

邱文達署長於第 64 屆「世界衛生大會」(WHA) 發言稿
二〇一一年五月十八日 非傳染性疾病的防治

Mr. President, Madam Director-General, Health Ministers, Distinguished Guests, Ladies and Gentlemen,

It is a great honor for me to address the World Health Assembly. I first would like to extend my congratulations to Mr. President on your election. I would also like to express my sincere appreciation for Chinese Taipei (中華臺北) being invited to this year's Assembly.

We join the rest of the world in sharing deep concern about the damage caused by the natural disaster in Japan. The nuclear accident in Fukushima highlights the importance of global cooperation and solidarity. The WHO/IHR plays an indispensable role by weaving a sound network for responding to public health emergencies. We hope that all parties concerned can make the best use of this platform to exchange information and strive as a single entity to safeguard the wellbeing of all mankind.

The WHO attaches great importance to the construction of healthcare systems. In 1995, we launched a comprehensive and universal health insurance program. This insurance programme, with an affordable premium and using the smart IC card, covers 99% of the population with near 80% satisfaction rate. It has helped extend life expectancy from 74.5 years in 1995 to nearly 79 years in 2009. Currently, medical insurance expenditures account for only 6.9% of our GDP, lower than that of OECD countries. In recent years, the premium scale has been adjusted to make the payments fairer to everyone. We welcome all opportunities to share with others our experiences in this regard.

We also place high priority on the prevention and control of non-communicable diseases (NCDs). Over the years, we have developed a comprehensive surveillance system for NCDs and related risk factors. We provide universal coverage for NCD detection and control, including population-based screening for major cancers and management programs for chronic diseases. This year, we are working on legislation to promote health and nutrition.

We also have launched a campaign for reducing obesity with the goal to inspire 60 0,000 people to lose 600 metric tons of excessive body weight in one year.

In 1997, we passed the Tobacco Hazards Control Act, which has been updated over the years to parallel the WHO's FCTC. Since 2009, smoking has been banned in

nearly all indoor public areas and working places. Our environmental tobacco exposure rate is merely 7.2%, and 90% of the public is satisfied with this policy. Smoking cessation counseling is available in 97% of all urban areas.

In 2003, we set up the first helpline for smokers in Asia. We hope to attend FCTC-related technical meetings, in order to better contribute to the international community's efforts to combat tobacco-smuggling.

With regard to public safety and health matters, road safety continues to be a focus of our concern. Motor-vehicle accidents used to be our third major cause of death. Given the large number of fatal injuries, we passed a law in 1997 requiring that all drivers and riders wear a helmet. This has saved at least 3,000 lives each year, making motor vehicle accidents currently the sixth major cause of death. Early this year, a new regulation was passed requiring backseat passengers in cars to wear safety belts, which should further reduce fatal traffic accidents.

Mr. President and fellow Health Ministers, Chinese Taipei reiterates its commitment to taking part in the WHO's endeavors in promoting international health cooperation. We seek to not only benefit the people in Taiwan, but also help strengthen the global disease prevention network. It is a great pleasure for me to have this chance to discuss issues of mutual concern with the other participants and share with them our experiences, knowledge and expertise.

In closing, I wish to thank the Director-General for inviting Chinese Taipei to the WHA for the third time. I am sure that, with our concerted efforts, this practice and related arrangements, which may be called "WHA model", will be reflected to other WHO meetings, mechanisms, information sources and documentation, so that relevant procedures and terminology will be consistent with the practice in the WHA. I wish the 64th WHA a resounding success! Thank you.

主席、幹事長、各國衛生部長、各位貴賓、各位女士、各位先生：

本人很榮幸應邀在此對世界衛生大會（WHA）發言。首先，我要恭賀主席先生您當選本年大會主席，也對中華臺北本年受邀出席大會表達感謝之意。

我們與全球一致深切關注日本因自然災害造成的損失，日本福島核能意外突顯了全球合作及團結的重要性。世界衛生組織的國際衛生條例（WHO/IHR）在建立一完善網絡以因應公共衛生緊急事件上，扮演不可或缺的角色，我們期盼所有國際衛生條例參與方能夠善加利用此平台交流訊息，共同致力維護全世界人類的健康。

世界衛生組織非常關注衛生體系的建置。我們於1995年開辦全民健保，此保險計畫保費低廉，使用智慧IC卡，納保率高達人口的99%，滿意度近八成，更將國人平均餘命從1995年的74.5歲，提高到2009年的近79歲。目前醫療保健支出占GDP的6.9%，低於OECD國家。近年來，健保費率的計算基礎已加以調整，使其更為公平。我們樂願與國際社會分享此一經驗。

非傳染性疾病（NCDs）的預防與控制也是我們的優先項目。多年來，我們已針對非傳染性疾病及其危險因子建立完善的監測系統，提供全面性給付，包括主要癌症全面篩檢、慢性疾病完整管理計畫等。本年我們正進行健康促進法及國民營養法的立法，也同時發起號召60萬人於一年內共同減去600噸過重體重的運動。

我們於1997年制定菸害防制法，並依照WHO菸害防制框架公約（FCTC）持續修訂內容。自2009年起，幾乎所有室內公共場所和工作場所都已經禁菸，室內公共場所的二手菸暴露率為7.2%，民眾對這項政策滿意度達九成，我們在97%鄉鎮市提供戒菸諮詢服務，並於2003年成立全亞洲第一個戒菸協助專線。我們希望能夠參與FCTC相關技術性會議，以貢獻己力，與國際社會共同打擊私菸。

道路安全是我們持續關切的公共安全與衛生議題。汽機車相關事故過去為我們第三大死因，有鑑於其致命案例以頭部傷害為最，我們於1997年立法要求騎乘機車者強制配戴安全帽，每年減少至少3000人死亡，目前汽機車意外已退居第六大死因；今年初我們更立法推行汽車後座應強制繫帶安全帶，希望更進一步減少交通意外造成的傷亡。

主席及各位衛生部長，中華臺北重申參與WHO促進國際衛生合作努力的決心，不僅為造福臺灣人民，亦盼望協助強化全球防疫網絡。我很高興有機會和其他與會人士討論共同關切的議題，也非常樂意分享我們的經驗和專業知識。

最後，我要感謝幹事長第三度邀請中華臺北參加世界衛生大會，相信在我們共同努力下，此一實踐與相關安排，或可稱為「世衛大會模式」，將反映在世衛組織的其他會議、機制、資訊來源以及文件之中，以使相關程序及用語能與世界衛生大會的實踐一致。

我敬祝第64屆世界衛生大會圓滿成功。謝謝！