2012全民健保-臺灣經驗

Towards Universal Coverage—Taiwan's Experience

前言

世界衛生組織十分重視衛生照護體系的建置,該組織2010年的《世界衛生報告》即以「全民健保」作為主題,本年世界衛生大會也以「Towards Universal Coverage」作為大會主題,顯見全球已普遍認同建立完善健保體系的必要性。

臺灣全民健保已開辦18年,深獲國內外肯定。美國廣播公司新聞網(ABC News)、 美國公共電視(PBS)都曾針對臺灣健保製作專訪。美國有線電視新聞網(CNN) 也於今年報導臺灣、英國及瑞士的健保醫療制度,並高度肯定臺灣健保成就。2011 年有超過50個國家組團到臺灣參訪全民健保。

全民健保簡介

臺灣全民健保開辦前,有超過40%的人口未享有健康保險。歷經7年規劃,全民健保在1995年3月1日開辦,採單一保險人制,為財務自負盈虧的社會保險,保費由政府、雇主及被保險人三方共同負擔。目前99.6%人口已納入保險。

全民健保對每位被保險人提供完整的醫療服務,包括:門診、住院、中醫、牙科、 分娩、復健、居家照護、慢性精神病復健等項目。被保險人享有在全國逾2萬5 千家醫療院所就醫的權利,醫療服務沒有等待名單。

近期改革

政府實施健保多年後檢討現制,提出「二代健保」改革方案,此改革著重收入面的公平性及收支連動,將針對個人非薪資收入及資本利得徵收2%的補充保險費。改革方案已於2013年實施,將調降一般保險費率,減輕受薪族負擔,並增加保險費負擔公平性,進一步落實社會正義。

其實,臺灣敬業且具服務熱誠的醫療專業人員是全民健保成功的最大原因,在此 向偉大的醫護人員致上最高的敬意與謝意。

由於多年來注重被保險人公平可近、費用低廉及高效能醫療服務,臺灣目前也面 臨醫療人力資源短缺及工作負荷過重的問題,我們正全力進行醫療人力及環境改革。

結論

臺灣的健保制度成功達到全民納保、品質適當、便利就醫等目標;且醫療費用控制良好,國民總醫療保健支出僅占GDP的6.9%。因有健全的資訊系統的支持,健保運作的行政成本只占健保醫療支出的1.5~1.0%。截至100年年底,獲得健保保

費補助之弱勢民眾達307萬人,弱勢族群能納入健保體系,人民不會因病而貧或 因貧而病。這些優點使得健保成為臺灣最成功的公共建設之一,民調滿意度高達 88.6%。

包括健保制度在內,臺灣多項醫衛成就獲得國際肯定,亦使得我國自2009年起受邀成為世界衛生大會觀察員,開啟更廣泛且更密切參與國際衛生合作新契機,我國也樂意透過世界衛生組織平台與國際分享經驗,共同提升世人健康水準。但遺憾的是,我國成為世衛大會觀察員後迄今,在提昇實質參與世衛組織方面尚未有顯著進展,去年5月媒體披露一份WHO內部機密文件更顯示,該組織內部不當矮化我國,並對我之參與設下諸多限制,引起我國人民之不滿及國際友人嚴重關切。我方曾多次向WHO秘書處就其內部文件所呈現之偏頗政治意涵,表達抗議及無法接受之嚴正立場。本人在此籲請國際支持,再次呼籲WHO秘書處回應我方要求,將我參加世界衛生大會之模式擴及至WHO其他會議、機制及活動,以確保臺灣得進一步有意義、有尊嚴地參與WHO。

Preface

The World Health Organization (WHO) attaches great importance to the establishment of health care systems. Its 2010 World Health Report focused on universal health care, and the 2012 World Health Assembly has chosen for its theme "Towards Universal Coverage"— indicating global recognition of the need to establish sound and comprehensive health care systems.

Taiwan's National Health Insurance (NHI) program, launched 18 years ago, has received affirmation at home and abroad. The American Broadcasting Company (ABC) and the Public Broadcasting Service (PBS) have separately produced programming highlighting the NHI. This year, Cable News Network (CNN) aired a report on the medical and health care systems of Taiwan, the U.K. and Switzerland, lauding Taiwan's success with its program. In 2011, delegations from over 50 countries visited Taiwan to study its universal health insurance program.

An introduction to the National Health Insurance program

In the days before the NHI was established, over 40 percent of the nation's citizens had no health insurance. Following seven years in the planning stage, the NHI program was introduced as a single-payer plan on March 1, 1995 as a form of self-financed social insurance. Premiums are shared among the insured, the insured's employer and the government. About 99.6 percent of Taiwan's population is covered by the NHI.

The program allows for all insured persons to access comprehensive medical service. Among services covered are inpatient and outpatient care, Chinese herbal medicine, dental services, childbirth, rehabilitation therapy, home care and care for chronic psychotic patients. All insured persons have the right to immediate medical treatment at any of the over 25,000 clinics and institutions in Taiwan.

Recent reforms

More than a decade after the NHI program came into force, the government conducted a review of the system and proposed a "second generation" system to institute a fairer payment scheme by levying a 2-percent supplementary premium on non-payroll income and individual capital gains. When the new system takes effect in 2013, basic premium rates will be reduced to ease the financial burden on the working class, ensuring greater fairness and strengthening social justice.

The greatest factor behind the NHI's success is Taiwan's dedicated medical professionals, who have earned our deepest appreciation and greatest respect for their commitment to the public.

For years, Taiwan has focused on providing affordable, accessible and effective medical service based on a fair payment scheme. It now faces another problem—that of medical staff shortages and work overload—and is making an effort to attract more people to the medical profession and improve working conditions.

Conclusion

Taiwan's health insurance scheme has successfully enrolled nearly the whole population, is of a high quality, allows for convenience in

seeking medical care, and has kept a lid on costs. Collective medical costs for the entire citizenry under the NHI amount to just 6.9 percent of GDP. Administrative costs take up just 1.5~1.0 percent of all outlays thanks to a sound information technology network. Moreover, as of the end of 2011, 3.07 million people had benefited from insurance premium subsidy programs. As the most vulnerable in society are covered by the insurance scheme, the link between illness and poverty has thus been broken. The NHI is one of Taiwan's most successful public projects in history, with a public satisfaction rate of 88.6 percent.

For its NHI system and many other public health achievements, Taiwan has earned affirmation from countries worldwide. Since 2009, it has been invited to be an observer at the annual World Health Assembly (WHA), opening up new opportunities for broader and deeper participation in international cooperation on health-related

issues. Taiwan is also eager to help raise global health standards by sharing its experiences through the WHO platform. Unfortunately, however, though Taiwan has gained WHA observer status, no substantial progress regarding its further participation in the WHO has been seen. In May 2011, a confidential WHO memo came to light indicating that Taiwan had been downgraded in status and made subject to many restrictions. The people of Taiwan and many in other nations have voiced dissatisfaction and grave concern over the situation. Taiwan has also expressed time and time again to the WHO Secretariat its protest at such treatment.

Here, I call on the international community to support us. I urge the WHO Secretariat again to respond to our request that Taiwan's participation in WHO affairs be expanded from attendance at the WHA to inclusion in other WHO meetings, mechanisms and activities. This will ensure Taiwan's meaningful, dignified participation in the World Health Organization.