2011 年第 64 屆 WHA 針對 14 項議題發言

議程	議題	發言摘要
13.1	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 2009, Chinese Taipei had obtained pandemic (H1N1) 2009 vaccine strains from a number of sources, including WHO Collaborating Centres. With help from Japan, the United Kingdom and the United States of America, it had been able to manufacture enough pandemic (H1N1) 2009 vaccines to launch a mass vaccination programme and successfully control the outbreak. In the light of that experience, it welcomed the Framework for the sharing of influenza viruses and access to vaccines and other benefits. It also supported the establishment of an international stockpile of vaccines for influenza A (H5N1) and other influenza viruses with human pandemic potential, and was willing to increase its contribution to the production of such vaccines. Given that influenza vaccine production capacity remained insufficient worldwide, especially in developing countries, it welcomed the consensus reached in the Open-ended Working Group on a global arrangement under which countries would share influenza virus samples in exchange for access to affordable medicines derived from those samples. Lastly, it looked forward to opportunities to participate in the global efforts to promote sharing of influenza vaccines and access to vaccines and other benefits.
13.2	國際衛生條例（2005）之施行 Implementation of the International Health Regulations (2005)	Dr Feng-Yee CHANG (Chinese Taipei) expressed appreciation of WHO's timely sharing of information and dissemination of guidance to national IHR focal points in relation to the Fukushima nuclear accident in Japan, which had expedited global coordination of appropriate

		responses. Chinese Taipei had completed the self-assessment questionnaire on monitoring progress in implementing the Regulations, despite a delay in its receipt, and reported having met the requirements for 2012 (Level 2) or higher (Level 3). However, further support from WHO was needed to meet the remaining challenges in its regions. Chinese Taipei had initiated activities in order to meet the core-capacity requirements for points of entry set out in Annex 1.B of the Regulations by the 2012 deadline, and was ready to cooperate in activities in that area with partners in the Asia-Pacific region. He welcomed the report of the Review Committee and supported several of its recommendations. The Secretariat and Member States should be encouraged to implement the recommendations and the Secretariat should facilitate the full, effective implementation of the Regulations in line with the principles of transparency and consistency. Chinese Taipei looked forward to collaborating actively with the Secretariat and Member States in future work, under the Regulations, on health issues of global concern.
13.3	與健康相關之「千禧年發展目標」 Health-related Millennium Development Goals	Dr Guey-Ing DAY (Chinese Taipei) welcomed the establishment of the Commission on Information and Accountability for Women's and Children's Health, which would accelerate progress on the Global Strategy for Women's and Children's Health. Universal access to primary health care played a crucial role in achieving the Millennium Development Goals, which required more commitment from the international community. WHO should place more emphasis on health education, above all at the primary and community levels, as it was a cost-effective way of bringing about lasting change in attitudes towards health. Chinese Taipei was willing to

		share its extensive experience in the fields of maternal and child health and to support developing countries in building high-quality, affordable public health systems with universal coverage.
13.4	衛生體系之加強 Health System Strengthening	Dr Chung-Liang SHIH (Chinese Taipei) said that, since the universal single health insurance system had been established in 1995, coverage in Chinese Taipei was more than 99% and was funded by 6.9% of the gross domestic product. The health-care system had been successfully integrated into the social security system so as to establish a comprehensive and people-centred delivery network. In response to an ageing population, decreasing birth rate, and significant immigrant population, the Department of Health had become the Ministry of Health and Welfare. It would provide a well-rounded social security system, including geriatric medical care, long-term care facilities, rehabilitation for physical or mental health disability, protection of children and women's rights and social insurance, in order to enhance community welfare while developing an efficient and effective public health system. Increasing suicide rates were becoming a global issue. In 2005, Chinese Taipei had made suicide prevention a major health policy area, setting up a Centre for Suicide Prevention which provided a 24-hour toll-free counselling service, home visits and a suicide notification network. Locally, community centres provided education on mental health issues and substance abuse. Suicide had been reduced by 12% over the previous five years, and was no longer among the top 10 causes of death. Suicide prevention was still a priority, despite the country's being affected by recent financial difficulties and natural disasters.

13.5	全球預防接種願景及策略 Global immunization vision and strategy	Professor Shan-Chwen CHANG (Chinese Taipei), said that it was regrettable that in a few countries so many children were not being routinely vaccinated owing to system weaknesses, low public awareness and fears or misconceptions about vaccines. Chinese Taipei had achieved high rates of coverage for all routine vaccinations, surpassing the targets of the Global immunization vision and strategy for 2010. That success could be attributed to an immunization information system, which collected and analysed vaccination data for all children and generated lists of unvaccinated children for follow-up. Chinese Taipei was in the process of developing an enterovirus vaccine and had also amended its Communicable Disease Control Act in order to provide financial sustainability to immunization programmes and a legal basis for vaccine funding. It would seek to contribute to the 2012 goal of measles elimination set for the Western Pacific Region but was concerned that various factors could affect progress towards that goal. He therefore urged the Secretariat to promote further cooperation and collaboration in immunization programmes in the Region.
13.6	2011-2015愛滋病策略草案 Draft WHO HIV/AIDS strategy 2011–2015	Dr Chin-Hui YANG (Chinese Taipei) said that Chinese Taipei was carrying out many of the activities recommended under the four strategic directions outlined in the strategy. Free antiretroviral therapy had been available since 1997; harm-reduction programmes had been under way since 2005, and had halted the increase in HIV infection among injecting drug users; and free HIV screening was offered to all pregnant women, which, in combination with other measures to prevent mother-to-child transmission of HIV, was expected to eliminate

		paediatric HIV infection by 2015. The prevention of HIV infection, in particular through sexual transmission, remained a challenge. More effective and sustainable prevention strategies, such as the development of a vaccine, were needed, and she therefore welcomed WHO's efforts to promote the development of new prevention interventions. The implementation of effective treatment programmes in Chinese Taipei had increased the number of people living with HIV, and thus also increased treatment costs. She encouraged WHO to work with pharmaceutical companies to lower prices and improve access of HIV medicines with a view to ensuring free comprehensive treatment and high-quality care.
13.7	偽藥防制 Substandard/ spurious/ falsely-labelled/ falsified/ counterfeit medical products	Dr Ming-Neng SHIU (Chinese Taipei) also welcomed the report of the Working Group. Chinese Taipei had a well-established system of evaluation and surveillance to ensure the quality, safety and efficacy of medical products. The provision of legitimate medicines, provided by medical services and covered by health insurance, was always guaranteed. Illegal drugs could be obtained in Chinese Taipei through various channels, and some dealers even managed to promote them through the media and misleading health education programmes. Countermeasures had been introduced, including an interdepartmental task force. He welcomed WHO's three future roles, as proposed in the report. Chinese Taipei would continue to collaborate with government agencies and others in combating illegal medical products and halting the spread of counterfeit drugs.
13.8	天花根除：痘病毒之銷毀 Smallpox eradication:	Dr Chin-Hui YANG (Chinese Taipei), reaffirming resolution WHA60.1, expressed appreciation to the Advisory Committee for its

	destruction of variola virus stocks	recent work and the report of its twelfth meeting in November 2010, and supported the proposed establishment of a worldwide WHO network of high-level smallpox diagnostic laboratories, which would facilitate early detection of any smallpox outbreak. Summarizing the action taken since the eradication of smallpox from Chinese Taipei in 1955, she reported that secure stocks of vaccine totalled seven million doses; she therefore welcomed the development of WHO standard operating procedures for such stocks. Chinese Taipei looked forward to continued collaboration with Member States and the Secretariat on developments in the area.
13.9	霍亂 Cholera: mechanism for control and prevention	Dr Chia-En LIEN (Chinese Taipei) recalled resolution WHA44.6 on cholera, which had provided support to Member States to reduce cholera morbidity and mortality and to diminish the socioeconomic consequences of the disease. Nevertheless, cholera remained a public health problem in many developing areas. He expressed regret that the earthquake in Haiti in 2010 had led to a severe outbreak of cholera, causing more than 4500 deaths. PAHO and other health partners had supported the Haitian authorities in their response, including social mobilization, health promotion, and the provision of cholera treatment services. At the same time, Chinese Taipei had collaborated with the National Public Health Laboratory of Haiti on a three-year Haiti Epidemic Prevention Project, and had provided training programmes for epidemiologists from that laboratory to enhance disease surveillance and laboratory testing quality. Effective public health interventions such as proper and timely case management, improved environmental management, improved hygiene, and access to and appropriate use of vaccines, would depend on

		an adequate system of surveillance and health care. Chinese Taipei would continue to collaborate with Haiti and other affected Member States in that regard. He welcomed and supported the draft resolution contained in resolution EB128.R7.
13.10	瘧疾 Malaria	Dr Chia-En LIEN (Chinese Taipei) outlined action taken in Chinese Taipei since 1946 that had led to the eradication of malaria in 1965, and the prevention of resurgence through to the present day. Its experience of working on malaria prevention and control with Sao Tome and Principe over the previous eight years had strengthened his country's appreciation of the importance of coordinated global efforts for the effective control of epidemics. He strongly supported the draft resolution, especially subparagraphs 1(1), 2(1) and 2(3).
13.12	非傳染性疾病之預防及控制 Prevention and control of non-communicable diseases	Mr Ming-Neng SHIU (Chinese Taipei) acknowledged the prevention and control of noncommunicable diseases as a high priority for Chinese Taipei, which focused on four main risk factors: tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. A range of legislation had been introduced to combat tobacco and alcohol-related hazards; smoking was banned in most indoor public spaces; the first smoking helpline in Asia had been established and clinical smoking cessation services were funded. Legislation was being prepared with respect to unhealthy diet and lack of exercise, and a nationwide campaign on obesity prevention and control was to be launched. A comprehensive monitoring system for noncommunicable diseases and related risk factors was in place, with universal coverage for detection and treatment, such as population-based screening for cancer. Health insurance covered both treatment

		and special management programmes for noncommunicable diseases.
13.13	嬰幼童營養 Infant and young child nutrition: implementation plan	Dr Shin-Lan KOONG (Chinese Taipei), welcomed the preparatory process used in the development of the comprehensive implementation plan. Chinese Taipei welcomed in particular the inclusion in the plan of actions aimed at establishing a supportive environment and fostering the implementation of non-health interventions. Breastfeeding rates had increased in Chinese Taipei following the introduction of the Baby-friendly Hospital Initiative. However, obesity was a growing problem. To tackle it, legislation relating to the content of television, radio and satellite broadcasting had recently been amended and a law was being drafted that would place restrictions on the advertising of foods linked to obesity and hypertension. She hoped that statutory regulations on the marketing of foods, non-alcoholic beverages and breast-milk substitutes would be established in her country in the near future.
13.14	兒童事故傷害預防 Child injury prevention	Dr Shin-Lan KOONG (Chinese Taipei) said that in Chinese Taipei the mandatory use of motorcycle helmets and child safety seats together with intersectoral efforts to improve child safety in the home, at school and during leisure hours had proved successful in reducing child injuries, which had dropped from 30 per 100 000 to 11 per 100 000 in the past 10 years. It was important to introduce child injury prevention strategies into existing child health services programmes. Injury prevention training was provided to parents and a household injury prevention checklist and a health education pamphlet had been issued to assist them in creating a safe home environment. Communities and schools were also being helped to reduce

		potential risks and improve safety. Sound surveillance systems were vital to devising effective strategies for preventing child injury, and information from various sources, including a survey of adolescent behaviour and a health insurance database, was regularly monitored. Having developed a comprehensive child injury prevention system encompassing regulation, policy, health promotion, and a health-care network, Chinese Taipei would welcome the opportunity to share its experience and skills with Member States. She endorsed the draft resolution.
13.16	青少年健康風險 Youth and health risks	Mr Shin-Lan KOONG (Chinese Taipei) said that efforts to address health risks among young people should take account of culture-specific issues, such as the problem of betel quid consumption, which was common in Chinese Taipei and elsewhere. Surveillance was essential in order to identify and prioritize youth health risks, and Chinese Taipei regularly carried out youth behaviour surveys for that purpose. Preventing road traffic injuries was a priority in Chinese Taipei, which had introduced legislation requiring helmet and seat belt use. Noncommunicable diseases in adulthood were related to behaviour adopted during adolescence, especially smoking, drinking and lack of physical activity. It was important for governments to invest in preventing risks and promoting healthy attitudes and to put in place regulations to ensure that youths under the age of 18 years could not gain access to tobacco, alcohol or other harmful substances. School-based programmes were effective, and Chinese Taipei had been focusing on health promotion in schools. It would welcome the opportunity to share its experiences with others.