

後疫情時代的 超前部署議題與策略

Building Forward a Better Future Beyond the Pandemic

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後疫情時代的超前部署議題與策略

Building Forward a Better Future Beyond the Pandemic

- 新冠疫情之衝擊與八大體系超前部署
 - 健康衝擊
 - 八大體系之衝擊與超前部署：
醫療、長照、教育、性別平等、工作、環境建設、經濟、政府角色
- 預防勝於治療
 - 國際防疫模式比較
 - 臺灣經驗與地方政府角色
- 結論：邁向健康與永續的更好未來

新冠疫情影响之冲击与八大体系超前部署
Impacts of COVID-19 pandemic and
advanced preparedness in 8 domains



WHO Cor

健康衝擊



[Overview](#)

[Measures](#)

[Data Table](#)

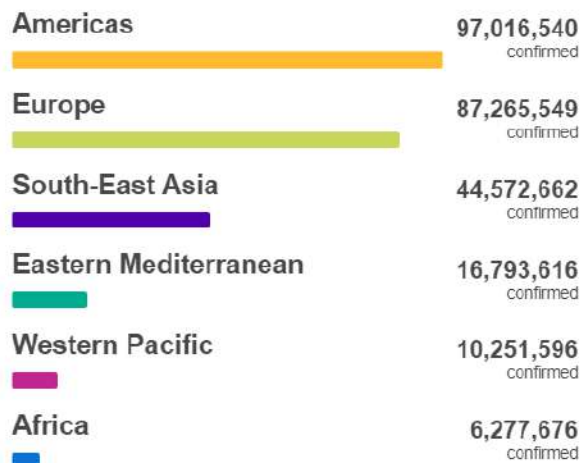
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全球

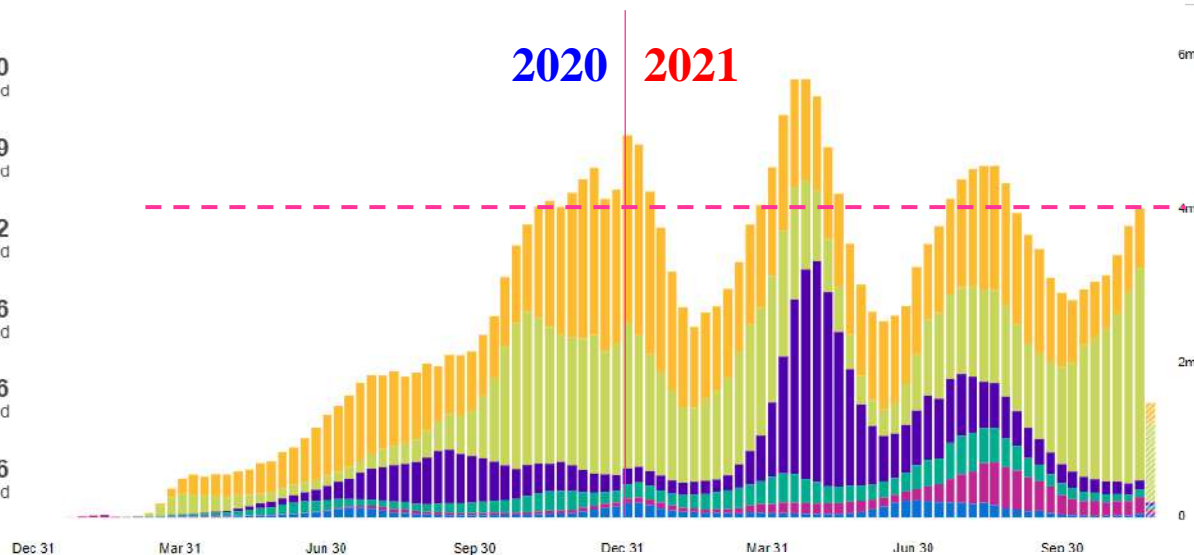
Cumulative no. of cases by WHO region

每周新確診數 Newly confirmed cases/week

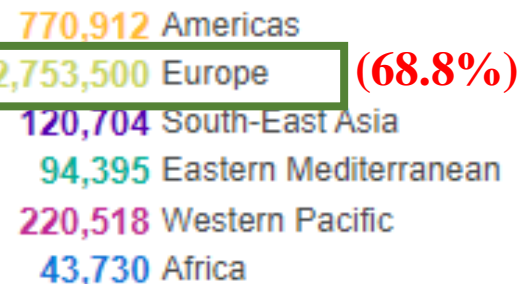


Source: World Health Organization

Data may be incomplete for the current day or week.



November 22, 2021



Globally, as of 6:16pm CET, **1 December 2021**, there have been **262,178,403 confirmed cases** of COVID-19, including **5,215,745 deaths**, reported to WHO.

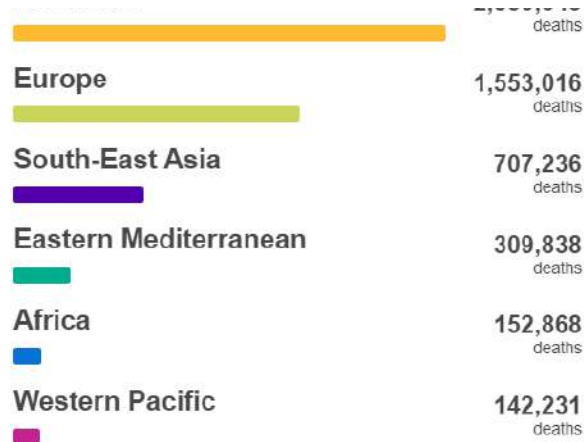
As of **28 November 2021**, a total of **7,772,799,316 vaccine doses** have been administered.

Nov 22單週病例數4,003,759，高於2020年10月以前；歐洲病例數最多



全球各區域累積死亡數

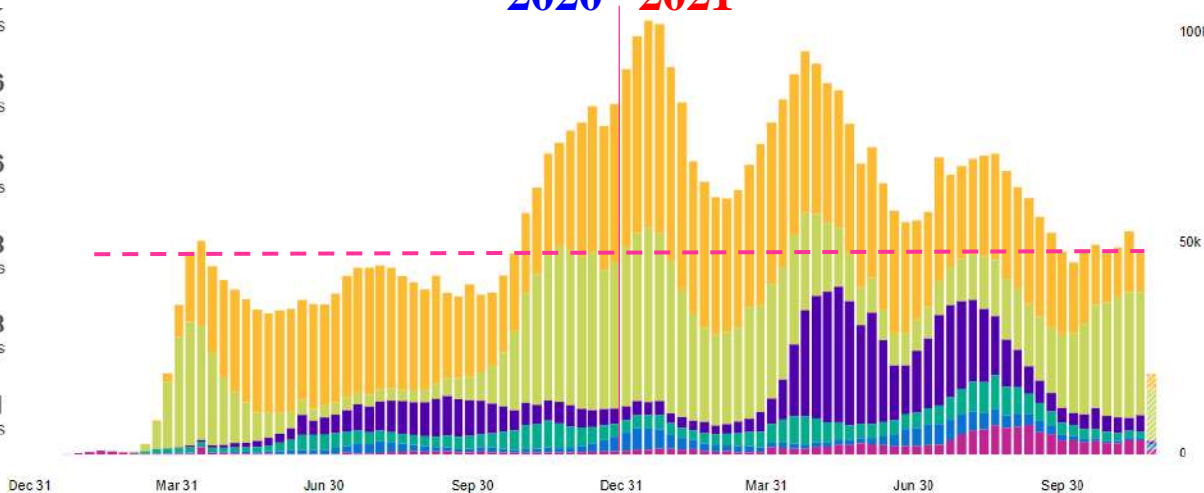
Cumulative no. of deaths by WHO region



Source: World Health Organization
Data may be incomplete for the current day or week.

每周死亡人數 Newly confirmed deaths/week 與2020第一波的波峰接近

2020 2021



11/22單週致死率 (死亡數/確診數) case fatality rate

- 美洲 1.22%
- 歐洲 1.06%
- 東南亞 2.96%
- 中東 1.88%
- 非洲 1.20%
- 西太 1.43%
- 全球 1.19%

疫苗降低了致死率，
但隨著“與病毒共存”、
“過正常生活”的政策，
感染人數增加，
每日死亡人數仍居高不下；
歐洲致死率最低，但死亡數最高，
佔全球61.4%

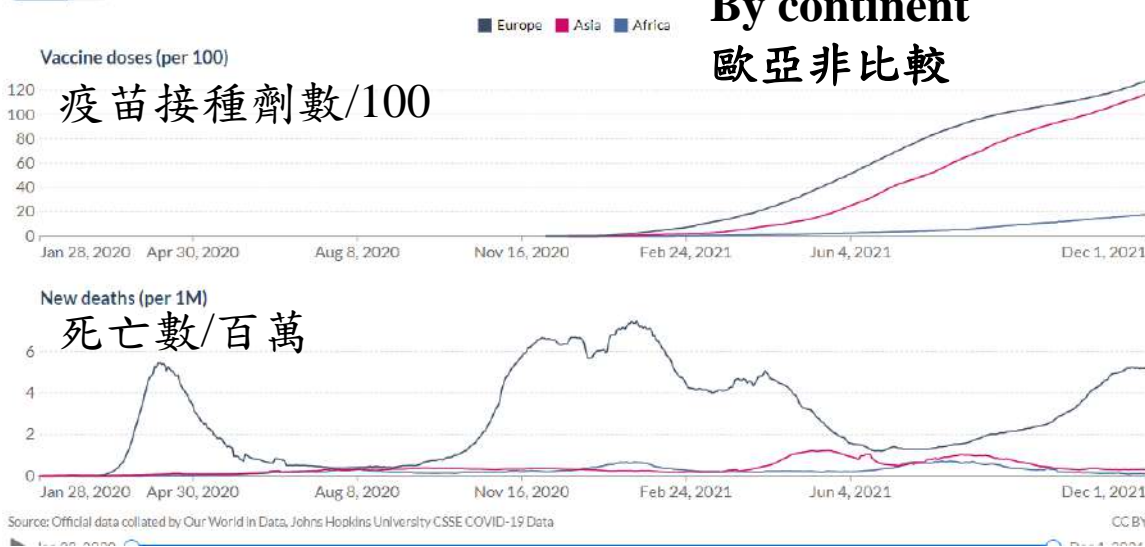
November 22, 2021

- 9,423 Americas
- 29,296 Europe (61.4%)**
- 3,574 South-East Asia
- 1,772 Eastern Mediterranean
- 525 Africa
- 3,160 Western Pacific
- 47,750 deaths/week**

COVID-19 vaccine doses and confirmed deaths

Due to limited testing and challenges in the attribution of the cause of death, confirmed deaths can be lower than the true number of deaths.

LINEAR LOG Uniform y-axis



歐洲 Europe
亞 Asia
非 Africa

疫苗數/ 死亡數
Vacc. Rate/ Deaths

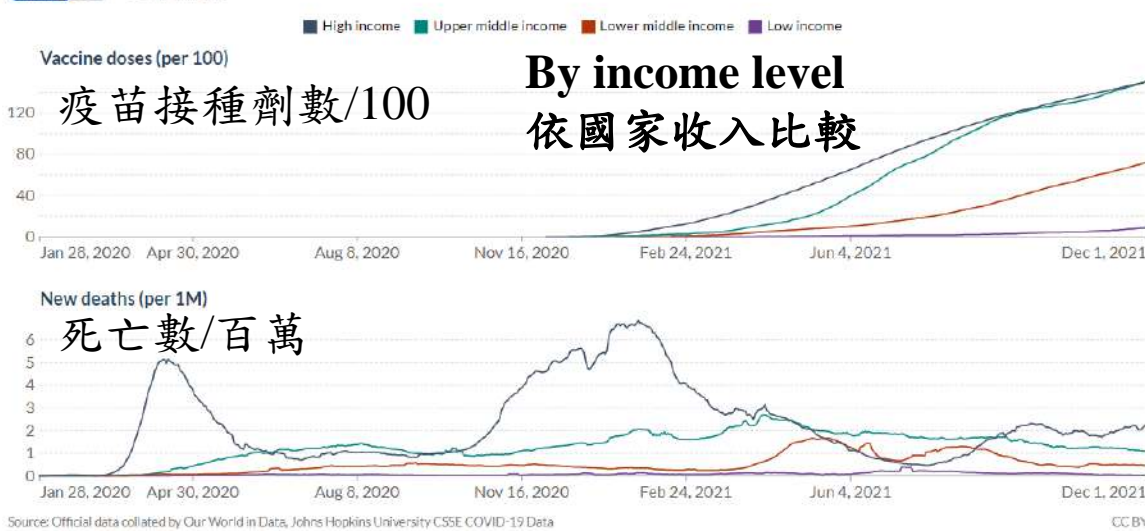
高/高 High/ high
高/低 High/ low
低/低 Low/low

歐洲 Europe
亞 Asia
非 Africa

COVID-19 vaccine doses and confirmed deaths

Due to limited testing and challenges in the attribution of the cause of death, confirmed deaths can be lower than the true number of deaths.

LINEAR LOG Uniform y-axis



收入
高 High income
中高 Upper middle
中低 Lower middle
低 Low

疫苗數/ 死亡數
Vacc. Rate/ Deaths

高/高 H/ H
高/中高 H/ HM
中/中低 M/ LM
低/低 L/L

收入
高 High income
中高 Upper middle
中低 Lower middle
低 Low

COVID-19 vaccine doses and confirmed deaths

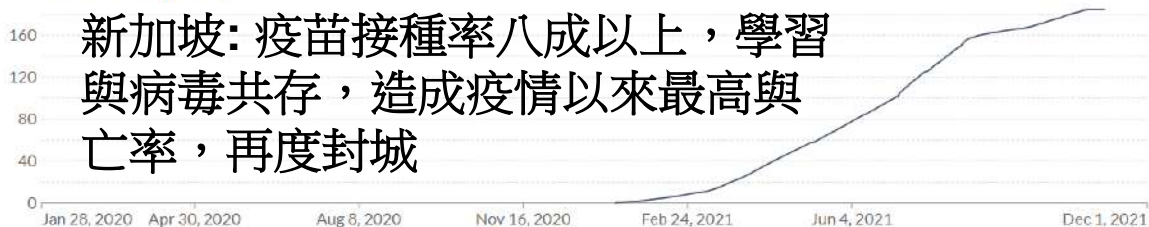
Due to limited testing and challenges in the attribution of the cause of death, confirmed deaths can be lower than the true number of deaths.

Our World in Data

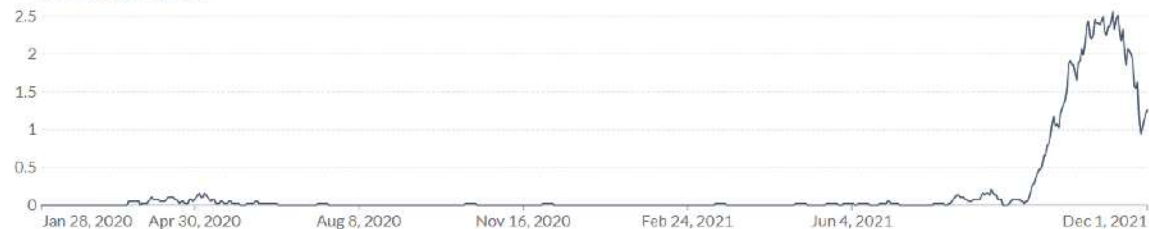
LINEAR LOG Uniform y-axis

■ Singapore

Vaccine doses (per 100)



New deaths (per 1M)



Source: Official data collated by Our World in Data, Johns Hopkins University CSSE COVID-19 Data

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COVID-19 vaccine doses and confirmed deaths

Due to limited testing and challenges in the attribution of the cause of death, confirmed deaths can be lower than the true number of deaths.

Our World in Data

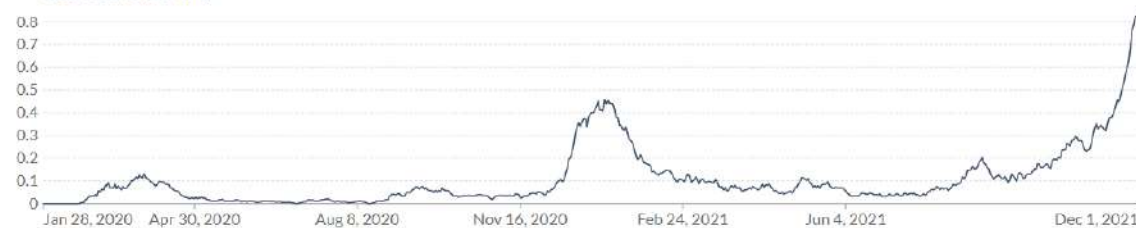
LINEAR LOG Uniform y-axis

■ South Korea

Vaccine doses (per 100)



New deaths (per 1M)



Source: Official data collated by Our World in Data, Johns Hopkins University CSSE COVID-19 Data

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死亡數

$$= \text{感染數} \times \text{致死率}$$

目前的疫苗雖可防重症，尚無法阻斷傳染

雨下太大，即使撐傘，仍不免淋濕；
但有傘當然比沒傘好。

沒有下雨，即使沒傘，也不會淋濕；
但雨季還是帶把傘好。

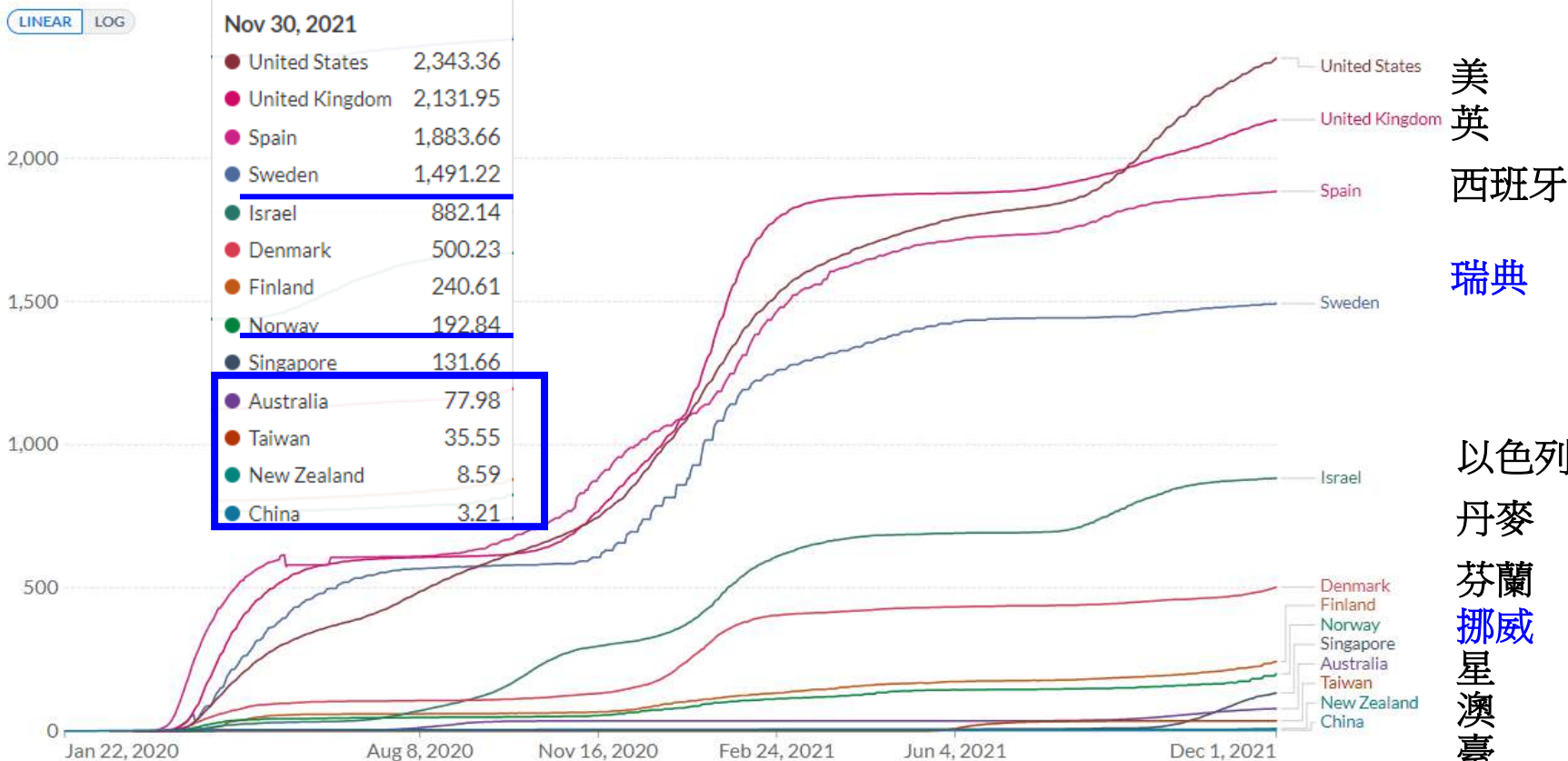
美國累積死亡率是紐西蘭 273倍

Cumulative deaths/million: US: New Zealand = 273:1;

Sweden: Norway= 8:1 瑞典累積死亡率是挪威的8倍

Cumulative confirmed COVID-19 deaths per million people

Due to limited testing and challenges in the attribution of the cause of death, confirmed deaths can be lower than the true number of deaths.



Source: Johns Hopkins University CSSE COVID-19 Data

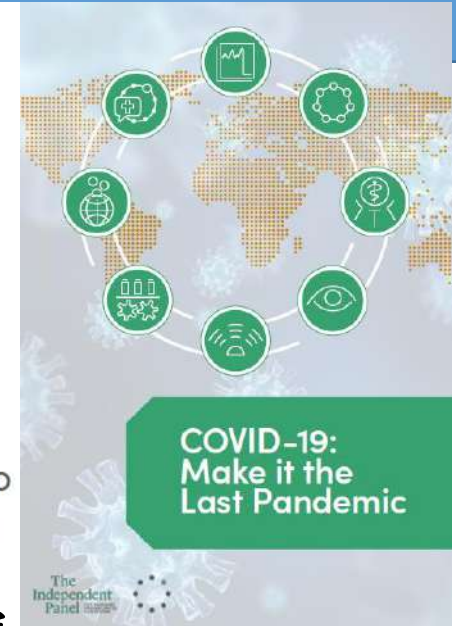
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世界衛生組織獨立調查委員會

The Independent Panel for Pandemic Preparedness & Response

By all measures, the impact of the pandemic is massive:

- 148 million people were confirmed infected and more than 3 million have died in 223 countries, territories and areas (as at 28 April 2021)⁽¹⁾;
- at least 17 000 health workers died from COVID-19 during the pandemic's first year⁽²⁾; **醫護死亡超過17,000人**
- US\$ 10 trillion of output is expected to be lost by the end of 2021, and US\$ 22 trillion in the period 2020–2025 – the deepest shock to the global economy since the Second World War and the largest simultaneous contraction of national economies since the Great Depression of 1930–32⁽³⁾ **全球經濟損失是二次大戰以來最深**
- At its highest point in 2020, 90% of schoolchildren were unable to attend school⁽⁴⁾; **疫情最嚴重時曾達90%學童無法上學**
- 10 million more girls are at risk of early marriage because of the pandemic⁽⁵⁾; **超過一千萬女孩因疫情之經濟、教育等衝擊而有早婚風險**
- gender-based violence support services have seen fivefold increases in demand⁽⁶⁾; **性別暴力支持性服務之需求五倍成長**
- 115–125 million people have been pushed into extreme poverty⁽⁷⁾. **一億多人被推入極端貧窮**



疫情嚴峻對社會與健康的衝擊

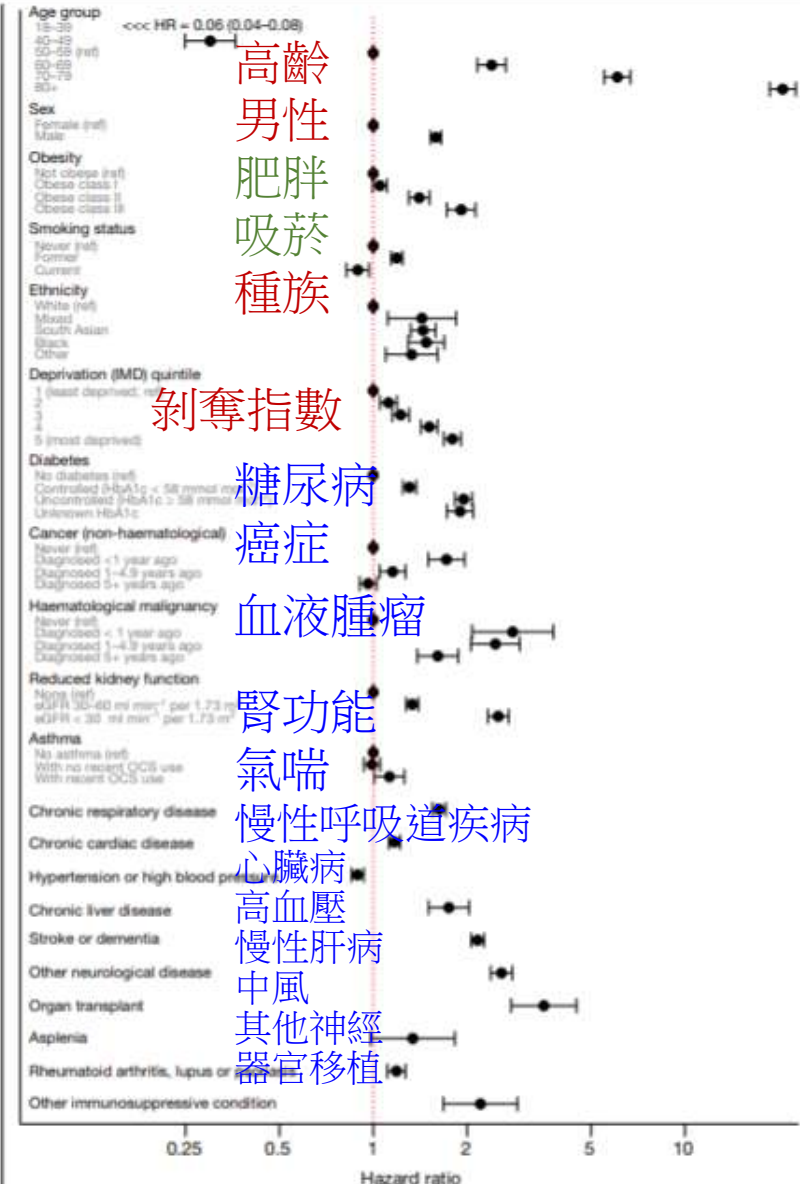
- 誰會感染
- 感染後的後遺症
- 傷亡 (醫護)
- 心理健康、孤單、人權與倫理議題
- 疫情衝擊的社會與經濟效應: 家暴、教育、飢餓、失業/倒閉/延遲就業/工作轉型/收入減少、送貨員車禍...；
- 正面效應: 零接觸商機、網購、家人相聚、居家休閒、戶外休閒

Factors associated with COVID-19-related death using OpenSAFELY

Nature | Vol 584 | 20 August 2020

英國，新冠死亡之危險因子

社會內部的差異



Contents lists available at ScienceDirect

Journal of Infection

Journal homepage: www.elsevier.com/locate/jinf



Review

Risk factors of critical & mortal COVID-19 cases: A systematic literature review and meta-analysis

Zhaohai Zheng^{a,b,1}, Fang Peng^{a,1}, Buyun Xu^a, Jingjing Zhao^{a,b}, Huahua Liu^c, Jiahao Peng^d, Qingsong Li^e, Chongfu Jiang^e, Yan Zhou^a, Shuqing Liu^{a,f}, Chunji Ye^a, Peng Zhang^a, Yangbo Xing^a, Hangyuan Guo^a, Weiliang Tang^{a,g}

中國，新冠重症及死亡之危險因子

¹Shandong University School of Medicine, 312000, Shandong, Zhejiang, China

男性、65歲以上、
 吸菸、
 糖尿病、心血管疾病、
 慢性呼吸道疾病、(惡性腫瘤、)
 高血壓

Long COVID 新冠後遺症

Global Prevalence of Post-Acute Sequelae of COVID-19 (PASC) or Long COVID: A Meta-Analysis and Systematic Review

全球綜合分析：盛行率約43%，有住院者更達58%

Authors: Chen Chen, MA^{1,*}, Spencer R. Hauptert, BS^{1,*}, Lauren Zimmermann, BSc^{1,2}, Xu Shi, PhD¹, Lars G. Fritsche, PhD^{1,3,4}, Bhramar Mukherjee, PhD^{1,2,3,4,5}

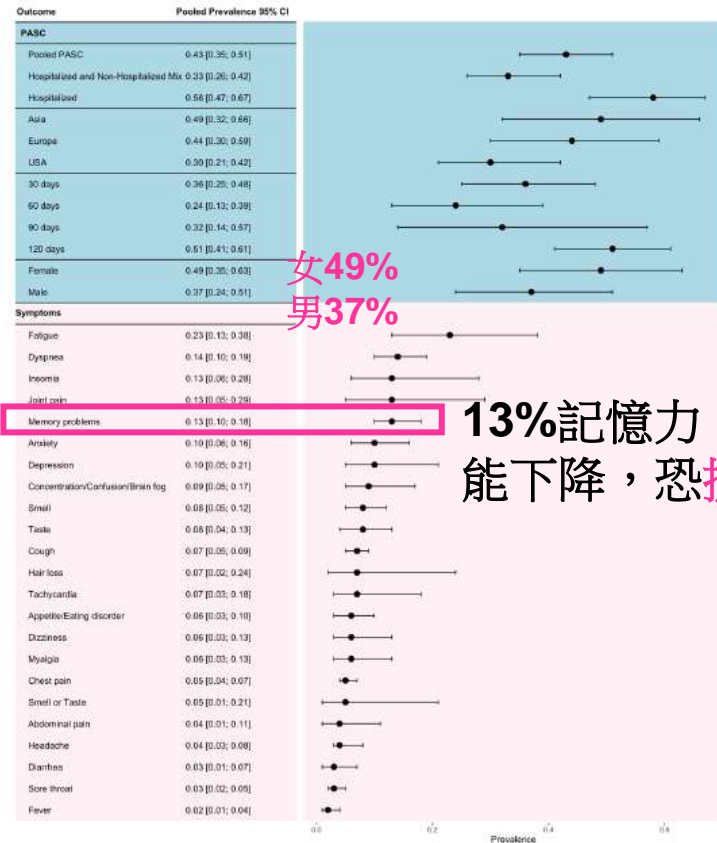


Figure 3. Forest plot for PASC prevalence by hospitalization status, region, follow-up time, and sex, as well as symptom-specific prevalence.

Notes: Pooled estimates and 95% CIs calculated from random-effect models with inverse variance weighting as described in methods. Pooled estimates with confidence intervals are provided on the left, and visualization of the intervals on the right.

英國對疫苗接種者的研究

Six-month sequelae of post-vaccination SARS-CoV-2 infection: a retrospective cohort study of 10,024 breakthrough infections

Maxime Taquet, PhD,^{1,2} Quentin Dercon, MSc,^{1,3} Paul J Harrison, FRCPsych^{1,2}

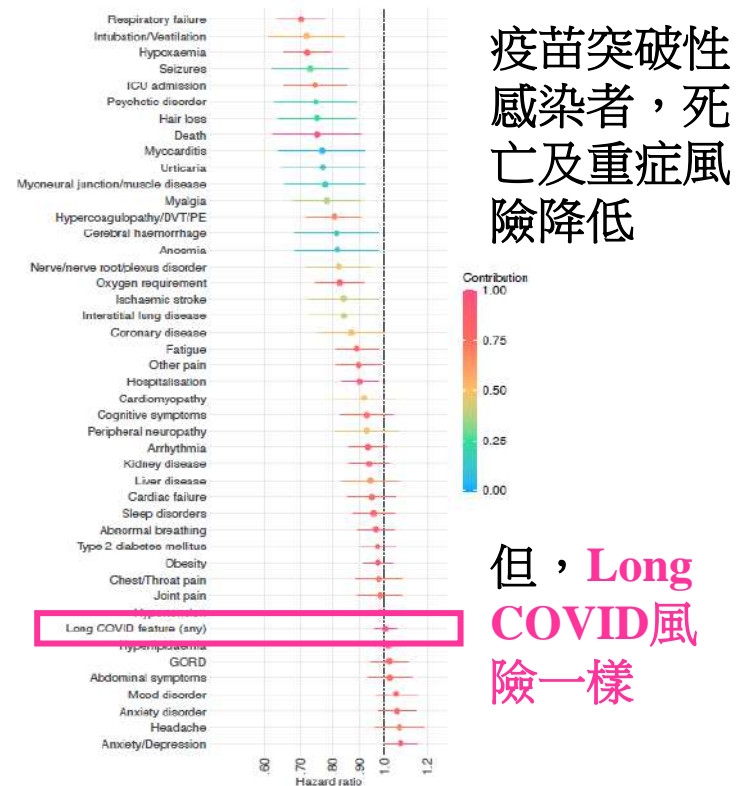


Fig 1 - Hazard ratios for the outcome within 6 months of infection with SARS-CoV-2 between individuals vaccinated vs. unvaccinated against COVID-19. HR lower than 1 indicate outcomes less common among vaccinated individuals. Horizontal bars represent 95% confidence intervals. Each outcome is a composite endpoint with death as a component to address competing risks. The contribution of the outcome of interest to the overall incidence of the composite endpoint is encoded by the colour.

2020比2019 預期壽命變化:

各國差異甚大，
疫情嚴重者，死亡數增加
幅度超過疫情死亡數。
但控制好的國家，在瘟疫
下壽命仍延長。

佛系防疫拖累 瑞典上半年死亡數創150年新高

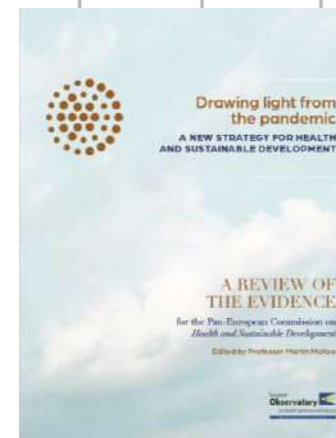
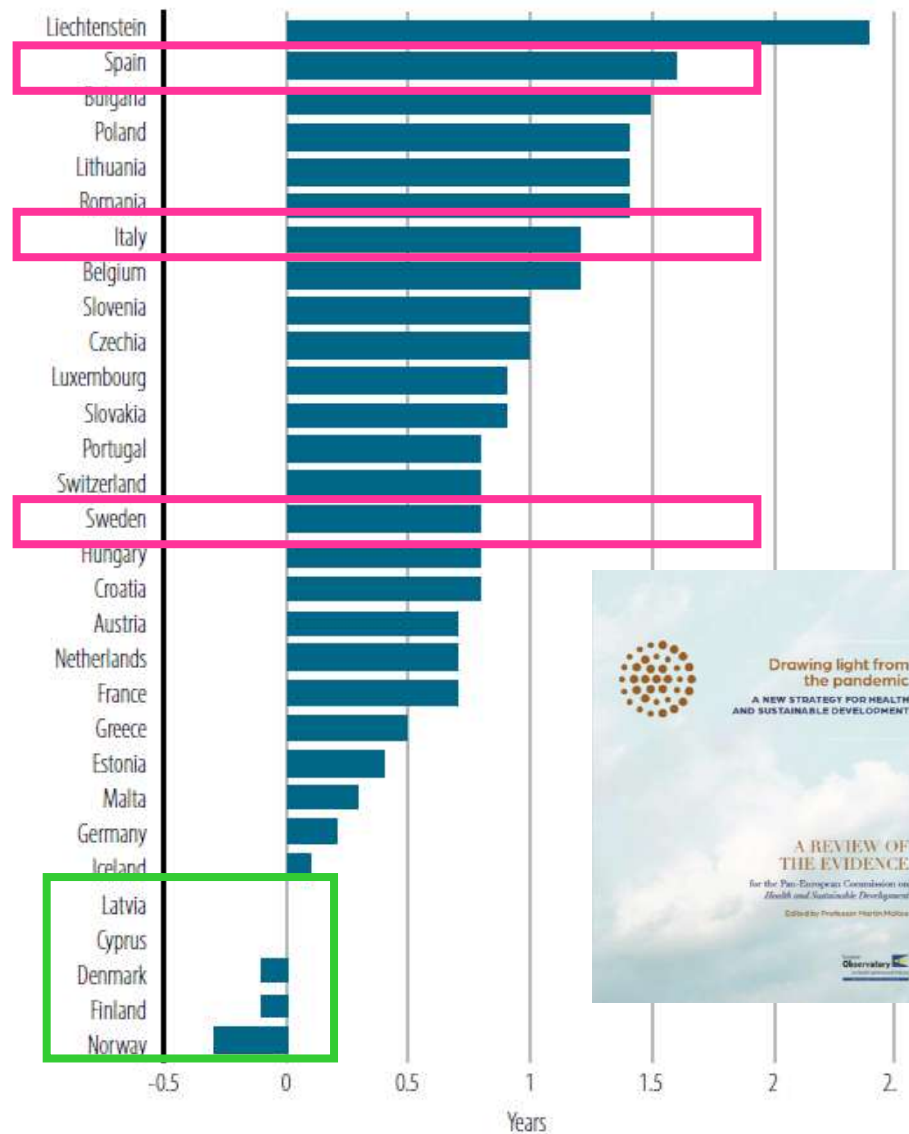
17:21 2020/06/21 中時 蘇曉斌



瑞典實施新防疫政策，一切由政府負責，也常見民眾戴口罩於公共場所。(路透社)

瑞典國家統計局今天宣布，全國上半年登記的死亡人數達5萬1405人，比去年同期驟增15%（6500人），更創下瑞典自1899年以來，120個月最高紀錄（55431），當時全球遭遇大規模饑荒。

Figure 1 Decline in life expectancy at birth (both sexes) 2019–2020



Source: Eurostat (2021).

臺灣：

2021年5-7月死亡數較2020高出13.4%

Excess mortality: Deaths from all causes compared to projection based on previous years

The percentage difference between the reported number of weekly or monthly deaths in 2020–2021 and the projected number of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.

Our World
in Data

LINEAR LOG

各月死亡率與前一年比之變化



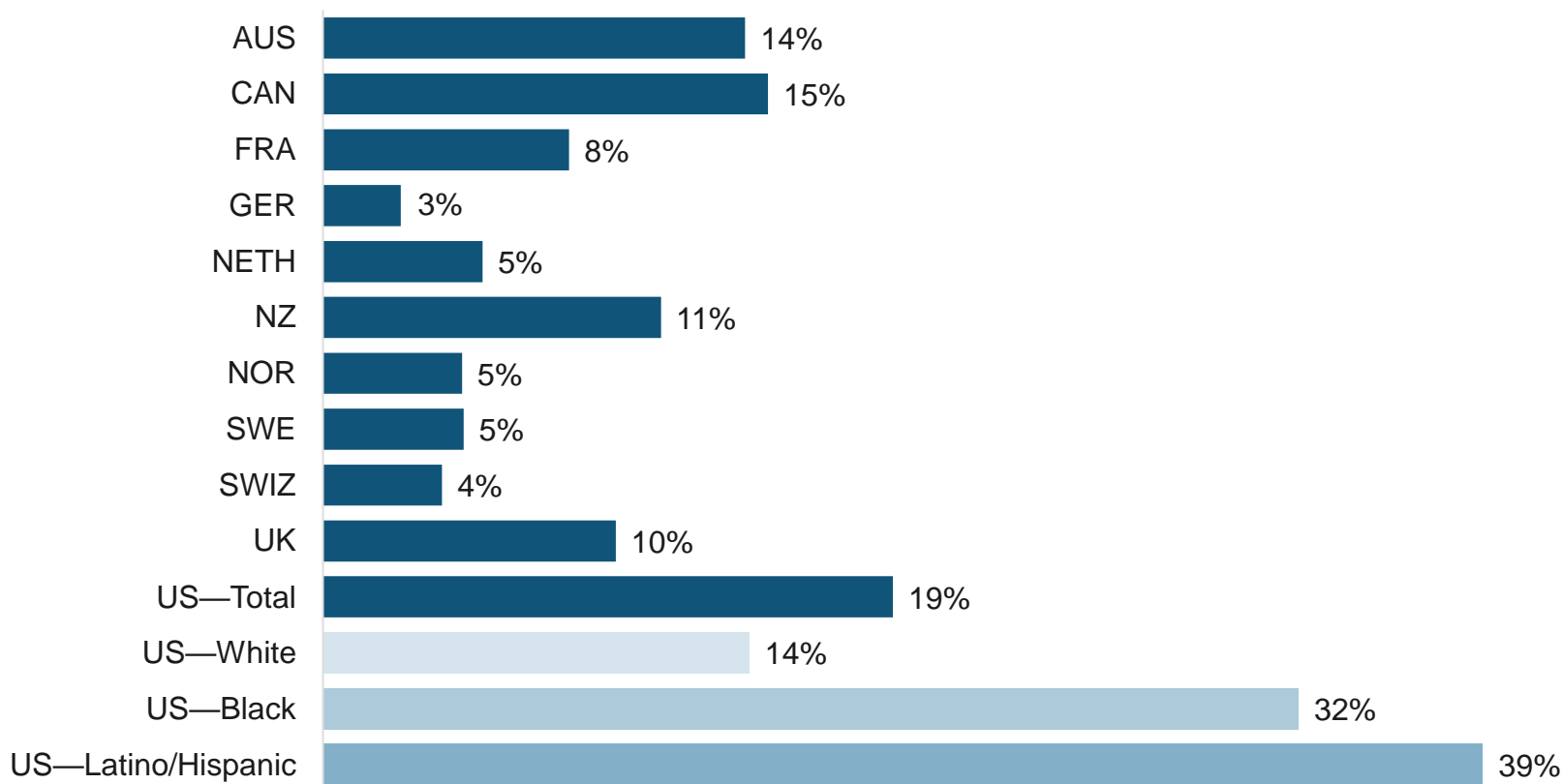
Source: Human Mortality Database (2021), World Mortality Dataset (2021)

Note: Comparisons across countries are affected by differences in the completeness of death reporting. Details can be found at our Excess Mortality page.

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疫情下，哪一個的長者最會遭遇經濟困難? Older adults in the U.S. were the most likely to experience economic difficulties related to the pandemic.

Percent of adults age 65+ who reported either using up all or most of their savings or losing job/source of income because of the coronavirus pandemic 多少長者因疫情花光積蓄、失業或失去收入



Notes: Differences between US and all other surveyed countries except AUS were statistically significant at the $p < 0.05$ level. Within US, differences between white respondents and both Black and Latino/Hispanic respondents were statistically significant at the $p < 0.05$ level.

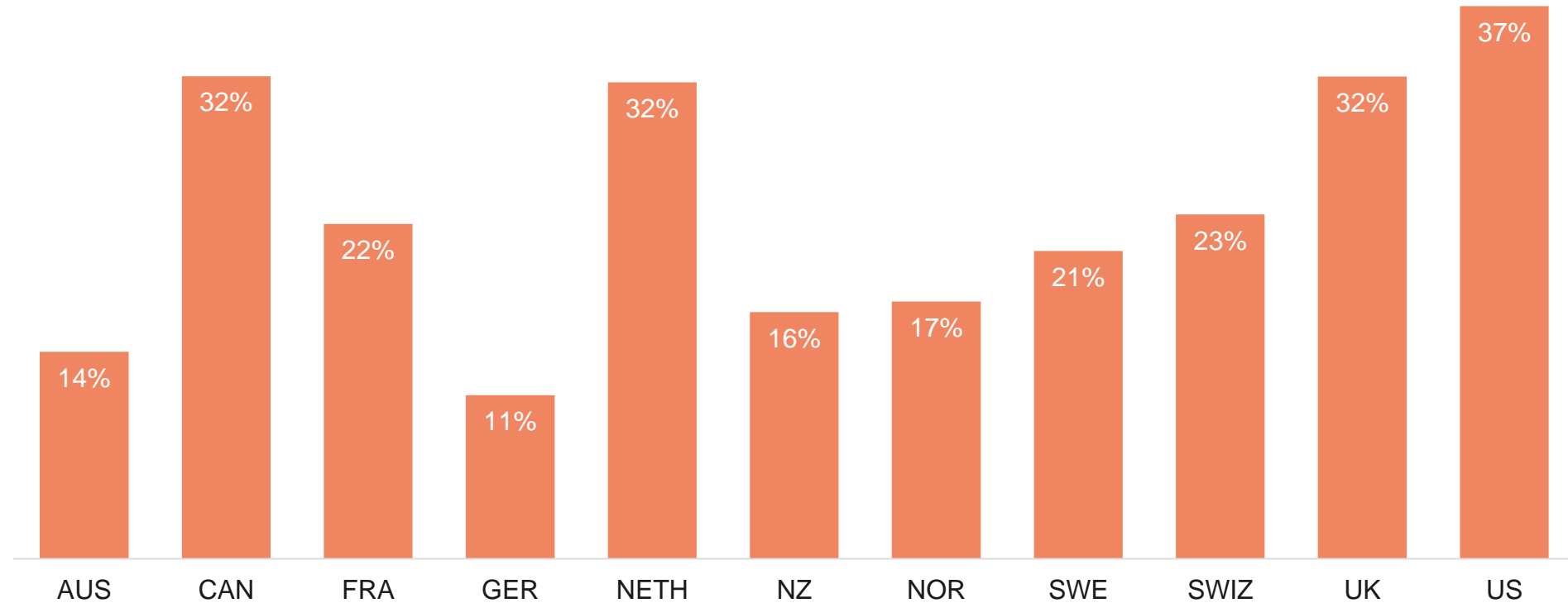
Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

2021的調查

Among older adults with multiple chronic conditions, those in the U.S. were among the most likely to have appointments cancelled or postponed because of the pandemic.

Percent of adults age 65+ with two or more chronic conditions who reported they had an appointment with a doctor or other health care professional cancelled or postponed because of the coronavirus pandemic

有多重慢性病的長者，因疫情而取消或延後就診的比率



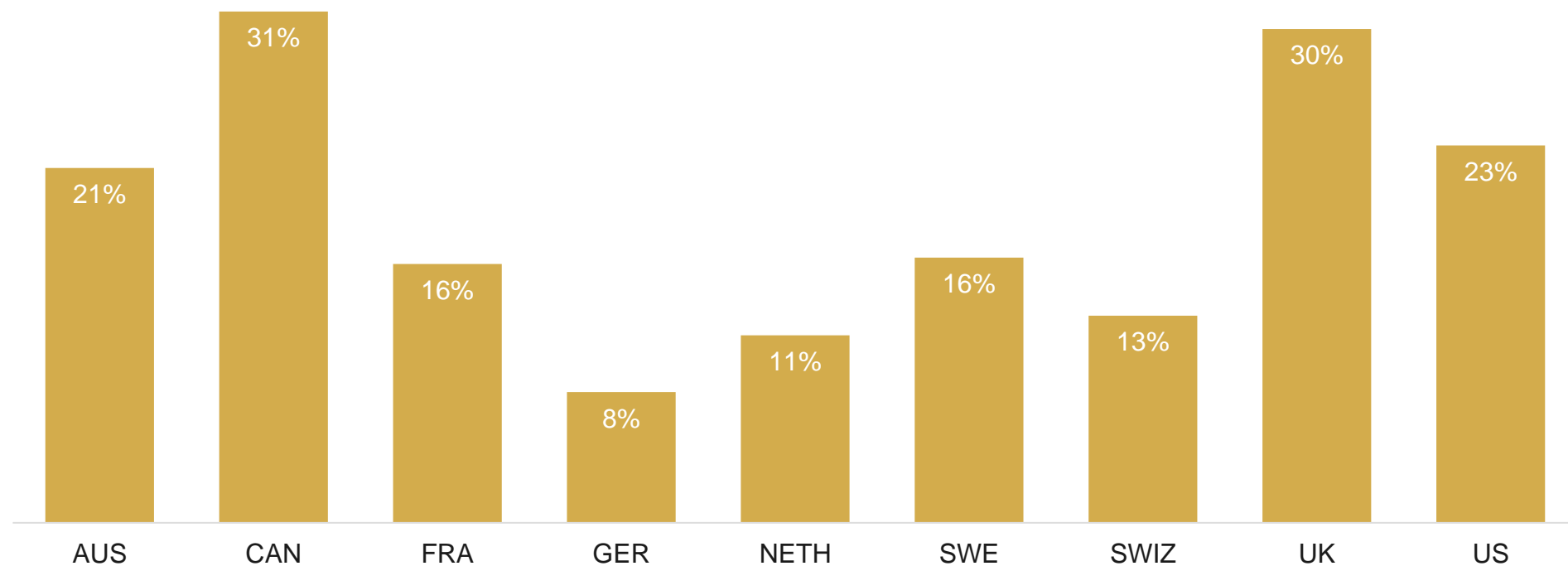
Notes: Respondents reported ever being told by a doctor they had at least two of the following conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema, or COPD; depression, anxiety, or other mental health conditions; cancer; joint pain or arthritis; stroke. Differences between US and all other surveyed countries except CAN, NETH, and UK were statistically significant at the $p < 0.05$ level.

Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Among older adults needing help with daily activities, those in Canada, the U.K., the U.S., and Australia were the most likely to say they did not receive needed help because services were cancelled or very limited during the pandemic.

Percent of adults age 65+ who reported needing help with instrumental activities of daily living who said they did not receive needed help during the past year because services were cancelled or very limited due to the coronavirus pandemic

日常生活需要協助的長者，因疫情，服務被取消或縮水，未能獲得需要之協助



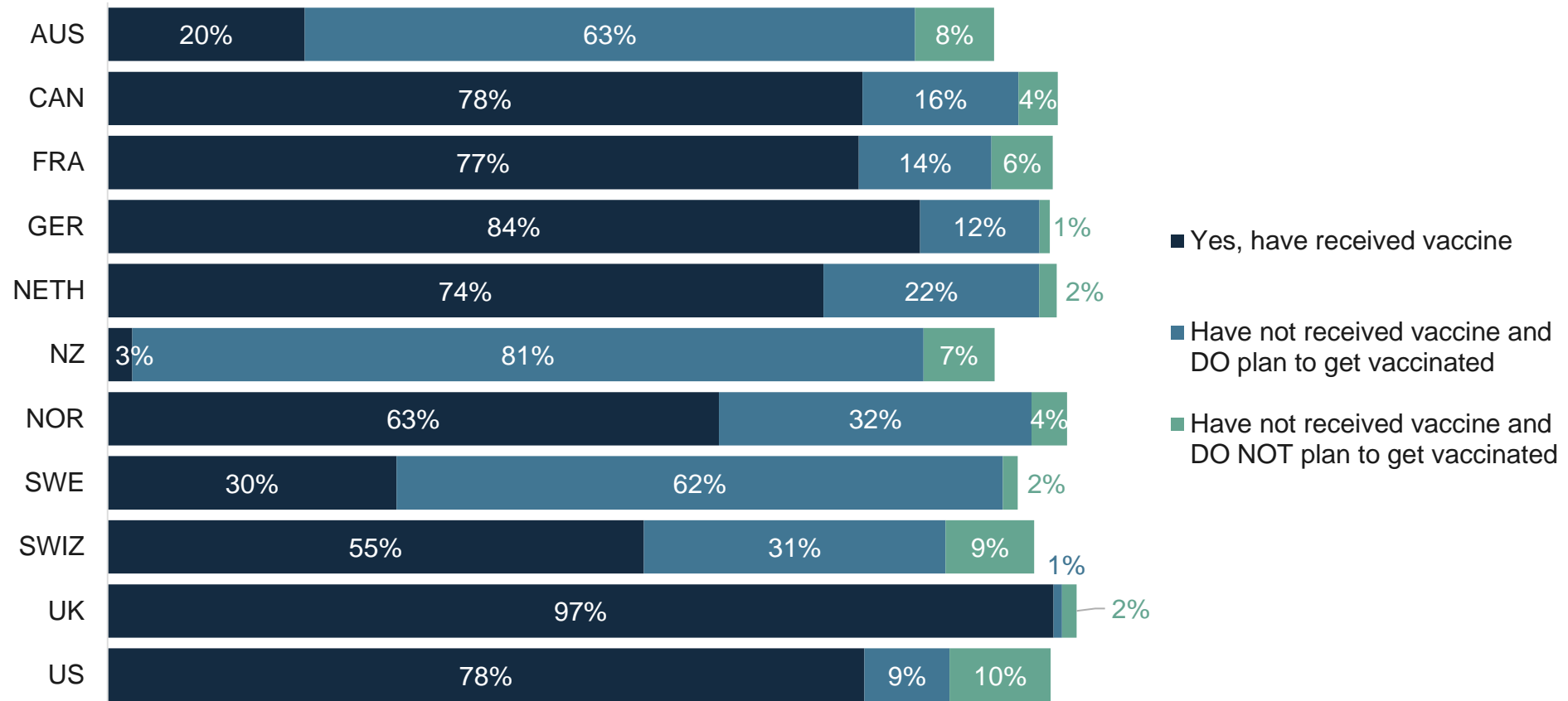
Notes: Instrumental activities of daily living include housework, preparing meals, managing daily medications, or shopping. NZ and NOR excluded because $n < 100$. Differences between US and GER, NETH, and SWIZ were statistically significant at the $p < 0.05$ level.

Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

COVID-19 vaccination rates for older adults are high where vaccines are available.

Percent of adults age 65+

長者疫苗接種比率差異甚大



Notes: "Not sure" and "Already had the coronavirus" responses not shown. Differences between US and all other surveyed countries except CAN, FRA, and NETH for "yes, have received vaccine" were statistically significant at the $p < 0.05$ level. Differences between US and all other surveyed countries for "have not received vaccine and do plan to get vaccinated" were statistically significant at the $p < 0.05$ level. Differences between US and all other surveyed countries except AUS, NZ, and SWIZ for "have not received vaccine and do not plan to get vaccinated" were statistically significant at the $p < 0.05$ level.

Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

貧窮長者感染率、住院率皆較一般長者高；亞裔較其他種族低

TABLE 6 | COVID-19 infection and hospitalization rates/100,000 Medicare beneficiaries, by race, ethnicity and Medicaid eligibility, US, January 1–November 21, 2020.

	Black	Latinx	AI/AN*	Asian 亞	White
Infection rates (#/100,000) 感染率					
Medicare + Medicaid	6,754	6,851	6,833	3,325	6,385
Medicare only	2,804	2,978	3,281	1,293	2,091
Hospitalization rates (#/100,000) 住院率					
Medicare + Medicaid	2,490	2,272	2,507	1,070	1,444
Medicare only	1,050	720	1,272	340	465

*American Indian/Alaska Native.

Source: Center for Medicare and Medicaid Services. Preliminary Medicare COVID-19 Data Snapshot Medicare Claims and Encounter Data: Services January 1 to November 21, 2020, Received by December 18, 2020. <https://www.cms.gov/research-statistics-data-systems/preliminary-medicare-covid-19-data-snapshot>.

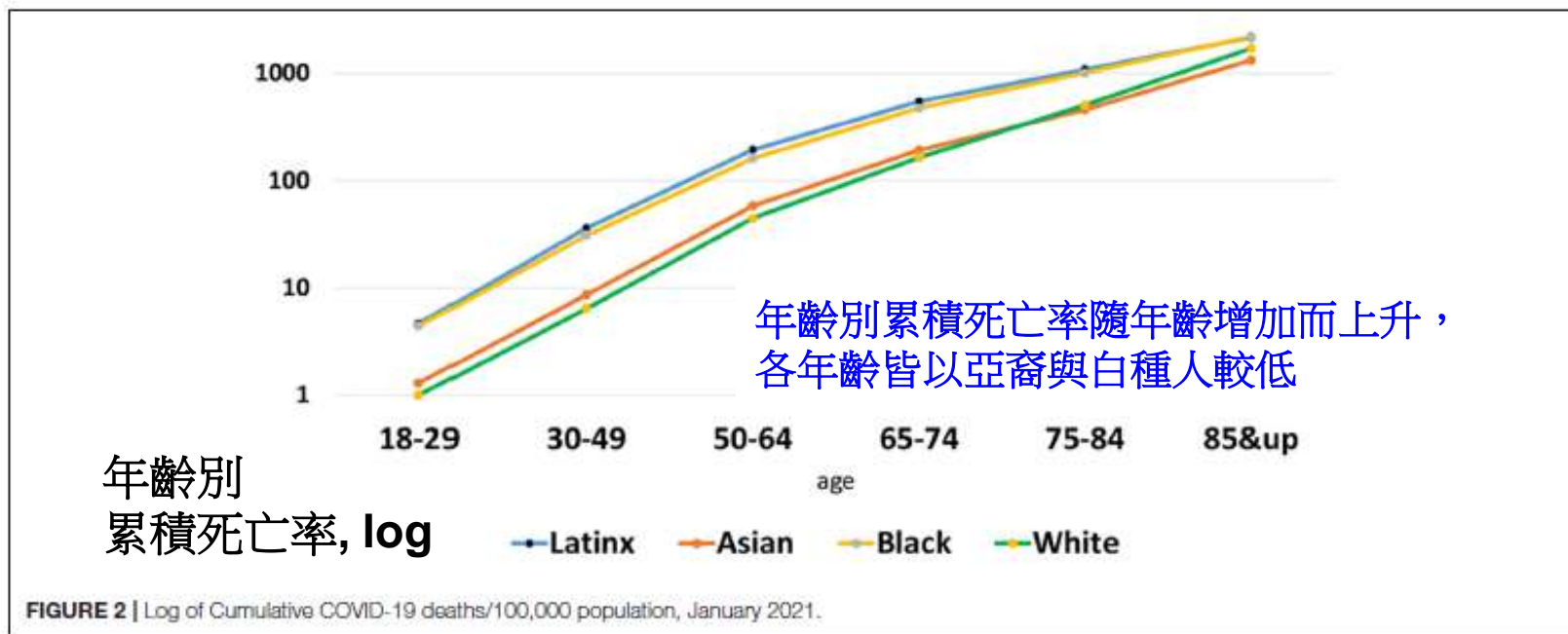


TABLE 7 | Adults ages 65 and over who delayed or did not get needed medical care past 4-weeks due to COVID-19 pandemic, US.

	Black	Latinx	Asian	White
Delayed medical care	31.5	34.8	22.5	27.9
Did not get medical care	23.9	27.1	19.2	18.4
Delayed or did not get medical care (combined)	36.3	39.5	26.1	30.7

Source: U.S. Census, Household Pulse Survey (18).

Guerrero and Wallace

COVID19 Aging Health Equity

TABLE 8 | Logistic regression of adults ages 65 and over who delayed or did not get medical care past 4-weeks due to COVID-19 pandemic, US, December 2020.

	Odds ratio	Odds ratio	Odds ratio	Odds ra
Race/ethnicity: white# (ref)				
Black#	1.29**	1.10	1.09	0.97
Asian#	0.79	0.75*	0.77*	0.74*
Other/multiple#	2.59***	2.60***	2.60***	2.30***
Latinx	1.46***	1.27***	1.28***	1.16*
Self-assessed health: excellent (ref)				
Very good		1.34***	1.33***	1.28***
Good		1.81***	1.81***	1.59***
Fair		3.00***	2.98***	2.31***
Poor		4.68***	4.66***	3.47***
Gender: male (ref)				
Female			1.22***	1.18***
Difficulty past week paying usual household expenses				1.99***

#non-Latino, *p < 0.05, **p < 0.01, ***p < 0.001.

Source: U.S. Census, Household Pulse Survey (18).

長者過去四周曾因疫情而延後或未獲醫療者，亦以非裔、拉丁裔較高，亞裔與白人較低

多變項分析顯示：
亞裔、
自覺健康狀況佳、
男性，
是是保護因子

聯合國：新冠病毒對長者之衝擊

Policy Brief
The Impact of
COVID-19 on
older persons

MAY 2020



FIGURE 1: COVID-19 IMPACT ON OLDER PERSONS

COVID-19 AND OLDER PERSONS

Economic well-being 財務健適

The pandemic may significantly lower older persons' incomes and living standards. Already, less than 20% of older persons of retirement age receiving a pension

Life and Death 生死存亡

Fatality rates are five times higher than global average. An estimated 66% of people aged 70 and over have at least one underlying health condition

Mental health 心理社會健康

Physical distancing can take a heavy toll on our mental health. Living alone and being more digitally included than others, the risks are higher for older persons

Vulnerability 脆弱

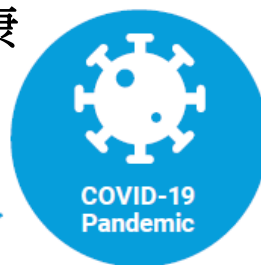
Essential care that older persons often rely on is under pressure. Almost half of COVID-19 deaths in Europe occurred in long term care settings. Older women often provide care for older relatives increasing their risk to infection

Responders 應變與貢獻

Older persons are not just victims. They are also responding. They are health workers, carers and among many essential service providers

Abuse and neglect 虐待與忽視

In 2017, 1 in 6 older persons were subjected to abuse. With lockdowns and reduced care, violence against older persons is on the rise



四大優先行動

1. 健康照護決策應尊重長者之尊嚴與健康人權
2. 在社交距離政策下，強化社會融入與世代團結
3. 在規劃社會經濟與人道援助應變，以及未來部署時，要充分注意到長者需要與相關問題，尤其是應解決結構性的問題（例如有無全民健康保障、社會安全網、長者人權保障相關法令）
4. 擴大長者參與，分享優良案例，善用資料與知識



1. **Ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health.** Health care is a human right,
2. **Strengthen social inclusion and solidarity during physical distancing.** Restrictions
3. **Fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19.** The devastating social and economic impact of COVID-19 on older persons needs to be addressed in both the crisis and the recovery phase. A more urgent and ambitious response is needed to meet UN calls for financial support for developing countries and those in humanitarian crises, where the human and economic impact of pandemic could be devastating. In addition, the structural causes that have left older persons behind and vulnerable in this crisis need to be addressed if we are to recover better and ensure, care, support and opportunity across the life cycle, including by investing in universal health coverage, in social protection and by strengthening the national and international legal framework to protect the human rights of older persons.
4. **Expand participation by older persons, share good practices and harness knowledge and data.** We need to broaden our partnership with civil society and others

醫療體系衝擊

- 新冠以外之醫療作業遭排擠
- 院內感染，醫護倒下，加重人力不足
- 醫療崩潰，醫學倫理爭議(先救誰)，醫護工作挫折與創傷後症候群
- 醫護擔心感染家人
- 醫護家中兒童無處照顧

醫療體系超前部署

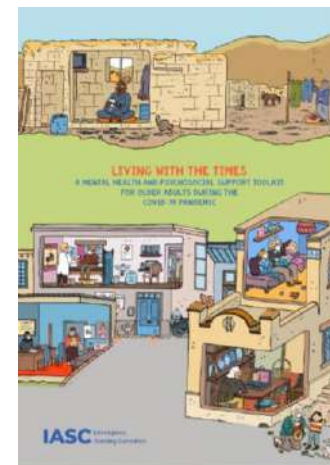
- 優質數據與通報、示警系統
- 防疫安全: 醫護疫苗、個人防護裝備與院內感染管控支持
- 科技應用(ex. AI診斷)與遠距/無接觸性的服務—遠距醫療
- 更多分工與授權: 分工合作的整合式照護模式，強化診所、衛生所、社區醫院與藥局等之功能，減少上醫院
- 增強民眾數位識能
- 社福體系、醫療體系與衛生體系之整合
- 對醫護家庭之外部或內部互助支持網絡
- 準備好未來人力: 以女性為主力，但主管與待遇皆以男性為主。改善待遇、提供升遷發展、分工授權、較佳工作條件、提供家務支持等，十分重要。

長照/長者社區服務超前部署

- 檢視自身系統上的弱點(法令、資源等)並強化之
- 平時建立關懷網絡(名單、分工)，知道高風險長者在何處、找出適合的遠距資源
- 強化長者數位知能
- 依照長者使用習慣，在疫情下強化電話、網路之聯繫網絡
- 提高疫苗接種率/ 強化家庭醫師制度
- 日常生活協助
- 提供相關資源資訊/轉介
- 與醫療體系之相互轉介
- 及早發現憂鬱、家暴、失能、經濟等需緊急扶助事項及介入

發展制式海報，協助志工進行長者關懷

1. 如何保持健康
2. 如何讓心情更好
3. 如何與家人及社區保持連結
4. 需要時如何獲得協助?
5. 如何調適哀傷/失落



PURPOSE

The purpose of this activity toolkit is to share recommendations with older adults on how to protect their health and well-being, as well as how they too can provide support to those around them during the COVID-19 pandemic and beyond. The toolkit contains five large poster illustrations to print out or show on a screen, each addressing one of the following questions:

1. How can I stay healthy?
2. What can I do to improve my mood?
3. How can I feel connected to my family and community?
4. Where can I get help if I need it?
5. How can I cope with grief and loss?

教育的衝擊



■ 對學生的衝擊

- 各地、各校、各家庭遠距教學/學習之資源與品質不一
- 停課令，使學生花在學習上的時間降低
- 居家造成壓力上升，學習效果較差
- 欠缺人際接觸可能降低學習動機
- Digital exclusion 將加重既存的不平等(Di Pietro et al., 2020)
- 荷蘭學童學習測驗表現下降3%，相當於8周的學習損失，恰是其停課期間
- OECD 2020秋天估計，1-12年級因疫情的損失，造成未來工作收入降低3%，受創國未來各年GDP減少1.5%；弱勢學童受創更深

■ 對父母的衝擊: 花時間照顧/陪伴

對教育復健之建議



Box 4 *Recommendations for recovering lost education*

- Implement a new continuous professional development scheme for teachers.
- Extend schools.
- Implement summer wellness programmes.
- Fund schools to provide mental health workers.
- Increase funding for schools with high numbers of disadvantaged children.
- Increase salaries for teachers in challenging locations.
- Issue new guidance on inclusion and well-being.
- Enable pupils to repeat a year if needed.

Source: Education Policy Institute (Crenna-Jennings et al., 2021)..

- 對教師提供新的持續性專業發展方案
- 延長學期
- 導入暑期健康計畫
- 給予學校經費聘請心理健康人力
- 對弱勢生較多的學校增加經費
- 在困難情境下給予教師較好待遇
- 提供融入與身心健康指引
- 對有需要的學生給予重修

確保未來危機下 教育的公平可近 (UNICEF)

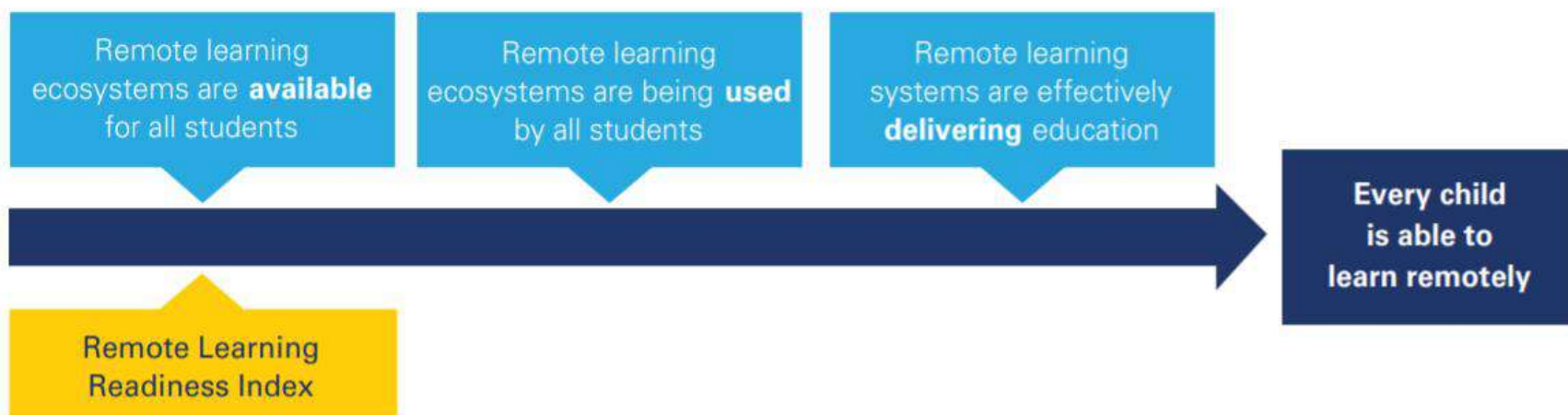


遠距學習就緒指標 Remote learning readiness index

- 所有學生都能獲得遠距學習體系
- 所有學生都有使用遠距學習體系
- 遠距學習體系有效提供所需之教育

⇒ 每一個兒童都能透過遠距來學習

Figure 1
What the Remote Learning Readiness Index measures



遠距學習就緒指標

Remote learning readiness index

Figure 2
RLRI domains and variables

	家庭 Households	政策應變量能 Policy Response Capacity	系統緊急應變準備 System-Level Emergency Preparedness
Variables	<p>The share of schoolchildren with home access to:</p> <ul style="list-style-type: none"> ■ Radio ■ Television ■ A computer ■ The internet ■ At least one mobile phone owned by a family member <p>As well as</p> <ul style="list-style-type: none"> ■ The share of school children whose mothers completed upper secondary education or higher 	<p>Provision, through ministry of education policies, of remote learning opportunities via:</p> <ul style="list-style-type: none"> ■ Radio ■ Television ■ Online Platforms <p>As well as</p> <ul style="list-style-type: none"> ■ Training for teachers to use remote learning tools 	<ul style="list-style-type: none"> ■ Risk assessment for education sector is implemented. ■ Risk reduction for education sector is in place. ■ Human and financial resources for implementing risk reduction and assessment strategies are allocated
Source	Multiple Indicator Cluster Surveys (2010-2020), Demographic and Health Surveys (2010-2020)	The first round of the UNESCO-UNICEF-WB survey (to be replaced by ad hoc annual surveys from 2022 onward)	UNICEF Strategic Monitoring Questions (2020)

教育超前部署

- 檢視並強化社區/師/生之現有遠距學習資源
- 強化師生(及家長)數位知能
- 了解弱勢學生之遠距資源(電腦、網路，或電視?收音機?)，以決定最適之管道並是當充實之
- 強化社區及學校之防疫措施，減少停課需要
- 注意學生連線時之學習環境
- 對出現落差/困難之學生，提供額外協助

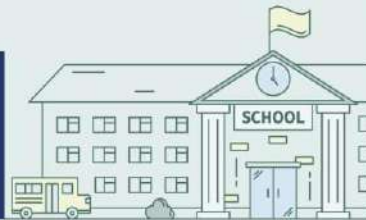
防疫安全學校



- 社區保持最低病例數
- 提高社區與師生之接種率
- 強化校園健康管理系統 (檢驗、通報、疫調、隔離)
- 戴口罩、保持社交距離 (減少同室人數)、社交泡泡
- 強化教室與洗手間之通風/加裝空氣清淨機 (HEPA air filter)

開門開窗、風扇、HEPA

HEPA filtration units help stop COVID.



- HEPA filtration units use long-standing and well-proven technology for reducing disease transmission.
- A recent CDC study showed HEPA units were responsible for a 65% drop in SARS-CoV-2 particle transmission. Other studies show even higher levels of protection.
- Adding HEPA units to school classrooms will improve health and safety for our kids and school staff.



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Health Security



對性別平等之衝擊與因應



女性會受到疫情與防疫措施雙重波及

- 健康照護主力，院內感染主要受害者；
過勞、壓力、不敢回家、離職潮
=>應給予足夠個人防護、經濟與人身安全支持
- 無酬照護主力 (照顧受感染家人、照顧停課的子女): 疫情下每日家事時間，女性增加6.1小時，男性4.9小時 (UN Women, 2020)，而且內容有別，雙親家庭中，男性較常提供發展性照顧，例如在家學習、遊戲；女性較常提供非發展性照顧工作，做與基本生存有關的事，例如煮飯、洗衣。
- 疫情下的無酬照顧角色，影響女性就業: 疫情下被迫因額外家務負擔而離開工作。疫情使女性回歸更傳統保守角色。男女性薪資落差擴大，更加重此趨勢。美國2020女性就業率下降比男性情況多6%，英國4.9%。雇主需了解女性此種情境，採取策略促進女性重返職場以及減少下一波之衝擊，例如提供有薪照顧假、全民基本收入、對親職/照顧者之工作安全保障、提供較平價的兒童照顧資源
- 高度女性化的行業，ex. 零售、旅宿、教育、幼教幼托，也是疫情下最脆弱、易倒閉的行業。歐盟估計84%女性從事上述行業。
- 之前的疫情顯示女性在疫後持續失業的時間比男性長。Sierra Leone在伊波拉疫情一年後，63%男性返回工作，女性只有17%。各種紓困方案應避免僅照顧到男性為主的行業(例如營造業、製造業)，並照顧到女性為主的行業(例如托幼)。

對性別平等之衝擊與因應



- 家暴；

全球家暴求助案件暴增。巴西、中國、法國、南非，2020家暴電話比2019增加50-300%

=>提供庇護處所、增加諮詢服務、線上訪談施暴者以了解施暴原因。這些服務應延伸到疫情後。

- 婦產照護受影響: 影響產前檢查、避孕，增加非期望懷孕、人工流產風險亦因醫療人力排擠而上升。

=> 孕產照護應持續提供

- 新冠醫療上的性別差異: 男性具感染高風險，女性就醫有障礙(若沒有UHC)

- 高風險婦女: 單親家庭婦女因須兼顧家庭與工作，更易丟掉工作、有心理健康問題；低社經階層婦女，比高社經婦女更易丟掉工作(後者較能在家辦公)、更易受感染(較多essential workers)，少數族裔婦女亦然。

- 性別主流化的資料分析與決策。

- 給予更公平合理的待遇，尤其是對健康照護與社會照顧工作者，才能應對未來疫情

工作風貌的改變 the nature of work



- **失業率**: 政府與企業之因應，使失業率未隨經濟緊縮而大幅增加，OECD預估其成員國失業率將增加約2%
- 疫情快速推升科技應用，帶來**職業兩極化現象** job polarization: high-skilled & low-skilled occupations, highest-paid & lowest-paid jobs 高低兩極的機會快速增加，而中階的工作機會減少（製造業勞工、例行辦公室員工）
- **Gig economy 零工經濟**: 雇傭關係改變，加上職業場所從街頭轉向網路，低薪、高流動率，衝擊勞工權益保障，而透過工作加入醫療保險者，就醫權益亦連帶受衝擊；對稅收、職業分類、健保財務亦形成衝擊。
- **工作與收入不穩定**，對身心社會健康有長遠負面影響
- 許多 low-skilled, low-paid 工作是新冠感染與其他職業傷害之**高危險群** (ex. 看護工、運將、送餐員、保全、娛樂場所工作人員等)。而移民與有色族裔從是此類工作者多。

如何增進勞工福祉？

- 確保最少病例/ 最高疫苗覆蓋率、個人防護配備
- 總體經濟發展政策：創造更多工作機會、收入與福利
- 就業輔助：技能訓練與工作媒合
- 基本工資保障
- 健康照護可近性保障
- 考量零工、部分工時等薪工作型態，設計更佳之勞動安全與社會安全保障

環境建設 Built environment

- **通盤**考量**疫情**、**氣候變遷**與**人口老化**需要，設計建築與公共空間
- 特徵: 通風、溫度與節能、空間/距離、安全與無障礙、防災/耐災、智慧設計
- 居家辦公、遠距辦公之需要
- 多功能微型社區
- 共享公共空間、戶外綠地
- 交通風貌之改變
- 強化社區ICT基礎設施

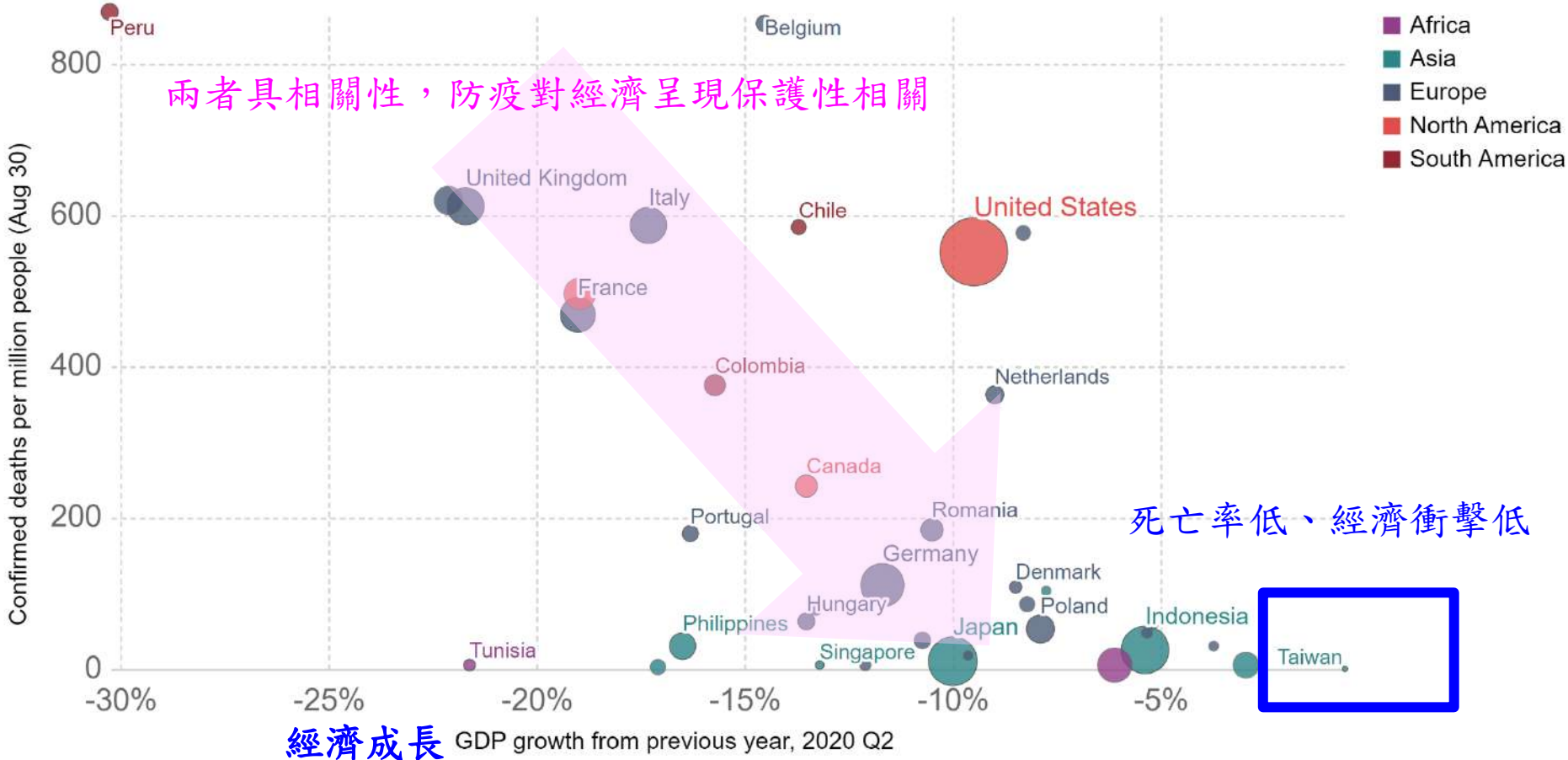


- 病死或餓死的對立說/平衡說，與不病死也就不會餓死的互利說/共生說，何者正確？
- 邊境：早日開放或維持開放，是否真的對經濟比較好？（可以開放的，通常是本土疫情嚴重的；赴美打疫苗，反而染疫回來）
- 對不同領域，衝擊不同
- 轉型與精緻化的考驗，ex. 旅遊業，從國外轉國內，從大團轉小團，從血拚轉生態/文化/學習，提升深度與品質
- 紓困/振興，是否有用到受衝擊最大的家庭/領域，是否有帶動轉型，或加重落差

2020第二季之經濟表現與新冠死亡率之關係

The vertical axis shows the number of COVID-19 deaths per million, as of August 30. The horizontal axis shows the percentage decline of GDP relative to the same quarter in 2019. It is adjusted for inflation.

死亡率/每百萬，迄08/30/2020



Source: European CDC, Eurostat, OECD and individual national statistics agencies

CC BY

Note: Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19. Data for China is not shown given the earlier timing of its economic downturn. The country saw positive growth of 3.2% in Q2 preceded by a fall of 6.8% in Q1.

中國為列入，因為清零後，第二季經濟就成長**3.2%**

清零（魔系）策略，而非減災（佛系）， 能為健康、經濟與民眾自由創造最佳結果

SARS-CoV-2 elimination, not mitigation, creates best outcomes for health, the economy, and civil liberties



04. 28. 2021

The trade-off between different objectives is at the heart of political decision making. Public health, economic growth, democratic solidarity, and civil liberties are important

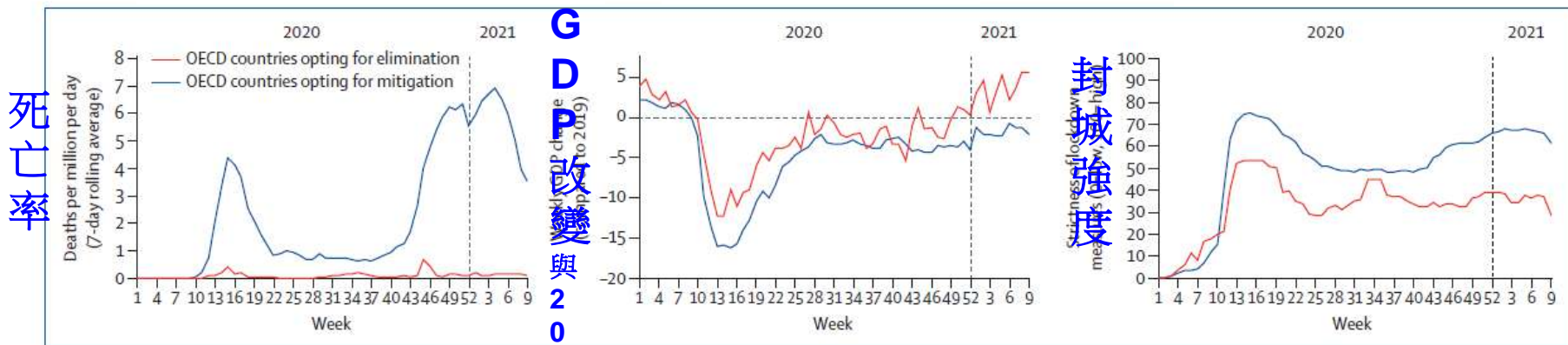
There is also increasing consensus that elimination is preferable to mitigation in relation to a country's economic performance.⁶ One study quantified the optimal

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魔系：能將死亡控制在最低

魔系：經濟已復甦

佛系：封更久、死更多



死亡率

GDP 改變與 2019 同期比

封城強度

Figure: COVID-19 deaths, GDP growth, and strictness of lockdown measures for OECD countries choosing SARS-CoV-2 elimination versus mitigation. OECD countries opting for elimination are Australia, Iceland, Japan, New Zealand, and South Korea. OECD countries opting for mitigation are Austria, Belgium, Canada, Chile, Colombia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Mexico, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, the UK, and the USA. Data on strictness of lockdown measures are from Oxford COVID-19 government response tracker.² Data on COVID-19 deaths are from OurWorld in Data.³ Data on GDP growth are from OECD Weekly Tracker of economic activity.⁴ GDP=gross domestic product. OECD=Organisation for Economic Co-operation and Development.

政府角色



- 大多數政府未能達成民眾期待
- 如何調適/彌補?
 - 媒體、民間智庫或顧問、言論領袖、NGO民間組織角色
 - 專業人士/專業團體
 - 在野黨角色
 - 地方政府

同樣民主，不同表現

民粹領導是否創造了病毒擴散的條件

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Commentary



Are Populist Leaders Creating the Conditions for the Spread of COVID-19?

Comment on “A Scoping Review of Populist Radical Right Parties’ Influence on Welfare Policy and its Implications for Population Health in Europe”



Martin McKee¹, Alexi Gugushvili², Jonathan Koltai³, David Stuckler³

民粹領導如何製造新冠傳播的條件

- 機轉一、責怪外人與受害者
- 機轉二、鄙視專業機構
- 機轉三、否認事實
- 機轉四、懷疑甚至仇視菁英

政治的健康決定因子： 新冠叢聚並非全球性；情境影響重大！

■ 美國 political failure vs. 紐西蘭 political leadership

The COVID-19 syndemic is not global: context matters

Richard Horton recently called COVID-19 a syndemic.¹ He aptly used this concept to describe how COVID-19 clusters with pre-existing conditions, interacts with them, and is driven by larger political, economic, and social factors.²

Calling COVID-19 a global syndemic is misguided. Syndemics matter because they focus on what drives diseases to cluster and interact.³ What is driving coronavirus to move through the population in the USA and interact with biological and social factors, however, differs from other contexts. US political failures have driven COVID-19 morbidity and mortality, and this cannot be divorced from our historical legacy of systemic racism⁴ or our crisis of political leadership.⁵

This matters because in other contexts COVID-19 is not syndemic.

New Zealand's political leadership in response to the crisis has been exemplary.⁶ COVID-19 is not syndemic there.

In this sense, syndemics allow us to recognise how political and social factors drive, perpetuate, or worsen the emergence and clustering of diseases.

Recognising contexts are different matters a great deal. For instance, contexts throughout sub-Saharan Africa are doing much better than the most burdened contexts, like the USA, Brazil, and India. Many people have questioned, why? Some have argued that this reflects a racist frame thinking that African contexts should suffer more.⁷ Yet, many African governments acted more swiftly and confidently than wealthier countries. The political leadership in these contexts, therefore, prevented the extensive death tolls, compared to contexts like the UK and the USA, where political leadership failed.

Recognising political determinants of health is central to the syndemic construct. By calling the COVID-19 syndemic global, we miss the point of the concept entirely.

I do not write this to dampen Horton's use of the term, as I believe COVID-19 is syndemic in my country (the USA). This is precisely because pre-existing conditions such as hypertension, diabetes, respiratory disorders, systemic racism, mistrust in science and leadership, and a fragmented health-care system have driven the spread and interacted with the virus. These synergistic failures have caused more death and devastation than many other contexts.

Recognising failures of wealthy countries is imperative as we think about where global knowledge and power sit within fields like global health. Syndemic frames provide us with an opportunity to do this.

1. doi:10.1136/bmj.n1055

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垂死於領導團隊尸位素餐下(的美國人)

-新英格蘭醫學期刊史無前例以所有編輯共同發表社論，沉痛呼籲

- 其他國家，包括許多民主國家的防疫表現，比美國好數十倍甚至數千倍。何以死傷如此慘重？
- 明明是生技大國，卻連感染者的平均檢測量，都還低於Kazakhstan, Zimbabwe, and Ethiopia.
- 但，最重要的作法，也不需要複雜的科技，例如檢疫、隔離、社交距離、戴口罩。但政府卻落實不一，且過早解封。領導人甚至說口罩是政治工具、不是防疫措施。政府部門擁有相關專業，但領導者卻不聽專業，甚至貶損專家。
- 聯邦政府將責任丟給各州，而州政府並不具備聯邦政府的權限與工具。
- 以政治凌駕科學，主導FDA決策。

The NEW ENGLAND JOURNAL of MEDICINE

EDITORIALS

當政者 尸位素餐



2020. Oct 8

Dying in a Leadership Vacuum

The Editors

... world. This crisis has produced a test of leadership. With no good options to combat a novel pathogen, countries were forced to make hard choices about how to respond. Here in the United States, our leaders have failed that test. They have taken a crisis and turned it into a tragedy.

The magnitude of this failure is astonishing. According to the Johns Hopkins Center for Systems Science and Engineering, "the United States leads the world in Covid-19 cases and in deaths due to the disease, far exceeding the numbers in much larger countries, such as China. The death rate in this country is more than double that of Canada, exceeds that of Japan, a country with a vulnerable and elderly population, by a factor of almost 50, and even dwarfs the rates in lower-middle-income countries, such as Vietnam, by a factor of almost 2000. Covid-19 is an overwhelming challenge, and many factors contribute to its severity. But the one we can control is how we behave. And in the United States we have consistently behaved poorly.

We know that we could have done better. China, faced with the first outbreak, chose strict quarantine and isolation after an initial delay. These measures were severe but effective, essentially eliminating transmission at the point where the outbreak began and reducing the death rate to a reported 3 per million, as compared with more than 500 per million in the United States. Countries that had far more exchange with China, such as Singapore and South Korea, began intensive testing early, along with aggressive contact tracing and appropriate isolation, and have

has used these same measures, together with its geographic advantages, to come close to eliminating the disease, something that has allowed that country to limit the time of closure and its largely open society to a pre-pandemic level. In general, not only have many democracies done better than the United States, but they have also outperformed us by orders of magnitude.

Why has the United States handled this pandemic so badly? We have failed at almost every step. We had ample warning, but when the disease first arrived, we were incapable of testing effectively and couldn't provide even the most basic personal protective equipment to health care workers and the general public. And we continue to be way behind the curve in testing. While the absolute numbers of tests have increased substantially, the more useful metric is the number of tests performed per infected person, a rate that puts us far down the international list, below such places as Kazakhstan, Zimbabwe, and Ethiopia, countries that cannot boast the biomedical infrastructure or the manufacturing capacity that we have.² Moreover, a lack of emphasis on developing capacity has meant that U.S. test results are often long delayed, rendering the results useless for disease control.

Although we tend to focus on technology, most of the interventions that have large effects are not complicated. The United States instituted quarantine and isolation measures late and inconsistently, often without any effort to enforce them, after the disease had spread substantially in many communities. Our rules on social distancing have in many places been lackadaisical.



Yahoo奇摩 (即時新聞) · 2021年7月7日 上午 10:31

英解封外媒報導邱淑媿看法 上千專家聯名抗議英國痛罵如預謀殺人



英國政府計畫19日在英格蘭地區解除日常防疫限制，當局坦承未來幾週每日感染率恐飆破10萬例。包括台灣前國民健康署署長邱淑媿等多名國際專家16日...

傳聞之聲 · 2021年7月17日 晚上 10:15

英國將取消防疫限制 專家警告恐「危及全世界」

英國即將在7月19日解除多數的新冠防疫限制。但國際專家及學者警告，甚至形容英國的做法是「預謀殺人」。

中央社 · 2021年7月17日 上午 10:27

每日確診恐飆破10萬 美專家批英解封如預謀殺人

(中央社倫敦16日綜合外電報導)英國政府計劃下週解除英格蘭地區日常長邱淑媿等多名國際專家今天警告，英國此舉魯莽，無科學依據，甚至有



Elisabeth Mahase @emahase_ · 7月19日

"In our culture, there's a saying that it's unethical to take the umbrella away from a person while it's still raining. Now it's politically unethical to take the umbrella away when it's still raining, & it's raining very hard." - @ShutiChiou

@bmj_latest



Covid-19: Experts condemn UK "freedom day" as ... International health leaders have raised significant concerns over the UK government's relaxation of a...
bmj.com

1

11

21



顯示此對話串



The BMJ @bmj_latest

正在跟隨



The Citizens @allthecitizens

NEW: 759 people have died of Covid in Taiwan. Here's why. @ShutiChiou, former advisor to Taiwan govt on #freedomdayUK

"In our culture, we have a saying that it's unethical to take an umbrella away from a person when it's raining...It's raining very hard."

翻譯推文



下午11:48 · 2021年7月16日 · Twitter Web App

495 則轉推 52 引用的推文 1,198 個喜歡



Caz Lawrence @Cazzi83 · 7月17日

回覆給 @allthecitizens @chrischirp 和 @ShutiChiou
Why are the UK Gov so closed-minded about things. We have some of the world leading scientists and research into C-19 and it won't listen to them, nor learn from other countries who are handling it better.

2

1

25





The BMJ

Cite this as: *BMJ* 2021;374:n1829<http://dx.doi.org/10.1136/bmj.n1829>

Published: 19 July 2021

BMJ,
July 19,
2021

Covid-19: Experts condemn UK “freedom day” as dangerous and unethical

Elisabeth Mahase

International health leaders have raised significant concerns over the UK government’s relaxation of all covid-19 restrictions, calling it “foolish” and “unethical” as new cases continue to rise to nearly 50 000 a day.

The UK’s “freedom day” on 19 July come as hospital admissions are rising and experts have warned that around half a million people could develop long covid during this wave of infections. This is on top of the two million people believed to have already developed the condition.¹

Writing in the *Lancet*, experts warned that the UK government’s current covid-19 strategy, which tolerates high levels of infection, is “both unethical and illogical” and called on leaders to reconsider. “We believe the government is embarking on a dangerous and unethical experiment,” they said.

The letter outlined mitigation measures—such as adequate ventilation, reduced class sizes, mask policies, testing, contact tracing, and isolating—that can be taken until every one, including adolescents, has been offered a vaccination, uptake is high, and reopening can be reconsidered.

If not now, when?

Speaking at an event hosted by non-profit campaigning group The Citizens, authors of the *Lancet* letter were asked about Prime Minister Boris Johnson’s “if not now, when” approach to ending all covid-19 restrictions.

Former secretary of the Australian health department Stephen Duckett said, “There are two criteria that you should be considering. Firstly, is the pandemic under control? And secondly, is the population protected? If you open up when either of those is not the case, you are doomed to an exponential spread of the virus, exponential increase in hospital admissions, and exponential increase in deaths.

“The UK still has neither of those in place. They’ve got good vaccination rollout but it’s still not high enough, and they still haven’t got the pandemic under control. It’s foolish to open up right now.”

Lessons from Israel

Executive director of the Kohelet Policy Forum, Meir Rubin, who advises the Israeli government on risk management and national policy, said the UK must remember that “even the best vaccines are only a tactic and not a strategy.” He warned that when restrictions are only used to flatten the peak and stop healthcare becoming overwhelmed, vaccine protection will only last until a new variant emerges.

“In one area of Israel we have over 80% of the population fully vaccinated with Pfizer and they still

had a serious outbreak where many kids got infected and also infected their parents,” he explained. “Even the minister of health claimed that the efficacy of the Pfizer vaccine against becoming infected and infecting others dropped from above 90% to around 60%, which is very bad.”

In June, Israel’s successful vaccination programme saw infections plummet and the country drop nearly all of its social distancing restrictions,² but four weeks later the government was forced to reimpose certain restrictions as the delta variant spread across the country.³

“Right now, we see in Israel an outbreak of about 100 cases per million people a day. We are also seeing people dying, even though they are fully vaccinated,” Rubin said. “I really hope that the government in Israel will change course soon from mitigation to elimination, protecting our kids until we can vaccinate all of them hopefully in the first quarter of 2022. And I think we will see a lockdown in Israel in a few weeks unless we act very aggressively now.”

Long covid in children

Taiwan’s former director general of health promotion administration Shu-Ti Chiou said she is concerned for children and young people who cannot yet get vaccinated.

Taiwan has been seen as one of the success stories from the pandemic, as one of the few countries that has followed an elimination strategy—which aims towards zero community transmission.

Chiou highlighted studies from Italy showing that while mortality among young people is low, prevalence of long covid is much higher than expected. One study of 129 children infected with the virus found that only six were admitted to hospital but six months later half of them still reported at least one covid-19 symptom.⁴

She said, “In our culture, there’s a saying that it’s unethical to take the umbrella away from a person while it’s still raining. Now it’s politically unethical to take the umbrella away when it’s still raining, and it’s actually raining very hard. So I hope the politicians can take this into consideration and keep the umbrella there.”

1 O’Dowd A. Covid-19: Third of people infected have long term symptoms. *BMJ* 2021;373:n1626. doi: 10.1136/bmj.n1626 pmid: 34368002

2 Day M. Covid-19: Israel advises against foreign travel after recording 125 new cases. *BMJ* 2021;373:n1617. doi: 10.1136/bmj.n1617 pmid: 34362628

3 Living with covid-19: Israel changes strategy as delta variant hits. Reuters July 2021. www.reuters.com/world/middle-east/living-with-covid-19-israel-changes-strategy-delta-variant-hits-2021-07-13

4 Buonsenso D, Murabit D, De Rosa C, et al. Preliminary evidence on long COVID in children. *Acta Paediatr* 2021;110:2208-11. doi: 10.1111/apa.15870 pmid: 33839507

在英國自由日 緊急國際記者會，
提醒兒童亦有新冠後遺症，
雨正下得很大，希勿雨天收傘

Long covid in children

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1 O’Dowd A. Covid-19: Third of people infected have long term symptoms.

預防勝於治療

An ounce of prevention is worth a pound of cure

- 國際防疫模式比較
- 臺灣經驗與地方政府角色

世界衛生組織獨立調查委員會： 這一切，是可以預防的！



The Independent Panel makes the following urgent calls

- I. Apply non-pharmaceutical public health measures systematically and rigorously in every country at the scale the epidemiological situation requires. All countries to have an explicit evidence-based strategy agreed at the highest level of government to curb COVID-19 transmission.
- II. High income countries with a vaccine pipeline for adequate coverage should, alongside their scale up, commit to provide to the 92 low and middle income countries of the Gavi COVAX Advance Market Commitment, at least one billion vaccine doses no later than 1 September 2021 and more than two billion doses by mid-2022, to be made available through COVAX and other coordinated mechanisms.
- III. G7 countries to commit to providing 60% of the US\$ 19 billion required for ACT-A in 2021 for vaccines, diagnostics, therapeutics and strengthening health systems with the remainder being mobilised from others in the G20 and other higher income countries. A formula based on ability to pay should be adopted for predictable, sustainable, and equitable financing of such global public goods on an ongoing basis.
- IV. The World Trade Organization and WHO to convene major vaccine-producing countries and manufacturers to get agreement on voluntary licensing and technology transfer arrangements for COVID-19 vaccines (including through the Medicines Patent Pool). If actions do not occur within three months, a waiver of intellectual property rights under the Agreement on Trade-Related Aspects of Intellectual Property Rights should come into force immediately.
- V. Production of and access to COVID-19 tests and therapeutics, including oxygen, should be scaled up urgently in low- and middle-income countries with full funding of US\$1.7 billion for needs in 2021 and the full utilization of the US\$3.7 billion in the Global Fund's COVID-19 Response Mechanism Phase 2 for procuring tests, strengthening laboratories and running surveillance and tests.
- VI. WHO to develop immediately a roadmap for the short-term, and within three months scenarios for the medium- and long-term response to COVID-19, with clear goals, targets and milestones to guide and monitor the implementation of country and global efforts towards ending the COVID-19 pandemic.

1. 有系統而積極地採取非藥物公共衛生措施
2. 全球疫苗公平分配
3. G7國家投入經費支持全球疫苗、診斷、治療與醫療體系所需經費的六成，其餘由G20及其他高收入國家協助
4. 協商自願授權與技術移轉
5. 提升中、低收入國家試劑與治療(例如氧氣)之生產與取得
6. 規劃未來終止疫情之道

防疫對策比較：Mitigation減災(佛系) vs. containment & elimination防堵清零(魔系)

沒有及早行動，而是**太早放棄**
 美國於2020三月七日確診數剛超過400例時，
 就討論放棄圍堵，轉向減災

US response to the COVID-19 coronavirus moves from 'containment' to 'mitigation'

Jonathan Shieber @shieber · 7:54 AM GMT+10 March 9, 2020

2020, 03, 09



英國「佛系防疫」不檢測、輕症不治療、不停課 WHO提出質疑

2020, 03, 14



瀏覽數 113,442

2020/03/14 · 作業 / 翻譯 · 出處 / Web only

2020年3月14日

【最新日期：2020/03/15】全歐洲的COVID-19（又稱武漢肺炎）疫情大爆發，英國也不例外。至今已確診病例已破千，英國首席科學顧問基思伍德，日前1萬人達到感染，這相對於其他歐洲國家採取封城、停課等嚴格防疫措施，英國則走一條完全不同的路——不主動封城、輕症不治療、學校也不停課，這項宣佈引發輿論譁然，世界衛生組織（WHO）也提出質疑。

累積感染人數 No. of cases

Mar 7, 2020

● Asia	94,876
● China	80,770
● European Union	8,942
● South Korea	7,041
● Japan	466
● United Kingdom	429
● United States	403
● Sweden	179
● Singapore	138
● South America	49
● Taiwan	45
● India	34
● Vietnam	18

11, 2020 Apr 30, 2020

sit, CSSE COVID-19 Data

歐洲與亞太防疫措施

-刺絡針2020年9月24日線上刊出

Lessons learnt from easing COVID-19 restrictions: an analysis of countries and regions in Asia Pacific and Europe



Emeline Han*, Melissa Mei Jin Tan*, Eva Turk, Devi Sridhar, Gabriel M Leung, Kenji Shibusawa, Nima Asgari, Juhwan Oh, Alberto I Garcia-Bastons, Johanna Hanefeld, Alex R Cook, Li Yang Hsu, Yi Ying Teo, David Heymann, Helen Clark, Martin McKee, Helena Legido-Quigley

The COVID-19 pandemic is an unprecedented global crisis. Many countries have implemented restrictions on population movement to slow the spread of severe acute respiratory syndrome coronavirus 2 and prevent health systems from becoming overwhelmed; some have instituted full or partial lockdowns. However, lockdowns and other

Lancet 2020; 396: 1575-34
Published Online
September 24, 2020
[https://doi.org/10.1016/S0140-6736\(20\)31855-7](https://doi.org/10.1016/S0140-6736(20)31855-7)

國家或地區	邊境管控	公衛量能	社區參與	死亡率/百萬人
香港	對外人關閉，入境量體溫、檢驗、檢疫14天	PCR可1萬/日；警政超級電腦做接觸者追蹤；電子手環電子圍籬助檢疫	社區距離、戴口罩，配合佳	-
紐西蘭	對外大多關閉，入境檢驗、檢疫14天	提高PCR量能；人工及軟體做疫調	社交泡泡	5
新加坡	對外大多關閉，入境檢疫14天、檢驗	PCR 1.3萬/日擬增至4萬；人工及軟體做疫調	規定社交距離、戴口罩，宣導個人責任	5
南韓	入境量體溫、檢驗、檢疫14天	PCR普篩可2萬/日，有人/車之社區檢測站，多重電子管道支援疫調	社區距離、戴口罩，勤宣導	33
日本	對外選擇性限制或檢驗，入境檢疫14天	PCR 自6千/日增至2.2萬；人工及軟體做疫調	社區距離、戴口罩、少密閉/群聚/密切接觸	68
挪威	對外選擇性開放，入境檢疫10天	選擇性PCR檢測；人工及軟體做疫調	規定社交距離/或戴口罩，配合佳	118
德國	入境選擇性檢疫	PCR 持續增至15萬/日，但未發揮；人工及軟體做疫調	規定社交距離/或戴口罩，地方政策不一致	880
西班牙	完全開放	PCR可4萬/日，似未發揮	規定社交距離/或戴口罩	1,549
英國	入境選擇性檢疫14天	PCR可20萬/日，但未發揮，檢驗與疫調中央集權	規定社交距離、某些室內戴口罩。有質疑。	1,853 ⁵¹

主要發現

- 都是高收入國家/地區；都有全民健保或公醫
- 但，採取的政策強度不同，尤其是

□ 邊境管制-

- ✓ 是否全面入境檢疫14天: NZ, S Korea, Japan, Singapore, HK,
- ✓ 挪威: 10 days with exceptions,
- ✓ 德國、英國: 選擇性檢疫,
- ✓ 西班牙: 不要求檢疫

□ 社區措施 (戴口罩、安全社交距離)-

- ✓ 高度配合: 紐西蘭、南韓、日本、新加坡、香港、挪威
- ✓ 難以配合: 德、英、西班牙

□ 防疫目標: 零本土策略 **Zero-COVID strategy** (圍堵而不僅是減災；魔系: 全面進行 檢驗、疫調、隔離)

為什麼做不好？

- 誤判: 以為大多輕症、致死率低
- 耽誤: “等待更多證據”、等事情更明朗；習慣了反應式施政 (問題發生在先=> 成為解決問題者)，不敢主動出擊 (行動在先=> 成為箭靶)
- 誤信會有自然群體免疫
- 對疫苗效果過度樂觀/ 想靠疫苗解決所有問題
- 誤以為拒絕入境是對對方的懲罰、不禮貌
- 規範或強制: 納粹、裸姆政府、太強勢
- 怕妨礙民眾生活品質與自由、非萬不得已不做
- 怕影響經濟/ 大老闆不願停工 (ex. 有交貨壓力)
- 坐等擴散才封城，而非先封城來阻斷擴散
- 民眾: 排斥戴口罩，視為生病、不好看、種族歧視

病毒繼續傳播，就繼續變異，使疫苗保護力降低，生命與經濟繼續損失

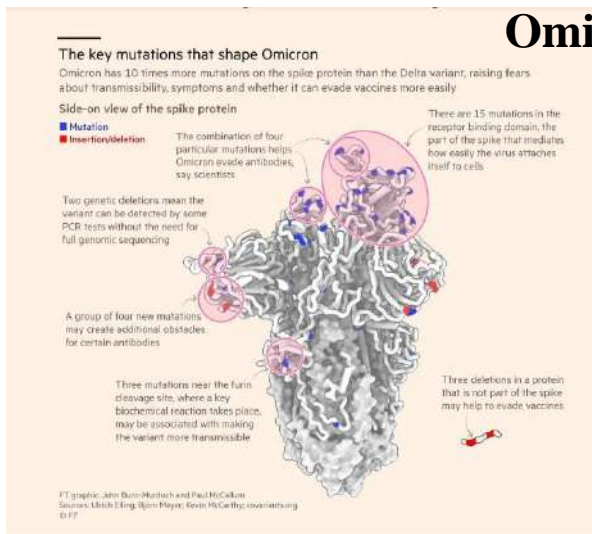
The Panel's call for immediate actions to stop the COVID-19 pandemic

三類做法：

- 防堵清零 **containment & elimination**、
- 抑制 **suppression**、
- 減災 **mitigation**

The Panel is *deeply concerned and alarmed* about the current persistent high levels of transmission of SARS-CoV-2, which are driving illness and deaths, and about the development of virus variants all of which continue to impose an intolerable burden on societies and economies.


Countries have varied significantly in their application of public health measures to keep the spread of the virus in check. Some have sought to contain the epidemic aggressively and drive towards elimination; some have aimed at virus suppression; and some have aimed just to mitigate the worst impacts. Countries with the ambition to aggressively contain and stop the spread whenever and wherever it occurs have shown that this is possible. Given what is known already, all countries should apply public health measures consistently and at the scale the epidemiological situation requires. Vaccination alone will not end this pandemic. It must be combined with testing, contact-tracing, isolation, quarantine, masking, physical distancing, hand hygiene, and effective communication with the public.



Oct 30, 2021

The World Health Network: a
global citizens' initiativeYaneer Bar-Yam  • Deepti Gurdasani •

Michael G Baker • Gabriel Scally • Simone George •

Amanda Kvalsvig • Sinéad Ní Fhaoláin • Shu-Ti Chiou 

John Drury • Stephen Duckett • Eric L Ding •

Carlos Gershenson • Christine Gibson •

Trisha Greenhalgh • Adam Hamdy • Zoë Hyde •

Tiffany James • Jose L Jimenez • Martin McKee •

Susan Michie • Christina Pagel • Cecile Philippe •

Kim Prather • Sunil K Raina • Walter Ricciardi •

Meir Rubin • Tomás Ryan • Matthias F Schneider •

Anthony Staines • Robert West • Hisham Ziauddeen •

[Show less](#)

Published: October 30, 2021 •

DOI: [https://doi.org/10.1016/S0140-6736\(21\)02246-7](https://doi.org/10.1016/S0140-6736(21)02246-7)疫苗接種率多少以後
可以與病毒共存???

- 病毒持續傳播，就會持續變異，使疫苗失效
- 兒童尚無疫苗可接種
- 兒童及打過疫苗的成人，染疫後仍會有新冠後遺症
- 致死率雖降低，但感染多則死亡人數仍高
- 一旦氾濫，不易清零
- 疫情控制好，反而自由、反而不影響經濟活動（消費與生產），經濟表現比較好

防堵清零 containment & elimination

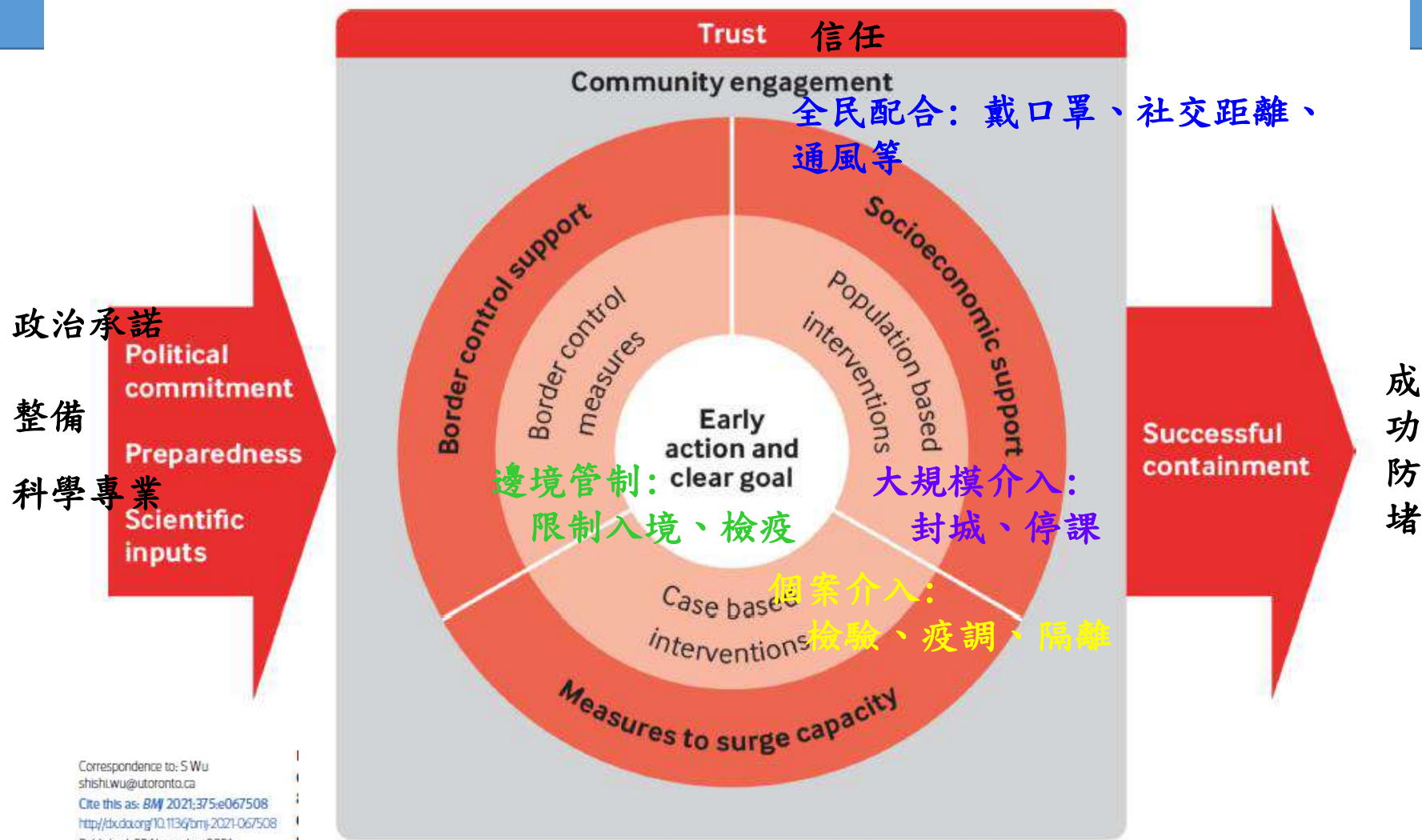
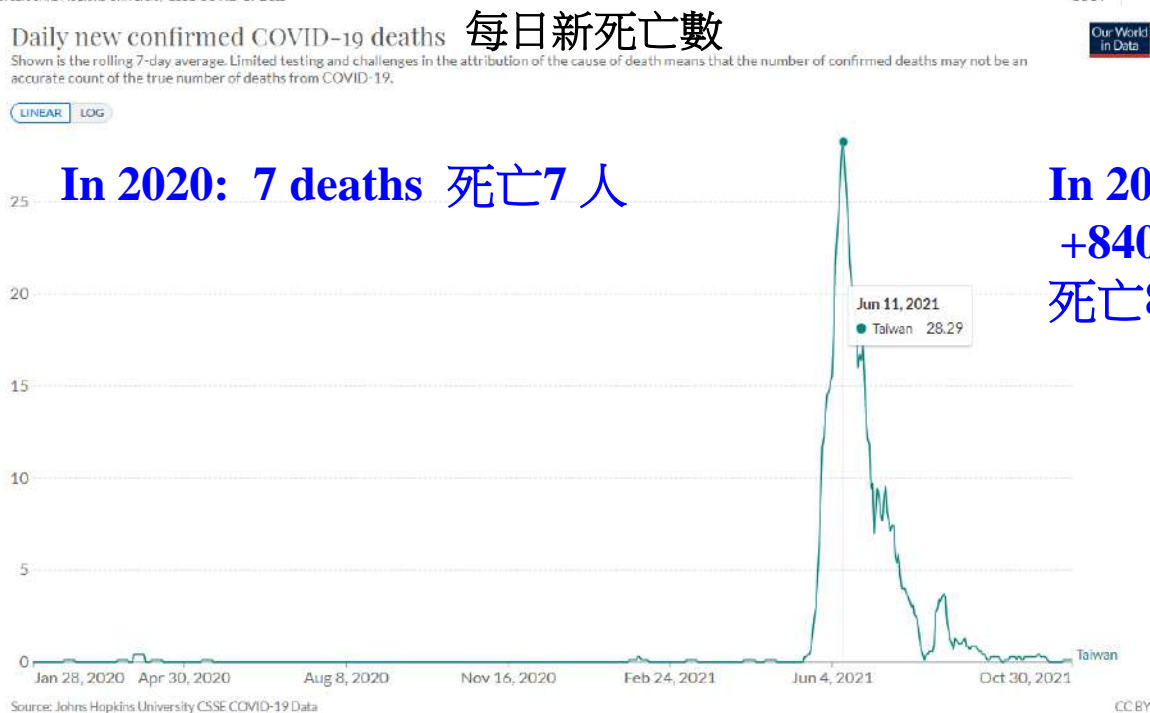
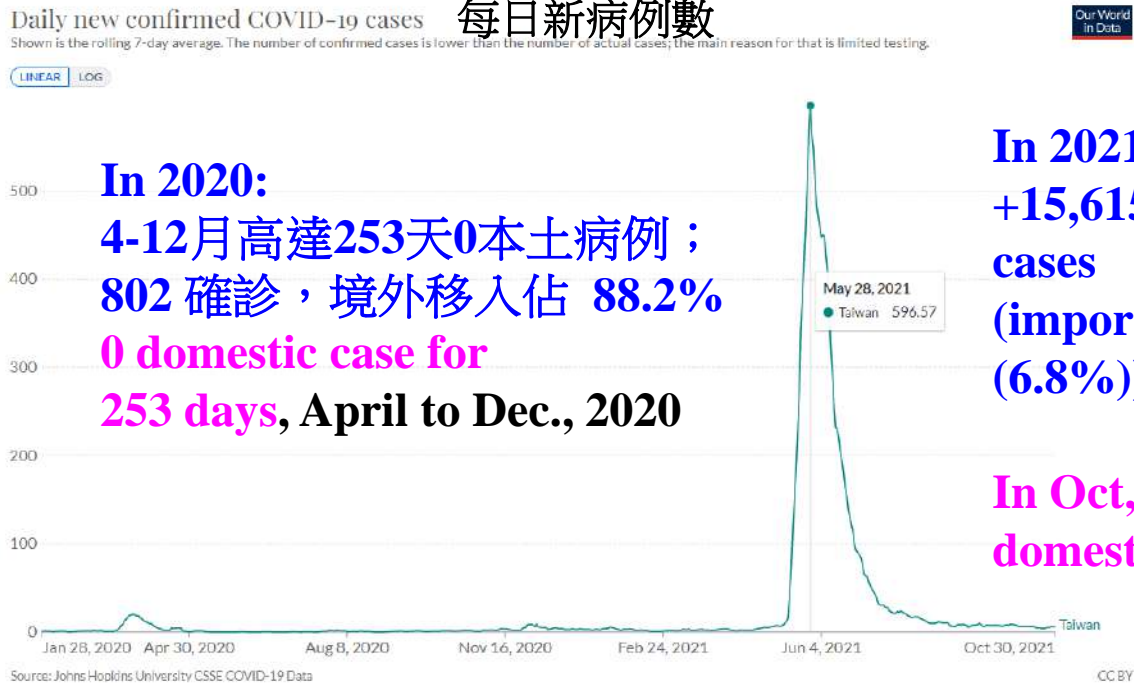


Fig 1 | An illustration of steps to achieving successful containment by using public health interventions built on trust and community engagement coupled with strong political will, health system preparedness, and receptiveness to scientific inputs

臺灣觀察：臺灣如何再度清零？

2021
臺灣
是
如何
再度
清零
？



2003 SARS的創傷與精進

創傷

- 未及早啟動邊境管控；社區感染易遭誤診
- 全新疾病，資訊不足；資訊錯誤混亂，加重恐慌；
- 醫院績效導向；感染管控知能不足
- 公衛體系資源不足。
- 醫院感染管控認知與量能嚴重不足

經驗

- 執行傳染病防治法（台北市），全力防堵與清零
- 設立中央流行疫情指揮中心，後來正式入法
- 制定檢疫、疫調等全套防疫標準作業（台北市）
- 設立發燒篩檢站、入口管制與體溫量測（台北市）
- 全民戴口罩（台北市）

精進

- 修法，並統一發言及禁止散布疫情謠言
- 提升公衛部門防疫量能，強化區域動員體系
- 政府提升醫院之防疫量能，並納入訪查、評鑑
- 進行後SARS醫療體系改革：以社區與全人健康為導向的醫院評鑑改革；以社區醫療群家庭醫師制度，強化診所量能。

地方政府逆時鐘火速行動

5/8,9 **Mother's Day 母親節假期**

5/10 D0 Yilan county tested contacts without waiting for symptoms and identified 1+4 cases; 宜蘭病例

5/11 D1 **Level 2 alert** (≥ 1 domestic case with uncertain source) 自動啟動二級警戒

5/12 D2 17 cases. Lockdown was seriously & widely discussed; 各界封城聲起

5/13 D3 13 cases; **Taipei** launched community **quick-test stations with donated kits from bio firm**; 北市以企業捐贈試劑啟動社區快篩

5/14 D4 29 cases **雙北啟動三級**

5/15 D5 185 cases, Taipei & New Taipei **Level 3 alert**

5/15, 16 **Grand exam for junior high and senior high graduates**

D6 Mayors of Taipei & New Taipei Cities announced **class closure** for 3rd year students **雙北開始停課**

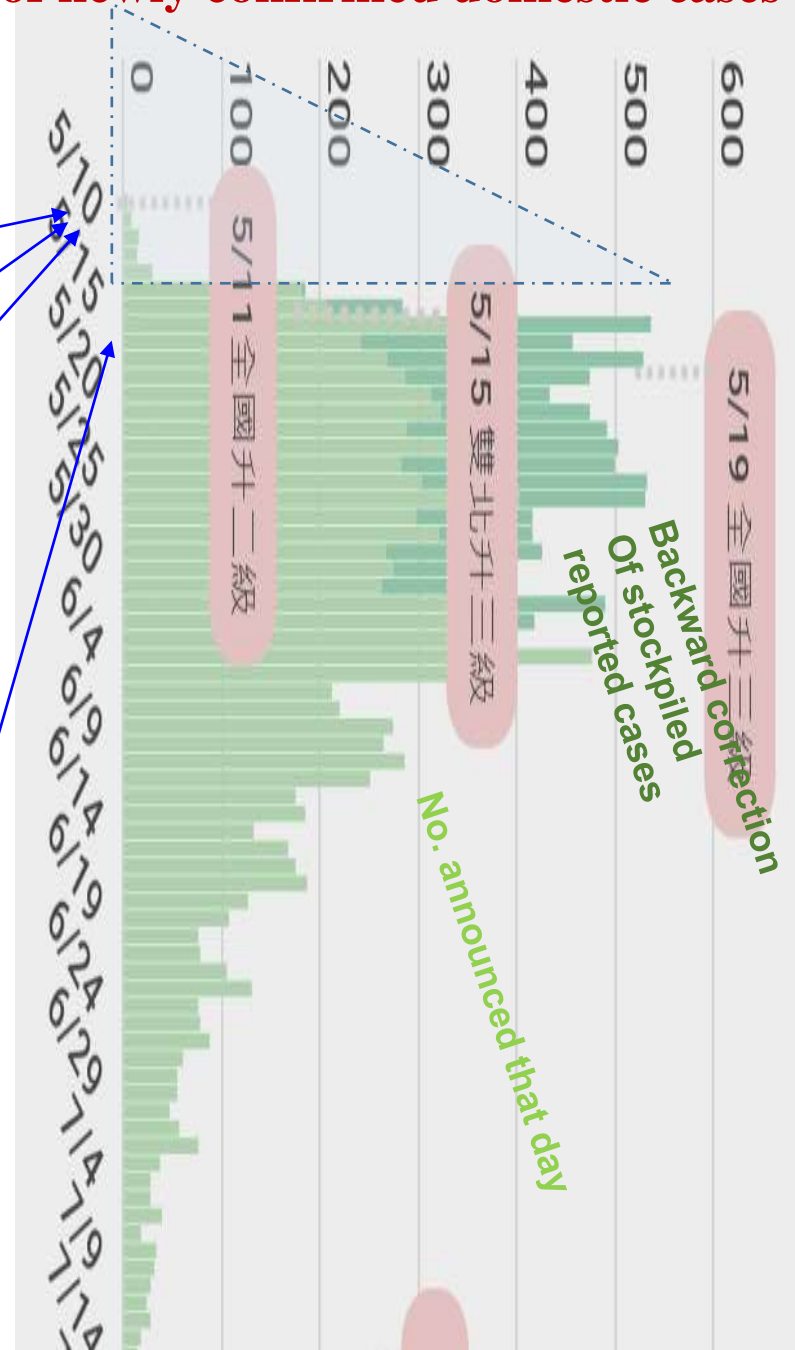
5/17 D7 **New Taipei** launched community **quick test stations**. Mayor considered full lockdown if necessary

5/18 D8 Taipei & New Taipei closed all schools

5/19 D9 Nationwide level 3, all schools closed

5/22 D12 **First backward correction** of case number

No. of newly confirmed domestic cases



指揮官多次宣布：放棄零確診目標，不封城，只控制疫情（減災）

May 30. The commander: no intention to do lockdown like Australia. It could not be zero even with vaccines. COVID will become seasonal (another flu).

July 18. The commander: “0 is not the target”

三立新聞網 > 生活

台灣「零確診」無望了？陳時中坦言很難：不以清零為目標

2021/07/18 14:26:00

追蹤三立: [scm](#) [YouTube](#) [Facebook](#) [Instagram](#) [LINE](#) [Telegram](#) [Twitter](#) [RSS](#) [Print](#) [A-](#) [A](#) [A+](#)



生活中心 / 黃韻璇報導

中央流行疫情指揮中心今（18）日公布國內新增18例COVID-19確定病例，分別為15例本土及3例境外移入；另確診個案中新增4例死亡。陳時中也透露「今日的案例中只有6例關聯不明，疫情相對穩定」。民眾也關心7月26日能否如期降級，陳時中也直言「清零很難的事情，因此降級不以清零為目標」。

陳時中表示，要完全清零是非常困難的事情，不過如果能夠清零我們當然很高興，但是陳時中強調「我們並不以清零為目標，而是以能夠控制疫情為目標」。

澳洲封城台灣是否跟進？陳時中：目前無封城打算

華視
2021年5月30日 - 2分鐘 (閱讀時間)



▲ 示意圖，資料照片。

台北市 / 洪采鈺 綜合報導

澳洲墨爾本近日出現本土確診病例，為遏止疫情蔓延，維多利亞省宣布封城7日，澳洲於27日晚間11時59分至6月3日實施封城措施，為當地第4度封城。對此，有媒體問到澳洲花了三個月封城，才能達到本土清零，台灣是否也會實施封城，指揮官陳時中今（30）日回應：「目前沒有封城的計畫跟打算。」

目前沒有要封城！陳時中：做好第三級警戒

有媒體在記者會問到，澳洲花了三個月封城，才能達到本土清零，台灣是否也會實施封城？陳時中回應，相關演練、討論，指揮中心都在持續不斷進行，目前沒有封城的計畫跟打算，目標是做好第三級警戒。

第三級警戒何時解除？他解釋等到下星期才知道

至於疫情第三級警戒會持續多久？陳時中表示，經過2個星期的第三級警戒，以確診個案數來說，情況看起來逐漸明朗，但現在判斷還是過早，要等到下星期才能研判這波疫情是否真正趨緩，也感謝民眾配合各項防疫設施，大部份民眾對戴口罩等防疫措施配合度非常高。

打疫苗也不會零確診 陳時中：「可能流感化」

至於不封城的話，是否會選擇大規模疫苗接種？陳時中解釋，打疫苗也不會讓確診數全部清零，他指出去年動總統陳建仁就有提到，這類規模的感染「可能是流感化的」，陳時中表示，如何將疫情控制在一定的範圍大家都在努力。

而為何澳洲經過長時間封城，達到本土清零，還是會突然爆出確診？陳時中回應，這狀況難免會發生，但如何阻止病毒成為大規模傳播，並控制疫情不繼續蔓延，才是問題所在。

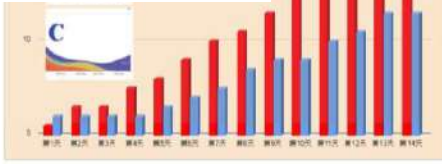
陳時中最後提到，目前將持續努力依照疫苗供應量施打，現階段首要任務是做好疫情第三級警戒。

For the crew & quarantine hotel outbreak, May 4, Dr Pan: would the government dare to lock down against alpha variant?

面對超強英國變種 醫師：敢不敢封城？



民間兩派聲音



華航/國泰特航 VS 其他 新增夜間群聚感染人數。資料來源：疾管署每日疫情報告。其他：其他地區群聚感染。對此，醫師潘文忠(4日)在臉書發文，聲援封城。

本土確診激增16例 邱淑媿建議「類封城」

新頭殼newtalk | 陳國山 綜合報導
發布 2021.05.12 12:03

May 12, Chiou: call on people to do a quasi lockdown



前台北市衛生局長邱淑媿。圖：新頭殼攝影。

國內本土確診病例创新高，今天(12日)激增16例，資深應SARS期間台北和平醫院院長的台北市衛生局長邱淑媿在臉書提出6點呼籲，直接建議「類封城」。

邱淑媿PO文一開始疾呼：「請美英文總統仍效向德國總統，趕快對台灣」；指防疫「寧強，毋不及」，形容「台灣疫情，已經形同癌症到癌轉移、火苗回竄了」，指出「類封城」是不夠的，必須要「避免足跡」，建議做超額額的「類封城」。

新聞 / 評論

時論廣場》雙劍同步防疫 避免乒乓效應 (邱淑媿)

2021/05/16 | 新聞 | 評論



Op-ed, May 16, Chiou: lockdown + mass testing ASAP!

北市清潔人員在室內對商場公共場所防疫消毒。(資料照/新頭殼)

台灣防疫，從梅花潭連續撲滅，實屬一線國人防疫防疫的佳績，但最近連日新增病例，大有大勢與變態立預警動向；人與群與變態已漸成形，只待出外天，傳播變態與發一類封城防疫，同步防疫，應接濟等，否則，恐將進入乒乓效應，反覆爆發的傷兵傷兵300例。

台灣防疫應速於滅水，守住400天，也指防疫寧強，毋不及，建議衛生署採取10天強制，且嚴厲不問，已是有預警動向，並未立即動員防疫，至於防疫應速於滅水，且嚴厲1天內，並未立即動員，毋及一問，是滅水大勢，不僅在台北，更應立即在國境全台強制。

新冠防疫兩大難防，一是嚴防林林總總，再次爆發連日在夜間，但足跡都已去樓，二是空氣傳播的變態不可不防，因此口實務必防：防疫已在社區傳播，即在傳播6-7天後，其間交叉傳染的變態傳播與發病之際，不願警告，舉行大消毒，實為火上澆油，防疫在此重。

儘量早於變態，一守一守，一守一守，防疫應速於滅水，守住400天，不願防疫連日在夜間，但足跡都已去樓，二是空氣傳播的變態不可不防，因此口實務必防：防疫已在社區傳播，即在傳播6-7天後，其間交叉傳染的變態傳播與發病之際，不願警告，舉行大消毒，實為火上澆油，防疫在此重。

The News Lens 新聞評論

Covid-19 Taiwan Asia Stories Cultural Passport Taipei LGBT Hotspots Taiwan's Covid-19 Vaccination Tracker

2021/05/20, Health

The Case for Snap Lockdowns in Taiwan

What you need to know
The growing outbreak of community transmission in Taiwan requires a different approach..... current practices.

Taiwan has been highly effective in pandemic control, so that there has been almost no community transmission since the beginning. The star of the show has been its border entry quarantine system.

But the current rapidly growing outbreak of community transmission starting from a quarantine breach requires a different approach. There is benefit to learning from the experience of other countries.

New Zealand and individual states of Australia have also been highly successful. Unlike Taiwan they have had multiple such quarantine breaches. They have, however, developed a method of "snap lockdowns" that limit health impacts and rapidly restore economic activity.

When such breaches occur, as soon as there are a few cases, strong action is taken to rapidly suppress the transmission. Unlike what people have traditionally expected as the last and least welcomed intervention to be used after all else failed, the "snap lockdowns" were done very early when there was only one small cluster with, say, four to five cases, or even just one case of unidentifiable source. It has been shown that the earlier and stronger the action the better. This makes possible a very short disruption.

Yaneer Bar-Yam
Professor Yaneer Bar-Yam is a pandemic expert who has advised the UN, WHO, the U.S. NSC, WHO and CDC. He's written about pandemics for US news and international outlets.

Rapid short lockdown is a model for pandemic response

Liberty Times, Taiwan

自由時報
Liberty Times Net

下午9:43 · 2021年5月20日 · Twitter Web App

Op-ed, May 20 & 21, Yaneer: snap lockdown & continue to be the role model

Op-ed, May 16, Lee: Stop aiming at 0, use vaccine & early tx and treat it as a flu!

自由評論網

評論 > 言論 > 自由共和國

自由共和國》李友專／眾志成城 再守一次

以流感化為目標

2021/05/23 05:30

李友專／北醫大學醫學資訊研究所特聘教授

建議台灣防疫政策不要以「清零」為短期目標，而是以「COVID-19流感化」為目標，提高疫苗接種率，提早介入降低死亡率，如此恐慌將自然消失，經濟衝擊也會降到最低。

第一個周末：雙北宛若死城

05/16 (Sunday): the 2 Taipei's like a dead castle



#雙北 #空城 #防疫
雙北宛如死城!信義商圈,西門町空蕩蕩 | TVBS新聞
觀看次數: 207,097次



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#雙北 #空城 #防疫
雙北宛如死城!信義商圈,西門町空蕩蕩 | TVBS新聞

疫情 即時 政治 國際 兩岸 產經 證券 科技 生活 社會 地方 文化 運

交通



台鐵宣布, 15日起各級對號列車禁止站票搭乘, 將電子票證旅客也只能搭乘區間車。週末假日下午, 台鐵區間車旅客顯著減少。中央社記者施宗德攝 110年5月15日



#防疫
死城!信義商圈,西門町空蕩蕩 | TVBS新聞
觀看次數: 207,097次



城!信義商圈,西門町空蕩蕩

每逢周末，民眾自主封城 救臺灣

Freeze the spread: save the world by just staying at home doing nothing

May 29: “Google mobility data showed Taiwan practicing voluntary lockdown beyond level 3”



人流圖自主封城

5/29, 3rd weekends

台北

谷哥移動數據曝! 台"三級警戒"宛自主封城

TVBS NEWS

掌握新聞脈動 ▶ 訂閱TVBS NEWS頻道

注意衛生防疫 勤洗手

掃描訂閱TVBS NEWS

197,896 次 · 2021年5月29日

TVBS NEWS

- 三級警戒#自主封城#台灣
- 訂閱【TVBS新聞】放在乎的串 TVBS 頻道 <https://pwa.tvbs.com/>
- 訂閱【TVBSNEWS】最新資訊馬上接收 <https://tvbsnews.app.link/Sayany>

udn / 文教 / 校園因疫情停課

聽新聞 0:00 / 0:00

柯文哲、侯友宜熱線 同步停課「逆時中」雙北向前跑，救臺灣

2021-05-18 02:48 聯合報 / 記者林麗玉、張晉鈺、連錦報專

Full closure of senior high & below



Commander Chen: 2pm daily press conf

394 分享

雙北市長柯文哲、侯友宜「逆時中」，昨超前部署宣布雙北高中以下學校、幼兒園、托嬰中心等全面停課。據了解，除了柯文哲與侯友宜昨上午的關鍵一通電話外，柯文哲早在前天本土確診達二〇六例，北市宣布國三、高三停課後，市府就已打算周一宣布北市全面停課，侯友宜則說他上周六就有停課打算，但擔心老師和學生反應不及才延後。

侯友宜籲中央升三級警戒 新北所有活動即起取消

侯友宜 新北市 本土病例 COVID-19

日期: 2021-05-15

5/15, Hou shut down public activities & asked for level 3



udn / 文教 / 校園因疫情停課

聽新聞 0:00 / 0:00

提前記者會宣布停課 柯文哲透露確診數：今比昨更高

2021-05-17 10:50 聯合報 / 記者林麗玉、胡瑞玲、潘才誠 / 台北即時報導



又延壽，從這幾天甲日20多例、100例、200例，今天比昨天更高，既然再延壽，就是滾動式修正，一條一條解。圖／引用自直播

5/17 Mayor Ko announced to shutdown all schools

5/17, Hou preparing towards quasi-level 4

疫情升溫 侯友宜：朝升準四級警戒整備

2021/5/17 15:15 (5/19 14:28 更新)



新北市長侯友宜17日說，正朝升準四級防疫警戒整備，民眾要有高度警覺，恢復活動生活的心理準備，圖為新北市板橋區亞東醫院爆發院內傳染，醫護加強防護，中央社記者于楓拍攝 110年5月17日。

【中央社記者沈佩瑄、王鴻國新北17日電】國內今天新增333例武漢肺炎本土病例，其中新北市新增148例第二多，市長侯友宜今天說，正朝升準四級防疫警戒整備，請民眾要有高度警覺，恢復活動生活方式的心理準備。

最新：全台疫情警戒升至第3級 20日起每日舉行全國防疫會議

Ko to exercise level 4 on 5/30

疫情擴大？柯文哲30日進行四級警戒兵推

2021-05-28 12:12 聯合報 / 記者楊江海 / 台北即時報導

＋ 負情



即時 要聞 娛樂 運動 全球 社會 地方 產經 股市 房市 生活 健康 精世代 文教 評論 兩岸 數位

四級兵推 柯文哲：停班難、停工不得了

2021-05-31 02:20 聯合報 / 記者林麗玉 / 台北報導

5/31, Ko: difficult to suspend working



新冠肺炎疫情延燒，北市街頭民眾多戴緊口罩；北市府昨進行四級封城演練，但市長柯文哲說，北市目前沒有封城危機。記者余承翰／攝影

擴大社區篩檢 Community testing stations were set up ASAP

北市快篩站陽性率升至8% 柯文哲：因分母變小

2021/5/31 17:42 (5/31 18:37 更新)

Taipei

北市各快篩站陽性率

Test (+) rate as high as 11%



詳細防疫資訊 請上臺北市政府嚴重特殊傳染性肺炎 (COVID-19) 專區 臺北市政府提供 110.05.31

台北市長柯文哲表示，30日萬華區快篩站的陽性率上升至8%，這是因為來快篩的人變少了，所以分母變小，但快篩的陽性民眾沒有增加，還慢慢變少。(臺北市政府提供)

(中央社記者陳昱婷、劉世怡台北31日電) 台北市長柯文哲今天表示，昨天萬華區快篩站的陽性率上升至8%，這是因為來快篩的人變少了，所以分母變小，但快篩的陽性民眾沒有增加，還慢慢變少，代表疫情有趨緩。

新北11熱區加強防疫 陽性快篩率漸減

2021/5/27 18:14 (5/27 20:10 更新)

New Taipei

新北市第三級警戒

5.1% at first

新北市社區篩檢站

資料統計截至
2021/5/26

各社區篩檢站總篩檢12,843人，陽性率3.3%



新北市長侯友宜27日表示，陽性快篩率已慢慢降低，從22日起3天陽篩率約4%，開始實施熱區管制後就慢慢降到2.9%，26日降到2.1%。(新北市政府提供)

(中央社記者王鴻國、黃旭昇新北27日電) 新北市長侯友宜今天表示，低度活動、搶救重症及施打疫苗是和病毒決戰3關鍵，新北設11熱區防疫中心加強第3級警戒的管制低度活動下，陽性快篩率已慢慢降低。

侯友宜今天在防疫應變會議後線上記者會表示，目前為止，新北市總確診是2608人，其中板橋653人、中和418人、三重294人、新莊237人最高，還包括永和、土城、新店等地都屬於高風險熱區。

屏東：封村普篩；高雄：封樓普篩 Early lockdown + universal testing

June 30, the whole building was evacuated, all tested and quarantined

陳其邁鐵腕封樓！高雄全棟60戶採檢全陰性 仍送隔離14天



傳出該大樓60多戶 除了全部召回做PCR外

高雄市新冠肺炎疫情本土疫情持續未有新增病例，但昨傳出鳳山區有大樓出現疑似確診病例，高雄市府展現鐵腕，傳出該大樓60多戶，除了全部召回做PCR外，還要全部送防疫旅館隔離14天，引發批評鄉民熱議，多數網友批評「比威權國家還蠻橫」、「高雄現在是獨立了嗎」。為此市衛生局表示，這是依流行病學所進行必要防疫措施，且中央與市府都有補助防疫旅館住宿費。

高雄市「超前部署」，針對鳳山大樓使出鐵腕手段也引發鄉民討論，有網友就在批踢踢八卦版PO文討論，批評「這麼雞籠的辦法，也只有毫無法治意識的民進黨黨粉會覺得很棒，沒有法律依據的離島機場，強制快篩指揮中心連忙用公文廢止區分...高雄這種完全沒有科學依據、沒有法律基礎誇張十倍的作為，(中央)裝沒看到...」

June 26, level 3+ & mass testing when a breach of Delta invaded Southern Taiwan.

影／Delta病毒攻進「總統故鄉」 屏縣府篩檢、打疫苗急滅火

2021-06-26 09:57 聯合報 / 記者潘欣中 / 屏東即時報導

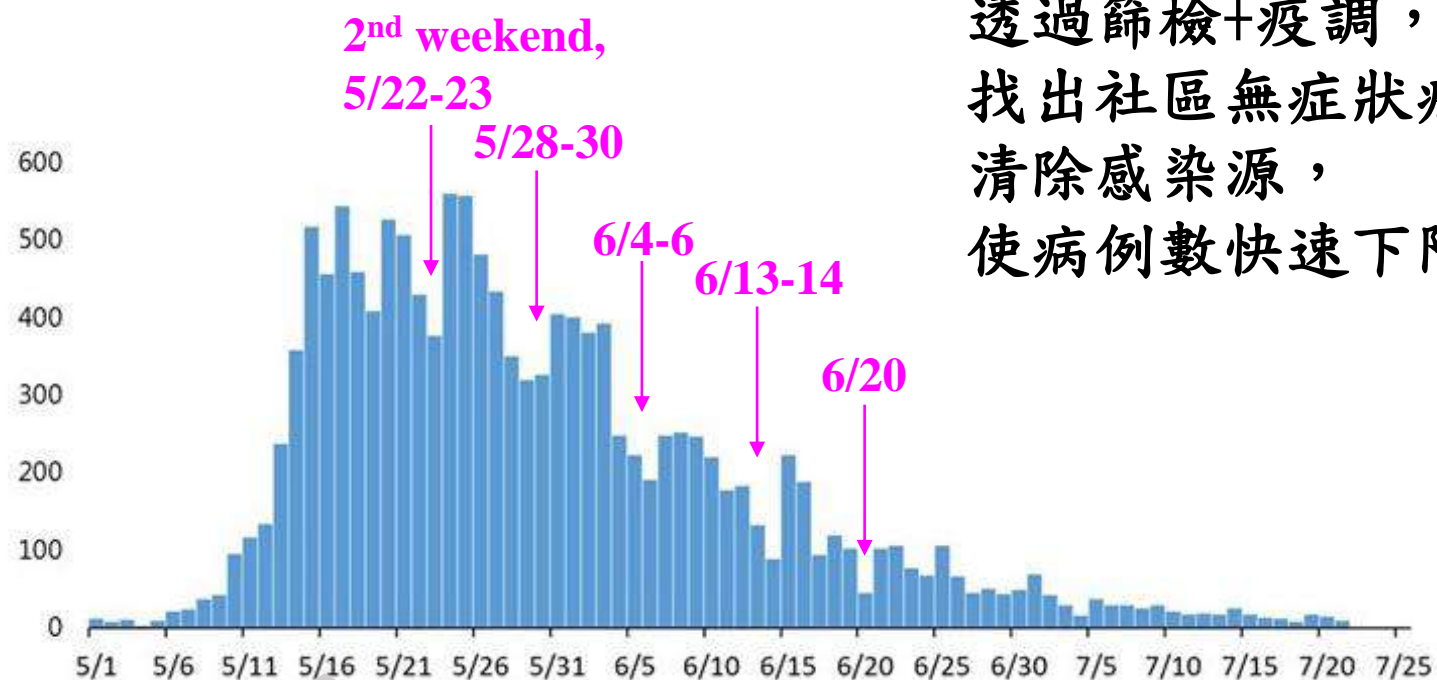


從秘密返國在屏東縣枋山鄉隔離的祖孫，確定感染印度DELTA變異株，縣府緊急下令當地商家今天起停業3天全面消毒，向屏東物資銀行調度900份防疫物資包也在今天到家戶發放。記者潘欣中 / 攝影

周末自主封城效應 (7天一周期的波谷)

Periodic drop of new onsets with a cycle of about 7 days

No of cases by date of onset



透過篩檢+疫調，
找出社區無症狀病人，
清除感染源，
使病例數快速下降

5/15-16,
1st weekend,
quasi-
lockdown

十大逆時中排行榜: 7位是地方縣市長與議員

Top 10 loudest voices in internet against the central commander

image source:YouTube截圖/台視新聞 TTV NEWS

盤點十大「逆時中」名人排行榜

排名	逆時中人物	網路聲量
1	台北市長 柯文哲	167,890
2	新北市長 侯友宜	32,580
3	台北市議員 徐巧芯	11,160
4	台北市議員 羅智強	7,589
5	中研院院士 陳培哲	3,680
6	台北市議員 游淑慧	2,904
7	網紅 館長陳之漢	2,855
8	中華民國防疫學會理事長 王任賢	1,931
9	南投縣長 林明溱	1,659
10	金門縣長 楊鎮浯	1,573

Taipei mayor
New Taipei mayor
City councillor
City councillor
...
Physician leader
Nantou Magistrate
Kingmen Magistrate

資料分析: DailyView網路溫度計 透過 KEYPO大數據關鍵引擎 (keypo.tw),
以國際級的語意分析架構、先進的機器學習技術與人工智慧推論引擎,
感知網友語意脈絡與情緒, 分析時事網路大數據。
分析期間: 2020/06/10~2021/06/09



【網路溫度計調查結果之圖文, 未經授權請勿轉載、改寫】

臺灣清零經驗

- 指揮官不清零，但人民與在野黨希望清零。Most of our people, health system and local governments prefer keeping the virus out and living with 0;
- 地方政府及早行動，不坐以待斃Local governments kicked off actions while the scale of infection was still small instead of waiting like a sitting duck.
- 雙北市長協調一致，避免落單 The 2 mayors harmonized their actions.
- 民間提倡聲援封城，雖未實施硬封城，仍產生部分效果。
- 在野黨要求從嚴防疫，而非抗議防疫，使防疫難度大大降低
- 雖然指揮中心未能事先準備足夠檢驗、疫苗、藥物等資源，導致致死率相當高，而且花費120天才達成連續零本土，但，持續清，雖然久一點，仍可做得到。With limited testing capacity, low vaccination rate, inadequate medical resources and quasi lockdown, it took longer time (about 120 days) to regain consecutive 0s, but 0 is still achievable.
- 重點是方向: 要清，或要與病毒共存。What matters is the orientation- to eliminate vs. to live with

結論: 邁向健康與永續的更好未來

**Towards a healthy and sustainable
future**

新冠疫情與未來的永續發展

■ 短程：

- 控制疫情
- 修復對永續發展目標的傷害

■ 中長程目標：

- 以永續發展六大轉型來引導振興

■ 國際合作

■ 六大社會轉型：

- (1) 教育與技術，
- (2) 健康、福祉與公平，
- (3) 乾淨能源與產業，
- (4) 可持續的土地利用，
- (5) 永續城鄉，
- (6) 數位科技。

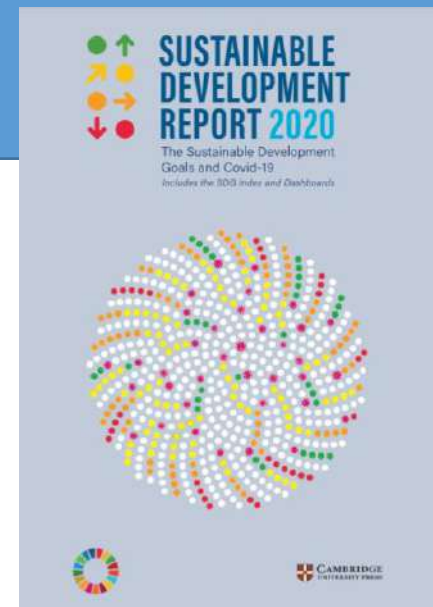


Figure 2
Six SDG Transformations



世界衛生組織 歐洲區署 成立 泛歐 健康與永續發展委員會 (2020.8)

委員會工作重點: 以科學引導政治決策與跨部門行動

- Establishing the **Scientific** Advisory Board 成立科學顧問委員會
- Harnessing **interdisciplinary** experience, working groups covering the following thematic areas: 跨領域合作
 - international governance for health 國際健康治理
 - governments, state capacity and societal resilience 各國政府效能與社會韌性
 - economic outlook and financial instruments for sustainability 促進永續發展的經濟工具 (註: *ex. ESG*, 引導善循環, 避免謀財害命害地球)
 - environment, animal and human activities (One Health) 環境、動物與人群健康
 - political infrastructure and the role of science in policy-making 政治基礎建設與科學決策
 - innovation and digital transformation 創新與數位轉型.

紐西蘭，幸福預算

- **紐西蘭**: 總理傑辛達·阿爾登有感於紐西蘭經濟雖強力成長，卻出現高自殺率、遊民數、家庭暴力、兒童貧窮=> 經濟成長無法使一個國家偉大，應該開始聚焦能使一個國家偉大的事。在2019初宣布了世界上第一份「**幸福預算**」，以**增進幸福**作為**預算配置**擬達成的成果；
- 國家成功的定義，不僅包括財務健康，也納入天然資源、人群與社區的健康。
- 經過需要評估、優先議題設定、幸福影響分析，確認各部會所擬預算是否列入。
- 六大優先項目包括: 心理健康、兒童福祉(貧窮與家庭暴力)、原住民族發展、強化生產力、經濟轉型，並改善基礎投資(健康照護與教育等)。

THE WELLBEING BUDGET
30 May 2019

THE WELLBEING BUDGET

TAKING MENTAL HEALTH SERIOUSLY	A new frontline service for mental health with a \$455m programme providing access for 428,000 people by 2023/24	Suicide prevention services get a \$40m boost	Reaching 5,800 extra secondary students with more nurses in schools	Tackling homelessness, with 1,044 new places. Housing First will now reach 2,700 people
IMPROVING CHILD WELLBEING	Specialist services as part of a \$320m package to address family and sexual violence	Breaking the cycle for children in State care, including helping 2,000 young people into independent living	Taking financial pressure off parents by increasing funding to decide 1.7 schools so they don't need to ask for donations	Lifting incomes by indexing main benefits and removing punitive sanctions
SUPPORTING MARGINALISED POPULATIONS	Major boost for Whānau Ora, including a focus on health and reducing reoffending	Ensuring to ree Māori and Pacific languages survive and thrive	An additional 2,200 young people in the Pacific Employment Support Service	A \$12m programme targeting rheumatic fever
BUILDING A PROSPEROUS NATION	Bridging the venture capital gap, with a \$300m fund so startups can grow and succeed	\$106m injection into innovation to help New Zealand transition to a low-carbon future	Nearly \$200m set aside for vocational education reforms to boost apprenticeships and trade training	Opportunities for regionalisation for nearly 2,000 young people through Mana in Mana
TRANSFORMING THE ECONOMY	Over \$1b boost in funding for KiwiRail	Helping farmers with the climate change challenge by investing in scientific research	Encouraging sustainable land use with a \$29m package	Freshwater focus improving water quality in at-risk catchments
INVESTING IN NEW ZEALAND	\$1.7b to the hospitals over the next two years	10-year \$1.2b investment in schools, starting with \$287m this year for new buildings	Bowel screening programme expanded to five more OrFs	Investing in better and more healthcare with \$2.5b for OrFs

聯合國，ESG



- 2017 聯合國環境署金融倡議和聯合國全球契約合作推動「**負責任投資原則**」，將**ESG(環境、社會與治理)**因素納入投資分析和決策過程，簽署機構已超過全球專業管理投資的一半以上。目前正進一步依「**負責任投資藍圖**」從負責任投資者、可持續的市場與全球共同繁榮，採取行動，落實從投資到成效的實踐。

The PRI is the world's leading proponent of responsible investment

The six Principles for Responsible Investment are a voluntary set of investment principles that offer a menu of possible actions for incorporating environmental, social and governance (ESG) issues into investment practices. The Principles were developed by investors, under the leadership of the United Nations (UN). They have attracted a global signatory base representing a majority of the world's professionally managed investments.

The PRI supports its international network of signatories in implementing the Principles. As long-term investors acting in the best interests of their beneficiaries and clients, our signatories work to understand the contribution that ESG factors make to investment performance, the role that investment plays in broader financial markets and the impact that these investments have on the environment and society as a whole.

Our aim over the next 10 years is to bring responsible investors together to work towards sustainable markets that contribute to a more prosperous world for all.

The PRI's Mission

"We believe that an economically efficient, sustainable global financial system is a necessity for long-term value creation. Such a system will reward long-term, responsible investment and benefit the environment and society as a whole.

The PRI will work to achieve this sustainable global financial system by encouraging adoption of the Principles and collaboration on their implementation; by fostering good governance, integrity and accountability; and by addressing obstacles to a sustainable financial system that lie within market practices, structures and regulation."

The six Principles for Responsible Investment

1. We will incorporate ESG issues into investment analysis and decision-making processes.
2. We will be active owners and incorporate ESG issues into our ownership policies and practices.
3. We will seek appropriate disclosure on ESG issues by the entities in which we invest.
4. We will promote acceptance and implementation of the Principles within the investment industry.
5. We will work together to enhance our effectiveness in implementing the Principles.
6. We will each report on our activities and progress towards implementing the Principles.

www.blueprint.unpri.org



結論：新冠防疫、政治、經濟與福祉

- 容許疫情氾濫，猶如打開潘朵拉的盒子。
- 疫情與防疫，衍生身心社會健康的全面衝擊
- 疫情越嚴重，其措施越會影響生活、就醫與養護、教育、工作、性平、社會安定、經濟等
- 越上游的防疫、越早介入，越簡單
- 做好防疫，可避免疫情與經濟雙重創傷，成本遠低於經濟損失與社會重建
- 發生疫情，若能採取防堵 (containment)、清零(elimination)、防護 (protection)(透過疫苗、戴口罩、安全社交距離、良好通風/過濾)，仍可將社區病例數、死亡與社會衝擊降到最低
- 迅速決斷、積極處置，以生命為優先者，有福報
- 疫情加深不平等，經濟振興措施必須做健康不平等影響評估，致力於縮小不平等