2010 年第 63 屆 WHA 針對 15 項議題發言

議程	議題	發言摘要
11.1	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 Shan-chwen CHANG (Chinese Taipei), said that in response to the 2009 influenza pandemic, Chinese Taipei had implemented both non-pharmaceutical interventions, such as contact tracing and quarantine, and pharmaceutical approaches, such as stockpiling of antiviral agents and purchase of 15 million doses of pandemic (H1N1) vaccine. The mortality rate had thus been limited to 1.8 per million population and the pandemic had been successfully controlled. Chinese Taipei had obtained H1N1 vaccine strains quickly from WHO and other sources and its only local vaccine manufacturer had thus been able to deliver 10 million doses of vaccine. If its regulatory authority were able to participate in the WHO vaccine prequalification programme, Chinese Taipei could contribute more vaccines against pandemic (H1N1) 2009 virus, influenza A (H5N1) virus or other viruses with pandemic potential. He applauded WHO's work in establishing an international stockpile of antiviral agents, pandemic vaccine and syringes and distributing those materials to countries in need. Chinese Taipei would be pleased to contribute vaccines and antiviral agents to the international stockpile or directly to countries.
11.2	國際衛生條例（2005）之施行 Implementation of the International Health Regulations (2005)	Professor Shan-Chwen CHANG (Chinese Taipei), said that Chinese Taipei had been dutifully fulfilling its obligations under the Regulations since January 2009. A contact point had been designated for communications with WHO under the Regulations and core capacities for surveillance and response had been assessed and improved. Efforts had focused in particular

		on designated points of entry. A major obstacle to the development of core capacities was lack of experience, and Chinese Taipei would welcome support from Member States that had such experience and from the Secretariat. He expressed appreciation of the WHO Event Information Site, which made it possible to obtain timely information about public health emergencies and respond to them more rapidly. Chinese Taipei would continue to cooperate with Member States and with the Secretariat in the implementation of the Regulations.
11.3	公共衛生、創新及智慧財產權 Public health, innovation and intellectual property: global strategy and plan of action	Professor Pei-Jer CHEN (Chinese Taipei), said that Chinese Taipei was in the process of amending its own Patent Act in order to ensure the efficient granting or extension of patents. Chinese Taipei continued to work on regulatory harmonization with its regional and international partners; it was keen to develop new diagnostics and vaccines against infectious diseases and would also like to participate in the global network and share its experience. It was committed to collaborating with international organizations on capacity building and training in intellectual property rights. However, the ultimate goal of the implementation of intellectual property rights was to improve public health, but emergencies called for a delicate balance between intellectual property rights and medical necessity.
11.4	千禧年發展 Monitoring of the achievement of the health-related Millennium Development Goals	Professor Shan-Chwen CHANG (Chinese Taipei), expressed his support for the Millennium Development Goals, including the health-related Goals. He urged the Health Assembly to adopt the draft resolution contained in resolution EB126.R4. He emphasized that Chinese Taipei, despite its strong health system, could not afford to be complacent about its health insurance

		system, which was being reviewed and strengthened. Chinese Taipei would be willing to share its experiences with countries as they progressed towards achieving the Goals.
11.6	嬰幼童營養 Infant and young child nutrition	Dr Shu-Ti CHIOU (Chinese Taipei) expressed appreciation for the draft resolution and looked forward to further international collaboration in the area of infant and young child nutrition. In Chinese Taipei, the Baby-friendly Hospital Initiative had been launched 10 years earlier and 54% of births currently took place in baby-friendly facilities; the adoption of the International Code of Marketing of Breast-milk Substitutes had facilitated the acceptance of breastfeeding as a social norm. The monitoring system for breastfeeding practices indicated that the current rate of exclusive breastfeeding for six months was 22%. Husband support was cited by women as a factor in initiating breastfeeding. Legislation to support the right to breastfeed in public places and the workplace, and to stipulate the provision of rooms for breastfeeding, was currently under review.
11.8	食品安全 Food safety	Dr Jaw-Jou KANG (Chinese Taipei) said that Chinese Taipei had established a thorough monitoring and surveillance system for food products at its borders and in the domestic market, supported by abundant experience, state-of-the-art equipment and sufficient professional staff to ensure accurate testing and adequate assessment of food safety incidents. The surveillance data collected on the concentration of heavy metal and dioxins in food could be helpful to WHO. The International Food Safety Authorities Network was the only international platform for exchanging food safety information and Chinese Taipei was willing to support the Network and to share information and knowledge

		through it. Chinese Taipei requested that its food safety authority should be included as a Network Emergency Contact Point and Focal Point.
11.9	非傳染性疾病之預防及控制 Prevention and control of non-communicable diseases: implementation of the global strategy	Dr Shu-Ti CHIOU (Chinese Taipei) said that Chinese Taipei assigned priority to the prevention and control of noncommunicable diseases. It provided free periodic screening for major chronic diseases and their determinants, and persons identified as high risk were treated accordingly under the national health insurance scheme. With regard to risk factors, Chinese Taipei had promulgated the Tobacco Hazards Prevention and Control Act and would aim to promote healthy nutrition through statutory regulations on the marketing of foods and non-alcoholic beverages to children, together with strengthened education in nutrition. In its monitoring system on major noncommunicable diseases, Chinese Taipei intended to place greater emphasis on inequity in incidence and control. In the face of a mounting obesity epidemic, a weight-loss campaign launched in Taipei City would be replicated in other cities. She supported the draft resolution.
11.10	減少酒精不當使用策略 Strategies to reduce the harmful use of alcohol: draft global strategy	Dr Shu-Ti CHIOU (Chinese Taipei) endorsed the draft global strategy and the draft resolution. Outlining the legislation in Chinese Taipei aimed at controlling the harmful use of alcohol, she said that alcohol sales were prohibited from outlets where buyer identification was not possible, such as vending machines, or by mail and electronic order. Underage drinking and drink-driving were also offences and penalised. New legislation was being aligned with the draft global strategy to regulate advertising, impose tax levies and require labelling for health warnings. The capacity of health services to implement and monitor interventions would be strengthened. The

		public health sector was collaborating with other government departments and nongovernmental organizations to raise public awareness about drinkdriving, and community development projects were being conducted in aboriginal communities. Chinese Taipei looked forward to further international collaboration in technical meetings, to implementing the strategy and to countering challenges from groups with vested interests.
11.11	結核病控制 Tuberculosis control	Dr Feng-Yee CHANG (Chinese Taipei) said that in 2006 Chinese Taipei had launched a programme aimed at halving the burden of tuberculosis in 10 years. Activities included the implementation of the DOTS strategy, a project on multidrug-resistant tuberculosis, surveillance and the establishment of a database. Over the previous four years, incidence of tuberculosis and mortality rates had been substantially reduced and coverage under the DOTS strategy was currently 100%. Coverage rates of 85% had been achieved for treatment of multidrug-resistant tuberculosis and had resulted in increased case detection and treatment success rates. Chinese Taipei would continue to undertake measures for prevention and control of tuberculosis in line with the Global Plan.
11.12	病毒性肝炎 Viral hepatitis	Professor Pei -Jer CHEN (Chinese Taipei) expressed appreciat ion for the recommendations contained in the draft resolution on the prevention and control of viral hepatitis, including the designation of a World Hepatitis Day. Chinese Taipei's long experience in that area had shown that vaccination, effective screening, diagnosis, monitoring and treatment could prevent and control infection, but that sufficient resources and commitment were still needed to sustain momentum. The Secretariat

		must coordinate action to raise public awareness and education; to overcome the geographical, social and financial inequities in access to health care; to improve the standards of care; and to produce new generations of effective and affordable vaccines. Chinese Taipei continued to promote concerted action among all stakeholders to rid society of viral hepatitis, especially hepatitis B, in the near future.
11.15	麻疹根除 Global eradication of measles	Professor Feng-Yee CHANG (Chinese Taipei) recalled that in 2005 the Regional Committee for the Western Pacific Region had established a target date of 2012 for regional measles elimination. Measles had not been endemic in Chinese Taipei since the introduction of two-dose measles vaccination under the Expanded Programme on Immunization in 1978. Vaccination coverage of measles, mumps and rubella had reached more than 95%, the incidence of indigenous measles was less than 0.5 cases per million population. However, cross-border importation had accounted for a significant percentage of confirmed cases requiring prevention policies such as the recommendation to give an extra dose of measles vaccine to infants aged 6–12 months who travelled with their parents to an endemic area. Chinese Taipei would continue to support and follow the Global Immunization Vision and Strategy in order to achieve the goal of eradication of measles worldwide.
11.17	安全血液產品 Availability, safety and quality of blood products	Dr Jaw-Jou KANG (Chinese Taipei) supported the current efforts to improve blood safety, including the establishment of the Global Steering Committee on Haemovigilance. It was essential to ensure equitable access to safe blood products, and as such Chinese Taipei had a voluntary donation programme with a 5% rate of

		donation each year. Policies encouraged citizens to use donated blood, which ensured the use of safe blood products for medical procedures. Nucleic acid testing was under way on a small scale, together with research to determine whether to expand nucleic acid testing to all blood, so as to further reduce transmission of HIV. In order to guarantee affordable and safe products, Chinese Taipei was ready to participate in international activities and cooperation.
11.20	偽藥 Counterfeit medical products	Dr Jaw-Jou KANG (Chinese Taipei) said that counterfeit medical products not only jeopardized patient safety, they also infringed intellectual property rights and could obstruct the development of new medicines. Measures taken in Chinese Taipei to tackle the counterfeiting of medical products included: a task force set up in 2007; work to develop the new infrared rapid screening system; and an interdepartmental collaboration mechanism. Considerable resources had been devoted to establishing a superior research environment and promoting the development of innovative medical products. Chinese Taipei valued every opportunity to cooperate with Member States, especially those in the Western Pacific Region, to ensure the safety of medicines and promote public health.
11.21	器官移植 Human organ and tissue transplantation	Professor Shan-Chwen CHANG (Chinese Taipei) fully supported the draft resolution and said that Chinese Taipei had enacted its own Human Organ Transplantation Act in 1987, which was in conformity with the Guiding Principles. In Chinese Taipei, organ donation was free, with all costs being borne by its universal health system, and the sale or advertising of organs was prohibited. The system of organ sharing was fair and transparent and donor and recipient personal

		information was properly protected. The import and export of human organs, tissues and cells had to be approved by the health authority. Transplantation medicine had begun in Chinese Taipei in 1968 and survival rates were comparable to those in advanced countries. Organ donation rates were on the increase and were the second highest in Asia.
11.22	強化衛生照護服務 Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services	Mrs Su-wen TENG (Chinese Taipei) expressed appreciation for the draft resolution. In 1995, Chinese Taipei had launched a health insurance system that by 2009 had attained 99% coverage of the population. Simultaneously, health-care services had been progressively linked to health insurance in order to provide an integrated delivery system that would strengthen medical care and balance available resources between urban and rural areas. In future, more funding would be allocated to applying information and communications technologies to health services, including telemedicine and telecare. Chinese Taipei looked forward to sharing its experiences with the international community.