第一章

總論

Chapter 1

General Introduction

1-1

第一節｜背景

人口學特性

我國行政區域劃分為二十二縣市，再劃分為三百六十八「鄉鎮區」。其中，山地原住民有三十鄉，離島地區有十八鄉，山地離島共計四十八鄉，分布在十五個縣市（表1）。

山地及離島地區的人口數約四十五萬人，加上平地及都會區的原住民人口數約八十一萬人，占全國人口數百分之三；土地面積則是大約占臺灣地區的百分之四十四。

在健康及疾病狀況方面，2011年原住民的十大死因，前三位依序為惡性腫瘤、心臟疾病（高血壓性疾病除外）及腦血管疾病（表2）。此外，依據衛生福利部醫事系統統計資料，2013年山地離島的醫師數，為每一萬人中有八點八一名，約僅全國平均萬人中有十八點零三名的半數（表3）。

為使偏鄉離島居民均能獲得完善醫療與照顧，秉持醫療不中斷原則，積極推動強化「在地醫療」，以保障偏鄉民眾獲得高品質與完整的醫療照護。

Section 1｜Background

Demographic Characteristics

Twenty-two administrative counties in Taiwan are divided into 368 townships. Of these, 30 are remote mountainous aboriginal townships and 18 are offshore townships; these are spread out over 15 counties (Table 1). About 450,000 people reside in these remote areas with 810,000 aboriginal people living in the lowland metropolitan areas. Altogether aborigines account for 3% of Taiwan's total population, but they are distributed across 44% of the land area of Taiwan.

Regarding the health and disease status of aboriginal peoples in Taiwan, the top 3 of the 10 leading causes of death are malignant tumors, heart disease (excluding hypertension) and cerebral vascular disease (Table 2). In addition, MOHW statistics on the distribution of medical personnel from 2013 show the number of physicians in the mountainous areas is 8.81 per 10,000 people—approximately half the national average of 18.03 medical professionals per 10,000 people (Table 3).

We aspire to improve access to health care for residents in the remote and offshore areas, while upholding the principle of "uninterrupted services and localization of health care," to ensure that the residents of these areas can obtain high quality and integrated health care.

表1｜臺灣地區山地離島及平地原住民地區醫療資源之地區鄉鎮區一覽表

縣市	山地鄉	離島鄉	平地原住民地區
新北市	烏來區		
桃園縣	復興鄉		
新竹縣	五峰鄉、尖石鄉		關西鎮
苗栗縣	泰安鄉		南庄鄉、獅潭鄉
臺中市	和平鄉(和平、梨山)		
南投縣	仁愛鄉、信義鄉		魚池鄉
嘉義縣	阿里山鄉		
高雄市	那瑪夏區、桃源區、茂林區		
屏東縣	三地門鄉、霧台鄉、瑪家鄉、泰武鄉、來義鄉、春日鄉、獅子鄉、牡丹鄉	琉球鄉	滿州鄉
宜蘭縣	大同鄉、南澳鄉		
花蓮縣	秀林鄉、萬榮鄉、卓溪鄉		新城鄉、壽豐鄉、光復鄉、豐濱鄉、瑞穗鄉、富里鄉、吉安鄉、鳳林鄉、玉里鎮、花蓮市
臺東縣	海端鄉、延平鄉、金峰鄉、達仁鄉、蘭嶼鄉	綠島鄉	成功鎮、大武鄉、太麻里鄉、東河鄉、長濱鄉、鹿野鄉、池上鄉、台東市、卑南鄉、關山鎮
澎湖縣		馬公市、湖西鄉、白沙鄉、西嶼鄉、望安鄉、七美鄉	
金門縣		金城鎮、金寧鄉、金沙鎮、烈嶼鄉、金湖鎮、烏坵鄉	
連江縣		南竿鄉、北竿鄉、東引鄉、莒光鄉(東莒、西莒)	
合計	30個	18個	25個

Table 1｜Townships with health care resources serving mountainous, offshore and aboriginal areas

County/City	Mountainous Township	Offshore Township	Aborigine Area
New Taipei City	Wulai District		
Taoyuan County	Fuxing Township		
Hsinchu County	Wufeng Township、Jianshi Township		Guanshi Town
Miaoli County	TaianTownship		Nanzhuang Township、Shitan Township
Taichung City	Heping Township(Heping、Lishan)		
Nantou County	Renai Township、Xinyi Township		Yuchi Township
Chiayi County	Alishan Township		
Kaohsiung City	Namasia District、Tauyuan District、Maolin District		
Pingtung County	Sandimen Township、Wutai Township、Majia Township、Taiwu Township、Laiyi Township、Chunri Township、Shizi Township、Mudan Township	Liuqiu Township	Manzhou Township
Yilan County	Datong Township、Nanao Township		
Hualien County	Xiulin Township、Wanrong Township、Zhouxi Township		Xincheng Township、Shoufeng Township、Guangfu Township、Fengbin Township、Ruisui Township、Fuli Township、Jian Township、Fenglin Township、Yuli Town、Hualien City
Taitung County	Haiduan Township、Yanping Township、Jinfeng Township、Daren Township、Lanyu Township	Ludao Township	Changkang Town、Dawu Township、Taimali Township、Donghe Township、Changbin Township、Luye township、Chishang Township、Taitung City、Beinan Township、Guanshan Town
Penghu County		Magong City、Huxi Township、Baisha Township、Xiyu Township、Wangan Township、Qimei Township	
Kinmen County		Jincheng Town、Jinning Township、Jinsha Town、Lieyu Township、Chinhu Town、Wuqiu Township	
Lienchiang		Nangan Township、Beigan Township、Dongyin Township、Juguang Township (East Ju、West Ju)	
Total	30	18	25

表2｜歷年原住民及全國十大死因比較表

年度 \ 排序 類別	一	二	三	四	五	六	七	八	九	十
2012	原住民										
	全國	惡性腫瘤	心臟疾病(高血壓性疾病除外)	腦血管疾病	肺炎	糖尿病	事故傷害	慢性下呼吸道疾病	高血壓性疾病	慢性肝病及肝硬化	腎炎、腎病症候群及腎病變
2011	原住民	惡性腫瘤	心臟疾病	慢性肝病肝硬化	事故傷害	腦血管疾病	肺炎	糖尿病	慢性下呼吸道疾病	高血壓性疾病	敗血症
	全國	惡性腫瘤	心臟疾病(高血壓性疾病除外)	腦血管疾病	糖尿病	肺炎	事故傷害	慢性下呼吸道疾病	慢性肝病及肝硬化	高血壓性疾病	腎炎、腎病症候群及腎病變
2010	原住民	惡性腫瘤	心臟疾病(高血壓性疾病除外)	事故傷害	慢性肝病肝硬化	腦血管疾病	肺炎	糖尿病	慢性下呼吸道疾病	高血壓性疾病	敗血症
	全國	惡性腫瘤	心臟疾病(高血壓性疾病除外)	腦血管疾病	肺炎	糖尿病	事故傷害	慢性下呼吸道疾病	慢性肝病及肝硬化	高血壓性疾病	腎炎、腎病症候群及腎病變
2009	原住民	惡性腫瘤	事故傷害	心臟疾病	慢性肝病及肝硬化	腦血管疾病	肺炎	糖尿病	慢性下呼吸道疾病	高血壓性疾病	敗血症
	全國	惡性腫瘤	心臟疾病	腦血管疾病	肺炎	糖尿病	事故傷害	慢性下呼吸道疾病	慢性肝病	自殺	腎炎、腎病症候群及腎病變
2008	原住民	惡性腫瘤	心臟疾病	慢性肝病及肝硬化	事故傷害	腦血管疾病	肺炎	慢性下呼吸道疾病	糖尿病	高血壓性疾病	敗血症
	全國	惡性腫瘤	心臟疾病	腦血管疾病	肺炎	糖尿病	事故傷害	慢性下呼吸道疾病	慢性肝病	自殺	腎炎、腎病症候群及腎病變
2007	原住民	惡性腫瘤	慢性肝病及肝硬化	事故傷害	腦血管疾病	心臟疾病	糖尿病	肺炎	自殺	腎炎、腎病症候群及腎病變	高血壓性疾病
	全國	惡性腫瘤	心臟疾病	腦血管疾病	糖尿病	事故傷害	肺炎	慢性肝病	腎炎、腎病症候群及腎病變	自殺	高血壓性疾病
2006	原住民	惡性腫瘤	事故傷害	腦血管疾病	慢性肝病及肝硬化	心臟疾病	糖尿病	肺炎	高血壓性疾病	腎炎、腎徵候群及腎變性病	自殺
	全國	惡性腫瘤	腦血管疾病	心臟疾病	糖尿病	事故傷害	肺炎	慢性肝病及肝硬化	腎炎、腎病症候群及腎病變	自殺	高血壓疾病

Table 2｜The ten leading causes of death among aborigines from 2001 to 2012

Year \ Ranking Cause of Death	1	2	3	4	5	6	7	8	9	10
2012	Aborigine										
	National	Malignant Tumor	Heart Disease (Hypertensive Disease excluded)	Cerebral Vascular Disease	Pneumonia	Diabetes Mellitus	Accidental injury	Chronic lower repiratory illness	Hypertensive Disease	Chronic liver disease and Cirrhosis	Nephritis andNephrotic syndromeand Nephropathy
2011	Aborigine	Malignant Tumor	Heart Disease	Chronic liver disease and Cirrhosis	Accidental injury	Cerebral Vascular Disease	Pneumonia	Diabetes Mellitus	Chronic lower repiratory illness	Hypertensive Disease	Septicemia
	National	Malignant Tumor	Heart Disease (Hypertensive Disease excluded)	Cerebral Vascular Disease	Diabetes Mellitus	Pneumonia	Accidental injury	Chronic lower repiratory illness	Chronic liver disease and Cirrhosis	Hypertensive Disease	Nephritis andNephrotic syndromeand Nephropathy
2010	Aborigine	Malignant Tumor	Heart Disease (Hypertensive Disease excluded)	Accidental injury	Chronic liver disease and Cirrhosis	Cerebral Vascular Disease	Pneumonia	Diabetes Mellitus	Chronic lower repiratory illness	Hypertensive Disease	Septicemia
	National	Malignant Tumor	Heart Disease (Hypertensive Disease excluded)	Cerebral Vascular Disease	Pneumonia	Diabetes Mellitus	Accidental injury	Chronic lower repiratory illness	Chronic liver disease and Cirrhosis	Hypertensive Disease	Nephritis andNephrotic syndromeand Nephropathy
2009	Aborigine	Malignant Tumor	Accidental injury	Heart Disease	Chronic liver disease and Cirrhosis	Cerebral Vascular Disease	Pneumonia	Diabetes Mellitus	Chronic lower repiratory illness	Hypertensive Disease	Septicemia
	National	Malignant Tumor	Heart Disease	Cerebral Vascular Disease	Pneumonia	Diabetes Mellitus	Accidental injury	Chronic lower repiratory illness	Chronis Liver Disease	Suicide	Nephritis andNephrotic syndromeand Nephropathy
2008	Aborigine	Malignant Tumor	Heart Disease	Chronic liver disease and Cirrhosis	Accidental injury	Cerebral Vascular Disease	Pneumonia	Chronic lower repiratory illness	Diabetes Mellitus	Hypertensive Disease	Septicemia
	National	Malignant Tumor	Heart Disease	Cerebral Vascular Disease	Pneumonia	Diabetes Mellitus	Accidental injury	Chronic lower repiratory illness	Chronic Liver Disease	Suicide	Nephritis andNephrotic syndromeand Nephropathy
2007	Aborigine	Malignant Tumor	Chronic liver disease and Cirrhosis	Accidental injury	Cerebral Vascular Disease	Heart Disease	Diabetes Mellitus	Pneumonia	Suicide	Nephritis andNephrotic syndromeand Nephropathy	Hypertensive Disease
	National	Malignant Tumor	Heart Disease	Cerebral Vascular Disease	Diabetes Mellitus	Accidental injury	Pneumonia	Chronic Liver Disease	Nephritis andNephrotic syndromeand Nephropathy	Suicide	Hypertensive Disease
2006	Aborigine	Malignant Tumor	Accidental injury	Cerebral Vascular Disease	Chronic liver disease and Cirrhosis	Heart Disease	Diabetes Mellitus	Pneumonia	Hypertensive Disease	Nephritis andNephrotic syndromeand Nephropathy	Suicide
	National	Malignant Tumor	Cerebral Vascular Disease	Heart Disease	Diabetes Mellitus	Accidental injury	Pneumonia	Chronic liver disease and Cirrhosis	Nephritis andNephrotic syndromeand Nephropathy	Suicide	Hypertensive Disease

表2｜歷年原住民及全國十大死因比較表

年度 \ 排序	類別	一	二	三	四	五	六	七	八	九	十
2005	原住民	惡性腫瘤	事故傷害	慢性肝病肝硬化	腦血管疾病	心臟疾病	糖尿病	肺炎	自殺	結核病、支氣管炎肺氣腫氣	腎炎、腎病症候群及腎病變
	全國	惡性腫瘤	腦血管疾病	心臟疾病	糖尿病	事故傷害	肺炎	慢性肝病及肝硬化	腎炎、腎病症候群及腎病變	自殺	高血壓疾病
2004	原住民	惡性腫瘤	事故傷害	慢性肝病及肝硬化	腦血管疾病	心臟疾病	糖尿病	肺炎	自殺	結核病、支氣管炎肺氣腫氣	高血壓性疾病
	全國	惡性腫瘤	腦血管疾病	事故傷害	心臟疾病	糖尿病	慢性肝病及肝硬化	腎炎、腎病症候群及腎病變	肺炎	高血壓疾病	呼吸系統疾病
2003	原住民	惡性腫瘤	事故傷害	腦血管疾病	慢性肝病肝硬化	心臟疾病	診斷欠明疾病	糖尿病	呼吸系統疾病	消化系統其他部位疾病	肺炎及流行性感冒
	全國	惡性腫瘤	腦血管疾病	心臟疾病	糖尿病	事故傷害	慢性肝病及肝硬化	肺炎	腎炎、腎病症候群及腎病變	自殺	高血壓疾病
2002	原住民	事故傷害	惡性腫瘤	腦血管疾病	慢性肝病肝硬化	心臟疾病	診斷欠明疾病	糖尿病	呼吸系統疾病	消化系統其他部位疾病	肺炎
	全國	惡性腫瘤	腦血管疾病	心臟疾病	糖尿病	事故傷害	慢性肝病及肝硬化	肺炎	腎炎、腎病症候群及腎病變	自殺	高血壓疾病
2001	原住民	事故傷害	惡性腫瘤與慢性肝病肝硬化	腦血管	心臟疾病	診斷欠明疾病	糖尿病	呼吸系統疾病	結核病	消化系統	其他部位疾病
	全國	惡性腫瘤	腦血管疾病	心臟疾病	事故傷害	糖尿病	慢性肝病及肝硬化	腎炎、腎病症候群及腎病變	肺炎	自殺	高血壓疾病

資料來源｜2014.1.10衛生福利部統計處及行政院原住民族委員會網站資料

Table 2｜The ten leading causes of death among aborigines from 2001 to 2012

Year \ Ranking / Cause of Death		1	2	3	4	5	6	7	8	9	10
2005	Aborigine	Malignant Tumor	Accidental injury	Chronic liver disease and Cirrhosis	Cerebral Vascular Disease	Heart Disease	Diabetes Mellitus	Pneumonia	Suicide	TB、Bronchitis and Emphysema	Nephritis andNephrotic syndromeand Nephropathy
	National	Malignant Tumor	Cerebral Vascular Disease	Heart Disease	Diabetes Mellitus	Accidental injury	Pneumonia	Chronic liver disease and Cirrhosis	Nephritis andNephrotic syndromeand Nephropathy	Suicide	Hypertensive Disease
2004	Aborigine	Malignant Tumor	Accidental injury	Chronic liver disease and Cirrhosis	Cerebral Vascular Disease	Heart Disease	Diabetes Mellitus	Pneumonia	Suicide	TB、Bronchitis and Emphysema	Hypertensive Disease
	National	Malignant Tumor	Cerebral Vascular Disease	Accidental injury	Heart Disease	Diabetes Mellitus	Chronic liver disease and Cirrhosis	Nephritis andNephrotic syndromeand Nephropathy	Pneumonia	Hypertensive Disease	Respiratory Disease
2003	Aborigine	Malignant Tumor	Accidental injury	Cerebral Vascular Disease	Chronic liver disease and Cirrhosis	Heart Disease	Unknown Disease	Diabetes Mellitus	Respiratory Disease	Digestive System and other diseases	Pneumoniaand Influenza
	National	Malignant Tumor	Cerebral Vascular Disease	Heart Disease	Diabetes Mellitus	Accidental injury	Chronic liver disease and Cirrhosis	Pneumonia	Nephritis andNephrotic syndromeand Nephropathy	Suicide	Hypertensive Disease
2002	Aborigine	Accidental injury	Malignant Tumor	Cerebral Vascular Disease	Chronic liver disease and Cirrhosis	Heart Disease	Unknown Disease	Diabetes Mellitus	Respiratory Disease	Digestive System and other diseases	Pneumonia
	National	Malignant Tumor	Cerebral Vascular Disease	Heart Disease	Diabetes Mellitus	Accidental injury	Chronic liver disease and Cirrhosis	Pneumonia	Nephritis andNephrotic syndromeand Nephropathy	Suicide	Hypertensive Disease
2001	Aborigine	Accidental injury	Malignant Tumor and Chronic liver disease and Cirrhosis	Cerebral Vascular	Heart Disease	Unknown Disease	Diabetes Mellitus	Respiratory Disease	TB	Digestive System	Other Diseases
	National	Malignant Tumor	Cerebral Vascular Disease	Heart Disease	Accidental injury	Diabetes Mellitus	Chronic liver disease and Cirrhosis	Nephritis andNephrotic syndromeand Nephropathy	Pneumonia	Suicide	Hypertensive Disease

Source｜Data from Department of Statistics, MOHW and Aboriginal Peoples Committee websites referenced on Jan 10, 2014.

表3｜全國及山地離島與平地原住民地區每萬人口醫師數

地區	縣市別	鄉鎮市區	人口數/2013年底	人口密度	65歲以上人口數	老年人口比率%	醫師數總計	每萬人口醫師數
全國			23,373,517	646	2,694,406	11.53%	42,143	18.03
三十個山地鄉(十二個縣市)	新北市	烏來區	6,036	19	588	9.74%	4	6.63
	宜蘭縣	南澳鄉	5,912	8	496	8.39%	5	8.46
		大同鄉	6,005	9	524	8.73%	4	6.66
	桃園縣	復興鄉	10,625	30	1,140	10.73%	6	5.65
	新竹縣	五峰鄉	4,539	20	434	9.56%	2	4.41
		尖石鄉	9,167	17	681	7.43%	4	4.36
	苗栗縣	泰安鄉	5,969	10	744	12.46%	8	13.40
	臺中市	和平區	10,589	10	1,573	14.86%	7	6.61
	南投縣	信義鄉	16,727	12	1,649	9.86%	10	5.98
		仁愛鄉	15,739	12	1,445	9.18%	8	5.08
	嘉義縣	阿里山鄉	5,732	13	717	12.51%	3	5.23
	高雄市	那瑪夏區	3,145	12	186	5.91%	2	6.36
		桃源區	4,406	5	276	6.26%	2	4.54
		茂林區	1,832	9	158	8.62%	2	10.92
	屏東縣	三地門鄉	7,566	39	736	9.73%	3	3.97
		霧臺鄉	3,199	11	411	12.85%	2	6.25
		瑪家鄉	6,598	84	689	10.44%	11	16.67
		泰武鄉	5,131	43	429	8.36%	4	7.80
		來義鄉	7,610	45	706	9.28%	4	5.26
		春日鄉	4,823	30	480	9.95%	9	18.66
		獅子鄉	4,776	16	432	9.05%	2	4.19
		牡丹鄉	4,777	26	558	11.68%	2	4.19
	臺東縣	海端鄉	4,363	5	304	6.97%	2	4.58
		延平鄉	3,552	8	260	7.32%	2	5.63
		金峰鄉	3,502	9	301	8.60%	5	14.28
		達仁鄉	3,762	12	376	9.99%	2	5.32
		蘭嶼鄉	4,905	101	322	6.56%	3	6.12
	花蓮縣	萬榮鄉	6,495	11	492	7.58%	4	6.16
		卓溪鄉	6,121	6	517	8.45%	4	6.53
		秀林鄉	15,267	9	1,097	7.19%	15	9.83
山地鄉小計			198,870	-	18,721	9.41%	141	7.09

Table 3｜Comparing ratios of physicians per 10,000 population nationwide with mountainous, offshore, and aboriginal areas

Area	County/City	Township and District	Population (as end of 2013)	Population Density	Population over 65 years	Senior population %	Total Physician Count	Physician per 10,000
National			23,373,517	646	2,694,406	11.53%	42,143	18.03
30 Mountainous Townships(in 12 counties and cities)	New Taipei City	Wulai District	6,036	19	588	9.74%	4	6.63
	Yilan County	Nanao Township	5,912	8	496	8.39%	5	8.46
		Datong Township	6,005	9	524	8.73%	4	6.66
	Taoyuan County	Fuxing Township	10,625	30	1,140	10.73%	6	5.65
	Hsinchu County	Wufeng Township	4,539	20	434	9.56%	2	4.41
		Jianshi Township	9,167	17	681	7.43%	4	4.36
	Miaoli County	Taian Township	5,969	10	744	12.46%	8	13.40
	Taichung City	Heping District	10,589	10	1,573	14.86%	7	6.61
	Nantou County	Xinyi Township	16,727	12	1,649	9.86%	10	5.98
		Renai Township	15,739	12	1,445	9.18%	8	5.08
	Chiayi County	Alishan Township	5,732	13	717	12.51%	3	5.23
	Kaohsiung City	Namasia District	3,145	12	186	5.91%	2	6.36
		Tauyuan District	4,406	5	276	6.26%	2	4.54
		Maolin District	1,832	9	158	8.62%	2	10.92
	Pintung County	Sandimen Township	7,566	39	736	9.73%	3	3.97
		Wutai Township	3,199	11	411	12.85%	2	6.25
		Majia Township	6,598	84	689	10.44%	11	16.67
		Taiwu Township	5,131	43	429	8.36%	4	7.80
		Laiyi Township	7,610	45	706	9.28%	4	5.26
		Chunri Township	4,823	30	480	9.95%	9	18.66
		Shizi Township	4,776	16	432	9.05%	2	4.19
		Mudan Township	4,777	26	558	11.68%	2	4.19
	Taitung County	Haiduan Township	4,363	5	304	6.97%	2	4.58
		Yanping Township	3,552	8	260	7.32%	2	5.63
		Jinfeng Township	3,502	9	301	8.60%	5	14.28
		Daren Township	3,762	12	376	9.99%	2	5.32
		Lanyu Township	4,905	101	322	6.56%	3	6.12
	Hualien County	Wanrong Township	6,495	11	492	7.58%	4	6.16
		Zhouxi Township	6,121	6	517	8.45%	4	6.53
		Xiulin Township	15,267	9	1,097	7.19%	15	9.83
Moutainous Township Sub-total			198,870	-	18,721	9.41%	141	7.09

表3｜全國及山地離島與平地原住民地區每萬人口醫師數

地區	縣市別	鄉鎮市區	人口數/2013年底	人口密度	65歲以上人口數	老年人口比率%	醫師數總計	每萬人口醫師數
二十五個平地鄉	新竹縣	關西鎮	30,919	246	5,632	18.22%	19	6.15
	苗栗縣	南庄鄉	10,742	65	2,034	18.94%	3	2.79
		獅潭鄉	4,678	59	1,191	25.46%	1	2.14
	南投縣	魚池鄉	16,696	138	3,036	18.18%	4	2.40
	屏東縣	滿州鄉	8,124	57	1,313	16.16%	2	2.46
	臺東縣	臺東市	107,316	978	12,980	12.10%	220	20.50
		卑南鄉	17,763	43	2,718	15.30%	5	2.81
		鹿野鄉	8,229	92	1,492	18.13%	3	3.65
		關山鎮	9,268	158	1,560	16.83%	8	8.63
		池上鄉	8,679	105	1,600	18.44%	6	6.91
		東河鄉	8,992	43	1,802	20.04%	3	3.34
		成功鎮	15,051	105	2,487	16.52%	8	5.32
		長濱鄉	7,733	50	1,673	21.63%	0	0.00
		太麻里鄉	11,595	120	1,834	15.82%	4	3.45
		大武鄉	6,531	94	787	12.05%	2	3.06
	花蓮縣	花蓮市	107,281	6348	12,495	11.65%	535	49.87
		新城鄉	20,148	685	2,414	11.98%	47	23.33
		吉安鄉	82,157	1259	8,908	10.84%	26	3.16
		壽豐鄉	18,109	83	3,117	17.21%	13	7.18
		鳳林鎮	11,397	95	2,511	22.03%	22	19.30
		光復鄉	13,459	86	2,563	19.04%	4	2.97
		豐濱鄉	4,632	29	892	19.26%	4	8.64
		瑞穗鄉	12,170	90	2,249	18.48%	5	4.11
		玉里鎮	25,695	102	4,617	17.97%	90	35.03
		富里鄉	10,966	62	2,245	20.47%	1	0.91
平地鄉小計			578,330	-	84,150	14.55%	1,035	17.90

Table 3｜Comparing ratios of physicians per 10,000 population nationwide with mountainous, offshore, and aboriginal areas

Area	County/City	Township and District	Population (as end of 2013)	Population Density	Population over 65 years	Senior population %	Total Physician Count	Physician per 10,000
25 Aboriginal Areas	Hsinchu County	Guanshi Town	30,919	246	5,632	18.22%	19	6.15
	Miaoli County	Nanzhuang Township	10,742	65	2,034	18.94%	3	2.79
		Shitan Township	4,678	59	1,191	25.46%	1	2.14
	Nantou County	Yuchi Township	16,696	138	3,036	18.18%	4	2.40
	Pingtung County	Manzhou Township	8,124	57	1,313	16.16%	2	2.46
	Taitung County	Taitung City	107,316	978	12,980	12.10%	220	20.50
		Beinan Township	17,763	43	2,718	15.30%	5	2.81
		Luye Township	8,229	92	1,492	18.13%	3	3.65
		Guanshan Town	9,268	158	1,560	16.83%	8	8.63
		Chishang Township	8,679	105	1,600	18.44%	6	6.91
		Donghe Township	8,992	43	1,802	20.04%	3	3.34
		Changkang Town	15,051	105	2,487	16.52%	8	5.32
		Changbin Township	7,733	50	1,673	21.63%	0	0.00
		Taimali Township	11,595	120	1,834	15.82%	4	3.45
		Dawu Township	6,531	94	787	12.05%	2	3.06
	Hualien County	Hualien City	107,281	6348	12,495	11.65%	535	49.87
		Xincheng Township	20,148	685	2,414	11.98%	47	23.33
		Jian Township	82,157	1259	8,908	10.84%	26	3.16
		Shoufeng Township	18,109	83	3,117	17.21%	13	7.18
		Fenglin Township	11,397	95	2,511	22.03%	22	19.30
		Guangfu Township	13,459	86	2,563	19.04%	4	2.97
		Fengbin Township	4,632	29	892	19.26%	4	8.64
		Ruisui Township	12,170	90	2,249	18.48%	5	4.11
		Yuli Town	25,695	102	4,617	17.97%	90	35.03
		Fuli Township	10,966	62	2,245	20.47%	1	0.91
Aborigine Area Sub-total			578,330	-	84,150	14.55%	1,035	17.90

表3｜全國及山地離島與平地原住民地區每萬人口醫師數

地區	縣市別	鄉鎮市區	人口數/2013年底	人口密度	65歲以上人口數	老年人口比率%	醫師數總計	每萬人口醫師數
十八個離島地區	屏東縣	琉球鄉	12,415	1,825	1,448	11.66%	8	6.44
	臺東縣	綠島鄉	3,580	237	330	9.22%	1	2.79
	澎湖縣	馬公市	59,502	1,750	7,357	12.36%	126	21.18
		西嶼鄉	8,403	449	1,547	18.41%	4	4.76
		望安鄉	5,021	364	859	17.11%	3	5.97
		七美鄉	3,662	524	582	15.89%	2	5.46
		湖西鄉	14,221	427	2,368	16.65%	2	1.41
		白沙鄉	9,591	477	1,654	17.25%	5	5.21
	澎湖縣小計		100,400	791	14,367	14.31%	142	14.14
	金門縣	金城鎮	39,062	1,799	4,208	10.77%	21	5.38
		金沙鎮	18,567	451	2,445	13.17%	2	1.08
		金湖鎮	26,074	625	2,750	10.55%	50	19.18
		金寧鎮	25,118	841	2,594	10.33%	3	1.19
		烈嶼鄉	11,236	702	1,501	13.36%	1	0.89
		烏坵鄉	656	547	56	8.54%	0	0.00
	金門縣小計		120,713	796	13,554	11.23%	77	6.38
	連江縣	南竿鄉	7,288	701	659	9.04%	12	16.47
		北竿鄉	2,268	229	210	9.26%	2	8.82
		莒光鄉	1,438	306	183	12.73%	7	48.68
		東引鄉	1,171	308	82	7.00%	5	42.70
	連江縣小計		12,165	422	1,134	9.32%	26	21.37
離島地區小計			249,273	-	30,833	12.37%	254	10.19
山地及離島地區小計			448,143	-	49,554	21.78%	395	8.81

資料來源｜2014.3.11衛生福利部醫事系統西醫執登數、2013年底內政部戶政司人口數

Table 3｜Comparing ratios of physicians per 10,000 population nationwide with mountainous, offshore, and aboriginal areas

Area	County/City	Township and District	Population (as end of 2013)	Population Density	Population over 65 years	Senior population %	Total Physician Count	Physician per 10,000
18 Offshore areas	Pingtung County	Liuqiu Township	12,415	1,825	1,448	11.66%	8	6.44
	Taitung County	Ludao Township	3,580	237	330	9.22%	1	2.79
	Penghu County	Magong City	59,502	1,750	7,357	12.36%	126	21.18
		Xiyu Township	8,403	449	1,547	18.41%	4	4.76
		Wangan Township	5,021	364	859	17.11%	3	5.97
		Qimei Township	3,662	524	582	15.89%	2	5.46
		Huxi Township	14,221	427	2,368	16.65%	2	1.41
		Baisha Township	9,591	477	1,654	17.25%	5	5.21
	Penghu County Sub-total		100,400	791	14,367	14.31%	142	14.14
	Kinmen County	Jincheng Town	39,062	1,799	4,208	10.77%	21	5.38
		Jinsha Town	18,567	451	2,445	13.17%	2	1.08
		Chinhu Town	26,074	625	2,750	10.55%	50	19.18
		Jinning Town	25,118	841	2,594	10.33%	3	1.19
		Lieyu Township	11,236	702	1,501	13.36%	1	0.89
		Wuqiu Township	656	547	56	8.54%	0	0.00
	Kinmen County Sub-total		120,713	796	13,554	11.23%	77	6.38
	Lienjiang County	Nangan Township	7,288	701	659	9.04%	12	16.47
		Beigan Township	2,268	229	210	9.26%	2	8.82
		Juguang Township	1,438	306	183	12.73%	7	48.68
		Dongyin Township	1,171	308	82	7.00%	5	42.70
	Lienchiang County Sub-total		12,165	422	1,134	9.32%	26	21.37
Offshore Township Sub-total			249,273	-	30,833	12.37%	254	10.19
Mountainous and Offshore Area Total			448,143	-	49,554	21.78%	395	8.81

Source｜Data from Medical Affairs System registry of physicians and population figures from 2013 reported by the Ministry of the Interior as of March 11th 2014

偏鄉離島的主要差異

社會經濟的差異

偏鄉離島居民有以下幾項特點：教育經濟水準較低、逐年趨於高齡化、居地交通不便、原住民比率高。

教育經濟水準較低

由於山地離島位處偏遠，教育資源有限，以致當地居民的教育程度較低，謀求職業的競爭力較弱；此外，原住民特殊的集體文化特性，也影響其於現今社會的獨立就業機會，因此，在教育經濟上與一般國民普遍水準仍有一段差距。

人口高齡化

由於低出生率及低死亡率，臺灣地區近年形成人口老化的現象。根據內政部2012年原住民人口結構統計資料顯示，原住民六十五歲以上的老年人口比率，為百分之六點四，且有逐年增加之趨勢。

幅員廣　交通不便

臺灣山地離島地區涵蓋區域占全國土地面積的四成四比率，先天地理環境的限制，加上幅員遼闊，以致交通非常不便。

原住民比率較高

原住民族具有獨特的狩獵生活型態及文化習慣，故多半居住於山地與偏遠地區。

Key Issues in Remote and Offshore Areas

Socio-economic Disparity

The residents of remote and offshore islands face issues of lower status including poor education and economic status, ageing, inconvenient transportation and there is a high percentage of aboriginal residents.

Poor Education and Economic Status

Due to the geographic distance and poor education resources in remote and offshore areas compared to the general population, aboriginal people have limited job opportunities and lower levels of education. Furthermore, the cultural characteristics of indigenous people also affect their work opportunities in the current society and play a part in the gap in economic status.

Ageing of the Population

In recent years, the population of Taiwan is ageing rapidly due to low birth and mortality rates. According to the Ministry of the Interior (MOI), demographic statistics for aboriginal communities from 2012 show that 6.4% of population was over age 65 and rising annually.

Covering a Rugged Geography with Limited Transportation

Rugged mountains and outlying islands comprise 44% of the landmass of Taiwan, with these natural geographic constraints limiting transportation.

High Rate of Aboriginal Residents in Remote Areas

Due to their unique hunting lifestyle and cultural habits, many aborigines live in mountainous and remote areas.

Medical Resource Disparity

Due to factors such as limited transportation infrastructure and a sparsely scattered

醫療資源的差異

偏鄉離島地區因為受限於交通不便、人口稀少且分散等因素，無法吸引醫療院所前往開業，對於醫事人員的招募及留任亦有相當程度的困難，因此，醫療資源普遍有較不充足的情況。

醫師招募及留任不易

（1）偏鄉離島地區因為地理環境特殊，醫護人員羅致不易；其人口稀少，就醫人次不足，執業所得不符經濟效益；又因對外交通不便，天災經常造成交通中斷；再加上醫師個人的生涯規劃、家庭生活及子女教育等問題，導致醫師招募及留任的困難。

（2）醫師及醫事人員因公務編制缺少，無法吸引年輕優秀醫師及醫事人員到院服務。

（3）公費醫師及補服隊勤醫師，因為薪資較低、生活物資條件較本島差，絕大部分服務滿期就離開，無法長駐。

（4）離島地區的交通不便，資源缺乏，而且缺少醫學中心的學習。

專科醫師人力不足

（1）為培育適當的醫師人力，落實教、考、訓、用政策，衛生福利部自1986年起進行醫師人力規劃，目前每年培育一千三百名醫學系學生。迄今，我國每萬人口專科人力，分別為內科三點八四、外科二點四六、兒科一點六三、婦產科一點零五、急診醫學科零點六三；與日本、新加坡等先進國家相較，並無明顯不足，惟偏鄉離島地區因交通不便、缺乏經濟誘因等因素，造成人才網羅不易。

population, it is difficult to attract medical institutions and recruit and retain medical personnel in remote and offshore areas, so these areas generally suffer from a lack of adequate medical resources.

Difficulty Recruiting and Retaining Physicians

（a）Due to the unique geographic environment of remote and offshore areas with their sparse population, the practicing physicians receive fewer medical visits. This inconsistent demand for services does not meet their expectations of economic benefit, making it difficult to recruit medical staff to such areas. In addition, major problems include limited transportation infrastructure connecting remote regions to more populated ones, traffic disruptions caused by natural disasters, and personal issues, such as educating children and career planning.

（b）It is difficult to attract outstanding young physicians and other medical personnel to provide hospital-based services as a result of the lack of official position for them.

（c）Due to lower earnings and poorer standard of living compared to residents of the main island, most publicly funded physicians and who are paying the state back through service in remote regions are unable to stay and leave after their term of service expires.

（d）Insufficient opportunities to learn from medical centers and inconvenient transportation affects medical professionals in remote and offshore areas.

Shortage of Specialty Physicians

（a）To cultivate sufficient medical manpower to meet policy goals regarding study, certification, training and practice, starting in 1986, the MOHW has been planning the development of medical manpower and currently permits 1,300 medical students annually. So far, the number of specialty physicians per million people is 2.46 in internal medicine, 3.84 in surgery, 1.63 in pediatrics, 1.05 in obstetrics and gynecology, and 0.63 in emergency medicine, figures which are similar to Japan, Singapore and other OECD countries. However, limited transportation infrastructure, inconveniences, lack of incentives and other factors have caused recruitment difficulties in remote and offshore areas.

（2）醫師的服務科別容易隨著醫師的異動而改變。

（3）澎湖、金門地區地處偏遠離島地區，專科及次專科醫師來院服務的意願低，造成專科及次專科醫師人力不足。

先進醫療設備較為缺乏

（1）為提昇偏鄉離島地區民眾就醫品質及改善就醫環境，對於老舊、不符現代需求的衛生所（室），補助衛生所（室）重（擴）建及修繕，以提昇醫療保健服務品質，符合現階段醫療保健服務之需，提供更具現代化的就醫環境。

（2）偏鄉離島醫療院所數量稀少，相關醫療大多仰賴基層衛生所（室）。為充實偏鄉離島地區衛生所（室）醫療保健設備，更新購置醫療資訊設備、救護車或巡迴醫療車輛，強化衛生所（室）醫療服務資源，以提昇在地優質醫療照護品質，並達到醫療資源的均衡發展。

（3）高科技儀器的設置成本高，攤提成本的負擔沈重。

（4）為了滿足離島地區民眾醫療需求及提高服務品質，執行政策德政、減少民怨，並且為符合評鑑及法規需求，需要更新增加設備及硬體改善，例如高價醫療裝備、心導管、公共建設等，然而投資及購置高成本之醫療設備，在人口較少的離島，無法達成經濟規模、符合效益。

健康的差異

山地離島偏鄉的青壯年人口移往都市，留下的是中老年人及青少年，形成另類的「老人化社會」、隔代教養的問題、家庭結構不完整、教育功

（b）Specialty medical services are easily stopped as they move.

（c）Penghu and Kinmen islands are located in offshore areas; specialty and sub-specialty physicians are insufficient there.

Insufficient Advanced Medical Facilities

（a）To improve the quality of medical services in the remote and offshore areas, we will support renovation or reconstruction of old health centers (stations) that do not meet present needs to improve the quality of health care, meeting current needs and building a modern medical environment.

（b）Given the scarcity of hospitals in the remote regions and outlying islands, medical services there mostly rely on health centers (stations). There is a need to improve their medical equipment, ambulance or mobile health service vehicles, update medical informatics capacity, and strengthen service resources of health centers in order to promote the quality of health care services and to achieve a more balanced distribution of medical resources.

（c）High-technical instrument set-up costs come with amortized cost burdens.

（d）To satisfy the need for medical services and to promote the quality of services in remote and offshore areas, it is necessary to implement benevolent policies to reduce grievances and to conform to accreditation and regulatory requirements, providing better medical facilities and equipment, including expensive medical equipment, cardiac catheterization room, public infrastructure and more. These investments and purchases to establish medical facilities in less populated offshore islands are costly and usually unable to generate profit.

Health Disparities

Most adults in the mountainous and offshore areas move to the cities in search of opportunity. This produces a unique type of ageing society in remote areas, with only elderly and children remaining. Problems therefore include grandparenting issues, incomplete family structure, poor education and low socio-economic status, and these affect the residents' cognition and health behaviors, as well as producing

能不彰、社經地位的低落，影響健康行為的認知與發展、以及許多健康問題。此外，文化的特殊性及飲食習慣，往往與過去集體捕獸及農耕生活連結，因此，依照一般的健康標準或營養標準來看，慢性病、不健康行為及死亡率都高於一般國民。

慢性病比率較高

2012年的山地鄉結核病發生率，為每十萬人口有一百九十三點三例，同年全國為每十萬人口有五十三例，山地鄉結核病的發生率高達全國的三點六倍。

不健康的行為比率較高

（1）由於偏遠離島地區的整體環境衛生、居民的個人衛生習慣、以及對疾病預防與健康認知等資訊的傳遞與獲得較一般地區困難，均可能增加傳染病感染的風險。

（2）相關研究指出，山地鄉對結核病的錯誤認知，包括：飲酒為結核病傳染途徑、傳統醫療及草藥可以治癒結核病、結核病為遺傳疾病，這些錯誤認知可能成為推動防治的阻礙。

（3）根據衛生福利部調查資料顯示，臺東縣、花蓮縣、雲林縣、南投縣、屏東縣、基隆市、臺南市等縣市，在吸菸、飲酒及嚼檳榔等方面，有較高的盛行率。

死亡率較高

（1）依據行政院原住民族委員會2011年原住民族人口及健康統計年報資料顯示：十大死因當中的標準化死亡率，原住民族均高於非原住民族，尤以心臟疾病、慢性肝病肝硬化、事故傷害等的差距為大。

other health problems. In addition, specific characteristics of local culture such as eating habits are often connected to a past hunting and farming way of life, consequently, new nutritional patterns relate to the incidence of chronic diseases and unhealthy behaviors and the mortality rate in these remote areas is higher than in the general population.

Comparatively Higher Rate of Chronic Disease

The incidence of TB among residents of mountain townships in 2012 was 193.3 cases per 100,000 people. That year, the overall TB incidence in the nation was only 53 cases per 100,000 people. The incidence of TB among the residents of mountainous regions is thus 3.6 times higher than that of the overall population.

High Incidence Rate of Unhealthy Behaviors

（a）Poor environmental and personal hygiene and difficulty obtaining knowledge about disease prevention and health in the remote and offshore areas increases the risk of communicable diseases.

（b）Researchers have found misconceptions about TB among residents in remote mountain areas, including the idea that TB infection is caused by drinking alcohol, that it can be treated adequately with traditional medicine, that TB can be cured with herbs and that TB is a genetic disease. Such beliefs could hinder the implementation of TB prevention measures and treatment.

（c）According to MOHW 2012 Cause-of-Death Statistics, in Hualien, the neonatal mortality rate is 4.6 per 1000 live births, substantially higher than the national average of 2.3 per 1000 live births. Moreover, in eastern regions such as Taitung and Hualien Counties, the Standardised death rates for cancers and chronic diseases are higher than in other counties. Standardized death rates attributable to cancer, heart disease, cerebrovascular disease and hypertension in Taitung County ranked first in the country, while Hualien had the highest standardized diabetes mortality in the country.

High Mortality Rate

（a）The 2011 annual report on the aboriginal population and health from the

（2）2011年山地鄉的結核病死亡率，為每十萬人口有十四點五人，同年全國為每十萬人口有二點八人，山地鄉的結核病死亡率高達全國平均的五倍。

（3）依據2012年衛生福利部死因統計資料顯示，花蓮縣新生兒死亡率為千分之四點六，與全國平均千分之二點三相比高出許多。另外，花東地區（臺東縣及花蓮縣等）的癌症與數種慢性病的標準化死亡率，較其他縣市高（臺東縣的癌症、心臟疾病、腦血管疾病及高血壓性疾病標準化死亡率，皆排名全國第一；而花蓮縣糖尿病標準化死亡率亦為全國第一）。

平均餘命較低

依據內政部統計處資料，比較2012年原住民族與全國人口的平均餘命，原住民族的平均餘命較全國為低，原住民族零歲平均餘命為七十點八一歲，男性為六十六點三四歲，女性為七十五點四六歲；較之全國人口零歲平均餘命為七十九點五一歲、男性為七十六點四三歲、女性為八十二點八二歲，原住民族分別少八點七歲、十點零九歲和七點三六歲。

雖然我國全國民眾與原住民族的平均餘命均逐年上升，但原住民平均餘命低於全國的平均餘命約八點七歲。在採行多項措施後，自2007年以後，原住民與全國平均餘命的差距逐年減少（圖1）。再與國際其他國家比較，我國全體國民與原住民平均餘命的差距優於澳洲，但較紐西蘭、加拿大及美國的差距為大（表4）。

Council of Indigenous Peoples showed the top ten leading causes of standardized mortality for the aboriginal population are higher than those for the non-aboriginal population, especially heart disease, chronic liver cirrhosis, and injuries.

（b）In 2011, the TB mortality rate in mountain townships was 14.5 cases per 100,000 population. That year, the overall TB mortality rate for the entire nation was 2.8 cases per 100,000 population. TB mortality in mountain townships is thus five times higher than that at the national level.

（c）According to the MOHW 2012 Cause-of-Death Statistics, the neonatal mortality rate in Hualien was 4.6 per 1000 live births, which was substantially higher than the national average of 2.3 per 1000 live births. In addition, in eastern regions such as Taitung and Hualien Counties, the standardised death rates for cancers and chronic diseases were higher than in other counties. Standardised death rates attributable to cancer, heart disease, cerebrovascular disease and hypertension in Taitung County ranked first in the country, while Hualien County had the highest standardized diabetes mortality in the country.

Low Average Life Expectancy

According to MOI statistics, the average life expectancy in the aboriginal population was lower than that of the general population in 2011. That year, average life expectancy in the aborigional population was 70.81 years; 66.32 for males and 75.45 year for females, compared to the general population which was 79.51 years; 76.43 year for males and 82.82 years for females. In other words, the aboriginal population lives 8.70 years less, on average, than the general population; 10.9 years less for males and 7.36 for females. Although the life expectancy for the general population and for aborigines have both gradually increased over the years, the average life expectancy of the aboriginal population remains 8.7 years lower. After the adoption of different public health interventions, the gap in life expectancy between the aboriginal and general population decreased after 2007 (Figure 1). Compared with other countries, the gap in life expectancy between the general and aboriginal populations is better than that of Australia, but worse, with a larger gap, compared to the aboriginal populations of New Zealand, Canada and United States.（Table 4）

圖1｜原住民與全國民眾平均餘命之比較圖

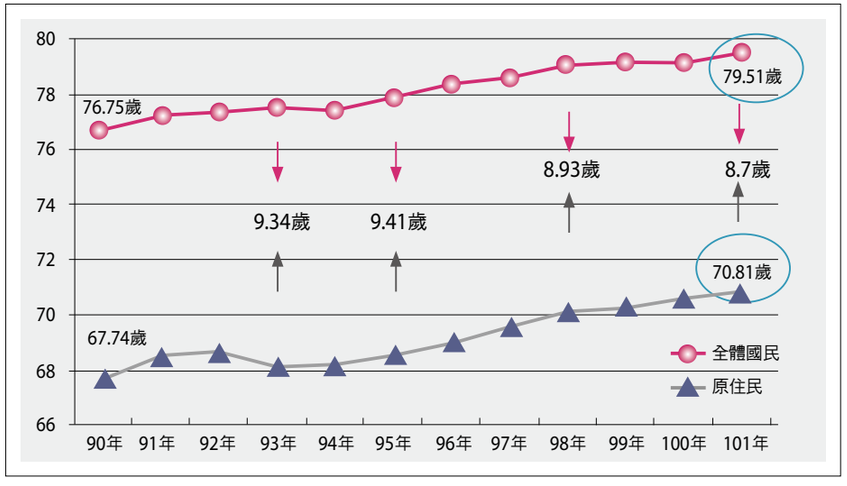

Figure 1｜Comparing life expectancy for aborigines with the Taiwan national average

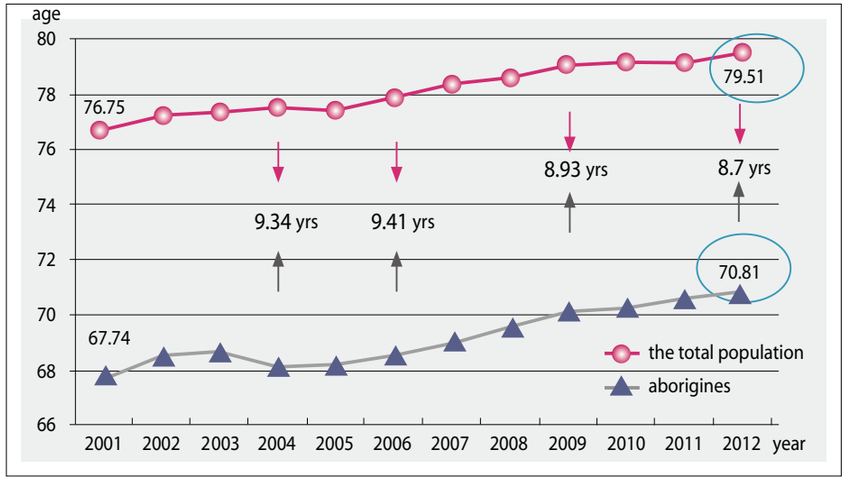

表4｜臺灣與各國原住民及非原住民平均餘命比較表

國家	臺灣			澳洲			加拿大			美國			紐西蘭		
類別 / 性別	原住民族	全國	差距	原住民與托雷斯海峽群島人	非原住民	差距	第一民族	非原住民	差距	印地安人/阿拉斯加原住民	非原住民	差距	毛利人	非原住民	差距
男性	64	74.9	-11	56	76.6	-21	68.9	76.3	-7.4	67.4	74.1	-6.7	69	76.3	-7.3
女性	73.4	81.4	-8	63	82	-19	76.6	81.8	-5.2	74.2	79.5	-5.3	73.2	81.1	-7.9

資料來源｜2007年Oxfam、衛生福利部及行政院原民會原住民健康狀況統計

Table 4｜Comparing life expectancy of aborigines and national averages for Taiwan, Australia, Canada, the United States and New Zealand

Country	Taiwan			Australia			Canada			United States			New Zealand		
Cat. / Sex	Aborig-ine	Natio-nal	Dispa-rity	Aborigines & Torres Strait Islanders	Non Aborig-ines	Dispa-rity	First People	Non Aborig-ines	Dispa-rity	Indians/ Alaska Natives	Non Aborig-ines	Dispa-rity	Maori	Non Aborig-ines	Dispa-rity
Male	64	74.9	-11	56	76.6	-21	68.9	76.3	-7.4	67.4	74.1	-6.7	69	76.3	-7.3
Female	73.4	81.4	-8	63	82	-19	76.6	81.8	-5.2	74.2	79.5	-5.3	73.2	81.1	-7.9

Source｜2007 Oxfam, Ministry of Health and Welfare and statistics from Aborignal Peoples Committee, Taiwan

第二節｜政策理念

建構國際級的偏鄉醫療照護網

國際輿論盛讚 之1

我們有世界最好的健保制度提供醫療服務，國際媒體持續報導（表5），每年有五十國代表來臺參訪。

表5｜國際媒體持續報導臺灣醫療照顧

2012	Taiwan's Progress on Health Care By Uwe E. Reinhardt (July 27, 2012)	紐約時報
	NGC Documentary featuring Taiwan's 'medical miracle' to premiere. (June 26, 2012)	國家地理頻道
	Health Insurance Is for Everyone By Fareed Zakaria (Mar 26, 2012)	時代雜誌
	GPS Special: Global Lessons – The GPS Road Map for Saving Heath Care. (Mar 17, 2012)	CNN電視台
2009	5 Myths About Health Care Around the World By T.R. Reid (Aug 23, 2009)	華盛頓郵報
2008	CNN put Taiwan's health insurance on the same level as other advanced countries as a valuable paradigm.	CNN電視台
	美國公共電視PBS將台灣與其他先進國家並列參考典範 (Apr 15, 2008)	
2005	諾貝爾得主保羅克魯曼將台灣經驗作為美國健保問題的借鏡 (Nov, 2005)	紐約時報

Section 2｜Policy Concepts

Establishing International Quality Rural Healthcare Network

High Praise from the World Part 1

Taiwan's national health insurance system has been rated as the best in the world, and international media continue to report on it (Table 5). Annually representatives of more than 50 countries visit Taiwan to learn about its health system.

Table5｜International media reports on Taiwan health care.

2012	Taiwan's Progress on Health Care By Uwe E. Reinhardt (July 27, 2012)	New York Times
	NGC Documentary featuring Taiwan's 'medical miracle' to premiere. (June 26, 2012)	National Geographic Channel
	Health Insurance Is for Everyone By Fareed Zakaria (Mar 26, 2012)	Time Magazine
	GPS Special: Global Lessons – The GPS Road Map for Saving Heath Care. (Mar 17, 2012)	CNN
2009	5 Myths About Health Care Around the World By T.R. Reid (Aug 23, 2009)	Washington Post
2008	CNN put Taiwan's health insurance on the same level as other advanced countries as a valuable paradigm.	CNN
	PBS put Taiwan Amongst Other Developed Countries as References (Apr 15, 2008)	
2005	Nobel Prize Winner Paul Luckman Used Taiwan as an Example to Help Solve Health Insurance Issues in United States (Nov, 2005)	New York Times

國際輿論盛讚 之2

紐約時報New York Times於2012年七月二十七日刊出美國普林斯頓大學經濟學教授Uwe Reinhardt專文，盛讚臺灣醫療照顧的進步。

The New York Times

Economix

Explaining the Science of Everyday Life

JULY 27, 2012, 6:00 AM

Taiwan's Progress on Health Care

By UWE E. REINHARDT

Uwe E. Reinhardt is an economics professor at Princeton. He has some financial interests in the health care field.

Several years ago I wrote "Humbled in Taiwan," a commentary for The British Medical Journal.

居世界健康照護系統排名前茅

根據The Richest於2013年報導，臺灣高居世界十大最佳健康照護系統排名之首，分析排名第一的原因，包括：以低的醫療費用普及全民，以健保IC卡（Smart Card）取得資料，減少紙本作業，老人及弱勢獲得補助，以及就醫管道具可近性，可以自由選擇醫師，包括專科醫師、中醫師、甚至視力檢查等（表6）。

此外，依據A Discovery Company於2013年報導，臺灣於全球十大健康照護系統排名第五（表7）；依據Global Post於2013年報導，在八個健康照護優於美國的國家中，臺灣排行第六名（表8）。

表6｜世界十大最佳健康照護系統

Table 6｜The world's top ten health care systems.

排名 Rank	國家 Country
1	臺灣 Taiwan
2	瑞士 Switzerland
3	中國 China
4	加拿大 Canada
5	英國 United Kingdon
6	德國 Germany
7	法國 France
8	日本 Japan
9	義大利 Italy
10	古巴 Cuba

資料來源｜The Richest,2013

表7｜全球十大健康照護系統

Table7｜Ten major global health care systems.

排名 Rank	國家 Country
1	俄羅斯 Russia
2	巴西 Brazil
3	古巴 Cuba
4	中國 China
5	臺灣 Taiwan
6	瑞士 Switzerland
7	加拿大 Canada
8	英國 United Kingdon
9	德國 Germany
10	法國 France

資料來源｜The Discovery Company, 2013

表8｜八個健康照護優於美國的國家

Table8｜Eight health care systems better than United States.

排名 Rank	國家 Country
1	法國 France
2	香港 Hong Kong
3	新加坡 Singapore
4	澳洲 Australia
5	日本 Japan
6	臺灣 Taiwan
7	以色列 Israel
8	西班牙 Spain

資料來源｜The Global Post, 2013

High Praise from the World Part 2

On July 27, 2012, the New York Times published a monograph by Professor Uwe Reinhard, an econoimics professor of Princeton University, praising the progress of health care in Taiwan.

Ranked Top in the World——The Best Health and Care System

According to the Richest report in 2013, Taiwan ranked first among the top 10 health care systems in the world. Analysis of the reasons behind this ranking include low medical expenses with universal coverage, information stored in the NHI IC card (Smart Card), use of digitized information to reduce paper work, providing subsidies to the elderly and the disadvantaged, and easy access to physicians, including specialty physicians as well as Chinese medicine practitioners, along with availability of visual and other examinations (Tables 6, 7, 8).

達成WHO的健康平等理念

WHO世界衛生組織憲章提到，人人能享有所能達到的最高標準健康的基本權利，不因種族、宗教、政治信仰、經濟或社會狀態而有差異。基於「健康是基本人權」，健康不平等是不同群體的健康狀況、或醫療資源分配不一致而產生的現象。1998年，「二十一世紀全民健康計畫」提出「健康平等」，強調要消除因為性別、族群、經濟、區域等差異造成的不平等。

我國為克服偏鄉離島醫療及照顧障礙，雙管並進，除了採取補充及增加當地現有醫療資源的內生性資源之外，並強化鄉外醫療資源送入山地離島、以及提供偏遠地區駐點服務的外生性資源。為了讓偏鄉離島獲得平等與優質的醫療照顧，2012年在「黃金十年國家願景」中，提出「平安健康—保障弱勢就醫、增加醫療照護品質」：2009到2012年，行政院健康照護升值白金方案提出「智慧醫療服務—山地離島服務遠距醫療」；2005年通過「原住民族基本法」，保障原住民族健康照護；2012到2016年的衛生福利部開創全民均等健康照護計畫，亦提出提昇偏鄉地區醫療照護能力等重大政策。

Achieving the Health Equity Ideal Established by the WHO

The WHO charter refers to the basic right of everyone to enjoy the highest attainable standard of health, regardless of race, religion, political beliefs and economic or social differences. With Health is a Basic Human Right, health disparities is caused by discrepancies of health status or allocation of medical resources.

In 1998, "Health Equity" was proposed as a goal in the "21st Century's National Health Plan," which stressed the need to eliminate gender, ethnic, economic, and regional differences in health caused by injustice.

To overcome obstacles to accessing medical care in rural and offshore island areas of Taiwan, in addition to replenishing endogenous local medical resources, we added a strategy of enhancing exogenous resources, meaning we send in outside resources to remote mountain areas and outlying islands, as well as providing health service stations in rural areas. To enable equal access to good quality health care for residents of remote and offshore areas, the Golden Decade National Vision promulgated in 2012 included a section on "Safety and Health" with the goal of providing adequate medical services for the disadvantaged" and improving the quality of health care." From 2009 to 2012, the Executive Yuan's "Healthcare Program Upgrade to Platinum" promoted the use of smart technology and medical services in remote and offshore areas. The Indigenous Peoples Basic Law (2005) was passed to protect Taiwan aborigines' health and welfare. Furthermore, from 2012 to 2016, the Ministry of Health and Welfare is promoting a universal health care plan to improve health care capabilities in remote and offshore areas.