

# 國際合作主題課程

## 國際會議甘苦談 – WHA

疾病管制署防疫醫師 林詠青

June 19, 2019

### 世界衛生大會 World Health Assembly

- 時間：每年五月下旬 (一至兩週)
- 地點：瑞士日內瓦萬國宮 (聯合國所在處)
- 對象
  - WHO會員、副會員、觀察員
  - 聯合國專門機構
  - 國際非政府組織

## 2016 第69屆WHA 台灣代表團

- 團長：衛生福利部林奏延部長
- 副團長：疾管署郭旭崧署長
- 無任所大使吳運東醫師、國際合作組許明暉技監、醫事司王宗曦司長、中醫藥司黃怡超司長、心口司湛立中司長、健康照護司游麗惠司長、國健署邱淑媿署長、林宇旋副組長、施靜儀簡技、健保署沈茂庭主秘、食藥署王兆儀組長、疾管署林詠青醫師
- 衛福部國際合作組同仁（含駐外代表）
- 外交部督導團支援人員
- 立法委員視導團
- 民間團體
  - 台灣聯合國協進會、台灣醫界聯盟基金會、歐洲台灣醫事聯盟、台灣醫學生聯合會

## 與會目的

- 完成與本署業務相關技術性委員會發言
- 與他國與會代表、WHO技術部門、NGO代表互動交流

# 會前準備



# 整理討論議題



## Agenda

### PLENARY

1. Opening of the Health Assembly
  - 1.1 Appointment of the Committee on Credentials
  - 1.2 Election of the President
  - 1.3 Election of the five Vice-Presidents, the Chairmen of the main committees, and establishment of the General Committee
  - 1.4 Adoption of the agenda and allocation of items to the main committees  
[Document A69/1](#)
2. Report of the Executive Board on its 137th and 138th sessions  
[Document A69/2](#)
3. Address by Dr Margaret Chan, Director-General  
[Document A69/3](#)
4. Invited speaker
5. [Deleted]
6. Executive Board: election
7. Awards  
[Document A69/1NE/1](#)
8. Reports of the main committees
9. Closure of the Health Assembly

### COMMITTEE A

10. Opening of the Committee<sup>1</sup>
11. WHO reform
  - 11.1 Overview of reform implementation  
[Document A69/4](#)
  - 11.2 Member State consultative process on governance reform  
[Documents A69/5, A69/5 Add.1 and EB138/2016/REC/1, decision EB138\(1\)](#)
  - 11.3 Framework of engagement with non-State actors  
[Documents A69/6, A69/6/2 and EB138/2016/REC/1, decision EB138\(3\)](#)
12. Noncommunicable diseases
  - 12.1 Maternal, infant and young child nutrition  
[Documents A69/7, A69/7 Add.1 and A69/7 Add.2](#)
  - 12.2 Report of the Commission on Ending Childhood Obesity  
[Document A69/8](#)
  - 12.3 Draft global plan of action on violence  
[Documents A69/9 and EB138/2016/REC/1, resolution EB138.R3](#)
  - 12.4 Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2018  
[Documents A69/10 and EB138/2016/REC/1, resolution EB138.R4](#)
  - 12.5 Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control  
[Documents A69/11 and A69/11 Add.1](#)

# 整理討論議題

World Health Organization

Documentation in all official languages of WHO for Executive Board sessions and Health Assemblies

## GOVERNING BODY DOCUMENTATION

Governance

World Health Assembly  
Live webcasts  
**WHA69**  
23-28 May 2016

Executive Board  
Live webcasts  
**EB140**  
23 January-1 February 2017

MSCP  
Member States consultative process on governance reform

PBAC  
Programme, Budget and Administration Committee of the Executive Board

Official records  
Resolutions, decisions and annexes  
Summary and verbatim records

Archive  
Documents archived from 1998

Open-ended Intergovernmental Meeting on the draft framework of engagement with non-State actors

Intergovernmental Working Group on Public Health, Innovation and Intellectual Property

Search all documents

<b>WHA68</b> 18-26 May 2015	<b>EB139</b> 20-31 May 2016
<b>WHA67</b> 19-24 May 2014	<b>EB138</b> 25-30 January 2016
<b>WHA66</b> 20-28 May 2013	<b>EB137</b> 27-28 May 2015
<b>WHA65</b> 21-26 May 2012	<b>EB136</b> 26 January-3 February 2015
<b>WHA64</b> 16-24 May 2011	<b>EBSS3</b> 25 January 2015
<b>WHA63</b> 17-21 May 2010	<b>EB135</b> 26-27 May 2014
<b>WHA62</b> 18-22 May 2009	<b>EB134</b> 20-25 January 2014
<b>MTSP 2008-2013 Amended (Draft)</b> 2009	<b>EB133</b> 29-30 May 2013
<b>PPB 2010-2011</b> 2009	<b>EB132</b> 21-29 January 2013
	<b>EB131</b> 28-29 May 2012

# 整理討論議題

World Health Organization

## DOCUMENTATION

### EB138

Main documents | Information documents | Diverse documents | Resolutions

Download all documents (Zip file)

Main documents

Programme of Work

Programme of Work No.1 Tuesday 26 January 2016	<b>EB138/1 Rev.2</b> Agenda
Programme of Work No.2 Wednesday 27 January 2016	<b>EB138/1</b> (annotated) Provisional agenda (annotated)
Programme of Work No.3 Thursday 28 January 2016	<b>EB138/2</b> Report by the Director-General to the Executive Board at its 138th session
Programme of Work No.4 Friday 29 January 2016	<b>EB138/3</b> Report of the Programme, Budget and Administration Committee of the Executive Board
Programme of Work No.5 Saturday 30 January 2016	<b>EB138/4</b> Report of the regional committees to the Executive Board

EB138/5  
Overview of reform implementation

EB138/6  
Member State consultative process on governance reform

Live webcasts

The recordings of the EB138 live webcast will be available on this link for three months after closure of the session, that is until 31 May 2016.

Registered meeting attendee?  
Download the meeting App:

- Apple
- Android
- Web

Statements by NGOs in official relation at WHO governing body meetings

# 整理討論議題



World Health Organization

## DOCUMENTATION

### WHA69

Main documents | Information documents | Diverse documents | Resolutions

Governance  
EB-WHA Documentation  
PBAC Documentation

[Download all documents \(Zip file\)](#)

**Main documents**

**Journal**

- Preliminary Journal 10 May 2016
- Journal N°1 23 May 2016
- Journal N°2 24 May 2016
- Journal N°3 25 May 2016
- Journal N°4 26 May 2016
- Journal N°5 27 May 2016
- Journal N°6 28 May 2016

A69/1 Rev.1  
Agenda

A69/2  
Report of the Executive Board on its 137th and 138th sessions

A69/3  
Address by Dr Margaret Chan, Director-General, to the Sixty-ninth World Health Assembly

A69/4  
Overview of reform implementation

A69/5  
Member State consultative process on governance reform

A69/6  
Framework of engagement with non-State actors

A69/7  
A69/7 Add.1  
A69/7 Add.2  
Maternal, infant and young child nutrition

**Live webcasts**

The recordings of the WHA69 live webcast will be available on this link for three months after closure of the session, that is until 30 August 2016

Registered meeting attendee? Download the meeting App:

- Apple
- Android
- Web

Report of a field assessment of health conditions in the occupied Palestinian territory

Statements by NGOs in official

# 議題分工撰擬

第 69 屆 WHA 技術性議題撰擬分工表(A69/1)		議題	業務相關單位 (系統者 為照顧主責單位)	議題	業務相關單位 (系統者 為照顧主責單位)	參考資料
<b>Committee A</b>						
<b>12. Noncommunicable diseases</b>						
12.1	Maternal, infant and young child nutrition		國民健康署	13.3	Operational plan to take forward the Global Strategy on Women's, Children's and Adolescents' Health	EB138/ A69/16
12.2	Report of the Commission on Ending Childhood Obesity		國民健康署	*13.4	Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health	EB138/ A69/17
*12.3	Draft global plan of action on violence	心理及口腔健康司 保護服務司		13.5	Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution	EB138/ A69/18
				*13.6	Role of the health sector in the sound management of chemicals	EB138/ A69/19
<b>14. Preparedness, surveillance and response</b>						
12.4	Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2018		國民健康署	14.1	Implementation of the International Health Regulations (2005) • Annual report on the implementation of the International Health Regulations (2005) • Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response	EB138/ A69/20 A69/21
*12.5	Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control		國民健康署	14.2	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits	EB138/ A69/22 A69/22
*12.6	Public health dimension of the world drug problem including in the context of the Special Session of the United Nations General Assembly on the World Drug Problem, to be held in 2016	食品藥物管理署 疾病管制署 心理及口腔健康司		14.3	Smallpox eradication: destruction of variola virus stocks	EB138/ A69/23
*12.7	Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the Second Global High-level Conference on Road Safety – Time for Results	國民健康署 社會及家庭署 國際合作組		14.4	Global action plan on antimicrobial resistance	EB138/ A69/24
				14.5	Poliomyelitis	EB138/ A69/25
<b>15. Communicable diseases</b>						
				*15.1	Draft global health sector strategies • HIV, 2016–2021 • Viral hepatitis, 2016–2021 • Sexually transmitted infections, 2016–2021	EB138/29 EB138/30 EB138/31 A69/31 A69/32 A69/33
				15.2	Global vaccine action plan	EB138/32 A69/34
				*15.3	Mycetoma	EB138/33 EB138/2016/REC/1 resolution EB138.R1 A69/35
<b>Committee B</b>						
<b>16. Health systems</b>						
				*16.1	Health workforce and services • Draft global strategy on human resources for health: workforce 2030 • Framework on integrated people-centred health services	EB138/34 EB138/35 EB138/36 EB138/37 EB138/2016/REC/1 resolution EB138.R2 A69/36 A69/37 A69/38 A69/39

# 議題分工撰擬

- A69/20**  
Implementation of the International Health Regulations (2005)  
Annual report on the implementation of the International Health Regulations (2005)
- A69/21**  
**A69/21 Add.1 Rev.1**  
Implementation of the International Health Regulations (2005)  
Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
- A69/22**  
Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
- A69/22 Add.1**  
Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits  
Report of the Special Session of the Pandemic Influenza Preparedness Framework Advisory Group
- A69/22 Add.2**  
Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
- A69/23**  
Smallpox eradication: destruction of variola virus stocks
- A69/24**  
**A69/24 Add.1**  
Global action plan on antimicrobial resistance
- A69/25**  
Poliomyelitis
- A69/26**  
WHO response in severe, large-scale emergencies
- A69/27**  
Promoting the health of migrants

# 議題分工撰擬



SIXTY-NINTH WORLD HEALTH ASSEMBLY  
Provisional agenda item 14.1

**A69/20**  
18 May 2016

## Implementation of the International Health Regulations (2005)

### Annual report on the implementation of the International Health Regulations (2005)

Report by the Director-General

1. In accordance with paragraph 1 of article 54 of the International Health Regulations (2005) and resolution WHA61.2 (2008), States Parties and the Director-General report annually to the Health Assembly on the implementation of the Regulations. An earlier version of this report was considered by the Executive Board at its 138th session in January 2016.<sup>1</sup> The document has been extensively revised and includes new text to reflect recent developments. It gives an account of actions taken by the Secretariat within the framework of the Regulations regarding the international response in 2015, and to date in 2016, to public health events and emergencies – in particular, Ebola virus disease, Middle East respiratory syndrome (MERS), poliomyelitis, avian influenza and Zika virus infection, with associated microcephaly and Guillain-Barré syndrome. The report also includes information about the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, and the first amendment to the International Health Regulations (2005) regarding yellow fever vaccination. It also describes the proposed shift from the country self-reporting of core capacities under the Regulations to a more complete assessment of national capabilities using, *inter alia*, external evaluations.

#### KEY PUBLIC HEALTH EVENTS AND EMERGENCIES IN 2015

2. From 16 October 2015 to 15 March 2016, 167 “public health events” were recorded in WHO’s Event Management System. During that period, WHO posted 141 updates, including regional updates and updates on meetings of the Emergency Committee, on the event information site for National IHR Focal Points, relating to 69 public health events. Most updates concerned Zika virus disease and human cases of MERS or avian influenza.

#### Ebola virus disease

3. Since the declaration of a Public Health Emergency of International Concern in 2014, the IHR Emergency Committee regarding the Ebola outbreak in West Africa has met nine times. The most

<sup>1</sup> Document EB138/19; see also summary records of the Executive Board at its 138th session, first meeting (section 4) and second meeting (section 1) (document EB138/20/6.REC/2).

**A69/20**

the ability of the Regulations to protect their populations and the world from public health emergencies such as the outbreak of Ebola virus disease, a new subtype of human influenza, and the Zika virus-associated clusters of microcephaly and Guillain-Barré syndrome. Ensuring compliance with the Regulations, especially in preventing inappropriate measures related to trade and travel, remains a significant challenge. Renewed and sustained commitment to and compliance with the Regulations on the part of their main stakeholders are critical for their successful and effective implementation. In this regard, the reform of WHO’s work in health emergencies and the recommendations of the IHR Review Committee on the Role of International Health Regulations (2005) in the Ebola Outbreak and Response, together with a renewed commitment by States Parties and relevant partners, constitute essential elements for the effective implementation of the Regulations.

#### **ACTION BY THE HEALTH ASSEMBLY**

27. The Health Assembly is invited to note the report.

## 專家審稿定稿



A  
S  
S

## 專家審稿定稿



Appreciate  
Share  
Suggest



## 專家審稿定稿



**69th World Health Assembly**  
**14.9 Reform of WHO's work in health emergency management:**  
**proposed increase for the approved PB 2016-2017**  
**Chinese Taipei**

Thank you, Chair,

The lessons Chinese Taipei learned from the 2003 SARS epidemic have led to various reforms of our emergency response systems for communicable diseases. More than a decade later, we have proven that our reforms performed well during several global epidemics, including the novel H7N9 influenza epidemic, the MERS-CoV outbreaks, the Ebola outbreaks and the Zika epidemics.

The health system reforms implemented in Chinese Taipei include law amendments, the establishment of a commanding system, enhancing the surge capacity of medical and manpower systems, ensuring adequate stockpiles of personal protective equipment, and budgeting emergency funds.

## 行前報告講評

衛生福利部 Ministry of Health and Welfare		
議 程		
第 69 屆世界衛生大會技術性議題英文發言稿閱讀及專家建議		
報告時間	報告單位	篇數
14:40-15:35 (55 分鐘)	國健署	14
15:35-16:10 (35 分鐘)	疾管署	9
16:10-16:30 (20 分鐘)	食藥署	5
16:30-16:40 (10 分鐘)	醫事司	2
16:40-16:45 (5 分鐘)	健保署	1
16:45-16:50 (5 分鐘)	心口司	1
16:50-16:55 (5 分鐘)	科發組(非團員，但有負責議題)	1



## 行前報告講評

69th World Health Assembly  
14.9 Reform of WHO's work in health emergency management:  
proposed increase for the approved PB 2016-2017  
Chinese Taipei

Thank you, Chair,

The lessons Chinese Taipei learned from the 2003 SARS epidemic have led to various reforms of our emergency response systems for communicable diseases. More than a decade later, we have proven that our reforms performed well during several global epidemics, including the novel H7N9 influenza epidemic, the MERS-CoV outbreaks, the Ebola outbreaks, and the Zika epidemics.

The health system reforms implemented in Chinese Taipei include law amendments, the establishment of a commanding system, enhancing the surge capacity of medical and manpower systems, ensuring adequate stockpiles of personal protective equipment, and budgeting emergency funds. Amending the law has enabled both the central and local authorities to activate an emergency operation center that facilitates rapid response to epidemics through multi-sectoral collaboration. Additionally, we have set up the Communicable Disease Control/Medical Network with designated responding hospitals responsible for caring for patients with probable or confirmed highly infectious diseases. Moreover, our mobile response corps could be deployed to implement control measures when necessary. Our hierarchical framework of PPE stockpiles ensures a safety stock for up to 30 days. The supply is maintained in all medical institutions along with a

斷句

聲調

發音

## 行前報告講評



Dr. Vallaurie Crawford

Editor, Japan Times and Taipei Times

Freelance editor, WHO Bulletin (2006-2011)

Visiting professor, Taipei Medical University (2010-)

# 一切就緒



**World Health Organization**  
SIXTY-NINTH WORLD HEALTH ASSEMBLY

**Guide to World Health Assembly**

**DATE AND PLACE OF THE HE**

The Sixty-ninth World Health Assembly will open on Friday, 27 May 2016, at 09:30; it will close on Saturday, 28 May 2016, at 12:00. The Assembly will be held at the Palais des Nations, located near Place des Nations, entrance gate on Route de Pregny.

**REGISTRATION PROCESS**

Online registration is required for all participants. Participants are required to wear photo ID badges in the online registration process, the photograph of each member of the delegation.

Instructions for online registration and instructions on how to upload and resubmit documents are available on the WHO website: <http://www.who.int/gov>

Queries concerning the system can be communicated over the telephone by 9 May 2016.

**TAIPEI CHINOIS - CHINESE TAIPEI**

Dr Tzou-Yien Lin  
Minister, Ministry of Health and Welfare

Dr Min-Huei Hsu  
Counsellor, Ministry of Health and Welfare

Dr Hsu-Sung Kuo  
Director-General, Centers for Disease Control, Ministry of Health and Welfare

Dr Shu-Ti Chiou  
Director-General, Health Promotion Administration, Ministry of Health and Welfare

Dr Yung-Tung Wu  
Adviser

Dr Tsung-Hsi Wang  
Director-General, Department of Health, Ministry of Health and Welfare

Dr Yi-Tsau Huang  
Director-General, Department of Health, Ministry of Health and Welfare

Dr Lih-Jong Shen  
Director-General, Department of Health, Ministry of Health and Welfare

Dr Li-Hui Yu  
Director-General, Department of Health, Ministry of Health and Welfare

Mr Mao-Ting Sheen  
Chief Secretary, National Health Insurance Administration, Ministry of Health and Welfare

Ms Chao-Yi Wang  
Director, Division of Medicinal Products, Food and Drug Administration, Ministry of Health and Welfare

Ms Yu-Hsuan Lin  
Deputy Director, Division of Surveillance and Research, Health Promotion Administration, Ministry of Health and Welfare

Dr Ching-Yi Shih  
Senior Specialist, Division of Maternal and Child Health, Health Promotion Administration, Ministry of Health and Welfare

Dr Yung-Ching Lin  
Medical Officer, Centers for Disease Control, Ministry of Health and Welfare

Dr Chin-Shui Shih  
Consultant, Office of International Cooperation, Ministry of Health and Welfare

Dr Hui-Wen Cheng  
Consultant, Office of International Cooperation, Ministry of Health and Welfare

# 台北 → 法蘭克福 → 日內瓦

**林建佐 Freddy Lim 和黃國昌跟其他 6 個人。**  
5月20日 · 🌐

「慈肅！我們國宴吃完啦！」  
因為我要趕搭飛機去WHA，無法對面夾吃麻醬麵。結果幾位同志送我送行，就在慈肅也要衝過來的



136個分享

留言……

林建青 饒真一路順風啦~可以多帶幾包泡麵去 XD  
讚 回覆 4 · 5月20日 20:51

洪慈肅 都不揪  
收回讚 回覆 1,788 · 5月20日 20:51

**林建佐 Freddy Lim 和 lok-sin Loa。**  
5月21日 · 🌐

「林建佐行李箱的輪子跑比較快？」  
台灣WHA代表團所有的托運行李，都因為班機延誤、未趕上轉機，將晚點補送到飯店。只有我的行李不知為什麼很順利抵達日內瓦。大概是我的行李箱習慣閃靈的節奏，巡迴演唱會總是要在世界各機場衝來衝去，輪子跑得比較快吧。  
(一堆準備的資料都放在行李箱，好險有到。)



## 代表團工作會議



## 下榻旅館 – Drake Longcha





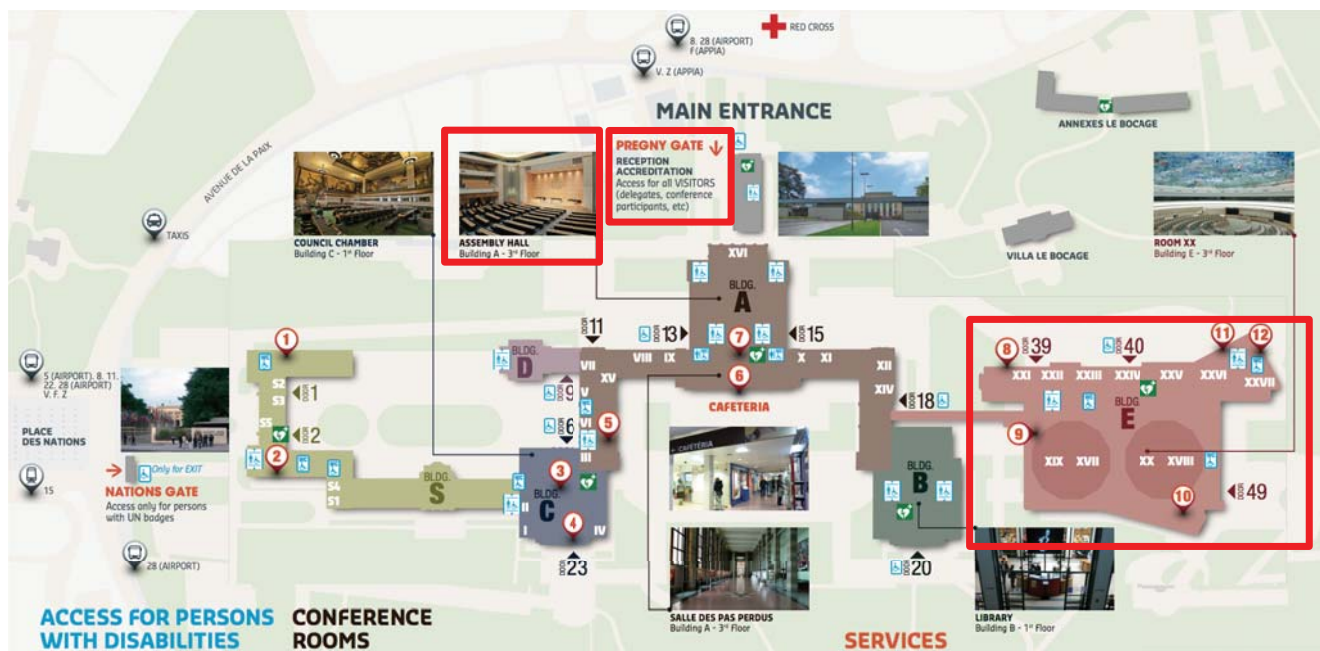
## 下榻旅館 – InterContinental 洲際飯店



## 會場參訪 – 聯合國萬國宮



# 會場參訪 - 聯合國萬國宮



# 會場參訪 - 聯合國萬國宮



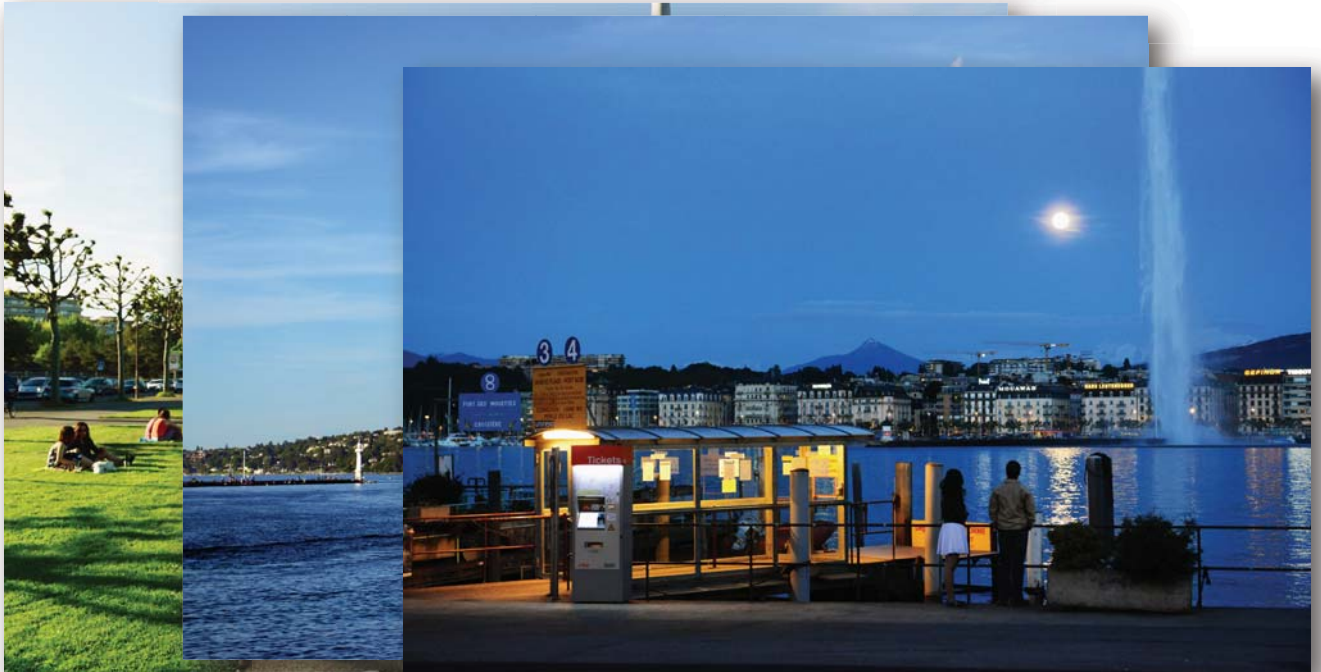








## 日內瓦街景

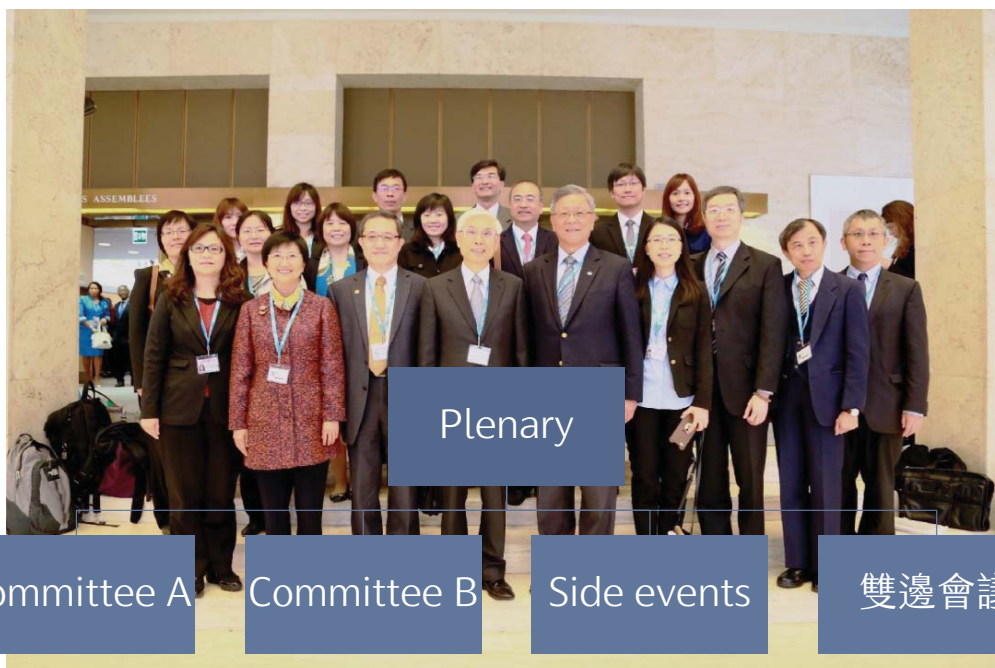


# 外交酒會





## WHA正式開議



印象中...

# 衛福部部长好像會 上台發言？



沒錯！衛福部部長會上台演講



但是……WHA可**絕對不只是**各國部長上台輪流說話喔！

PLENARY MEETING

## 大會：主議程 & 各國代表團團長發言



在聯合國歐洲總部所在地瑞士日內瓦的「萬國宮」大會堂舉行！



其中的「總討論」會讓所有代表團團長針對**該屆大會主題**進行演說！

# OS：衛福部部長就是這時候上去發言的~



認真收聽的話，可以瞭解每個發言國家衛生政策的執行成果、未來方向與挑戰！

2017  
WHA  
大會主題

Building Better Systems for Health in the Age of Sustainable Development  
建構永續發展時代之更佳衛生體系

5月22日

5月31日

部長是在這時發言！  
原來這只是WHA議程中的一部分而已啊...

WHA  
全會

開幕	執委會 報告	幹事長 演講	總 討論	下屆執委會 選舉	頒獎	委員會 報告	閉幕
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A  
委員會

計畫/ 預算	整備/監測 與應變	衛生 體系	傳染 病	非傳 染病	促進 健康	進度 報告
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B  
委員會

財 務	會計 與監督	人 力	管理、法律 與治理
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各式各樣的周邊會議

WHA議程長這樣！







**I. Programme of work of the Assembly**

**Friday, 27 May 2016**

Seventh plenary meeting

**Item 7 Awards**  
Document A69/INF/1

**Item 6 Executive Board: election**  
Document A69/68

**Item 8 Reports of the main committees**

**First report of Committee A**  
Document A69/66 containing one resolution  
– Strengthening essential public health services to achieve universal health coverage  
and one decision entitled:  
– Decision based on the agreed recommendations of the Intergovernmental Meeting on Governance Reform (Geneva, 8 and 9 March 2016) and the report of the High Level Panel of Experts (Geneva, 23 and 24 May 2016)

**Second report of Committee B**  
Document A69/69 containing one decision  
– Health conditions in the occupied Palestinian territories, and in the occupied Syrian Golan Heights

**Second report of Committee A**  
Document A69/70 containing one decision  
– Reform of WHO's work in health emergencies programme

**Tenth and eleventh meetings of Committee A**

**Draft third report of Committee A**  
Document (Draft) A69/72 containing:  
– Committing to implementation of the Sustainable Development Goals  
– The global strategy and action plan for people living with HIV/AIDS  
– The global strategy and action plan for tuberculosis  
– The global strategy and action plan for hepatitis virus elimination  
– The global strategy and action plan for malaria elimination  
– The global strategy and action plan for the elimination of measles, congenital rubella infection and neonatal tetanus  
– The global strategy and action plan for the elimination of yaws  
– The global strategy and action plan for the elimination of lymphatic filariasis  
– The global strategy and action plan for the elimination of schistosomiasis  
– The global strategy and action plan for the elimination of soil-transmitted helminth infections  
– The global strategy and action plan for the elimination of trachoma  
– The global strategy and action plan for the elimination of onchocerciasis  
– The global strategy and action plan for the elimination of human African trypanosomiasis  
– The global strategy and action plan for the elimination of leishmaniasis  
– The global strategy and action plan for the elimination of Chagas disease

**Item 13 (continued) Promoting health through the life course**

**Item 13.5**  
– Health and the environment: draft resolution on the adverse health effects of air pollution  
Documents A69/18, A69/A/CD.12/Rev.1

**Item 13.6**  
– Role of the health sector in the sustainable development goals  
Documents A69/19 and A69/A/CD.12/Rev.1

Seventy-seventh World Health Assembly - Palais des Nations, Geneva

  
**RESOLUTION**

(Ninth plenary meeting, 24 May 2014 – Committee A, sixth report)

**WHA67.13 Implementation of the International Health Regulations (2005)<sup>1</sup>**

The Sixty-seventh World Health Assembly,

Having considered the report on implementation of the International Health Regulations (2005);<sup>2</sup>

Recalling the recent meeting and report of the Strategic Advisory Group of Experts on immunization,<sup>3</sup> which completed its scientific review and analysis of evidence on issues concerning vaccination against yellow fever and concluded that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease, and that a booster dose of yellow fever vaccine is not needed;

Noting that in its report the Strategic Advisory Group of Experts on immunization recommended that WHO should revisit the provisions in the International Health Regulations (2005) relating to the period of validity for international certificates for vaccination against yellow fever,

ADOPTS, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), the updated Annex 7 of the International Health Regulations (2005).<sup>4</sup>

(Ninth plenary meeting, 24 May 2014 – Committee A, sixth report)

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<sup>1</sup> See Annex 6 for the financial and administrative implications for the Secretariat of this resolution.  
<sup>2</sup> Document A67/35.  
<sup>3</sup> Meeting of the Strategic Advisory Group of Experts on immunization, April 2013 – conclusions and recommendations. Weekly epidemiological record. 2013;88(20):201–216.  
<sup>4</sup> See Annex 5.

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WORLD HEALTH ASSEMBLY (Draft) A69/66  
25 May 2016

**Report of Committee A**  
(Draft)

Agenda item 13.5 (continued)

Agenda item 13.6

Agenda item 13.7

Agenda item 13.8

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Agenda item 14.00



## COMMITTEE A

### A委員會：討論並解決技術性問題

面對一項重大  
公共衛生議題



WHO提出一個  
解決方案



WHO提出檢討報告，  
並在[A委員會]提出  
報告討論，再做決議

在[A委員會]  
報告、討論、通過



一段時間後在[A委員  
會]報告成果，各國說  
明自己的執行狀況，  
也要求WHO做事

做出決議文，  
敦促會員國達成



各國依據WHA決議  
的指引或目標，提出  
國家行動報告

## COMMITTEE B

### B委員會：討論並解決行政性事務

舉辦WHA的 **WHO世界衛生組織** 在B委員會討論這些事：



WHO的「錢」花到哪裡去？  
財務報告、會費評定及審計工作

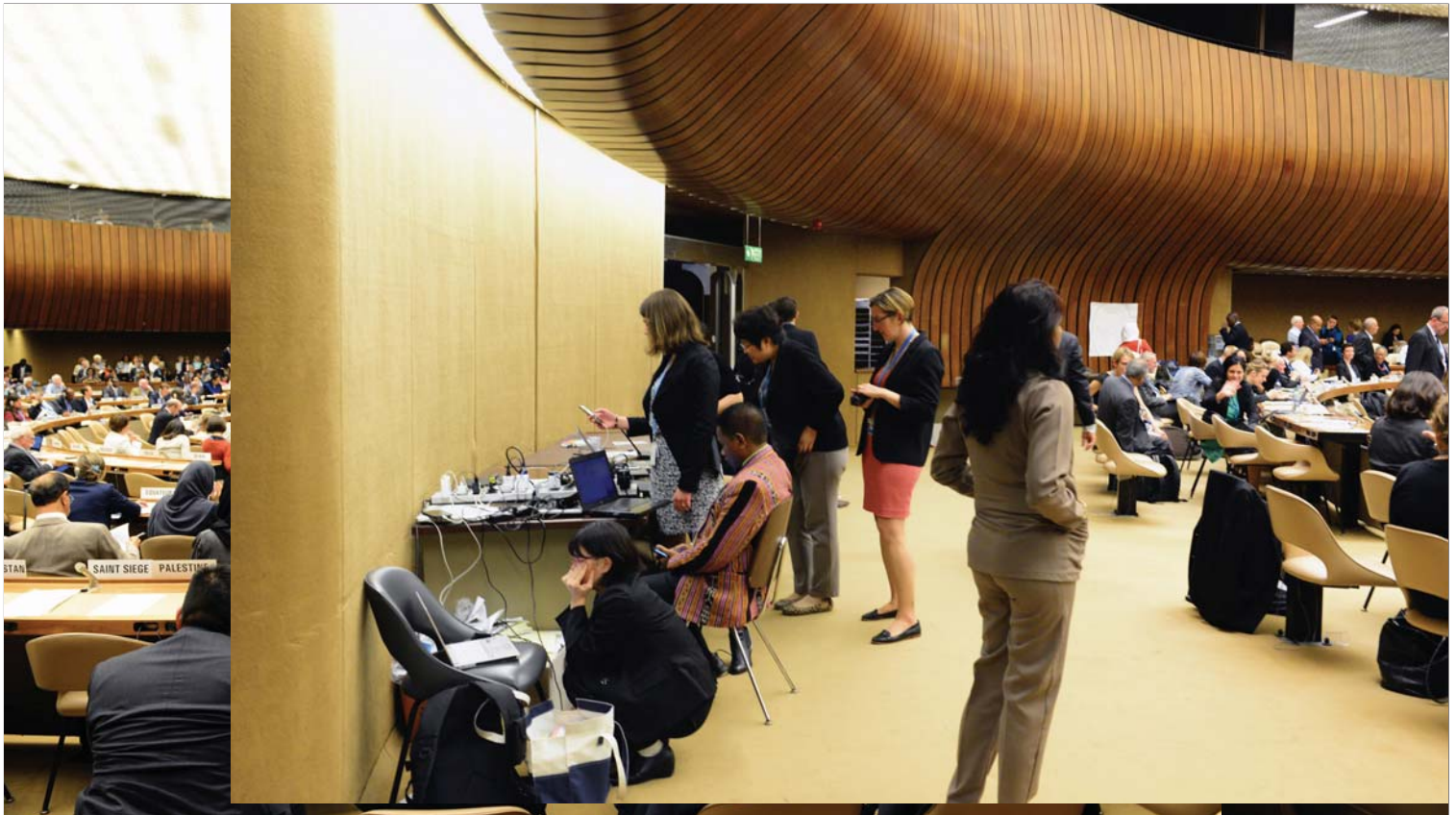


WHO的「人力」資源狀況？  
人事條例、職員細則、國際公務  
員制度委員會的報告



WHO的「組織」治理？  
組織改革、治理改革的實施情況









SIDE EVENTS

## 周邊會議：多元議題的多方交流

全球的衛生政策要角都非常難得的齊聚一堂了，  
不多做些交流怎麼划算呢……

這些是2016我國代表團  
參加的周邊會議/活動喔！

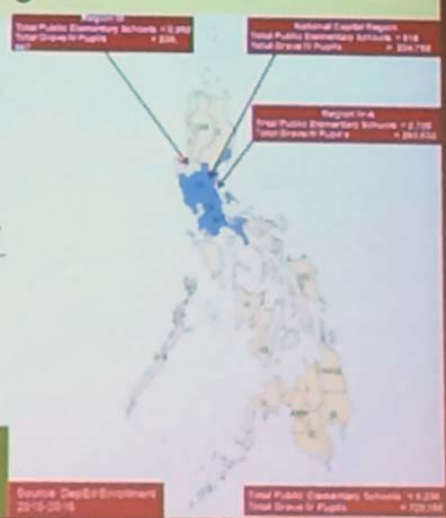
- 世界醫師會(WMA)與健康不平等研討會
- 國際醫衛專家會議與瑞士政府及WHO酒會
- WHA加速各國兒童肥胖與營養不良防治會議 / 伊波拉疫苗會議
- 婦女及青少年之有效愛滋病防治會議 / 聯合國2030永續發展議程:跨部門行動
- 全球衛生安全綱領(Global Health Security Agenda, GHSA)會議
- 健康老化 - 生命週期促進之新作法會議等
- 聯合國2030永續發展議程:跨部門衛生急難救助
- 婦女、孩童及青少年健康之全球策略推動



「周邊會議」由會員國、甚至 NGO 主辦，有研討會、  
工作坊等更多元形式與主題的衛生議題交流！

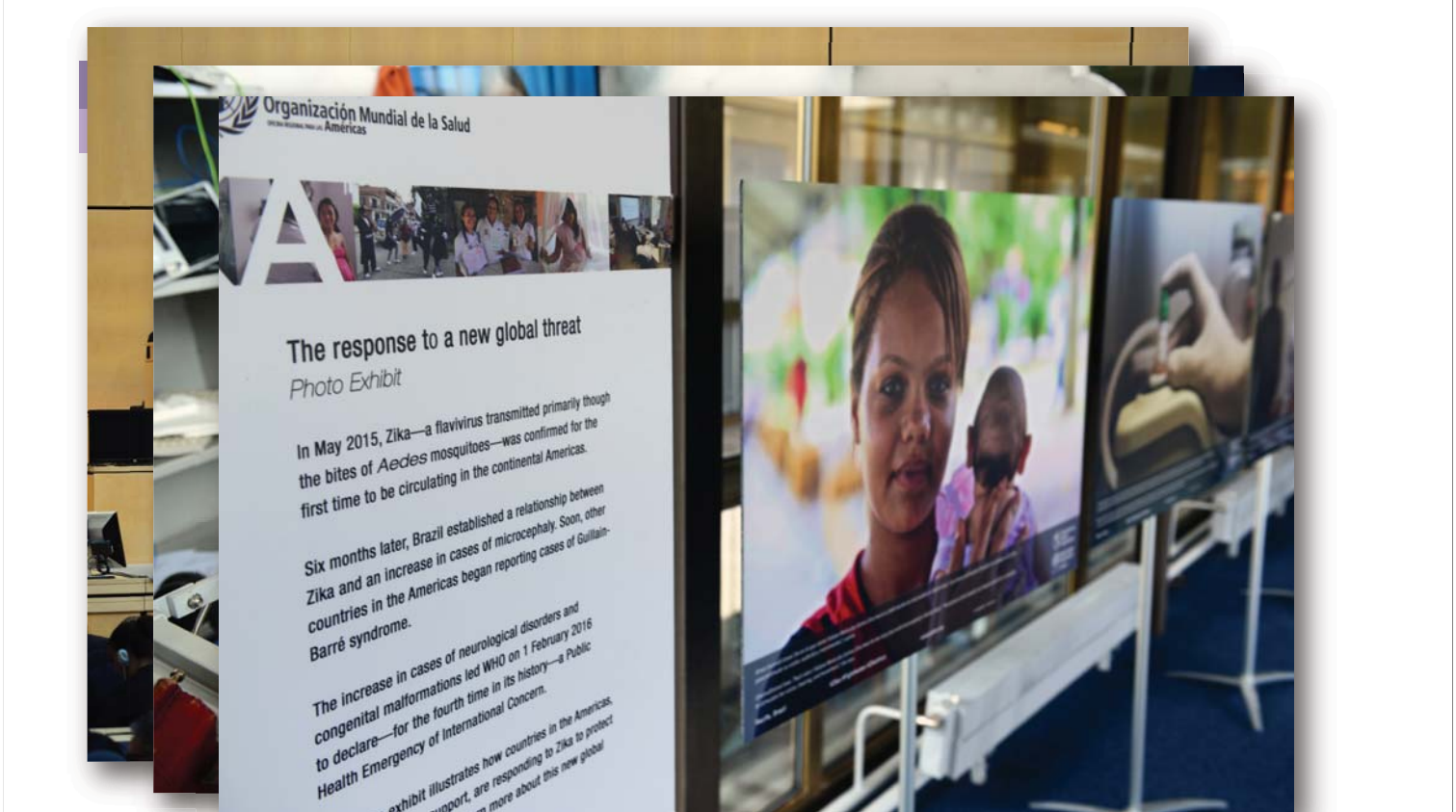
### Implementation of Dengue School-Based Immunization Program

- Target population: 9 year old children and above in all public elementary schools in the National Capital Region, Region III and Region IV-A.
- Vaccination schedule: consists of 3 injections of 0.5 mL vaccine via subcutaneous route in deltoid region at 6-month intervals.
  - 1<sup>st</sup> dose: April-June 2016
  - 2<sup>nd</sup> dose: October-December 2016
  - 3<sup>rd</sup> dose: April- June 2017



Health  
ization









## Briefing paper: Attacks on Hospitals

### The Issue

On February 25, 2016, an MSF-supported hospital in Marat Numan in Idlib province, among those struck repeatedly in an area where the Syrian-led coalition is known to operate personnel, 16 patients and caretakers and depriving over 40,000 people of access to means an isolated incident. In 2015, MSF-supported facilities cared for over 154,000 and 30 - 40% were women and children. During this time, 63 MSF-supported facilities were shelling attacks, resulting in the death of 23 medical staff and injuries for 58 others<sup>1</sup>.

On January 10th, 2016, the MSF-supported Shihara Hospital in Razah, northern Yemen, killing six and injuring seven. This was the third medical facility run by MSF to be partially or in the span of three months. On December 2nd, the MSF tented clinic in Hoban, Taiz governorate killing one person and injuring eight others, and on October 26, the MSF Haydan facility operational medical structure in the district was bombed by the Saudi-led coalition. This remaining operational facility in the district, covering a population of nearly 200,000 people.



© Andrew Gault, October 10, 2015, Kanduz Trauma Center, North-eastern Afghanistan, after the attack.

On October 2, 2015 the K... was hit by precise and repeated... killing 42 people in the hospital beds; fourteen... some of them shot from the burning building. It has now... since the destruction of the K... by US airstrikes, and still 1.1 million eastern Afghanistan have quality surgery care.

For how horrific each and every... on MSF and MSF-supported... they are only but a pale reflection... contemporary conflicts. Attacks... and clinics and schools, worship are routine. Whether...

being targeted within a context of counter-terrorist operations, as a way to deprive enemy of key infrastructures, or as a strategy to make life unbearable for civilians, consequences providers, patients, and care takers are killed or injured.

Medical structures often become non-operational due to the tragic and irreplaceable loss of personnel and the level of destruction experienced, leading to interruption of both key routine health services. Even when medical facilities remain fully or partially functional, they to a climate of fear and potentially keeps people away from life saving care<sup>2</sup>. The killing of deprivation of services are directly linked to the movement of populations which have no towards safer countries, where survival and access to essential services is possible. We are being disrespected in conflicts, leading to hundreds of thousands of people having to flee, refugee law is in the meantime being eroded with borders closed to Syria's neighbor relocation underway with the complicit backing of the EU.

<sup>1</sup> Mega Terebin, President of MSF France, MSF Reuters he thought that either Russia or Syrian government forces were responsible. <http://www.theguardian.com/world/2016/feb/25/mef-the-destroys-msf-clinic-northern-syria>  
<sup>2</sup> <http://www.msf.org/en/2015/09/09/report-documentaire-sur-les-attaques-et-sur-le-declin-des-structures-medicales-syriennes>  
<sup>3</sup> Cf. people in Yemen expressing fear of going to MSF hospitals, since those were being bombed.

## Medical Care Under Fire: An analysis of MSF's experience of violence and insecurity in the field



### MSF Report on the findings of the Medical Care under Fire Project February 2016

"Most of the time, when we report some victims among humanitarian workers, it means thousands of dead among the population."  
MSF-France President's Annual Report, 1997

**NOTE:** this document is the introduction to the internal Medical Care Under Fire report of MSF. A collective book for an external audience will be published during the second semester of 2016.

# Prevent Zika

## What you and your family can do

- Eliminate mosquito breeding sites
- Use mosquito repellent as indicated
- Cover your skin to avoid mosquito bites
- Adopt safe sexual practices
- Go to your prenatal check-ups

www.paho.org #FightAedes

Pan American Health Organization | World Health Organization

## What you need to know about Aedes aegypti mosquitoes

Aedes aegypti is the main carrier for dengue, chikungunya and Zika viruses

- It's found throughout the Americas, except in Canada and continental Chile
- It's well adapted to human settlements living in and around homes
- It bites primarily early in the morning and at sunset, but also at other times of the day
- Females bite and are responsible for disease transmission
- It feeds with white fly-shaped markings and band-like legs
- It sucks blood every three or four days or sometimes more frequently
- It lays up to 100 eggs
- It breeds in clean, standing water
- It can survive for up to 10 days
- An adult mosquito can live 4 to 6 weeks
- An egg can develop into a larva, pupa and adult within 7 to 10 days
- A female Aedes can lay around 400 eggs during her lifetime
- Aedes eggs can resist drought and survive for up to a year

No breeding sites, no mosquitoes, no dengue, chikungunya or Zika

www.paho.org #FightAedes

Pan American Health Organization | World Health Organization

## How to prevent mosquito breeding sites in and around your home

The Aedes mosquito can transmit dengue, chikungunya and Zika

- Make sure all tanks, water deposits and containers are covered and washed to keep out mosquitoes
- Change the water and brush the inside of tanks and water barrels at least once a week
- Pour out water from flower pots and planters and replace with damp sand
- Turn over containers that cannot be thrown away and protect them from rain
- Change the water in flower vases at least once a week, pouring the used water out over the ground
- Safely dispose of any unused containers and objects that can accumulate water and serve as breeding sites
- Keep swimming pools adequately treated with recommended products and frequency
- Change the water in pet bowls at least once a week
- Clean all drains and gutters
- Keep grass short and weed-free, and keep your patio clean

No breeding sites, no mosquitoes, no dengue, chikungunya or Zika

www.paho.org #FightAedes

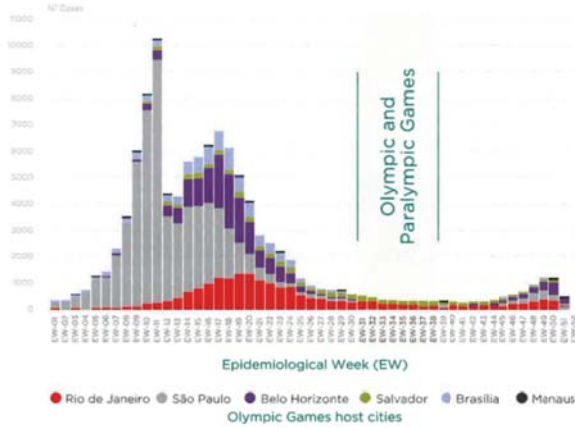
Pan American Health Organization | World Health Organization



# Countries and territories showing historical distribution of Zika virus, 1947–2016

## ZIKA VIRUS AND THE OLYMPIC AND PARALYMPIC GAMES - BRAZIL 2016

Dengue fever probable cases, that occurred in 2015, according to epidemiological week of the onset of symptoms, by competition seat municipalities of the Olympic and Paralympic Games.



The Games will take place during Brazil's wintertime, when there are fewer active mosquitoes and the risk of being bitten is lower.

Traveler page of the Ministry of Health's website which brings useful health prevention information to tourists and visitors. In the health surveillance area, prevention actions are being intensified for communicable diseases such as dengue fever, chikungunya fever, zika fever, HIV/AIDS, STDs, influenza, measles, and Ebola. In addition, surveillance activities will be carried out in health and food surveillance points in ports, airports and border crossings.

[www.saude.gov.br/viajante](http://www.saude.gov.br/viajante)



Feb 2016

## GLOBAL ACTION PLAN ON ANTIMICROBIAL RESISTANCE

### ACCELERATING PROGRESS on HIV, tuberculosis, malaria, hepatitis and neglected tropical diseases




A new agenda 2016-20



### COMBATING HEPATITIS B AND C TO REACH ELIMINATION BY 2030


MAY 2016

ADVOCACY BRIEF




**GLOBAL SOLIDARITY**

Addressing our health responsibilities  
**Pandemic Influenza Preparedness**













**Pandemic influenza preparedness Framework**  
for the sharing of influenza virus and access to vaccines and other benefits



**Tailoring Immunization Programmes for Seasonal Influenza (TIP FLU)**


A guide for increasing health care workers' uptake of seasonal influenza vaccination



REGIONAL OFFICE FOR Europe

INTERNATIONAL  
**HEALTH**  
REGULATIONS  
(2005)  
THIRD EDITION





Self-learning

**Introduction to the International Health Regulations**

- » العربية
- » English
- » Français
- » Português
- » Русский
- » Español
- » 中文

World Health Organization  
International Health Regulations  
Coordinating Committee  
ihrr@who.int