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Access to Health Care in Taiwan

Key Words

Access
Health insurance
Global budget

BACKGROUND

Since the late 1980s, forces promoting major health care reform have been active throughout the world,^{1,2} and Taiwan is now catching up with this trend. Unlike the government of the United States which has played a relatively limited role in health care based on the underlying principles of a free and competitive market, the Taiwan government has been heavily involved in expanding health insurance coverage to comprehensive health care as a display of socialism. As a result, the Legislative Yuan (i.e., the Taiwanese Congress) in the central government passed the National Health Insurance Act on 19 July 1994, and a compulsory universal health insurance program was thereafter launched on 1 March 1995 in order to fulfill the World Health Organization's proclamation of "Health for All by the Year 2000". Sharing the same objectives³ as most industrialized countries, Taiwan ROC inaugurated the National Health Insurance Program (1) to provide equitable access to health care for all citizens, including those individuals (42% of the population most of which are children and elderly) not covered under 13 previous health insurance schemes; (2) to ensure adequate levels of high-quality health care in order to further improve the health status of the

population; (3) to enhance efficiency in providing health services; and (4) to control health care costs within a reasonable range.

In retrospect, these impetuses for health care reforms encompassed multiple economic, social, cultural, and political factors. From an economic perspective, robust economic growth improved people's standards of living, promoting their expectations of economic security as well as levels of social welfare assurance on par with those prevailing in most developed countries. From a social perspective, rapid demographic changes resulted in the advent of an aging society with extensive health needs. From a cultural perspective, inherent family values of taking good care of family members produced a belief that the government should intervene with appropriate social programs. From a political perspective, a prosperous political democracy stimulated party competition, inspiring campaigns based on people's demands for equal health rights, especially among medical indigents whose votes were sought by party candidates. Furthermore, ineffective use of health care resources and a lack of sound financing mechanisms in the prior 13 existing social health insurance programs also brought pressure on the Taiwan government to restructure the health care system.

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