

2013臺灣醫療轉型與改革

Public Health in Taiwan: Transition and Reform

中華民國衛生署邱文達署長，今（2013）年5月20日率領代表團赴瑞士日內瓦，參加第66屆世界衛生組織會員大會（WHA）。這是臺灣以中華臺北參與世界衛生大會的第五年。今年是SARS十週年，又發生H7N9疫情，使今年世界衛生大會特別受到各界的關注。

1950年代，傳染病防治是臺灣公共衛生最重要的議題。臺灣光復後，由於疾病防治工作的積極推動，一些嚴重的傳染病如天花、霍亂、鼠疫、狂犬病等在光復後15年內逐一被撲滅。1965年臺灣被世界衛生組織宣布為「瘧疾根除區」。臺灣原是世界有名的肝病盛行地區，B型肝炎病毒至今仍是最主要的致病因子。但是2000年以後，由於對新生兒全面施打B型肝炎疫苗，臺灣的新生代已成為「B肝低帶原率」世代。他們的B型肝炎病毒慢性感染比率（帶原率）已低於1%，可與歐美日本等先進國家媲美。1980年臺灣成年人的B型肝炎病毒慢性感染率高達15~20%，高居世界之首，今日傲人成果是臺灣成功對抗B型肝炎的最佳寫照。抗生素及疫苗普及之後，傳染病得到了較好的控制，但是新興傳染病仍舊隨時可能造成民眾健康的重大威脅。今年4月臺灣發生首例境外移入H7N9確定病例，臺灣疾病管制局即遵守IHR的相關規定，秉持透明、公開且準確的原則，於第一時間向WHO通報，目前臺灣雖尚未被納入WHO/PIFframework的相關機制，但我們仍遵守該機制的相關規定，自發性參與該網絡的生物材料透明追蹤機制，提供病毒株給需要的各方，也願意適時回饋疫苗、藥物或其他防疫物資給需要的國家，避免全球防疫網絡產生缺口，積極確保全球防疫網絡的完整性。

除了傳染病，臺灣在傷害防制也有重大進展。邱文達署長是國際知名的神經外科醫師，在他尚未出任衛生署長前，積極推動WHO道路安全（road safety）政策，在1997年臺灣正式立法通過騎機車需戴安全帽的規定，使得臺灣人民因頭部外傷導致死亡的比率大幅降低，事故傷害從十大死因的第三位降至第六位，每年減少約3000人的死亡數，此一實證，正可呼應WHO倡導預防與健康促進的重要性。

開辦全民健保是臺灣推動公共衛生重要里程碑。全民健保自1995年開辦以來，大幅降低了民眾就醫的經濟障礙，提升了醫療的可近性，民眾的滿意度也一直維持在7至8成之間，十八年來達成許多成就，並在國際上不斷贏得好評；因為採強制納保，讓100%民眾均納入健保保障範圍；特約醫療院所數占92%以上，民眾就醫方便。另外，僅佔1.1~1.5%左右的低廉行政成本；醫療服務全面給付；高度自由的醫療可近性；採行多元支付方式，並實施總額預算制度；尤其是善用科技，全面使用IC卡，提升管理及使用效率。為落實改革，二代健保於2013年1月1日正式上路。二代健保建立了收支連動、維持財務平衡的機制，並且在提升負擔公平的前提下，擴大費基，收取補充保險費；同時明確規定每年政府負擔的經費不得低於總保險經費的36%，以增加政府照顧民眾的責任。為使健保資源更有效運

用，健保局會每年提出並執行抑制不當耗用醫療資源的改善方案，以符合社會對善用資源、減少浪費的期待。並且只對有經濟能力但卻拒繳健保費的欠費民眾採取控卡措施，保障民眾獲得應有的醫療。此外，醫事服務機構的財務、品質報告以及病床數、違規資訊等，均透明公開，讓全民共同參與、監督。二代健保的施行，讓全民健保朝向改革的方向邁進，但改革腳步是持續不斷的，未來仍將朝落實公平、效率、品質的精神繼續改革，達成健保永續的目標。尤其，為了提升醫療服務品質、促進效率、減少浪費，將建立完善的資訊流通基礎建設，利用資訊科技促使醫療資訊相互流通，讓民眾充分掌握健康資訊，並帶動健康照護產業的發展。

如同世界許多國家，人口老化是臺灣面臨的重大挑戰，老化速度為已開發國家中 fastest 者，1993年即進入聯合國界定的高齡化社會（ageing society），預計2018年進入「高齡社會」（aged society）；2025年進入「超高齡社會」（super aged society）。隨著人口老化，非傳染病（Non-communicable diseases, NCDs）成為重大健康威脅，在臺灣，癌症、心血管疾病、糖尿病、慢性呼吸道疾病等非傳染病約占總死因的八成。過去，自1995年起全面提供免費子宮頸抹片篩檢，其標準化死亡率已下降六成（每10萬人10.9人降至4.1人），此外，透過菸害防制法的實施及提高菸品價格，已使成年男性吸菸率降低1/3。我們以 whole-of-government、whole-of-society 的行動與 life course approach，已在所有縣市成功導入 age-friendly cities。未來，我們提出國家黃金十年計畫，預計於2020年前將癌症死亡率下降20%（由每10萬人口死亡率131.6降至106）、成人吸菸率減半（由20%降為10%）、成人規律運動率倍增（由26%增至52%）；並自今年起，呼應WHO「25 by 25」全球NCDs防治架構，配合訂定9大目標與25項指標，以期能於2025年前將早發性非傳染病死亡率降低25%。

如何確保老年人口健康並公平地持續參與各項社會活動，同時兼顧世代正義，是我們面臨的考驗。與其他會員國一樣，臺灣面對人口老化對衛生系統可能造成各項衝擊，積極推動跨部門合作的二代健康保險制度等重要財務改革，同時推動長期照護保險制度，已建構下一代完整的社會安全體系。為呼應WHO對殘疾人士照顧的主張，臺灣是少數以WHO ICF系統全國性進行身心障礙鑑定並與社會福利制度結合的楷模。

全球在面臨下一代公共衛生的各項挑戰時，需要跨部門、跨國的協調合作，妥適運用各種可獲取的有限資源，才可建構一個全球公民皆可獲得衛生照護（universal health coverage）的全球衛生體系（global health system），實現WHO全民皆健康（health for all）的最終目標。

今年是臺灣第五度以觀察員身分受邀出席世衛大會，雖然過去無法全面參與世界衛生組織各項機制與會議，且參與時又有諸多限制，臺灣的各項國際衛生合作發展仍然取得相當的進展，將醫衛成就與經驗回饋國際社會也從不懈怠，臺灣從

1960年代國際援助接受者，外國援助款佔GDP 9%，今日已經成為積極的國際援助提供者，對外援助款約占GDP 0.1%，是國際衛生領域積極的參與者。臺灣支持世界衛生組織及全球夥伴，共同合作加速完成「千禧年發展目標」中所定的衛生事項，我們也期待獲得更多、更彈性的國際參與空間，確保臺灣人民健康並善盡世界公民責任，積極回饋國際社會。

On May 20, 2013, Minister of Health Chiu Wen-ta of the Republic of China (Taiwan) will lead a delegation to participate in the 66th World Health Assembly (WHA) in Geneva, Switzerland. This is the fifth consecutive year in which Taiwan will take part in the WHA under the name “Chinese Taipei.” The year 2013, which marks the 10th anniversary of the SARS epidemic, has seen the outbreak of the H7N9 strain of avian influenza. As such, this year’s WHA merits special attention.

In the 1950s, the prevention of communicable diseases was the most important public health issue in Taiwan. Efforts made in disease prevention resulted in the eradication of a number of communicable diseases, among them smallpox, cholera, plague, and rabies, within 15 years of Taiwan’s retrocession to the Republic of China. In 1965, Taiwan was certified by the World Health Organization (WHO) as being malaria-free. Taiwan was once known for the prevalence of liver diseases, with hepatitis B being, then as now, the most common ailment. However, since 2000, all newborns in Taiwan have been given a hepatitis B vaccine, and thus there is a very low carrier rate in children of this generation. The percentage of chronic infection of the hepatitis B virus is less than 1 percent, comparable to developed countries in Europe, the United States, and Japan. This stands in stark contrast to the situation in 1980, when some 15.2 percent of adults were infected with hepatitis B virus (the highest percentage worldwide). Such outstanding progress demonstrates Taiwan’s determination to eliminate hepatitis B.

With the availability of antibiotics and vaccines, communicable diseases are better controlled than ever. However, new types of communicable diseases can still pose a great threat to public health. When Taiwan’s first case of H7N9 influenza was confirmed in April this year, the nation’s Centers for Disease Control, based on the principles of transparency, openness, and accuracy, immediately reported the incident to the WHO in accordance with the International Health Regulations (IHR). Although Taiwan is not presently a party to the WHO Pandemic Influenza Preparedness (WHO/PIP) framework, we nevertheless comply with its regulations, voluntarily take part in the transparent traceability mechanism for PIP biological materials, and provide virus strains to parties requiring them. Taiwan is also willing to donate

vaccines, medicine, and other materials needed for the prevention of disease in a timely fashion to countries in need so as to close holes in the global disease prevention network.

In addition to the prevention of communicable diseases, Taiwan has made great progress in preventing accidents. Minister Chiu is a neurosurgeon of world renown. Prior to his taking up his post, he promoted road safety, which led to 1997 legislation requiring the wearing of helmets by motorcycle and scooter riders. This policy significantly reduced the number of head injuries in Taiwan. Accidents have fallen from third leading cause of death to sixth, meaning approximately 3,000 fewer deaths from head injuries now occur every year. This testifies to the importance of promoting both disease prevention and health enhancement, and echoes the WHO's agenda.

The National Health Insurance (NHI) program is another milestone in public health in Taiwan. Since its implementation in 1995, the NHI has removed economic barriers to medical care and increased accessibility. Over the past 18 years, the satisfaction rate for the program has hovered between 70 and 80 percent, and the program's achievements have been praised around the globe. As a compulsory program, the NHI program covers everyone in Taiwan, and since over 92 percent of medical facilities nationwide are contracted by the NHI program, it is easy for program participants to find care at a medical establishment of their choice. In addition, the NHI has kept administrative costs to only about 1 percent of all medical expenses; provides a full range of medical care and gives program participants high freedom of choice and accessibility; employs a variety of payment systems and a global budget system; and relies on information technology, having issued IC cards to all insured persons to increase administrative efficiency. Introducing a host of reforms, the second-generation NHI program was launched on January 1, 2013. Under this new NHI scheme, a mechanism has been established linking revenues and expenditures to keep fiscal accounts balanced; a fairer cost sharing format has been put in place that expands the premium base through supplementary premium payments; and the government is taking on a greater responsibility for people's wellbeing by covering a minimum of 36 percent of NHI expenses. In order to ensure that public healthcare resources are utilized more efficiently, the Bureau of National Health Insurance implements improvement measures each year, living up to society's expectation that resources be used more appropriately. While Taiwan protects people's right to access medical care, a freeze is, however, imposed on the NHI cards of those who are financially able yet have not paid their premiums. Transparency of information on medical institutions, including quality reports, finances, bed count, and violations, has encouraged public scrutiny. The second-generation NHI program is paving the way

for further reforms that will lead to a sustainable system characterized by fairness, efficiency, and quality. In particular, to ensure better care, promote efficiency, and minimize waste, information technology will be applied to create infrastructure that allows for the comprehensive flow of medical care information. This will give people full access to health information and spur the further development of the healthcare industry.

As in many other countries around the world, an aging society presents a major challenge to Taiwan. Developed nations are experiencing this at the fastest rate, having approached in 1993 the threshold of an aging society as defined by the United Nations. They are expected to become aging societies by 2018 and super-aging societies by 2025. For an aging population, non-communicable diseases are a serious threat to health. In Taiwan, such non-communicable diseases as malignant tumors, cardiovascular diseases, diabetes, and chronic respiratory tract diseases account for 80 percent of total deaths. We introduced free Pap tests for women in 1995 and have since seen the standardized mortality rate of cervical cancer decrease by 60 percent (from 10.9 to 4.1 per 100,000 persons). The implementation of the Tobacco Hazards Prevention Act and hikes in tobacco prices have cut the smoking rate among adult males by one-third. Our life-course approach toward health, together with our “whole-of-government” and “whole-of-society” action plan, has created age friendly cities throughout Taiwan. Taiwan has initiated a plan to create a “golden decade” of prosperity, which aims to achieve the following by the year 2020: a 20-percent decline in the cancer mortality rate (from 131.6 to 106 per 100,000 persons), a 50-percent decrease in the adult smoking rate (from 20 to 10 percent of the population), and a two-fold increase in the number of adults engaged in regular physical activity. In line with the WHO global monitoring framework for a “25 by 25” goal, Taiwan has laid down 9 voluntary targets and 25 indicators in hopes of reducing premature mortality from non-communicable diseases some 25 percent by 2025.

We now face the challenge of promoting older people’s health, their fair and continuous participation in social activities, and intergenerational justice. Like other member nations, Taiwan has to cope with the various effects a graying population is having on its public health system. We are promoting important financial reforms such as the second-generation NHI scheme which involves inter-ministerial cooperation, as well as a long-term care program, as part of an effort to create a complete, next generation social security system. In response to the WHO’s call for disability care, Taiwan is one of a handful of members that has adopted the International Classification of Functioning, Disability, and Health in its disability assessment, which it has integrated into its social welfare system.

Given the many challenges in providing next-generation public health care, the global community needs both interdepartmental and international coordination and cooperation to ensure that limited resources are used appropriately to create a global health system featuring universal health coverage and to realize the ultimate WHO objective of health for all.

This marks the fifth year of Taiwan's participation in the WHA as an observer. While in the past unable to participate in the mechanisms and meetings of the WHO, and while participation is still beset by restrictions, Taiwan has made considerable progress in many types of international cooperation on health matters, and Taiwan has not been remiss in repaying the international community by sharing its experiences and successes in the healthcare field.

In the 1960s, Taiwan was a recipient of international aid, which amounted to roughly 9 percent of GDP. Today, Taiwan is an active giver of humanitarian aid, annually donating the equivalent of 0.1 percent of GDP. Taiwan also actively participates in global health efforts, supporting the WHO and its global partners' efforts to achieve health-related Millennium Development Goals. As it seeks to improve its own people's health, Taiwan hopes for more opportunities to participate in global health efforts, the better to fulfill its responsibility to give back as a member of the global community.