

A historical map of Taiwan, oriented vertically, set against a background of a historical nautical chart. The nautical chart features a grid of latitude and longitude lines, with compass roses at the top and bottom. The map of Taiwan is detailed, showing the island's coastline, major cities, and internal administrative divisions. The text "TAIWAN HEALTH OUTLOOK 2005" is superimposed over the map in a green, sans-serif font. The word "TAIWAN" is in green, "HEALTH" is in red, and "OUTLOOK 2005" is in green.

# TAIWAN HEALTH OUTLOOK 2005

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## ***CONTENTS***

I . WELCOME MESSAGE BY MINISTER SHENG-MOU HOU	2
II . BASIC HEALTH INFORMATION	5
III . ACHIEVEMENTS	9
TAIWAN'S NATIONAL HEALTH INSURANCE PROGRAMME	9
COMMUNICABLE DISEASE PREVENTION AND CONTROL	13
CANCER CONTROL AND TOBACCO HAZARDS	21
TRADITIONAL CHINESE MEDICINE	23
IV . INTERNATIONAL HEALTH COOPERATION	24
V . MEDICAL RESEARCH	28
VI . INTERNATIONAL SUPPORTERS OF TAIWAN'S PUBLIC HEALTH SYSTEM	35

# Welcome Message by Minister Sheng-Mou Hou



## WELCOME MESSAGE BY MINISTER SHENG-MOU HOU

It gives me great pleasure to present Taiwan's World Health Outlook, 2005. In the following pages we hope that you will be able to understand the achievements and commitment of the Taiwanese people as we strive to uphold a modern public health system.

All of our medical professionals work hard to provide and maintain the health of all people in Taiwan by driving forward a broad range of health-related tasks. Not only have we been able to establish a "friendly, convenient and efficient" health care system, but also we continue to contribute to international health projects in over 95 countries.

This year we proudly celebrated the tenth anniversary of the National Health Insurance Program. The National Health Insurance Bureau has worked to implement a program that offers comprehensive health coverage to 99% of our citizens.

One of our biggest challenges remains our exclusion from the World Health Organization. This exclusion not only precludes Taiwan from participating at any WHO-related forums but in the face of a public health catastrophe like SARS, Taiwan is left out of reporting and accessing global expertise to help fight disease.

We hope through learning about Taiwan and our public health achievements you will support Taiwan as we aim to make a difference to the life of every Taiwanese as well as benefit our global community. Thank you for your support. We look forward to working with you all in the future.

Best wishes,

A handwritten signature in black ink, reading "Sheng-Mou Hou" with a long horizontal flourish extending to the right.

Sheng-Mou Hou M.D., Ph.D., M.P.H.

Minister, Department of Health, Taiwan



# Basic Health Information





## BASIC HEALTH INFORMATION

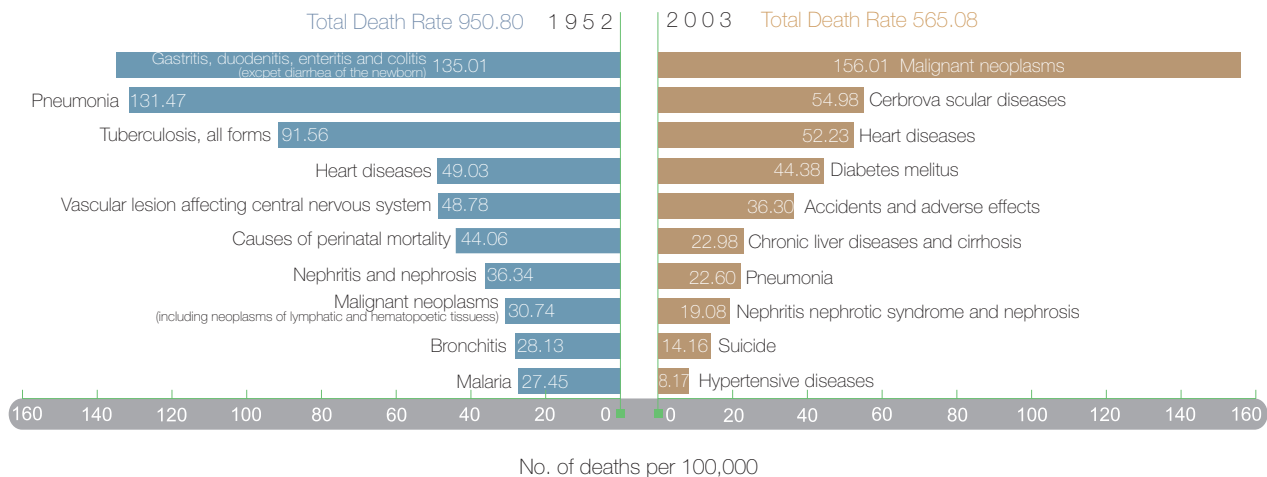
***Taiwan's "economic miracle" in the last few decades, and the development of the island as of the world's most competitive economy, has also resulted in impressive gains in overall public health for its 22.65 million people. Taiwan has established a modern, world class healthcare system.***

- Taiwan has one of the highest levels of life expectancy in Asia. In 1951, the average life expectancy stood at 53.38 years; in 2003, it was 73.35 years for men; and 79.05 years for women.
- In 2003, 20.42% of the Taiwan's population was under the age of 15; 70.52% between the ages of 15 and 64 (the productive age groups); and 9.02% above 65 years. There are 100 productive age people to support 42 dependent people (under 15 and above 65 years).
- Maternal and infant mortality rates have continued to decrease. Neonatal mortality rates have fallen from 18.79 per 1,000 live births in 1956 to 4.87 in 2003; the maternal mortality rate has declined sharply from 197 per 100,000 live births to 6.61.





Changes in Ten Leading Causes of Death



- In 2003, there were 18,777 medical care institutions in Taiwan, with one physician for every 698 people; one dentist for every 2,367; one nurse for every 237; and 60.3 hospital beds for every 10,000 people.
- Forty years ago, acute infectious diseases were the number one killer in Taiwan; plague, smallpox, cholera, malaria, rabies and poliomyelitis have all been eradicated. Other infectious diseases are under strict control. Today, chronic diseases are among the major causes of death of adults.

Taiwan's medical community has worked to develop a world class medical environment that will ensure that, even though we are without access to global expertise to help fight any potential disease outbreaks, we will still be able to provide health care to every one of our citizens.

# Achievements







***Dr. Kai-Kuen Leung, Associate Professor, Dept. of Family Medicine, College of Medicine, National Taiwan University.***

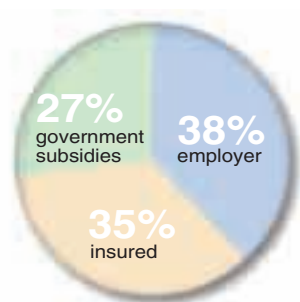
"Everyone in Taiwan can access the health care system; its very cheap and very convenient. We don't have to wait months to get a medical examination. Our patients always get the care they need while they wait. That's our strength."

## ACHIEVEMENTS

### TAIWAN'S NATIONAL HEALTH INSURANCE PROGRAMME

***In March 1995, Taiwan's National Health insurance programme was set up with the goals of providing good quality, affordable health care to all. It replaced a patchwork social insurance system — which consisted of thirteen separate programmes, and covered about 59% of the population — leaving around eight million Taiwanese unprotected by any health insurance. Those left out of the health safety net were mainly children, the elderly and the unemployed, who needed more medical care — but could not afford it.***

- Today, the NHI covers 99 % of the population. In 2004, public satisfaction rate for the programme stood at more than 76.7%.
- The premium contribution is shared by the insured; their employers; and the government.



In 2004, 35% of the total premium revenue came from the insured, 38% from the employer; and 27% from government subsidies.

- A government agency, the Bureau of National Health Insurance (BNHI) administers the scheme and issues insurance cards. When the insured person uses the medical services, he/she pays a portion of the cost in cash; the provider makes a claim to the BNHI for the reimbursement of the rest of the medical expenses.
- The scheme — in which 92% of the island's healthcare providers take part - covers most medical care services except plastic surgery, blood, registration fees and transportation expenses.
- The NHI offers insurers complete freedom of choice among providers and therapies. There is no rationing of care.

In 2001 Taiwan's total health care expenditure accounted for 5.7% of GDP- lower when measured against figures in other OECD countries.

**Total Health Expenditures as Percentage of GDP of Selected Countries**

Country	1997	1998	1999	2000	2001
Canada	8.9	9.1	9.2	9.1	9.7
France	9.4	9.3	9.4	9.5	9.5
Germany	10.7	10.6	10.7	10.6	10.7
Japan	7.2	7.1	7.4	7.8	7.6
Korea	5	5.1	5.6	5.9	5.9
United Kingdom	6.8	6.8	7.1	7.3	7.6
United States	13	12.9	13	13	13.9
Taiwan	5.3	5.4	5.4	5.4	5.7

Data Source:OECD Health Data 2003.

Taiwan's health expenditures as percentage of GDP continues to increase. In 1997, Taiwan contributed 5.3 percent of its GDP in health expenditures and today contributes over 5.7 percent.





***Dr. Bor-Shen Hsieh, Chairman, Taiwan Joint Commission on Hospital Accreditation.***

"We have a very good system of hospital accreditation...almost every hospital is included in this project; and the program has helped to improve the quality of medical care in Taiwan.

In the past, we have tended to focus more on the structural aspect of health care — personnel, equipment and so on. In the future, we are emphasizing procedure and outcome of care.

In the coming year, we are introducing further reforms to our medical education curricula. Through the programme, we are trying to establish a culture of patient-centred care and patient safety."

As Taiwan's population ages, the increasing cost of medical innovations, and the continued increase in expectations among users, resources are strained and the overuse and misuse of the healthcare system has meant that effective ceilings on utilisation of NHI will come into play.

### **Challenges for the Future**

Like other industrialised nations trying to implement comprehensive social security programs, Taiwan has its difficulties. An aging population and public resistance to increasing personal contribution levels are some of the challenges Taiwan's health insurance program now faces.

On February 14, 2005, officials announced that the government was responding with a package of emergency measures now, with a proposal for long-term structural reform to follow. The BNHI estimates that they can create extra revenue by increasing the income band in which higher-income earners pay incremental charges. Cracking down on system abuse by doctors and patients will also be an important part of the program changes.

Whatever the solution, Taiwan's BNHI is committed to continuing to provide healthcare for all of Taiwan's citizens. It is a great achievement for any nation to provide welfare for its citizens and Taiwan is proud to offer healthcare to its citizens, whenever and wherever they need it.





## COMMUNICABLE DISEASE PREVENTION AND CONTROL

***In 1999, Taiwan established the Centre for Disease Control(CDC), following the integration of the Bureau of Communicable Disease Control (BCDC), National Institute of Preventative Medicine (NIPM), and the National Quarantine Service (NQS). This allows for a more effective approach to managing the changing patterns of communicable diseases, to consolidate disease control resources and to establish a disease control system.***

### ***Major Disease Control Accomplishments in Taiwan***

1948	Plague was eradicated
1948	Introduction of immunization program (1948 Diphtheria toxins, 1955-DPT, 19560 BCG, 1966- OPV, 1968- Japanese encephalitis vaccine, 1978 Measles vaccine, 19840 Hepatitis B vaccine, 1986 Rubella vaccine, 1992- MMR) to lower the incidence rate of the aforementioned communicable diseases.
1955	Small pox was eradicated
1959-	Rabies was eradicated
1965	Malaria was eradicated
1984	Hepatitis B vaccination program was implemented, reducing the children-carrying rates by 84%
1995	Hepatitis A vaccination program was implemented, successful eliminated the outbreak in the mountainous areas
1998	Influenza vaccination program for elderly was implemented, lowering the influenza hospitalization rate by 54%
2000	Polio was eradicated



### **Communicable disease prevention**

Over the past few years, the CDC has been taking extra precautions on infectious diseases, such as enterovirus, dengue fever, AIDS, tuberculosis and emerging communicable diseases like SARS.

### **Enterovirus**

In 1998, an epidemic outbreak of enterovirus caused an island-wide panic in Taiwan. It claimed 78 lives- all under the age of 15- and infected nearly two million people. In response to the outbreak, the Department of Health set up an enterovirus surveillance system and epidemic-prevention organisations. The CDC promoted a national hand washing campaign in an attempt to increase the people's awareness to enterovirus.





### Dengue Fever

The CDC has reinforced the reporting system of physicians and the public to monitor the spread of vectors as well as to control the number of vectors. In addition, physical temperature monitoring for the incoming of passengers in the airport, tracing and visiting passengers who are from Southeast Asia aim to control any potential outbreaks.

### AIDS

The Acquired Immune Deficiency Syndrome (AIDS) Control Act was promulgated in December 1990 to provide free screening and treatment for patients, and to deal with cases involving HIV-infected individuals who knowingly pass the disease to unsuspecting victims.

27 hospitals have been designated to care for AIDS patients and provide free cocktail medication therapy. The National Health Insurance program covers all medical services and treatments that HIV/AIDS patients may need. As of January 2005, 7,025 people were diagnosed with HIV; 1,950 of whom have developed AIDS.







***Dr. Ih-Jen Su, Director Clinical Research, National Health Research Institutes; Chief Consultant and former Director-General (May 2003-4), Center for Disease Control, Taiwan; member, International Lymphoma Study Group.***

"If Taiwan had been a member of the WHO at the time of the SARS outbreak, we would have received information far earlier. Could lives have been saved? Of course. The knowledge of SARS was mature enough, but Taiwan didn't have the latest information about the magnitude.

If we had the most up-to-date information, the first SARS outbreak from the Hoping Hospital might not have occurred; we might have been able to contain it. This was a painful experience for us.

But now we know how to control SARS...and we have learnt a lot from other countries. We have set up a very good network for the rapid diagnosis and surveillance of viral infections."

## **Tuberculosis**

Tuberculosis is ranked as the top prevalent and highest mortality notifiable disease in Taiwan. Since November 2001, the CDC has started to implement the reporting of tuberculosis cases by Internet as well as death checking to raise the notification rate. As a result the reporting rate was around 77% in 1999 and was up to 89.3% in 2002.

The CDC also held a series of educational training for the grass roots physicians and general public, the notification rate has risen sharply. Compared with the past years, the notified cases have been effectively controlled.

## SARS

The 2003 SARS (severe acute respiratory syndrome) epidemic originated in China in 2002 and spread to Taiwan in March 2003. There were 346 confirmed SARS cases (according to the newest SARS definition of the World Health Organization).

The government immediately adopted control measures to contain the epidemic; including quarantining those who had contact with suspected SARS patients and passengers arriving from SARS-affected areas overseas. The dedicated effort by the government and the people of Taiwan had the outbreak under control by July 5, 2003.

Taiwan's National Science Council continues to work to develop a SARS vaccine and is pursuing a variety of vaccination strategies including virus isolations, in-vitro test development, and vector based viral like particle vaccines, T-cell cellular immunity, synthetic peptided-based vaccines as well as recombinant submit vaccines.

## Immunization

Immunisation programmes have successfully reduced the incidence of various communicable diseases — which were among the top ten causes of death. Taiwan is currently facing the threats of new and re-emerging diseases, such as HIV and drug-resistant tuberculosis.

- Taiwan was the first country to establish the national hepatitis B immunization program. The rate of children hepatitis carriers has since dropped from 10.5% to 1.7%. There has been significant reduction in the hepatoma incidence among toddlers.
- Hepatitis A is common in Taiwan's mountainous areas. Since 1995, vaccines have been distributed to the newborns and children in the mountainous areas and the infection rate has been significantly reduced.
- Children across the island receive comprehensive vaccinations for combined measles, mumps, rubella, Japanese encephalitis, polio and hepatitis B, chickenpox, diphtheria and tetanus.



- To alleviate the prevalence of influenza, the CDC embarked on a free influenza immunization program. Aimed to increase the coverage rate to 80% for those over the age of 65, already there has been an increase in immunization of the elderly from 59.9% in 2002 to 68.4% in 2003 with medical care providers and disease control staff immunization up to 91.3%.
- The government is committed to retaining a vaccination production capability on the island, in the event of a national or global emergency. The government is supporting a plan for the domestic production of influenza vaccines over the next 2-3 years as a part of the island's preparation for an avian flu epidemic.

## Surveillance

The CDC fully combined and exploited the innovations of computer science technology and infection control strategies to conduct an up-to date infectious disease surveillance system. The system aims to detect the epidemics in early stages and monitor the progress of the infectious diseases spontaneously.

The CDC has encouraged the idea of "mobilise all people for health promotion". They have set up a 24-hour toll free disease reporting hotline and a "1922" hotline for the public to raise disease control questions.







***Dr. Andrew T. Huang, CEO of the Koo Foundation Sun Yat-Sen Cancer Center - Taiwan's specialised cancer treatment hospital, which opened in 1990 and provides world-class cancer care. Dr Huang was previously clinical director of the cancer programme at Duke University in the U.S.***



"Dr. Huang also chairs Taiwan's Commission on Healthcare Quality — which makes specific recommendations to the government on ways of improving healthcare.

Within ten years at our Centre, five-year survival rates of major cancers have already exceeded, or at least are on a par, with that of the US ; and they have probably exceeded the UK and France.

Our most recent analysis shows that breast cancer survival has reached 87% of all stages, which is actually higher than in the US. For rectal cancer care, which requires a multi-disciplinary approach and is a difficult disease to treat...our five year survival rate is 88% - also far higher than in the US.

Our hospital is built with the patient at the Centre. When they come to you... they just want the best care possible. And this hospital has been able to provide that from the very start.

KF-SYSCC piloted a pay-for-performance initiative in breast cancer treatment — which encourages quality, rather than quantity, of care. Its being expanded nationally. KFSYCC is now collaborating with UCLA/Rand in the US to expand this and form a Centre for Healthcare Improvement.

A hospital-wide database was developed to monitor care, and improve patient treatment outcomes. It includes the collection and banking of frozen tumor tissues — helping to provide data for important research and raising the quality of patient care. A joint study with Duke University - "Gene expression predictions of breast cancer outcomes" published in the British medical journal, The Lancet, in 2003, attracted worldwide attention."

## CANCER CONTROL AND TOBACCO HAZARDS

Cancer has been the leading cause of death in Taiwan since 1982.

- In an effort to reduce cancer rates, was offer free Pap smear tests and breast examinations for women as well as free mucous membrane exams for betel-nut chewers, colon and rectum screenings.
- 17 medical care institutions are equipped to complete cancer care screening and treatment services with a patient-centred approach to service.
- Palliative care facilities and home-care facilities have increased by 20 percent.

### **Tobacco Controls**

Taiwan has 4.5 million smokers; and around 17,500 deaths each year are smoking-related. Since 2002, a 10% tax on tobacco products was introduced; and public smoke-free areas encouraged. Non-governmental groups, like the John Tung Foundation, have played a key role in reinforcing the no-smoking message.

Taiwan adopted the Tobacco Hazards Prevention Act in 1997 and even though is excluded from the World Health Organization (WHO), is working to develop domestic laws in accordance to the recommendations outlined by the WHO's Framework Convention for Tobacco Controls (FCTC).



## TRADITIONAL CHINESE MEDICINE

***Taiwan remains at the forefront of research on traditional Chinese medicine, acupuncture, and other traditional Chinese medical practices. Taiwan is working to upgrade the quality of traditional Chinese medical services and training. The government encourages the opening of traditional Chinese medicine departments in teaching hospitals.***

In 2003, there were 4,266 practitioners of traditional Chinese medicine; and 2,265 traditional Chinese medicine hospitals and clinics. Taiwan has sought the establishment of scientific evaluation standards and a technological platform for traditional Chinese medicines to enhance the island's international competitiveness. Many research projects are underway to assess the clinical efficacy of traditional Chinese medicines in relation to pharmaceutical applications, quality controls, effectiveness, genomic application and acupuncture.

- Traditional Chinese Medicine has been formalised into a seven-year medical degree administered at seven clinical teaching centres as well as training programs to doctors, pharmacists and nurses.
- Seven clinical teaching centres have been established to provide clinical training and teaching environments for interns, resident doctors, pharmacists and nurses in traditional Chinese medicine.
- The Department of Health is working to improve clinical trial and the statutory environment for traditional Chinese medicine including the introduction of regulations governing the development of new Chinese medicines and the clinical centres.



# International Health Cooperation





## INTERNATIONAL HEALTH COOPERATION

***Despite its exclusion from the WHO, Taiwan has sought to share its resources with people in need around the world:***

- Since 1995, Taiwan has contributed over US \$180 million in medical and humanitarian aid to 95 countries. In 2002 Taiwan donated US\$1 million to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and is currently planning to make further donations.
- In a collaborative project with the United States Centers for Disease Control and Prevention (CDC), Taiwan provided funding for the construction of a National Reference Laboratory in the Republic of Haiti which will help the country in AIDS prevention plans.
- Taiwan also collaborated with the US CDC in an AIDS control project in Vietnam as well as tuberculosis prevention programs and family planning training, and medical training programs.
- Taiwan pledged US\$50 million in aid to countries hit by the devastating tsunamis in December 2004. As well as sending food and medical supplies, Taiwanese medical teams were sent to help in Thailand and in the devastated Indonesian province of Aceh.



- Taiwanese non-governmental groups, including a leading Buddhist organisation, the Tzu Chi Foundation, were active in raising more than US \$5 million for tsunami relief and sent rescue and relief teams to several tsunami-affected countries. Although Taiwan was one of the top 10 donors of aid, because of politics, was excluded from a UN sponsored tsunami summit in Jakarta in January 2005.

### INTERNATIONAL CONFERENCES AND MEETINGS

***Taiwan seeks co-operation with international professional healthcare organisations and has been actively pushing for participation in the WHO — from which it was excluded in 1972 — and observer status in the World Health Assembly (WHA).***

- Taiwan is an active member in the newly created APEC Health Task Force. Out of eight health projects approved by the Health Task Force in its first year of operation, Taiwan heads three and co-leads in five. Taiwan recently proposed establishing a regional cooperation mechanism to strengthen vaccine development and supplies in preparing for the potential avian flu pandemic.
- Taiwan has sent representatives to join in major regional health conferences; and meetings on information exchange and regional technical assistance.

**PROF. Yu-Mei (Yu)Chao, Res. Fellow, Center for Health Policy Research and Devpt; 3rd Vice-President of ICN; Chairperson, Nursing Advisory Cttee, Department of Health.**

"Nursing education in Taiwan is highly developed. Around 25% of nurses in Taiwan have Bachelor of Science in Nursing programmes or above. Our educational system can be a very good example for other countries in the Asia-Pacific region.

We are planning new changes with our nurse practitioner programme, which will start next year. With extra training, the role and function for nurses will expand..they will take more responsibility for caring for patients, freeing the doctors to do more specialised work. Patient care will be improved.

We are moving towards a more humanistic approach to patient care... In the past, we were very proud to have good survival data to show to the world; but now, that's not enough. We want to look at the quality of care, better preventive health care, and public health education. We are taking a more holistic approach."



- Taiwan is keen to promote international exchanges, including conferences, workshops and public health training seminars, e.g.

May 2005: Taiwan will host the largest meeting of health professionals to date - the quadrennial congress of the International Council of Nurses, one of the largest medical organisations in the world, which is expected to attract more than 4,000 participants. The meetings will include the ICN General Assembly; the ICN conference of national representatives; and an ICN regulation conference.

January 2005: Conference on International Health Regulation Revisions.

December 2004: International Conference for Austronesian Health.

October 2004: The 4th International Public Health Workshop.

April 2004: APEC Health Task Force meeting.

A rack of test tubes containing various colored liquids (red, green, blue, yellow) against a blue background.

# Medical Research





## MEDICAL RESEARCH

***Taiwan has already established itself as a medical presence. It publishes around 10,000 medical research papers a year; and is ranked the 19th in the world, after China and Japan. However, if population is factored into the equation, then Taiwan is roughly equal in ranking to Japan and mainland China. About a quarter of the scientific papers are in the field of biomedical science, indicating that it is the island's most promising science.***

One of the goals of the mission-oriented **National Health Research Institutes** — a non-profit government-backed organization set up in 1996 — is to co-ordinate and promotes medical research undertaken by biomedical institutions in Taiwan; and to facilitate information exchange in international collaboration.

Key areas of research in Taiwan currently include:

- New drug R and D: research is undertaken to develop new drugs. The NHRI's division of pharmaceutical and biotechnology research focuses on drug development and discovery. Its automatic screening system is currently screening 65000 compounds for anti-cancer and anti-viral activity. Researchers have developed and patented two new drugs for liver cancer; one of which is going through phase 3 clinical trials.



- Molecular and genomic medicine: genome sequencing teams from the National Yang Ming University, National Cheng Kung University and the Industrial Technology Research Institute have successfully sequenced and analysed 5,280,000 base pairs of the *Vibrio vulnificus* bacterium. The results were published in the internationally prestigious journal, *Genome Research*.
- Biostatistics and bioinformatics: the National Health Survey Information Management Center is cooperating with the Stanford University in the US on research into hypertension and insulin genes in the Asia-Pacific Region; and the relationship between disease and specific genes.
- Doctors from the NHRI are among world leaders for their work on cytokines - a substance released by lung cells during viral attacks - and how to control the body's immune response.



***Dr. Cheng-Wen Wu, President, and Distinguished Investigator, National Health Research Institutes; President of International Federation for Cell Biology (IFCB)***

"What we are doing here in Taiwan really can contribute to the world — not only for scientific knowledge but also for our command of health problems.

Much of the contribution of Taiwan scientists is in the field of cell biology. For example, we have the world's largest collection of liver cancer cell lines, enabling us to carry out our studies. Cell biology is an important forefront field in life sciences.

Taiwan — under the name Chinese Taipei — was admitted as a member of the IFCB in 2000. "It's so important — Taiwan's contribution has been recognised by the world" said Dr. Wu. "Its been isolated in so many ways; this is a good opportunity for Taiwan to be on the world map."

There are exciting advances happening in biomedical sciences in the world. Taiwan cannot — and will not — be absent from areas such as genomics, drug research and biotechnology.

Taiwan is known to be very advanced in the fields of electronics and computers —and it can be advantageous to shift these to medical applications — in new areas such as bio-statistical bioinformatics, stem cell research, nanotechnology and so on."

- The discovery that the Epstein Barr virus was associated with T-cell lymphoma, as well as the widely reported B-cell resulted in new treatments for children led to a sharp decrease in mortality rates.
- Taiwan researchers at the Biomedical Engineering Centre of the Industrial Technology Research Institute (ITRI) in 2002 were the second in the world to successfully develop liver cells from embryonic stem cells that could be used to repair damaged livers and test new drugs.
- Doctors and researchers of the National Taiwan University Hospital and the Fred Hutchinson Cancer Research Center in Seattle published findings in the New England Journal of Medicine showing that genetic constitution can be used to determine blood-disease patients' reaction to stem-cell transplants — often the only treatment available to patients with blood disorders such as leukemia, aplastic anemia, thalassemia and lymphocytic leukemia. Adverse immune reactions often lead to fatal complications for many transplant recipients.







***Dr. Yung-Tung Wu, national policy advisor to the President and ambassador at large, Ministry of Foreign Affairs; immediate Past President of Taiwan Medical Association and the Confederation of Medical Associations in Asia and Oceania.***

"During the past 30 or so years...we have done a very good job in areas such as epidemic control, preventive medicine, introducing our national health insurance, and so on. Some people say: you've done a good job; why do you need to join the WHO? But

we are an island of 23 million — the 46th largest population in the world.

In 1998, when we had an enterovirus outbreak, 78 children died. We asked the WHO for help; they didn't come.. When we had the SARS outbreak, WHO experts went to China to help — but not here. And now with Avian flu; we cannot access information from the WHO network.

WHO's charter stipulates its mission is to bring equal healthcare of the highest quality to all of the world's people. That means people; not countries. People have the right to get the highest standards of medical care.

If Taiwan can participate in the WHO, we can share our information with others — and be part of the global network for helping to prevent the spread of infectious epidemics."

The changing nature of healthcare has demanded a new set of disease prevention and health promotion strategies in Taiwan. Part of this change can be seen in the government's emphasis on biotechnology — which largely focuses on biomedics - as one of the eight key science and technologies for Taiwan's development.

Health and humanity know no borders. Disease has no borders.

Taiwan continues to appeal to the world to support its quest for observer status in the WHA.

Taiwan's exclusion makes it a missing link in the global health chain. And that has serious implications — not just for the health of its own people, but for the world community and international efforts to combat and control diseases.

## SUPPORT FROM OUR INTERNATIONAL FRIENDS

*John Reid, British Medical Association*

"...We have supported Taiwan's request for observer status...Many of our sister medical associations in other countries have taken a similar view, as have the World Medical Association (WMA) and the Standing Committee of European Doctors (CPME)...we would argue that it is now imperative to find some mechanism for collaboration between the WHO and those responsible for health policy and healthcare delivery in Taiwan, whatever from this may take."

*Dr. Jae Jung Kim, Korean Medical Association*

"...in favor of observer status for Taiwan at the WHA, so that the 23 million people in Taiwan should not be excluded from the work of the WHO."

*Ellsworth Culver, Mercy Corp*

"Taiwan is making significant contributions in the field of public health and has generously provided technical and financial assistance to international health and humanitarian aid activities supported by the World Health Organization (WHO)...Mercy Corp adds its support to the number of other agencies and nations...We respectfully urge the WHO to approve their bid for "observer status" at the conference in May 2004."

*Tom Cox, House of Commons London*

"In view of the excellent health services that exist in Taiwan we clearly believe that Taiwan has much to offer the World Health Organization, I also believe that it is able, and is certainly willing, to play an active role in promoting good health practices throughout the world. In our view Taiwan certainly has the skills, expertise and experience to do so."

*Ramon B. Magsaysay, Senator, The Philippines*

"Health is a prime universal concern that transcends race, language, political orientation, economic standing and creeds. It is then only right that Taiwan and its people be included in the global health system..."

*Gary Locke, Governor, State of Washington, U.S.A.*

"Without WHO membership, Taiwan is prevented from receiving timely epidemic updates or assistances and its population suffers the consequences...it would be extremely beneficial to have Taiwan available as a participant, if even only as an observer of the WHA."

*Michael D. Antonovlich, Board of supervisors County of Los Angeles*

"With 23 million citizens, Taiwan is committed to working together with the WHO and contributing its resources and experience to advance global health cooperation...Exclusion of Taiwan from the WHO's Global Outbreak Alert and Response Network (GOARN), for example, could prove to be catastrophic should an epidemic outbreak take place in Taiwan and it would harm our efforts to improve global health."

*Takashima, Ministry of Foreign Affairs, Japan*

"...we also support the Taiwanese participation as an observer to the Assembly...our experience of coping with SARS, Taiwan's participation in the international effort to eliminate that sort of contagious disease is very important and we are therefore taking this kind of stance."

*Patricia de Lille, MP, Leader of the Independent Democrats*

"We feel strongly about the fact that a weakened link in the health chain means essentially that entire world is in danger from epidemics like SARS or Avian flu. While Taiwan manages its health affairs excellently, and partakes in aid poorer countries, they are still in the dark with regards to international medical developments, preventions and cures."

*Senator Monique Papon, Senate and Representative of PRC-Taiwan-France Exchange group*

"we have supported the technical access of Taiwan to the WHO information system...[we] wish a solution be found at the 58th session of the WHA in Geneva, in order to give Taiwan mother and children an opportunity to enjoy good health."





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