

Global Health Security—A Call for Taiwan’s Inclusion

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The threat of emerging infectious diseases to global health and the economy, trade, and tourism has never abated. Pandemics can spread rapidly around the world because of the ease of international transportation. Among the most salient examples are the Spanish flu of 1918, the severe acute respiratory syndrome (SARS) outbreak of 2003, and the H1N1 influenza of 2009. Intermittently, serious regional epidemics, such as Middle East respiratory syndrome (MERS) in 2012, Ebola in West Africa in 2014, and the Zika virus in Central and South America in 2016, have also reared their heads. Today, a novel form of pneumonia that first emerged in Wuhan, China, at the end of 2019 and has since been classified as coronavirus disease 2019 (COVID-19) has caused a global pandemic. As of April 8, 2020, World Health Organization data shows that 1.35 million people had been confirmed as having the disease, with 79,235 deaths in 211 countries/areas/territories. Taiwan has not been spared.

In the 17 years since it was hit hard by the SARS outbreak, Taiwan has been in a state of constant readiness to the threat of emerging infectious disease. As a result, when information concerning a novel pneumonia outbreak was first confirmed on December 31, 2019, Taiwan began implementing onboard quarantine of direct flights from Wuhan that same day. On January 2, 2020, Taiwan established a response team for the disease and activated the Central Epidemic Command Center (CECC) on January 20 as a level 3 government entity, upgrading it to level 2 and level 1 on January 23 and February 27, respectively. The CECC is able to

effectively integrate resources from various ministries and invest itself fully in the containment of the epidemic. As of April 9, Taiwan had tested a total of 42,315 persons showing 380 confirmed cases, of which 54 have been indigenous, 326 imported and five deaths; 80 people had been released from hospital after testing negative. Despite its proximity to China, Taiwan ranked 123rd among 183 countries in terms of confirmed cases per million people. This has shown that Taiwan's aggressive efforts to control the epidemic are working.

Disease knows no borders. In response to the threat of the COVID-19 epidemic, Taiwan has implemented dynamic plans concerning border quarantine measures, including onboard quarantine, fever screening, health declarations, and a 14-day home quarantine for passengers arriving from nations it has listed under Level 3 Warning. Moreover, Taiwan has established an electronic system for entry quarantine, which allows passengers with a local mobile phone number to fill in health information via mobile phone. A health declaration pass will then be sent to them via a text message. This is connected to the community care support management system, which allows government agencies to provide care services and medical assistance. Individuals' travel history is now stored on the National Health Insurance (NHI) card to alert physicians to possible cases and prevent community transmission. For those undergoing home quarantine or isolation, the government is working with telecom operators to allow tracking of their locations. Quarantine offenders are subject to fines or mandatory placement according to relevant laws and regulations, so as to prevent transmission.

Taiwan has also increased laboratory testing capacity, expanded the scope of its surveillance and inspections based on trends of the COVID-19 epidemic, and retested people with higher risk who had already tested negative, including

patients with symptoms of severe influenza, community cases with upper respiratory tract infections who were already being monitored, and cluster cases of upper respiratory tract infections, to identify suspected cases and perform treatment in isolation wards. Meanwhile, Taiwan has designated 50 regional hospitals and medical centers and 167 community hospitals and clinics to create a tiered system for testing. These hospitals and clinics are required to set up special wards or areas; in principle, COVID-19 patients are isolated and treated individually in these wards and areas to prevent nosocomial infections. Moreover, Taiwan has banned the export of surgical masks since January 24, requisitioned masks, and expanded domestic mask production to more effectively allocate masks. On February 6, Taiwan launched a name-based rationing system for mask purchases at NHI-contracted pharmacies and local public health agencies. It added an ordering system for masks on March 12. This allows people to order online and pick up masks at convenience stores. These measures have helped us achieve effective allocation of limited resources and meet healthcare, epidemic prevention, household, and industrial needs.

A crisis anywhere readily becomes a problem everywhere. Global health security requires the efforts of every person to ensure an optimal response to public health threats and challenges. Taiwan, though not a member of WHO, cannot stand alone and must be included in the fight against such threats and challenges. Taiwan has fulfilled its responsibilities as a global citizen and abided by the International Health Regulations 2005 (IHR 2005) in notifying WHO of confirmed COVID-19 cases. Moreover, Taiwan has communicated with other countries such as Japan, Republic of Korea, Singapore, Malaysia, the Philippines, the United States, Canada, Italy, France, Switzerland, Germany, the United Kingdom, Belgium, and

the Netherlands, as well as the European Centres for Disease Prevention and Control, to share information on confirmed cases, travel and contact histories of patients, and border control measures. Taiwan has uploaded the genetic sequence of COVID-19 to the Global Initiative on Sharing All Influenza Data (GISAID). Taiwan has worked with global partners to respond to the threat of COVID-19 to ensure that global health is not imperiled by a lack of communication and transparency.

If it is indeed WHO's mission to ensure the highest attainable standard of health for every human being, then WHO needs Taiwan just as Taiwan needs WHO. Yet Taiwan has long been excluded from WHO due to political considerations. This has been regrettable given all that Taiwan could share with the world thanks to its renowned public health experience, health system, NHI, and ability to perform rapid testing as well as research and manufacture vaccines and drugs against COVID-19. We can also share our methods for analyzing the virus. We hope that after this pandemic abates, WHO will truly understand that infectious diseases know no borders, and that no country should be excluded, lest it become a major gap in global health security. WHO should not neglect the contribution to global health security of any nation.

We urge WHO and related parties to acknowledge Taiwan's longstanding contributions to the international community in the areas of public health, disease prevention, and the human right to health, and to include Taiwan in WHO and its meetings, mechanisms, and activities. Taiwan will continue to work with the rest of the world to ensure that all enjoy the fundamental human right to health as stipulated in the WHO Constitution. Echoing the mantra of the United Nations' 2030 Sustainable Development Goals, no one should be left behind.

全球衛生安全－臺灣無法置身事外

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新興傳染病對全球人類健康及經貿旅遊的威脅從未間斷過，舉凡 1918 年西班牙流感、2003 年嚴重急性呼吸道症候群(SARS)、2009 年 H1N1 新型流感等爆發的全球大流行，抑或 2012 年中東呼吸症候群冠狀病毒感染症(MERS)、2014 年西非伊波拉出血熱(Ebola)、2016 年中南美洲茲卡病毒感染症(Zika)等導致的區域大流行，皆因國際航空運輸而加速散播到全球各地，造成全球衛生安全不可避免的傷害。更有甚者，2019 年底從中國武漢傳出的不明原因肺炎，現已在全球各地爆發大流行，截至 WHO 在 2020 年 4 月 8 日的統計數據，全球已有 1,353,361 名確診病例、79,235 名死亡，影響範圍擴及 211 個國家/區域/地區，臺灣亦無從倖免。

臺灣在經歷 SARS 的慘痛經驗後，17 年來面對各種新興傳染病的威脅，總是嚴正以待，積極因應，從未輕忽懈怠。因此，當 2019 年 12 月 31 日確認中國武漢發生不明原因肺炎之際，我國即在當日啟動武漢直航班機之登機檢疫措施，超前部署以預防人傳人風險，並在 2020 年 1 月 2 日成立嚴重傳染性肺炎疫情應變小組、1 月 20 日成立三級開設中央流行疫情指揮中心、1 月 23 日升級為二級開設、2 月 27 日再升級為一級開設，有效整合跨部會防疫資源，全數投入疫情防治工作。截至 4 月 9 日止，我國已累計檢驗 42,315 例，共發現 380 起確診病例，其中本土 54 例、境外移入 326 例、5 例死亡，經三次採檢均為陰性的出院者 80 例。我國在

地理位置上雖鄰近中國，然每百萬人口確診數在國際間排名約第 123 名，顯示臺灣防疫工作成效顯著。

我國深刻體認傳染病無國界，故為因應此波武漢肺炎疫情之威脅，除在第一時間依據國際疫情變化趨勢，滾動式調整我國邊境檢疫措施，包括登機檢疫、發燒篩檢、健康聲明需求及針對三級(warning)流行國家入境者執行 14 日之居家檢疫，並建置入境檢疫電子系統，讓持有國內各電信業者手機門號之旅客透過手機填報資料，健康申報憑證將經由簡訊自動發送，並與社區關懷及生活支持管理資訊系統串接，以利政府單位關懷及提供生活、就醫協助。另將病患旅遊史註記在健保 IC 卡，提醒醫師留意，以及早發現可能個案，阻斷社區傳播；對於居家檢疫或居家隔離的民眾，亦經由電信業者與資訊的配合，採取隔離檢疫地點的定位追蹤，違法者將依相關法源進行裁罰或強制安置，以達阻絕可能傳播之效果。

再者，我國亦提升實驗室檢驗量能，依疫情變化逐步擴大監測採檢範圍，並回溯性採檢流感重症病人、社區上呼吸道監測個案、及上呼吸道等群聚事件個案之檢體檢驗結果為陰性者等高風險對象，找出可能病例，進行隔離治療；同時指定 50 家區域及醫學中心、167 家社區採檢院所，進行分級收治及採檢；另要求醫療院所設置專責病房或區域，以一人一室分艙分流原則收治隔離，避免院內感染。此外，我國於 1 月 24 日起管制醫療用口罩出口，同時徵用及擴充口罩量能，使國內口罩有效統籌運用，並自 2 月 6 日推行健保卡實名制度，透過社區健保藥局及衛生所配發購買，且於 3 月 12 日起開放網路訂購、超商取貨，達到有限資源的最有效分配，以確保醫療、防疫、民生與產業防備所需。

疾病無國界，星星之火足以燎原，地方疫情控制不好即可能造成全球大流行。因此，維護全球衛生安全亟需全體人類共同努力，確保最佳量能因應公共衛生威脅與挑戰。我國雖非 WHO 會員，但無法獨善其身、置身於全球衛生安全之外，故秉持世界公民之責，恪守國際衛生條例 2005(IHR 2005)規範，主動向 WHO 通報確診病例，同時積極與日本、韓國、新加坡、馬來西亞、菲律賓、美國、加拿大、義大利、法國、瑞士、德國、英國、比利時、荷蘭等國家及歐盟 CDC 分享交流武漢肺炎確診病例、接觸者旅遊史、邊境管制措施等資訊，並將病毒基因序列上傳「全球共享禽流感數據倡議組織(GISAID)」供各國查詢，共同因應此波新興傳染病毒之威脅，確保全球衛生安全不再因缺乏溝通及透明度而產生致命性盲點。

臺灣需要 WHO，WHO 同樣需要臺灣，世界衛生組織本來就不應該拒絕任何人，這是 WHO 的使命，但當前 WHO 受到政治干擾而把臺灣排除在外，這是不智的，臺灣不管公衛經驗、醫療體系、健保體系、防疫上的快篩、疫苗、相關製藥能力，還有病毒分析能力都可以跟世界分享。希望 WHO 經過這次疫情考驗後，可以認清疫情沒有國界，沒有一個地方可以被遺漏，任何地方遺漏都可能變成重大破口，任何地方的力量都不應該被忽視，進而對世界貢獻。

我們籲請 WHO 及相關各方注及臺灣長期以來對全球公共衛生防疫以及健康人權之貢獻，堅定支持將臺灣納入 WHO，讓臺灣完整參與 WHO 各項會議、機制及活動，與世界各國攜手，共同落實 WHO 憲章「健康是基本人權」及聯合國永續發展目標「不遺漏任何人」之願景。