

2012 年第 65 屆 WHA 針對 16 項議題發言

議程	議題	發言摘要
13.1	<p>非傳染性疾病之預防及控制</p> <p>Prevention and control of non-communicable diseases</p>	<p>Dr Shu-Ti CHIOU (Chinese Taipei) said that Chinese Taipei provided universal health coverage and attached high priority to prevention and control of noncommunicable diseases. She welcomed the establishment of a global monitoring framework and set of indicators. Chinese Taipei allocated separate funds to noncommunicable disease prevention and health promotion, which were used to plan and implement various health programmes including tobacco control, cancer screening, obesity prevention and control, and maternal and child health programmes. Raising the price of tobacco had generated additional revenue to fund prevention and control of noncommunicable diseases. With regard to social determinants, Chinese Taipei had implemented a multisectoral strategy to reduce levels of obesity, as a result of which the rising trend in obesity had been halted in 2011.</p>
13.2	<p>國家衛生及社會部門對於精神疾病所造成的全球負擔之相關因應措施</p> <p>Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level</p>	<p>Dr Tsung-Hsi WANG (Chinese Taipei) said that Chinese Taipei had adopted legislative measures to safeguard the rights of people with mental disorders and protect them from discrimination and human rights violations. Mental health policies had been in place for nearly 30 years; the overarching goal was to establish a human-centred, community-based, holistic mental health system. Recent developments had included the establishment of community follow-up care centres, treatment of disaster-related mental disorders and the creation of psychiatric facilities for persons who had attempted suicide. The scope of mental health services had also been enlarged to cover victims</p>

		of abuse and offenders. A new department of mental health would be set up in 2013.
13.3	營養 Nutrition	Dr Shu-Ti CHIOU (Chinese Taipei) said that the global breastfeeding target would be difficult for Chinese Taipei to meet as a large proportion of women of reproductive age were working women; however, the Act on Gender Equality in Employment required employers to allow women time off for breastfeeding or breast-milk collection, and a law on breastfeeding in public places ensured women's freedom to breastfeed and the availability of breastfeeding and breast-milk collection rooms in public places. Exclusive breastfeeding rates remained low, but had doubled over the previous seven years. They had been found to be higher among women who had given birth in baby-friendly hospitals versus regular health facilities. Chinese Taipei therefore strongly supported the Baby-Friendly Hospital Initiative.
13.4	青少年懷孕及早婚問題 Early marriages, adolescent and young pregnancies	Dr Shu-Ti CHIOU (Chinese Taipei) said that Chinese Taipei had recently seen a fall in birth rates among adolescents despite increased adolescent sexual activity; at the same time there had been a rise in contraception use and a significant increase in the numbers of girls completing higher education, which suggested that better opportunities for women in formal education probably played a more significant role than other factors in reducing adolescent pregnancy. A recent attempt to raise the age of marriage for girls in Chinese Taipei had failed, since allowing girls to marry at the age of 16 enabled those who became pregnant early to have a legal marriage if they wanted one. That experience raised questions as to whether the recommendation to raise the legal age of marriage to 18, contained in paragraph 16 of the

		<p>report, could be universally applicable or effective. Improving educational and employment opportunities and access to contraception might be better strategies for supporting women's development. Any strategy for preventing early pregnancy should take differing cultural and social contexts into account.</p>
13.5	<p>監測與健康相關之「千禧年發展目標」執行現況</p> <p>Monitoring of the achievement of the health-related Millennium Development Goals</p>	<p>Professor Shan-Chwen CHANG (Chinese Taipei), expressing support for the Global Strategy for Women's and Children's Health, noted that some significant progress had been made towards child and maternal mortality targets, but progress across countries had been uneven. The key, in Chinese Taipei's experience, was a health system with universal coverage. Chinese Taipei's active participation in promoting maternal and child health in Africa, Central America and the South Pacific region had yielded remarkable results. It had already proposed a post-2015 action plan on women's and children's health and would be pleased to continue offering support and sharing its experience with the international community.</p>
13.6	<p>影響健康問題之社會因素：「World Conference on Social Determinants of Health」會議成果 (Rio de Janeiro, Brazil, October 2011)</p> <p>Social determinants of health: outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October 2011)</p>	<p>Dr Guey-Ing DAY (Chinese Taipei), welcoming the progress in implementing resolution WHA62.14, strongly endorsed the "health in all policies" approach and the five key action areas identified in the Rio Political Declaration on Social Determinants of Health. Health inequities were monitored closely in Chinese Taipei. The difference in infant mortality between urban and rural populations had decreased by 40% in 12 years as a result of universal health care coverage and equitable prevention and community development activities. Integrated services – including outreach activities, specialist clinics and overnight emergency care – had been</p>

		<p>developed to strengthen further the delivery of health care to remote areas. Efforts were also being made to improve the quality of services. An approach that involved all government departments, not only the health sector, was needed in order to ensure success. Chinese Taipei looked forward to participating further in technical meetings and activities concerning social determinants of health.</p>
13.7	<p>國際衛生條例(2005)之施行</p> <p>Implementation of the International Health Regulations (2005)</p>	<p>Dr Ho-Sheng WU (Chinese Taipei) encouraged the Secretariat to continue providing support to those countries that would not meet the national core capacity requirements by the mid-2012 deadline. Chinese Taipei had attained the minimum core capacity requirements and would willingly share its experience. It would also continue to work with the Secretariat and States Parties in detecting the emergence of infectious diseases and potential public health emergencies of international concern. He expressed support of the Secretariat's activities with global partners to monitor, assess and respond to important food safety-related events and looked forward to further international collaboration on health issues of global concern.</p>
13.8	<p>全球性大型集會活動：對全球衛生的影響及契機</p> <p>Global mass gatherings: implications and opportunities for global health security</p>	<p>Dr Li-Jen LIN (Chinese Taipei) underscored the need to reinforce disease surveillance systems in order to communicate information on disease- and health-related incidents to participants in mass gatherings in a timely manner, and to ensure that adequate laboratory capacity was in place to meet surge capacity needs. Chinese Taipei had established a central epidemic command centre, which had played a critical role in planning for public health emergency preparedness at two global mass gatherings that had taken place while the pandemic (H1N1) 2009 influenza was active. Mass gathering</p>

		<p>preparedness and response plans should be drawn up as far in advance as possible; their content would vary according to the time and location of the event, as well as the health resources available to the host community. Intersectoral involvement was equally important. Chinese Taipei would like to participate in WHO training programmes on global mass gatherings as a means of strengthening its own capacity to respond effectively in such situations and to plan for the 2017 World University Games.</p>
13.9	<p>流感大流行防範：共用流感病毒以及獲得疫苗和其他利益</p> <p>Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits: report on the work of the Advisory Group</p>	<p>Dr Ho-Sheng WU (Chinese Taipei) said that experience had shown the importance of virus sharing and access to vaccines for pandemic influenza preparedness. As the vaccine manufacturer in Chinese Taipei was capable of producing vaccine for internal use, it hoped to be included in preparedness efforts. A Global Influenza Surveillance and Response System self-assessment would be welcome, as would WHO support to build influenza surveillance and laboratory capacity in developing countries. Some countries might require further technical or financial support from WHO to implement the Framework. Chinese Taipei would be pleased to share its experience. Highlighting the importance of stockpiles of pre-pandemic vaccines, he expressed support for Advisory Group efforts to establish an international stockpile of vaccines for avian influenza A(H5N1) and other viruses with pandemic potential. Chinese Taipei would contribute more in that respect, provided that its vaccine manufacturer was approved by WHO.</p>
13.10	<p>加強根除全球小兒麻痺</p> <p>Poliomyelitis: intensification of the global eradication</p>	<p>Professor Shan-Chwen CHANG (Chinese Taipei), commending the draft resolution, said that the introduction of a system to monitor the immunization status of all children in Chinese Taipei had contributed to poliomyelitis</p>

	initiative	eradication. He recognized the importance of documenting vaccination, of surveillance for acute flaccid paralysis and of strong political commitment in order to ensure that countries remained free of poliomyelitis and supported the recommendation by the Strategic Advisory Group of Experts on immunization to remove Sabin polioviruses from immunization programmes. Chinese Taipei stood ready to share its experience as part of ongoing efforts to eradicate poliomyelitis.
13.12	全球疫苗行動計畫草案 Draft global vaccine action plan	Dr Ho-Sheng WU (Chinese Taipei) said that Chinese Taipei had focused on community awareness as a means of increasing vaccination coverage rates. Its communicable disease control act had made funding for both standard and new vaccines completely independent. Collaboration among professionals and stakeholders regionally and internationally was vital to maximizing the benefits of immunization research and development. In an increasingly mobile world, regular information exchange and collaboration on vaccination policy should continue among Member States and regions in order to improve coverage and facilitate cross-border cooperation. WHO could help by facilitating international cooperation on immunization programmes and by supporting communities in meeting vaccine coverage targets. Chinese Taipei was willing to share its experience in implementing immunization programmes as a contribution to the draft action plan and World Immunization Week.
13.13	偽藥防制：會員國工作小組之報告 Substandard/ spurious/ falsely-labelled/	Dr Guey-Ing DAY (Chinese Taipei) said that strategies used to combat SSFFC medical products in Chinese Taipei included monitoring the supply chain and setting up pre-market registration and post-market surveillance

	falsified/ counterfeit medical products: report of the Working Group of Member States	systems. An interagency law enforcement task force had been established and national pharmaceutical legislation had been amended to impose stricter penalties on those who manufactured or imported SSFFC products. Furthermore, a public awareness campaign had been launched to inform senior citizens of the risks associated with illicit medical products. In 2011, her Government had hosted a regional workshop at which experts and officials from Asian countries had exchanged information and shared best practices. Chinese Taipei would continue striving to combat SSFFC medical products.
13.14	關於研究與開發方面 籌資和協調問題的專 家諮詢工作小組 Consultative expert working group on research and development: financing and coordination	Dr Chia-En LIEN (Chinese Taipei) said that medical and pharmaceutical research and development not only helped to improve standards of health but contributed to economic development. Chinese Taipei had enacted legislation aimed at promoting biotechnological and pharmaceutical development and stood ready to share its experience with others.
13.15	世界衛生組織在應對 人道危機中之衛生相 關事宜所扮演之領導 地位 WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies	Dr Tsung-Hsi WANG (Chinese Taipei) said that in the wake of a devastating earthquake in 1999, Chinese Taipei had set up disaster medical assistance teams, which could perform triage, on-site first aid, emergency resuscitation, field medicine and outbreak monitoring in a disaster area. It had also established an international health action team, which participated in international emergency relief efforts. In addition, many nongovernmental organizations from Chinese Taipei provided humanitarian medical assistance in other regions and countries.
13.16G	進度報告：病毒性肝 炎（依據WHA63.18 決議）	Dr Li-Jen LIN (Chinese Taipei) said that Chinese Taipei had, in 1984, been the first to introduce free, mass hepatitis B vaccination campaigns for

	<p>Viral hepatitis (resolution WHA63.18)</p>	<p>infants, followed subsequently by the introduction of routine screening for pregnant women to prevent mother-to-child hepatitis B transmission. That had enabled Chinese Taipei to reach the goal set by the Western Pacific Region, namely reducing chronic hepatitis B infection rates to below 2% in children under five years of age by 2012. A pilot project for the treatment of chronic hepatitis B and C had been launched in 2000 to help to reduce the complications of liver cirrhosis and hepatocellular carcinoma. Despite the overall progress made, Chinese Taipei required adequate resources and commitment from partners to maintain its success. Chinese Taipei was a long-standing advocate of efforts to prevent and control sexually transmitted infections and had compiled a list of clinics recommended for their open approach to sexually transmitted diseases.</p>
13.16L	<p>進度報告：預防與控制因性行為所造成之傳播感染：全球戰略（依據WHA59.19決議）</p> <p>Prevention and control of sexually transmitted infections: global strategy (resolution WHA59.19)</p>	