

VI. Healthcare Services and Health Promotion

A healthy population is part of the national competitiveness; it is also an important promoting power for the sustainable development of a nation. Along with the drastic changes in lifestyles and population structure in Taiwan in the recent years, the proportion of the aged population is growing sharply, and health problems of the population have shifted from acute communicable diseases to chronic diseases. It is hoped that by way of the healthcare services and health promotion-oriented public health strategies of primary and secondary prevention, a healthy life can be planned and built, awareness of the self-health management can be increased, and thus to construct a healthy lifestyle of the population. In coordination with the early screening and adequate treatment, the occurrence of chronic diseases and their complications can be reduced to further reduce rates of sickness, disability and death, and to promote the health for all and the quality of life. Major activities in healthcare services and health promotion for the year 2004 are given as follows.

1. Health Promotion for Women and Children and Genetic Health

1 Genetic Health

Congenital anomalies are the second leading cause of death of the newborns and infants. In accordance with the Genetic Health Act, services such as premarital health examination, genetic counseling, prenatal genetic diagnosis, screening of the newborns and genetic counseling are promoted. In 2004, 99% of the newborns, or 216,317 of them, had been screened for congenital metabolic disorders, to detect in them 1,785 anomalous cases. In the same year, 20,936 pregnant women had been given prenatal genetic diagnosis; and 78% of those above the age of

34 years had accepted amniocentesis. 12,929 cases of individuals of suspected genetic diseases in themselves or in families had undergone further genetic examination. Eleven genetic-health counseling centers, twenty-six clinical cytogenesis laboratories and seven clinical genetic laboratories had been certified.

2. Care of Spouses of Foreign Origins and their Children

In 1998, 13,904 children were born to spouses of foreign origins (including those of mainland China, Hong Kong and Macau), accounting for 5.12% of the total number of births. In 2004, this figure went up to 30,142 children, accounting for 13.93% of the total. In other words, for every 7.5 children born, one is born to spouse of foreign origin (including those from mainland China, Hong Kong and Macau). To provide them with reproductive healthcare services, a health-card management system at the primary level has been established. In 2004, cards had been established for 97.37% of those spouses. The newborns born to spouses of foreign origins and the mainland China that were accepted for management were 5,426 (54.39% of those registered) and 2,969 (57.09% of those registered), respectively; they were included for follow-up management. Children are also screened for retarded development. In 2004, 44,003 children of 0-3 years born to spouses of foreign origins and the mainland China had been screened; of them, 294 were suspected abnormal, 288 were reported and referred, and 120 confirmed.

A booklet, Child Care and Health Promotion Manual, in Vietnamese, Thai, Indonesian, English and Cambodian languages has been developed for the use of spouses of foreign origins and health workers. In Yunlin and Hsinchu counties, a project to recruit and train volunteers of foreign origins to

help staffs of the health stations is going on. They can communicate with their fellow country people in their own language and thus facilitate communication.

3. Health Promotion for Pregnant Women, Infants and Young Children

To create a more mother-friendly environment for child delivery, a pilot project, “Operational Standards on Humanitarian Child Delivery”, was commissioned out. The project focused on delivery plan, development of health education materials on care during the process of child delivery (for medical-nursing personnel, and for the general public), and a manual on the practice of mother-friendly delivery. A recording system for epileptic pregnant women has been set up and health education given to them. The Health Manual for Pregnant Women has been revised to give women more information about pregnancy and also for keeping record of the process of pregnancy.

An overall effort has been made to establish an obstacle-free breast-feeding environment, including subsidizing and encouraging private sector organizations, companies and business establishments to set up breastfeeding (collecting) rooms, promoting certification of baby-friendly medical care institutions, recruitment and training of breastfeeding community volunteers, establishing supporting groups, and building breastfeeding friendly environment at work sites.

The use of stool identification card for the screening of infants with Cholestasis and the referral and follow-up of abnormal cases has been promoted. In 2004, through the screening, 27 cases of bile tract obstruction had been detected. To continue the care and follow-up of premature babies after discharge from hospital, databanks on premature babies and follow-up and referral procedures have been set up in four medical centers and 19 district hospitals. A working manual on the follow-up examination of premature babies, a manual on home visiting, and another manual for parents of premature babies have also been developed. To understand the growth curve of children, a study to measure physical struc-



tures of children 0-6 years has been conducted. Work will be done to amend the existing regulations concerning preventive healthcare for children to increase the number of free health examination from six to nine. The children’s health manual has been revised to include more information on healthcare, preventive healthcare services, and immunization. Training of professional workers in the screening of children of retarded development has been strengthened. In 2004, subsidies were made available to support eight such training courses for 604 participants. Screening of children of retarded development in remote areas has been intensified. The Chinese Association of Early Intervention Program for Children with Developmental Disability was entrusted to conduct screening of infants and young children, and to train professional workers, four such training courses for 419 participants in 2004.

4. Prevention and Control of Rare Diseases

To strengthen medical care for patients of rare diseases, rare disease patients leading to physical and mental impairment are included in the Physically and Mentally Disabled Protection Act. They are also included in the serious illnesses and injuries in the National Health Insurance to waive their co-payment for medical care. On December 24, 2004, the Legislative Yuan passed the partial amendment of the Rare Disease Control and Orphan Drug Act. Some

128 rare diseases in 108 categories have been recognized through review and announced. A list of 71 orphan drugs for rare diseases and their indications has been announced. A list of 40 special dietary foods for rare disease patients and their indications has been announced. Subsidies have been made to support the establishment of a special dietary food supply center, a drug supply center for rare disease patients. Work has also been done to promote international laboratory testing through collaboration; and to establish a counseling window and data-banks. In the period between August 9, 2000 and end of December 2004, a total of 1,674 cases had been reported.

5. The More Children Advocacy

Statistics shows that the total fertility rate of Taiwan was already as low as 1.2 in 2003. To promote willingness for more reproduction, the Department drafted a More Children Advocacy Plan to educate the public through various channels the concepts of “reproduction and family value”, “sharing of responsibilities in a married life by both parties”, and “love life and value family line”. A survey on attitudes toward marriage and reproduction, and a forum on building a high-quality and healthy reproductive environment have been conducted. Various channels of communication have been used to appeal to the younger generations with calls such as, “children are hope of the future”, “give children companies”, and “have the first child before 30; have the second one before 35”.

2. Health Promotion for Children and Adolescents

To reduce the occurrence and deaths of accidents and injuries, action was taken to promote accident prevention and safety projects, such as road traffic safety, safety in communities and on campuses, home safety, and drowning prevention. In 2004, in accordance with the theme of the World Health Day 2005, Road Safety, a series of campaigns were organized to attract some 20,000 people. Sixty primary schools, kindergartens and nurseries were supervised

to improve their play facilities; 240 seed-teachers on the safety of play facilities were trained in four groups. Three exhibitions on school safety had been organized in collaboration with the Ministry of Education and the Ministry of the Interior for 255 participants. In six high-risk areas, drowning prevention measures was intensified. A website on the safety of all waters has been established. 500 households with young children were inspected of their home environment for safety and improvement by health bureaus and health stations in 25 counties and cities.

The project, “mouth-rinsing with fluoridated water for the prevention of dental caries, had a participation of 1.9 million school children in 2,638 primary schools in 25 counties and cities. Another project, monitoring the quality of screening for visual health and strabismus and amblyopia in children of five-years old, carried out by local health bureaus in collaboration with teachers and care-takers of kindergartens and nurseries had thus far screened some 260,000 person-times of children. For hearing care, in 2004, some 120,000 newborns and young children were screening for hearing. Any children with abnormal findings are referred for correction. A joint committee on the hearing of infants and young children has been established; a guiding manual on the hearing screening of infants and young children was produced; a website, <http://www.bhp.doh.gov.tw/>, provides relevant information on the hearing screening services for the newborns.

For adolescents, work was done in collaboration with education authorities to promote sex education in primary and junior high schools. Campaigns were organized to advocate sex education by health stations together with private sector organizations and community organizations. 33 clinics for adolescent health and three health centers for adolescents were subsidized to provide the adolescents with services in healthcare, counseling and referral; some 27,486 person-times of adolescents had availed themselves of these services thus far. The functions of the website for adolescents have been augmented to include pages of “relativity of love” and “true love can wait” to proved adolescents with accurate infor-