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資料來源：「世界衛生組織」(WHO) 網頁

議程	議題	發言摘要
13.1	Outcome of the Second International Conference on Nutrition	Ms Miao-Ching CHEN (Chinese Taipei) endorsed the Rome Declaration and its recommended actions, with particular regard to creating an enabling environment for effective action and promoting healthy diets through sustainable food systems. Chinese Taipei had developed legislation and public policies on nutrition and guidelines on recommended dietary allowances, and had implemented nutrition and health surveys. In response to the recommended action of providing nutrition education and information, Chinese Taipei had developed a healthy weight management programme, created websites and a hotline to raise awareness of nutrition, and encouraged physical fitness in schools. In consequence, rates of obesity had dropped considerably, and Chinese Taipei had thus achieved WHO's target to reduce prevalence of obesity by 2025.
13.2	Maternal, infant and young child nutrition: development of the core set of indicators	Ms Miao-Ching CHEN (Chinese Taipei), welcoming the elaboration of process indicators 5 and 6 and policy environment and capacity indicators 2 and 3, said that Chinese Taipei would integrate the core set of indicators into its existing monitoring system. A new nutrition and health survey would be established to collect data on new indicators, such as process indicator 1, and the extended set of indicators. Chinese Taipei wished to share its surveillance knowledge in the new technical expert advisory group on nutrition monitoring.
13.3	Update on the Commission on Ending Childhood Obesity	Ms Miao-Ching CHEN (Chinese Taipei) said that Chinese Taipei had developed a surveillance system for 25 noncommunicable disease indicators and had prohibited the advertisement and promotion of unhealthy foods. Chinese Taipei had also implemented the WHO's Global School Health Initiative and Baby-friendly Hospital Initiative, adopted legislation on breastfeeding in public

		and preventing childhood obesity, introduced regulations on food sold inside and outside educational establishments, and promoted the importance of healthy lifestyles and physical exercise. Chinese Taipei was willing to share its experiences with other Member States.
13.4	Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases	Ms Miao-Ching CHEN (Chinese Taipei) highlighted some activities carried out in Chinese Taipei to apply the Political Declaration and the Global Action Plan, including the implementation of the WHO Framework Convention on Tobacco Control through relevant legislation, which had led to a decline in the adult smoking rate, and measures to promote healthy eating. A comprehensive data collection and surveillance system had also been established to continuously monitor the 25 indicators and nine targets. She supported the 2016–2017 work plan.
13.5	Global burden of epilepsy and need for a coordinated action at the country level to address its health, social and public knowledge implications	Mr Chin-Shui SHIH (Chinese Taipei) outlined the measures being taken in his country to manage epilepsy and recalled that the revision of its disability legislation had been carried out in accordance with the WHO International Classification of Functioning, Disability and Health.
14.1	Monitoring the achievement of the health-related Millennium Development Goals	Ms Yi-Ching WANG (Chinese Taipei) said that significant progress had been made in Chinese Taipei towards achieving the Millennium Development Goals, notably through improved nutrition, reduced child and maternal mortality and lower HIV infection rates. Preventive health-care services had been scaled up and tuberculosis morbidity had declined for seven consecutive years. Chinese Taipei was committed to promoting global targets.
14.2	Health in the post-2015 development agenda	Ms Li-Ying LAI (Chinese Taipei) welcomed the emphasis on equity, rights, maternal and child health, noncommunicable disease control and universal health coverage in the discussion of the health targets of the post-2015 sustainable development goals. Indicators on noncommunicable disease risk factors should, however, be included, as progress in that area depended on political will and a health-in-all-policies approach. In the reform of its health system, which included merging health and

		social welfare departments, Chinese Taipei was fostering intersectoral cooperation and developing strategies to reduce noncommunicable diseases and promote mental health. Health was vital for social development and the public sector and civil society shared a joint responsibility for health and welfare.
14.3	Adolescent health	Dr Shu-Ti CHIOU (Chinese Taipei) said that the five important domains proposed in paragraph 10 of the report were appropriate but insufficient. She therefore proposed the addition of three domains: mental well-being and resilience; injury prevention; and digital literacy. Adolescent health was a priority for Chinese Taipei and authorities had implemented several initiatives to promote adolescent health, in particular an accreditation programme for health-promoting schools. As a result, declines in adolescent smoking rates and in the prevalence of overweight and obesity had been observed in recent years.
14.4	Women and health: 20 years of the Beijing Declaration and Platform for Action	Dr Miao-Ching CHEN (Chinese Taipei) said that, although women in Chinese Taipei lived longer than men, they spent a higher proportion of their lives living with disability and were at higher cardiovascular risk. Despite ranking favourably in terms of the gender inequality index, Chinese Taipei still had a biased sex ratio at birth. It was estimated that the interventions launched in 2010 in response to the “missing girls” phenomenon, including a ban on prenatal sex screening and on sex-selective abortion, had saved more than 5600 baby girls. She suggested two additions to the information on health systems response in the report (paragraph 26 et seq.): capacity-building relating to gender sensitivity and gender competencies for health professionals; and stronger regulation of ethical practices to prevent health professionals from imposing any form of violence or discrimination on women and girls, such as sex-selective abortion or genital mutilation.
14.5	Contributing to social and economic development:	Ms Miao-Ching CHEN (Chinese Taipei) said that Chinese Taipei was committed to the health-in-all-policies

	sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion)	approach, which it had applied in respect of obesity prevention, cancer control, healthy ageing and tobacco control. A recent report on health inequalities in Chinese Taipei called for improved surveillance, a whole-of-government approach to addressing the social determinants of health, and an “equity-in-all-policies” approach to update Chinese Taipei’s sustainable development framework. The draft framework should include a clear statement to the effect that social inequity could kill and that reducing it would lead to economic growth.
14.6	Health and the environment: addressing the health impact of air pollution	Ms Miao-Ching CHEN (Chinese Taipei) emphasized the environmental co-benefits of public health initiatives, for instance the reduction in transport-related air pollution resulting from the promotion of physical activities like cycling. Health care professionals and institutions should set an example through initiatives such as “green hospitals”. She welcomed the draft resolution.
15.1	Antimicrobial resistance	Dr Song-En HUANG (Chinese Taipei) expressed support for the draft action plan. Chinese Taipei had implemented an effective antibiotic stewardship programme to promote education and training of health-care providers, conduct surveillance and research on antibiotic use and outcomes, monitor infection prevention and control in health-care facilities and ensure rational use of antibiotics. She urged WHO to intensify its work with partners, including FAO, OIE, the World Bank and industry associations and foundations, to counter antimicrobial resistance in animals. Chinese Taipei welcomed any opportunity to cooperate in global efforts to address antimicrobial resistance.
15.2	Poliomyelitis	Dr Song-En HUANG (Chinese Taipei) applauded the proposed withdrawal of the type 2 component in the oral polio vaccine by 2016. Poliomyelitis had been eradicated in Chinese Taipei since 2000 and risk assessments conducted in 2013 and 2014 showed Chinese Taipei to be at low risk for wild poliovirus outbreaks. Preparations had been made for withdrawal of the type 2

		<p>component of the oral polio vaccine by 2016, and vaccine-derived polio viruses and Sabin vaccine strains stored in laboratories would be destroyed in September 2015. High vaccination coverage rates were maintained and excellent immunization information and disease surveillance systems were in place. She appealed to WHO to ensure the supply of inactivated poliovirus vaccine to support the sustainability of immunization programmes.</p>
15.3	Implementation of the International Health Regulations (2005)	<p>Ms An-Chi LAI (Chinese Taipei) said that Chinese Taipei had met the core capacity requirements of the International Health Regulations (2005) without an extension. The Framework of National IHR Focal Points served a useful purpose, and access to the IHR Event Information Site, which provided timely information on public health events, had enabled her Government to work closely with global and local public health partners to prepare for threats. She urged countries to continue complying with the Regulations, in particular regarding the timely notification of public health risks to WHO. Chemical and radiological disasters, which could have global ramifications, should be included in the Regulations and reported using the same mechanism.</p>
16.1	2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola	<p>Dr Song-En HUANG (Chinese Taipei) supported the proposals for a contingency fund and the plan to expand and strengthen the global health emergency workforce to fight future outbreaks. Chinese Taipei would contribute to strengthening global preparedness for, and prevention of, emerging infectious diseases, and to rebuilding essential health systems in countries affected by the Ebola virus disease, by sharing its experiences in health communications and electronic disease surveillance systems. Chinese Taipei would be hosting Ebola virus disease safety training courses to further strengthen skills of health care personnel in line with the International Health Regulations (2005).</p>
16.2	Malaria: draft global technical strategy: post 2015	<p>Ms An-Chi LAI (Chinese Taipei) said that, although malaria had been eliminated in Chinese Taipei, the vector</p>

		<p>was still present and there was therefore a risk of re-establishment of the disease. Early diagnosis and treatment of imported cases were crucial, as were continued surveillance and vector control. Climate change, resistance to antimalarial drugs and insecticides, and increased international travel and trade were major challenges to malaria prevention and control. Chinese Taipei stood ready to join international efforts towards a malaria-free world.</p>
16.3	Dengue: prevention and control	<p>Dr Song-En HUANG (Chinese Taipei) said that, after an outbreak of dengue in 2014, a centre had been established in Chinese Taipei to integrate research on dengue epidemiology, clinical care and vector control. Chinese Taipei would continue to implement the WHO global strategy. As climate change would continue to increase the risk of dengue and other vector-borne diseases, she urged WHO to support the development of a dengue vaccine.</p>
16.4	Global vaccine action plan	<p>Ms An-Chi LAI (Chinese Taipei) said that the supply of vaccines containing acellular pertussis had been unstable in Chinese Taipei, leading to delays in vaccination. The shortage had affected overall vaccination coverage and disease prevention efforts and she encouraged all relevant stakeholders to commit to stabilizing vaccine supply. WHO should address supply shortfalls by providing support to Member States to enable them to meet target coverage rates and coordinating efforts to increase regional vaccine production capacity.</p>
17.1	Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage	<p>Dr Tsung-Hsi WANG (Chinese Taipei) said that Chinese Taipei had taken steps to ensure safe, effective, patient-centred emergency and essential care services as a key part of its efforts to achieve universal health coverage. Its emergency medical care system comprised 14 referral networks, with an advanced-level hospital in each network and at least one intermediate-level hospital in every city and county except for one, on an outlying island.</p>
17.2	WHO Global Code of Practice on the International Recruitment of Health	<p>Dr Tsung-Hsi WANG (Chinese Taipei) said that Chinese Taipei was taking steps to strengthen its health system and ensure that it could maintain its 99% coverage rate in the</p>

	Personnel	face of demographic changes, for instance by enhancing the skills of its health workers and striving to improve their working conditions. Chinese Taipei also provided training for numerous international health professionals. Chinese Taipei aimed to establish a mechanism for long-term cooperation and sharing of experiences.
17.3	Substandard/spurious/falsely-labelled/falsified/counterfeit medical products	Ms Wen-Huey KAO (Chinese Taipei) said that Chinese Taipei had instituted both pre-and post-marketing measures to tackle SSFFC medical products and had developed monitoring and surveillance to track global and regional alerts issues by regulatory authorities. It had significantly restricted access to counterfeit drugs, but globalization and developments in new technology meant that a realistic action plan was needed to deal with online marketing and sale of such products. Cooperation among partners was also vital.
17.4	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination	Ms Wen-Huey KAO (Chinese Taipei) said that Chinese Taipei supported the goals concerning financing and coordination set by the Consultative Expert Working Group on Research and Development and was prepared to promote technology transfer and invest in research and development capacity on tropical diseases in developing countries.
17.5	Global strategy and plan of action on public health, innovation and intellectual property	Mr Lin-Huang HUANG (Chinese Taipei) emphasized the urgent need for improvements in international cooperation and priority-setting for research and innovation. Funding for research and development on public health in developing countries, while also promoting respect for intellectual property, would contribute to healthy societies. Chinese Taipei was working to build its capacity for innovation with regard to health care and medical treatments and was willing to share its experience with others.
18.C	Disabling hearing loss	Ms Miao-Ching CHEN (Chinese Taipei) said that Chinese Taipei had implemented a wide range of measures aimed at improving screening, diagnosis and treatment of newborn hearing. In order to reduce hearing loss from congenital rubella syndrome, all infants and children

		<p>aged between 12 months and five years received the combined live vaccine for measles, mumps and rubella. Legislation had also been passed to safeguard against noise-induced hearing loss, including at the workplace. Chinese Taipei endorsed WHO's actions and principles to prevent hearing loss and would work closely with nongovernmental organizations and medical institutions to further promote hearing health and exchange best practices.</p>
18.G	Prevention and control of sexually transmitted infections: global strategy	<p>Ms Szu-Pei WU (Chinese Taipei), welcoming the efforts of WHO to prevent and control sexually transmitted infections, particularly the call for a new global strategy on the matter, said that health-care providers in both the public and the private sector in Chinese Taipei had been encouraged to offer effective treatment, voluntary HIV counselling and testing services and education on risk behaviours and prevention methods to patients with sexually transmitted infections. Emphasis had also been given to encouraging patients to notify their partners, although experience had shown that many patients were willing but unsure of how to do so. Difficulties had also been experienced by clinicians in the notification of sexual partners of index patients. The capacity of patients and clinicians should be strengthened in that regard and WHO should provide guidance and continue to work with partners on those issues.</p>
18.I	Working towards universal coverage of maternal, newborn and child health interventions	<p>Ms Szu-Pei WU (Chinese Taipei) said that Chinese Taipei had considerable experience in providing overlooked yet life-saving commodities and products to women and children, and its health insurance system especially protected disadvantaged groups. Internationally, Chinese Taipei was willing to continue assisting countries in their efforts to improve maternal, newborn and child health.</p>
18.L	Sustainable health financing structures and universal coverage	<p>Mr Chin-Shui SHIH (Chinese Taipei), referring to sustainable health financing structures and universal coverage, expressed his willingness to share the experience of Chinese Taipei in implementing its universal health insurance scheme, which provided free</p>



		choice of health-care providers to users and had low administrative costs.
18.O	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits	Ms Szu-Pei WU (Chinese Taipei) expressed support for implementation of the PIP Framework and said that when the first human case of avian influenza had been identified in Chinese Taipei, the virus had been shared with the WHO Collaborating Centre for Surveillance, Epidemiology and Control of Influenza at the Centers for Disease Control and Prevention in the United States. Chinese Taipei had completed development of two prototypes of an H7N9 vaccine, one of which was egg-based and the other cell-based, in 2014. As vaccine stockpiling and production were crucial to influenza pandemic preparedness, she urged all Member States to continue to support the PIP Framework.