



## Taiwan

# Obesity Health System Country Report Card

### Economic Classification

High income<sup>1</sup>

In 2017, Taiwan had a 4.1% unemployment rate according to national definitions and coverage<sup>2</sup>.

### Health System Summary

Taiwan has a universal national health insurance programme that is mandatory for all its citizens (and for internationals residing in Taiwan for longer than six months). This insurance covers most of the population - 99.9% of the population in 2016 - and is mostly financed through payroll-based premiums<sup>3</sup>. The rest of the funding comes from government funding and out of pocket payments. Private health insurance does not tend to cover services provided by the public health insurance and therefore does not ensure faster access to services and specialists. Overall, out of pocket expenditure is estimated to be approximately 26% of total financing<sup>4</sup>.

### Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	●
(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Not known)	
At what level of obesity are people usually eligible to access healthcare?	●
(●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m <sup>2</sup> , ●: not defined or not known)	

<sup>1</sup> World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

<sup>2</sup> [https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018\\_Annex.pdf](https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf) (last accessed 06.11.2018)

<sup>3</sup> <https://international.commonwealthfund.org/countries/taiwan/> (last accessed 13.11.2018)

<sup>4</sup> [http://gnhe.org/blog/wp-content/uploads/2015/05/GNHE-UHC-assessment\\_Taiwan-1.pdf](http://gnhe.org/blog/wp-content/uploads/2015/05/GNHE-UHC-assessment_Taiwan-1.pdf) (last accessed 13.11.2018)

Is there a system for training health professionals to recognise, treat and manage obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●

## Findings from stakeholders<sup>5</sup>

### Overview of stakeholder feedback

There was praise for Taiwan's universal health insurance system that covers nearly all of the population. Stakeholders said that people can generally enter the health system freely, but for obesity there was disagreement between stakeholders about when one with obesity would be picked up by the system. Responses ranged from when people had a BMI >27 kg/m<sup>2</sup> to >40 kg/m<sup>2</sup> and one pointed out that patients were more likely to seek treatment if they had higher education and/or a higher income.

Stakeholders reported that Taiwan's national health insurance generally does not pay for medical management of obesity. Consequently, obesity treatment is largely covered by out-of-pocket expenditure. This reflects the poor investment into obesity, with obesity management only just starting to be recognised in the health system. It was said that the national health insurance only covered the treatment of severe obesity with bariatric surgery when BMI was >40 kg/m<sup>2</sup> or between 35-39.9 kg/m<sup>2</sup> with comorbidities. Resultantly, most obese patients were not properly treated. It was recognised that people tended to leave the system because of this limited coverage or because they were not referred onto specialist treatment.

The stakeholders noted that clinical guidelines for the management of adult obesity was published in 2018. However, these are not well implemented yet and there was a need to educate more health professionals and providers about obesity. Relatedly, guidelines for children were said to be in the

<sup>5</sup> Note that this section is based on interviews and/or survey returns from 3 stakeholders.

process of being developed. Training for health professionals was considered limited, with there being a lack of suitably qualified professionals in both urban and rural areas. Stakeholders reported a lack of psychiatrists and psychologists.

There is limited use of telecare or wearable technology for the management of obesity. There was, however, mention of the body weight measurement campaign in most 'Healthy Hospitals'.

#### *Top barriers to be obesity treatment*

Stakeholders believed the following to be the top barriers to obesity treatment in Taiwan<sup>6</sup>:

1. Lack of insurance coverage of obesity treatment and management
2. Clinical Guidelines not widely accepted/implemented
3. Obesity not widely accepted as a disease
4. Lack of funding (e.g. for health education)
5. Lack of treatment options (e.g. only 2 anti-obesity drugs available)
6. Poor insight/knowledge of patients
7. Inadequate training of health professionals
8. Lack of obesity research
9. Lack of regulation of treatment (e.g. Use of off label drugs for weight control)
10. Excessive marketing and advertisement of junk food

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<sup>6</sup> In no particular order