括给出关键词语的中文译法，以及对于核心的概念，如“3 by 5” initiative (“3×5”计划)，作出提示和解释。在播放讲话录音时，对于基础较强、翻译技能熟练的学员，可以整段整段地播放，停下来后再让学生翻译；对于翻译技能尚不熟练的学生，可以适当地缩短每段播放的长度，但最好不要逐句地翻译。分割得太细碎，反而不利于理解和翻译，也不利于培养翻译的协调能力。起初翻译得不顺利没有关系，可以在分析和调整之后反复练习，直到做得比较满意为止。

有些讲话中的段落较长，由四五句话构成，包括七八十个单词，熟练的译者做起来没有太大的问题，而初学者可能会出现顾此失彼的现象，希望发言者说得越短越好。其实，断断续续的发言常常会打乱发言者的思绪和听众的注意力，而且意思不完整也会影响理解和译出语言的组织。恰当的做法是给发言者充裕的时间和自由，等到话说完整了，出现自然的停顿，译者就可以从容地开始进行翻译。当然，最好不要让发言者滔滔不绝地讲下去。同时，为了节省脑力和保证口译的准确，译者要学会记笔记这一辅助技能。

除了提供训练用的中英文材料，编者还通过注释的方式对翻译每篇讲话过程中的难点、要点逐一进行了分析和解释，指出一些有规律的现象和常用的翻译策略。为了便于学生学习使用，每篇材料后都给出了相关词汇表、常用短语和术语及机构名称等内容，还提供了参考译文。每一课的最后还添加了翻译知识和技巧栏目，简明扼要地介绍了口译的相关知识和技巧，包括口译的过程、语言的功能、发言的分类、口译中的笔记、数字和人名地名的翻译、常见的翻译技巧、翻译前的准备工作和翻译的职业道德等内容。本教材还收录了部分历年的二级口译证书考试的全真试题，以增加考生训练的针对性和实用性。

由于时间仓促和收录材料的限制，本教材也存在一些不足之处，希望广大读者不吝指正，帮助编者在今后的工作中不断完善和改进。

编者



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第一 课



International Cooperation on Health and Disease Control ¹

Good morning, everyone!

It is a pleasure to be with you today. Some of you are veteran health workers, and others have not yet begun. I would like to help the young and the old to learn from each other by talking about the past, the present and the future of international health work. Then I would be happy to hear about your ideas and questions.

In the 1930s many Westerners went to China to support the struggle for justice and stability. Those international supporters included doctors such as Norman Bethune and George Hatem, known here as Ma Haide², who contributed their medical skills to building health systems in China. To some of you, that part of China's history must seem a long time ago, but for others it is still recent and living memory. I am very happy that Ma Haide's widow, Su Fei, could be with us here today for this occasion, to help us see our work in its historical perspective. Those foreign doctors who came to work in China were making a kind of individual and unofficial response to the need for international cooperation in health.

After the Second World War, in 1945, there was a United Nations Conference on International Organization. At that conference it was the Chinese and Brazilian delegations which put forward the idea of setting up a World Health Organization. The proposal was welcomed, and WHO's Constitution³ was drafted and adopted the following year. WHO came into existence officially on April 7, 1948, when 26 of the 51 Member States of the United Nations had ratified the Constitution. China and the United Kingdom had been the first two states to ratify, in July 1946.

The Constitution reflects an ambitious and optimistic view of what health services can achieve in the world if they are supported by a system of international cooperation. It proclaimed that the highest attainable standard of health was "one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."⁴ It defined health as "a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity". The Constitution goes on to state that no country or community or individual should be denied access to the health care they need.⁵

Like many others in the late 1940s and early 1950s, the first Director-General of WHO believed that health technology was now so advanced that it could prevent or cure the major diseases of the world, and the main remaining problem was human behaviour. He supported mass campaigns against malaria, tuberculosis and yaws.

Yaws, with the effectiveness of penicillin, was brought quickly under control, but the fight against malaria and tuberculosis ran into difficulties. One reason for these difficulties was the failure in the early days to make a large enough investment in controlling these diseases. WHO's first biennial budget was only 5 million dollars instead of the 7 million recommended by the Interim Commission to the World Health Assembly. Unfortunately, both malaria and TB continue to cause a huge burden of death and disease, and are demanding major efforts to control them.

Attention shifted in the 1970s to the eradication of smallpox, an easier disease to stop, by means

of vaccination. A worldwide immunization campaign met with strong support from governments, and it succeeded. The last known natural case of smallpox was reported in Somalia in 1977.

The health-for-all movement was launched in 1978. Morale was high in health work in the early 1980s. But by the end of that decade the clouds were gathering⁶. Most countries began to face major health financing problems, and were attempting in the 1990s to solve them with market-based approaches which tended to exclude the poor. Communicable disease control was undermined by failing health systems and rising drug resistance. Even as the infectious diseases of poverty were making their comeback, non-communicable diseases such as cancer and cardiovascular conditions were also increasing rapidly, in all societies, as a result of changes in lifestyle.

Overshadowing all of these problems was AIDS, first named in 1982, and a worldwide public health disaster by 1990. Today 40 million people are living with HIV infection, and 30 million have died from AIDS. There is still no vaccine and no cure for it, but antiretroviral therapy, discovered in the 1990s, enables patients to recover their strength and lead a normal life. Until very recently, however, this treatment has been unaffordable to most of those who need it in developing countries.

词汇

veteran	adj.	经验丰富的	malaria	n.	疟疾
justice	n.	正义, 公正	tuberculosis	n.	肺结核 (简称 TB)
stability	n.	稳定	yaws	n.	雅司病 (一种热带地区的皮肤病)
Norman Bethune		白求恩	penicillin	n.	盘尼西林 (青霉素)
George Hatem		马海德	biennial	adj.	两年一次的
widow	n.	遗孀	eradication	n.	根除
perspective	n.	视角	smallpox	n.	天花
Brazilian	adj.	巴西的	vaccination	n.	接种疫苗
delegation	n.	代表团	immunization	n.	免疫
proposal	n.	提议, 倡议	Somalia		索马里
constitution	n.	章程	morale	n.	士气
draft	v.	起草	undermine	v.	破坏
ratify	v.	核准	cardiovascular	adj.	心血管的
proclaim	v.	宣称	lifestyle	n.	生活方式
attainable	adj.	可以实现的	overshadow	v.	在重要性方面超过
fundamental	adj.	基本的	unaffordable	adj.	负担不起的
infirmity	n.	疾病, 虚弱			

常用短语和术语

health-for-all movement	全民健康运动
communicable disease	传染病
antiretroviral therapy	抗逆转录病毒疗法



机构、职位名称

United Nations Conference on International Organization	联合国国际组织大会
World Health Organization (WHO)	世界卫生组织
Director-General	(世界卫生组织) 总干事
Interim Commission to the World Health Assembly	世界卫生大会临时委员会

翻译释疑

1. 这是为医学院学生所做的讲座。除了个别的疾病名称需要事先准备和熟悉一下之外，内容并不涉及医疗卫生的专业知识，属于常识范围之内。作为发言，在语体上接近口语化的表达方式，不过这是一个经过准备的发言，有些表达方式不完全是口语化的，初次做翻译练习时，要注意文体和语体上的特点，并控制好讲话的长度。
2. 这里提到的两个人，一个是白求恩，另一个是马海德，都是大家所熟悉的国际主义战士。口译中对人名翻译的原则，一般是“名从主人”。没有现成翻译形式的，要按照我国新华社等机构刊发的标准进行翻译。
3. WHO's Constitution 中文叫做“世界卫生组织组织法”。constitution 一词如果用来指一国之大法，则指“宪法”，这里指某一机构的章程，因此译为“组织法”。联合国也有自己的章程，即被经常引用的 UN Charter，中文译为“联合国宪章”。
4. 这里的 without 介词结构可以单独成句，译成“不分……”，或者“无论……”。口译有一条重要的原则，就是尽量保持原话语序，这叫顺译。这样做就不必花精力重新组织句子结构，减少了短时记忆压力，为表达赢得了时间。
5. no ... should be denied access to the health care 这是英文中常见的双重否定表达方式，译成汉语时，可以摒弃原来的形式，将双重否定转化成肯定，传达出主要意思，译为“所有国家都应该得到卫生服务”。
6. the clouds were gathering 是一种比喻的说法，如果直译为“乌云密布”，听众就会不知所云。此时，传达发言者所要表达的意思比进行文字上的修饰更重要。因此，这里只需译为“问题就出现了”便可以了，意思也更加直截了当。

参考译文

医疗卫生国际合作

大家早上好！

很高兴今天同大家见面。在座的各位，有些是经验丰富的卫生工作者，有些正要开始这一生涯。我想谈一谈国际卫生工作的过去、现在和未来，希望能促进你们之间的相互学习。之后，我将乐于聆听各位的见解，回答大家的问题。

20 世纪 30 年代，许多西方人来到中国，支持为公平与稳定而进行的斗争。这些国际支援者中有些是医生，比如诺尔曼·白求恩和中文名为马海德的乔治·哈特姆，用医术为中国卫生体系的建立做出了贡献。对在座的有些人来说，这段中国历史似乎是十分遥远的过去；但对有些人，却恍若昨天，历历在目。我很高兴今天马海德大夫的遗孀——苏菲也来到这里出席这个场合，她将帮助我们用历史的眼光来看待我们的工作。所有这些来中国工作的外国医生，都以非官方的个人方式，响应了开展卫生领域国际合作的需要。



全球环境基金与可持续发展¹



的污染综合治理，部分城市和地区环境质量得到改善，同时坚持污染防治与生态保护并重、生态保护与建设并举的方针，实施了退耕还林还草和天然林保护工程，开展了黄河、长江等七大流域水土流失综合治理，加大了荒漠化治理力度，生态环境保护得到加强。⁵

中国在努力解决本国环境与发展问题的同时，对解决全球环境问题一直持积极态度，先后签署和批准了一批国际环境公约，并在严格履行相应的国际义务和责任方面取得了举世公认的成绩。最近，我国政府又核准了《京都议定书》，显示了我国参与国际环境合作、促进世界可持续发展的坚定信心。作为一个负责任的大国⁶，我们将在国际环境合作中一如既往，继续努力，为实现可持续发展、保护全球环境做出应有的贡献。

全球环境基金⁷作为全球环境保护的一个资金机构，已经从一个试点计划成为全球环境保护领域最大的投资者，在推动世界各国采取措施应对气候变化、保护生物多样性、保护国际水域、保护臭氧层、防止土地退化等方面取得了令人瞩目的成绩，在解决全球环境问题中发挥着越来越重要的作用。

全球环境恶化的趋势还没有根本扭转，解决新世纪初的全球环境问题，向全球环境基金提出了前所未有的挑战。一方面，不断恶化的全球环境要求全球环境基金能发挥更大的作用，国际社会也要求全球环境基金成为越来越多的环境公约的资金机制；另一方面，向全球环境基金提供更多的资金得不到充分响应，我们呼吁国际社会共同努力，探讨为全球环境基金不断补充资金机制。

全球环境基金作为全球性环境合作融资机制，具有充足和可预见的资金来源是十分重要的。应按照“共同但有区别的责任”原则，发达国家应该继续为保护全球环境提供新的、额外的资金，加大对全球环境基金的支持力度，并保证已承诺的资金按时到位。同时，全球环境基金在项目规划、设计、实施过程和资金使用中，应尊重受援国的实际情况和实际需求，增加受援国的自主权和参与程度，要充分考虑保护全球环境工作的艰巨性和复杂性，减少不切实际的额外条件和政策要求。全球环境基金应开拓创新、改革运作程序，进一步提高管理水平和工作效率。

词汇

可持续的	sustainable	签署	sign
国界、地界	boundary	批准	ratify
共同的	concerted	水域	waters
污染物	pollutant	扭转	avert
排放	emission	补充	replenish
综合的	comprehensive	充足的	adequate
原始的	primeval	可预见的	foreseeable
(风) 蚀	erosion	有区别的	differentiated
荒漠化	desertification		

常用短语和术语

可持续发展	sustainable development
共同行动	concerted action
综合治理	comprehensive treatment
生态环境	ecosystem
重新造林	reforestation
天然林	primeval forest
水土流失	soil erosion



sustainable development has been present in all sectors of China's economic and social development, serving as a driving force for coordinated economic, social and environmental development. Against the backdrop of an average increase of 8.3% of GDP, the total emissions of main pollutants have been reduced by 10-15% in China, effectively curbing the further deterioration of the environment. With less than 800 dollars, *per capita*, of GDP, comprehensive treatment measures have been taken to combat pollution in key river basins, regions, cities and seas, resulting in improved environment in many of these areas. At the same time, we have combined pollution treatment with protection of the ecosystem, giving equal weight to environmental protection and economic development. We have initiated measure to protect the ecosystem, allowing forests and pastures to reclaim some of the cultivated land, protecting primeval forests, alleviating soil erosion in 7 major river basins including the Yellow River and the Yangtze River and enhancing efforts to stop desertification.

While China is making efforts to deal with her own environmental and development problems, the country has always taken a positive stance in finding solutions to global environmental issues, signing and ratifying a number of international treaties. China is committed to her global obligations and responsibilities, which is internationally well-recognized. Just recently, the Chinese government has ratified *the Kyoto Protocol*, showing our determination to participate in international cooperation for a better environment and sustainable economic development. As a major stakeholder, China will make continued effort, as she did in the past, to contribute to the attainment of the goal of sustainable development and protecting global environment.

The Global Environment Fund (GEF), as a financial institution for protecting the global environment, has transformed from a pilot project into the biggest investor for global environmental protection. It has made remarkable achievements in pushing the nations around the world to take actions against climate change, to protect biodiversity, international waters and the ozone layer and to fight against land deterioration, playing an increasingly important role in tackling global environmental issues.

Global environment deterioration has not been fundamentally averted. To deal with the global environmental issues at the turn of the century, the GEF is faced with unprecedented challenges. On the one hand, the worsening global environment has called for a bigger role of the Fund and the international community is also expecting it to function as the financing mechanism for an increasing number of treaties on environmental issues. On the other hand, nations have not responded adequately to replenish GEF with more money and we are appealing to the international community to make concerted efforts in exploring the financing mechanism for GEF.

It is very important for the GEF, as the financing mechanism for global environmental cooperation, to have adequate and foreseeable replenishment. A principle of "shared but differentiated responsibilities" should be adopted, with the developed countries continuing to provide new and additional funding to better support GEF and committed to providing the funding in time. At the same time, the recipient countries should be properly respected by GEF with regard to their actual conditions and need and be given a greater degree of decision-making power and participation in project development, design, implementation and the use of the fund. Due consideration should be given to the degree of difficulties and complexities of global environmental protection, removing unrealistic conditions and policy requirements. GEF should explore new grounds, reform its operating procedures and further improve its management and work more efficiently.

什么是口译能力?

常有人问:做好口译应具备哪些方面的能力呢?语言交流是人类所独有的能力,而口译是在现场进行的两种语言的转换与表达,是一项复杂的脑力劳动。从事口译工作的前提是对母语和外语娴熟的掌握和运用。语言能力的强弱决定着翻译优劣,语言能力强,翻译就游刃有余;反之,语言能力弱,翻译的水平也很难令人满意。除语言能力之外,做好口译还要有较宽的知识面和较强的学习能力;口译工作是为他人提供的服务,会涉及到不同的专业领域,所谈论的内容经常会超出口译人员本身的知识领域;具备广博的知识能够帮助译员理解与表达,提高口译的质量。此外,翻译的技能还表现在口译人员如何能抓住讲话人的要点、如何记笔记、如何从容不迫地表达、如何使用各种翻译方法和如何控制音量、音高及口译速度等。在接下来的各课中,我们将对这些重点内容作简明扼要的介绍。



Two years ago, the world's nations agreed that defeating HIV/AIDS would require commitment, resources and action.² At the General Assembly's special session on HIV/AIDS in 2001, they adopted the Declaration of Commitment, a set of specific, time-bound targets for fighting the epidemic.³

Today, we have the commitment. Our resources are increasing. But the action is still far short of what is needed.

Significant new funding to fight the epidemic has been pledged, both by individual governments and through the Global Fund to Fight AIDS, Tuberculosis and Malaria.⁴ The vast majority of countries have in place broad national strategies to combat HIV/AIDS. A growing number of corporations are adopting policies on HIV/AIDS in the workplace. Increasingly, community and faith-based groups—which have often taken the lead in the fight against AIDS⁵—are working as full partners with governments and others in mounting a coordinated response.

But, at the same time, the epidemic continues its lethal march around the world, with few signs of slowing down.⁶ In the course of the past year, every minute of every day, some 10 people were infected. In the hardest-hit regions, life expectancy is plummeting. HIV/AIDS is spreading at an alarming rate among women, who now account for half of those infected worldwide. And the epidemic is expanding most rapidly in regions which had previously been largely spared—especially in Eastern Europe and across all of Asia, from the Urals to the Pacific Ocean.

We have failed to reach several of the Declaration's targets set for this year. Even more important, we are not on track to begin reducing the scale and impact of the epidemic by the target year of 2005. By then, we should have cut by a quarter the number of young people infected with HIV in the worst affected countries; we should have halved the rate at which infants become infected; and we should have comprehensive care programmes in place everywhere. At the current rate, we will not achieve any of those targets by 2005.

Clearly, we must work even harder to match our commitment with the necessary resources and action. We cannot claim that competing challenges are more important, or more urgent. We must keep AIDS at the top of our political and practical agenda.

That is why⁷ we must continue to speak up openly about AIDS. No progress will be achieved by being timid, refusing to face unpleasant facts, or prejudging our fellow human beings—still less by stigmatizing people living with HIV/AIDS.⁸ Let no one imagine that we can protect ourselves by building barriers between “us” and “them”. In the ruthless world of AIDS, there is no us and them. And in that world, silence is death.

On this World AIDS Day, I urge you to join me in speaking up loud and clear about HIV/AIDS. Join me in tearing down the walls of silence, stigma and discrimination that surround the epidemic.⁹ Join me, because the fight against HIV/AIDS begins with you.