本期企劃

防疫、互惠與健康主權：檢視大流行公約下的健康資料治理

Pandemic Prevention, Reciprocity, and Health Sovereignty: Examining Health Data Governance Under the WHO Pandemic Agreement

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摘 要

世界衛生組織大流行公約於2025年通過，旨在強化各會員國的疫情預防與應變能力，以及建立國際合作體系。健康資料治理在公共衛生監控上，以及在防疫科技的研發上，皆是重要的基礎建設。再者，疫情期間防疫科技的廣泛應用，亦引發隱私與個人資料保護的疑慮，故本文選擇以健康資料治理作為檢視的焦點。大流行公約聚焦於病原體樣本與序列資料的共享與回饋機制，但其採取選擇加入且並無執行機制，仍有賴於會員國的自願參與及遵守。同時，退出世界衛生組織的美國也透過與全球南方國家訂立雙邊協議，建立

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以其為中心的全球公共衛生體系，其中包括透過健康資料的分享換取醫療援助，但交易式的架構也引發數位殖民主義疑慮。透過檢視國際發展，期能對於臺灣參與國際衛生防疫的互助架構帶來啟示。

The WHO Pandemic Agreement ("Pandemic Agreement") was adopted in 2025 with the aim of strengthening Member States' capacities for pandemic prevention and response as well as establishing a framework for international cooperation. Health data governance constitutes an important infrastructure for both public health surveillance and the development of pandemic-related technologies. At the same time, the widespread use of pandemic-response technologies during public health emergencies has also raised concerns regarding privacy and personal data protection. This article therefore focuses on health data governance as its central subject of examination. The Pandemic Agreement concentrates on mechanisms for sharing pathogen samples and sequence data and providing benefits in return. However, because the Pandemic Agreement adopts an opt-in approach and lacks an enforcement mechanism, its effectiveness continues to depend on the voluntary participation and compliance of Member States. Meanwhile, following its withdrawal from the WHO, the United States has also sought to establish a U.S.-centered global public health system through bilateral agreements with Global South countries. These arrangements include the sharing of health data in exchange for medical assistance, but their transactional structure has also generated concerns regarding digital colonialism. By examining these international developments, this article seeks to offer insights for Taiwan's participation in reciprocal frameworks of international health and pandemic cooperation.

壹、前言：大流行公約概述

在新冠疫情期間，世界衛生組織（World Health Organization, WHO）雖有國際衛生條例（International Health Regulation, IHR）作為基礎，發動國際公共衛生緊急狀態（Public Health Emergency of International Concern）並且加以因應，但仍發現既有架構在疫情預防與應變上有所不足。故於2021年成立跨政府協商組織（Intergovernmental Negotiating Body），開始進行跨國協商、專家與利害關係人諮詢，草擬並且訂立新的WHO公約，用以因應將來疫情再次來臨[1]。最終各會員國達成共識，制定世界衛生組織大流行公約（WHO Pandemic Agreement，下稱「大流行公約」），並於2025年5月由世界衛生大會（World Health Assembly）通過，其目的在於建立更佳的國際合作架構，以強化國際衛生體系防疫的基礎建設，尤其是提升接近使用疫苗、治療或診療資源的即時性與公平性[2]。

根據著名國際衛生法學者Lawrence O. Gostin等分析，大流行公約的重點有幾項：一、健康一體（One Health），即人類健康與動物、環境的健康相連，故國家在制定防疫與監測措施時，應該將人類、動物與環境的互動皆納入。二、強化醫療體系的量能。三、平等接近使用醫療產品，此為有鑑於疫情期間重要防疫資源的分配不平等，尤其是高收入國家大量囤貨，以及供應鏈斷裂，故應建立以平等為基礎的共享與分配機制。

1 *Intergovernmental Negotiating Body (INB)*, WHO, https://www.who.int/about/governance/world-health-assembly/intergovernmental-negotiating-body (last visited Jul. 19, 2026).

2 *World Health Assembly Adopts Historic Pandemic Agreement to Make the World More Equitable and Safer from Future Pandemics*, WHO (May 20, 2025), https://www.who.int/news/item/20-05-2025-world-health-assembly-adopts-historic-pandemic-agreement-to-make-the-world-more-equitable-and-safer-from-future-pandemics