2013 年第 66 屆 WHA 針對 23 項議題發言

議程	議題	發言摘要
13.1	非傳染性疾病之預防及控制之全球監測架構草案 Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases	Ms Yu-Hsuan LIN (Chinese Taipei) said that Chinese Taipei had a highly efficient universal health coverage system that produced results comparable to those of the developed countries. Ensuring the sustainability of health care systems required health promotion, prevention and equitable social development. Furthermore, political engagement and social mobilization were crucial to implementing a Health in All Policies approach and achieving health targets. Chinese Taipei had used benchmarking and monitoring as tools for fostering political commitment. It had included health on the development agenda, with the specific goals of reducing cancer mortality and smoking prevalence and increasing physical activity, and efforts to do so were being supported with revenue from a tobacco tax.
13.3	綜合性心理健康計畫草案（2013-2020） Draft comprehensive mental health action plan 2013–2020	Ms CHUN-YING HUANG (Chinese Taipei) said that Chinese Taipei had promulgated a mental health act and had launched various mental health programmes. It had also increased significantly the number of psychiatric hospitals and community psychiatric services, the latter of which provided patient tracking and care, case management, medical assistance and referrals to other community resources. Under the mental health service network, each county had a community mental health centre that offered education and training, transition services, and suicide and substance abuse prevention. The year 2010 had marked the first time in 14 years that suicide was not among the top 10 causes of death in Chinese Taipei, and the suicide rate had continued to decline.

13.4	失明與視力傷害之預防計畫草案（2014-2019） Draft action plan for the prevention of avoidable blindness and visual impairment 2014–2019	Ms Yu-Hsuan LIN (Chinese Taipei) commended the Secretariat's report and emphasized the importance of comprehensive and evidence-based eye health policies. Myopia was a major visual health problem in Chinese Taipei, Hong Kong Special Administrative Region (China), Singapore, and many other Asian countries. In Chinese Taipei, 22% and 70% of grade 1 and grade 6 students, respectively, had myopia, which could lead to serious loss of vision or blindness. Because effective preventive measures were not yet available, a prevention programme promoting outdoor activity was being trialled to ascertain whether myopia and visual deterioration in elementary schoolchildren could be prevented. In an ageing population, there was likely to be an increase in diabetic retinopathy, which could also cause blindness and should be treated as early as possible. The condition should be included in health promotion activities in order to sensitize the public to the link between diabetes and retinopathy. Chinese Taipei was eager to share its experiences in regional health promotion.
13.5	殘疾 Disability	Ms Su-Wen TENG (Chinese Taipei) endorsed the recommendations contained in the draft resolution on implementing the provisions of the United Nations Convention on the Rights of Persons with Disabilities. She outlined some measures that had been introduced in Chinese Taipei to promote the rights of people living with disabilities, including legislation and systems for identifying and assessing disability in accordance with the International Classification of Functioning, Disability and Health, as well as a model linking disability evaluation and social welfare. Chinese Taipei looked forward to sharing its experiences and contributing to the work of the international community.

14.1	健康議題在2015年後之發展 Health in the post-2015 development agenda	Ms Jie-Ru TZENG (Chinese Taipei) said that all the other issues under consideration for inclusion in the post-2015 development agenda depended on health, and that more comprehensive consideration of health issues would therefore allow other problems to be better addressed. She supported the inclusion in the development agenda of human rights, participation, poverty eradication, equality and sustainability. Universal health coverage must play a key role, in conjunction with sustainable development and poverty reduction. Chinese Taipei was willing to share its own experiences of introducing universal health coverage.
14.2	召開高階會議：如何促進婦女及兒童健康 Follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health	Ms Yu-Hsuan LIN (Chinese Taipei) said that Chinese Taipei placed great emphasis on the holistic promotion of women's and children's health through policies including the provision of prenatal examinations; health insurance coverage for delivery expenses; screening for congenital anomalies and diseases leading to premature births and low birth weight; and voluntary reporting of such cases to provide appropriate follow-up health care services. Chinese Taipei, which had the 20th lowest infant mortality rate in the world, was ready to share its experience with all Member States and health authorities.
14.3	影響健康問題之社會因素 Social determinants of health	Ms Yu-Hsuan LIN (Chinese Taipei) said that social determinants of health must be addressed in order to reduce inequality and promote development. Regarding the core actions set out in the Rio Political Declaration, Chinese Taipei already offered universal health insurance with full coverage, but was still seeking to reduce health inequalities faced by those living in remote and rural areas where medical resources were in short supply. It was also working to improve

		maternal and child health services and preventive services and to address noncommunicable disease risk factors. In addition, it had taken an active role in facilitating regional exchange and cooperation aimed at reducing health inequalities and stood ready to provide financial, medical and human resources to assist countries in need.
15.1	國際衛生條例（2005）之施行 Implementation of the International Health Regulations (2005)	Dr Jen-Hsiang CHUANG (Chinese Taipei) said that Chinese Taipei's success in meeting the core capacity requirements established in Annex 1 of the International Health Regulations (2005) had been verified in March 2013 by experts from Australia. Chinese Taipei had listed human infection with avian influenza A(H7N9) virus as a notifiable disease and on 24 April 2013 had confirmed the first human case, which it had reported to WHO within 24 hours. Chinese Taipei supported the Secretariat's efforts to develop a framework for assessing pandemic severity. Given the lack of data and level of uncertainty early in a pandemic, a phased approach would be advisable. He encouraged the Secretariat to test the framework during seasonal influenza outbreaks, organize data collection at the global level and develop pre-pandemic guidance based on proposed measures that could serve as a reference for decision-makers. Chinese Taipei would continue to collaborate with WHO under the International Health Regulations (2005) with a view to enhancing global public health security.
15.2	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	Dr Jen-Hsiang CHUANG (Chinese Taipei) described the steps being taken in the areas of vaccine production and immunization programmes. On 24 April 2013, Chinese Taipei had confirmed the first human case of influenza A(H7N9); the health authorities continued to exercise all precautions in order to control

	and other benefits	avian-to-human transmission. He appreciated the action of the WHO collaborating centre in Beijing for sharing the H7N9 virus.
15.3	加強根除全球小兒麻痺 Poliomyelitis: intensification of the global eradication initiative	Dr Yi-Chun LO (Chinese Taipei) said that strong political commitment was essential in the fight to eradicate poliomyelitis and minimize the risks of reintroduction and re-emergence. A standardized immunization record system introduced in 1983 to monitor the immunization status of each child had contributed to eradication of poliomyelitis from Chinese Taipei. Chinese Taipei welcomed the new strategy endorsed by the Strategic Advisory Group of Experts on immunization regarding the introduction of inactivated polio vaccine in place of the traditional oral poliovirus vaccine and would continue to collaborate with all countries in order to achieve a polio-free world.
16.1	全球疫苗行動計畫 Global vaccine action plan	Professor Pei-Jer CHEN (Chinese Taipei) said that, in accordance with the global vaccine action plan, Chinese Taipei had established a comprehensive immunization programme, a vaccine fund for the purchase of new vaccines and an advisory committee on immunization practices. The 13-valent pneumococcal conjugate vaccine had been introduced for children aged between two and five years of age and would be incorporated into routine childhood immunization in 2014. Unstable supplies of some composite vaccines over the previous two years had nevertheless caused scheduling and compatibility problems, which had an impact on disease prevention. He therefore urged WHO to secure greater commitment from stakeholders and to harmonize vaccine manufacturing in order to stabilize vaccine supplies.
16.2	熱帶疾病 Neglected tropical	Professor Pei-Jer CHEN (Chinese Taipei) said that his delegation would welcome the adoption

	diseases	of the draft resolution. Although certain tropical diseases had been brought under control in Chinese Taipei, following improvements in general hygiene and medical resources, dengue was an emerging challenge requiring effective vector control and case management. The elimination of mosquito breeding sites had been adopted in Chinese Taipei as the main vector-control measure. There was also greater collaboration at the local level and use of trained community volunteers in the implementation of preventive strategies. In the previous decade, fever screening at international airports and seaports in Chinese Taipei had helped detect about half of all imported dengue cases. In order to achieve effective control of dengue, however, a safe vaccine was needed.
16.3	瘧疾 Malaria	Mr Chin-Shui SHIH (Chinese Taipei) said that malaria had been eradicated in Chinese Taipei in 1965, as a result of a control and eradication programme launched in 1945. Chinese Taipei was currently in a maintenance phase of sustained control and was malaria-free. Chinese Taipei strongly supported the WHO Global Malaria Programme's new initiative "T3: Test Treat Track". Chinese Taipei had been collaborating with WHO and other partners on malaria prevention and control in countries endemic for the disease and welcomed the opportunity to do so in the future.
17.1	偽藥防制 Substandard/ spurious/ falsely-labelled /falsified /counterfeit medical products	Ms Li-Ling LIU (Chinese Taipei) said that several strategies had been adopted to combat SSFFC medical products in Chinese Taipei that had achieved positive results. Medicine production and distribution channels were monitored, an interdepartmental task force had been established, a public awareness-raising campaign had been implemented and an initiative

		had been launched to combat online sales of such products. Recognizing that international cooperation was an effective and essential way to tackle the issue, Chinese Taipei had, since 2012, participated in an Asia-Pacific Economic Cooperation project on medical product quality and supply-chain integrity.
17.2	關於研究與開發方面籌資和協調問題之專家諮詢工作小組後續報告 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination	Ms Jie-Ru TZENG (Chinese Taipei), commending the endeavours of the Consultative Expert Working Group, supported the setting of goals related to the global strategy and plan of action on public health, innovation and intellectual property. Improvements in monitoring, coordination and priority-setting in order to ensure sustainable funding for health research and development on Type I, II, and III diseases in developing countries would contribute to a fairer, healthier and more sustainable global society. Chinese Taipei recognized the need to promote capacity-building and technology transfer, as well as investment in health research and development, for diseases disproportionally affecting developing countries, as set out in the draft resolution. It therefore stood ready to work with the international community to share its health research technologies, achievements and experiences with developing countries, and to provide training and funding. A healthy and sustainable global health system required the participation of all members of the international community, together with the contributions of capable partners.
17.3	全民健康保險 Universal health coverage	Dr CHEN (Chinese Taipei), noting that universal health coverage had become a powerful and unifying focus of the current Health Assembly, said that Chinese Taipei had been implementing a universal health insurance programme since 1995, as a demonstration of its commitment to

		the Alma-Ata principle of health for all. The programme was effective in health promotion, disease eradication and quality assurance and allowed people to choose the physicians and facilities they wished to use. Everyone in Chinese Taipei, including foreigners, was issued with a card that entitled them to comprehensive care in more than 19000 facilities. Coverage was effective, affordable and sustainable because it was based on a single-payer system. Chinese Taipei would continue to offer training opportunities for Member States that wished to learn from its experience in that area.
17.4	衛生人力資源 The health workforce: advances in responding to shortages and migration, and in preparing for emerging needs	Ms Chun-Ying HUANG (Chinese Taipei) said that to avoid imbalances in the supply and demand of health professionals, Chinese Taipei's training and employment strategy involved conducting regular surveys to measure supply and demand, and subsequently adjusting health workforce development as required. As the critical care sector and remote areas currently faced a shortage of health professionals and severe work overload, steps were being taken to improve working conditions and to provide incentives to health professionals in those areas. Chinese Taipei hoped to establish long-term cooperative exchanges in the area of human resources for health.
17.5	e-Health eHealth and health Internet domain names	Mr Chin-Shui SHIH (Chinese Taipei) said that Chinese Taipei welcomed the draft resolution. Its universal health insurance programme demonstrated the progress it had already made in developing its eHealth system. Chinese Taipei fully understood the importance of using health information to strengthen the overall health care system, enhance health care quality, increase administrative efficiency and prevent insurance fraud. Chinese Taipei stood ready to share its

		experience in developing eHealth services.
18A	進度報告：非傳染性疾病之政策 Strengthening noncommunicable disease policies to promote active ageing (resolution WHA65.3)	Ms Chun-Ying HUANG (Chinese Taipei), referring to paragraph 7 of document A66/27, said that Chinese Taipei had promoted WHO's age-friendly cities and communities programme through a central government directive to city leaders. Every city and county had also signed the Dublin Declaration on Age-friendly Cities and Communities. In addition, Chinese Taipei had compiled recommendations from WHO publications on health care and hospital standards with a view to developing a system of recognition for hospitals providing age-friendly health-care services. Chinese Taipei intended to join the WHO Health Promoting Hospitals Network in order to extend the recognition framework to other countries.
18D	進度報告：加強國家衛生、災害管理及衛生系統之應變能力 Strengthening national health emergency and disaster management capacities and the resilience of health systems (resolution WHA64.10)	Ms Chun-Ying HUANG (Chinese Taipei) said that Chinese Taipei had set up medical assistance teams on the first anniversary of the September 1999 earthquake in order to bolster front-line health care systems facing increased demands for emergency medical care in times of crisis. It had also established six regional emergency operation centres to coordinate emergency response measures; the centres were responsible for dealing with hazards, monitoring, and ensuring immediate access to information on regional catastrophes. Chinese Taipei was eager to share its experience with health authorities in other Member States.
18E	進度報告：氣候變遷與健康 Climate change and health (resolution EB124.R5)	Ms Yu-Hsuan LIN (Chinese Taipei) said that health care systems could play an important role in mitigating the effects of climate change. Chinese Taipei had been working with the WHO International Network of Health Promoting Hospitals and Health Services to promote activities consistent with WHO guidance on climate change. Hospitals, which had a high

		energy consumption, were being encouraged to reduce their carbon footprints and to work with the international coalition Health Care Without Harm in order to promote environmental sustainability in medical institutions; a manual had been produced to assist hospitals in assessing environmental compliance; and healthy lifestyles were being encouraged in order to reduce the use of medical resources. Chinese Taipei would continue to strengthen international cooperation in the field of climate change and health by freely sharing its monitoring tools and methods.
18H	進度報告：患者安全 Patient safety (resolution WHA55.18)	Ms Chun-Ying HUANG (Chinese Taipei) said that in recent years, various interventions had been implemented under Chinese Taipei's patient safety campaign, launched in 2002. Those activities had included creating a patient safety committee, setting goals for quality of medical care and patient safety, devising a patient safety reporting system, celebrating an annual patient safety week, and providing training and education.
	新型冠狀病毒（MERS-CoV），A型流感（H7N9） Novel Coronavirus (MERS-CoV), A influenza (H7N9)	