2009 年第 62 屆 WHA 針對 4 項議題發言

議程	議題	發言摘要
12.1	流感大流行防範：共用流感病毒以及獲得疫苗和其他利益 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits	Professor Pei-Jer CHEN (Observer, Chinese Taipei), speaking at the invitation of the CHAIRMAN, said that Chinese Taipei, as a major player in the information technology industry, would welcome an opportunity to help to resolve the current difficulties in linking the interim virus traceability mechanism with other databases. Chinese Taipei was currently upgrading its production capacity for egg- and cell-based vaccines and would be pleased to contribute vaccines to an international stockpile or to any country in need.
12.2	國際衛生條例（2005）之施行 Implementation of the International Health Regulations (2005)	Dr Hsu-Sung KUO (Observer, Chinese Taipei) emphasized that the Regulations' purpose of preventing disease from spreading across borders while minimizing impact on trade and travel. Following the recent outbreak of influenza A (H1N1), rigorous surveillance of more than 100 000 travelers entering or visiting Chinese Taipei from North America had been conducted over the previous three weeks. Fortunately, no case had been detected, despite nearby countries being affected, and harm to travel and trade had been minimized. Such surveillance would have been impossible without the decision of WHO to include Chinese Taipei in the framework of the Regulations. Issues relating to publishing information from Chinese Taipei in WHO publications and on its web site would, it was to be hoped, be resolved through continuing dialogue.
12.4	基層醫療照護 Primary health care,	Dr Cheng-hua LEE (Observer, Chinese Taipei) suggested that building primary health care

	including health system strengthening	capacity should take into account stages of economic development. In the 1960s, when gross domestic product had been US$ 1000 per capita, Chinese Taipei had started to establish health stations in every township, had used public funds to hire doctors and nurses, and had promoted vaccination, control of communicable diseases and improved reproductive health. When gross domestic product had reached US$ 5000 per capita, the private sector had been encouraged to build hospitals, and educational programmes for health professionals had been advocated. Universal health insurance had been introduced in 1995. Different measures had thus been taken depending on the socioeconomic level reached.
12.9	多重與超級多重抗藥性結核病之預防與控制 Prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis	Dr Yen-Jen SUNG (Observer, Chinese Taipei), speaking at the invitation of the CHAIRMAN, said that Chinese Taipei had developed an island-wide programme aimed at halving the incidence of tuberculosis in line with the Global Plan to Stop TB 2006–2015. Funding of US$ 10 million a year had been allocated to DOTS and DOTS-Plus programmes. A consortium had been set up to expand involvement of the private sector and covered most multidrug-resistant cases; good early responses to treatment were being seen. Nevertheless, multidrug-resistant tuberculosis still accounted for around 1% of new tuberculosis cases each year. He welcomed the report on the ministerial meeting (document A62/20 Add.1) and the draft resolution. Chinese Taipei would be pleased to share its experience in preventing the global spread of multidrug-resistant and extensively drug-resistant tuberculosis through

		participation in future technical meetings organized by WHO and other international partners.