

Taiwan Health in the



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Taiwan-Pacific Island Countries Health Forum Held in Palau to Launch the Taiwan Pacific Medical Alliance



Taiwan Department of Health organized the Taiwan-Pacific Island Countries Health Forum on September 4, 2006. From left to the right were Ministers of Health from Tuvalu (The Honorable Iakoba ITALELI), Nauru (The Honorable Kieren KEKE), Taiwan (The Honorable Sheng-Mou HOU), Kiribati (The Honorable Natanaera KIRATA), Marshall Islands (The Honorable Alvin T. JACKLICK), Palau (The Honorable Victor M. YANO), and Solomon Islands (The Honorable Clay Forau SOALAOI).

The Taiwan-Pacific Island Countries Health Forum was held at Palau International Coral Reef Center in Koror, Palau on September 4, 2006. The Taiwan Department of Health organized this forum to strengthen health cooperation between Taiwan and Pacific Island Countries. Participants of this forum included Ministers of Health from the Republic of Kiribati, Republic of Marshall Islands, Republic of Nauru, Republic of Palau, Solomon Islands, and Tuvalu.

In the meeting the Taiwan Department of Health proposed a new initiative called "Medical Alliance Program of Taiwan and Pacific Island Countries." Finally, an agreement was reached to formulate the "Taiwan Pacific Medical Alliance (TPMA)." TPMA will be a platform for Taiwan and Pacific Island countries to share experience, resources, and exchange information. The initiative will focus on training programs for health professionals, work on public health projects, and provision of general and special medical services. Also, the Taiwan Department of Health will serve as the Secretariat in Taipei at the beginning of 2007. The TPMA website will open to the public at the end of 2006.

(website: www.tpicma.org)

Editors

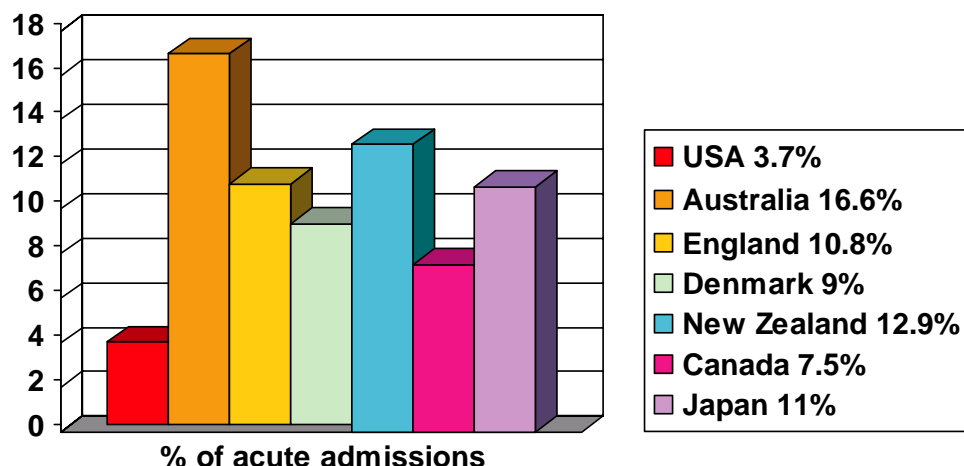
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Patient safety in Taiwan — *Toward a "safety culture" within the health care system*

Vincent Rollet

In these past few years, as many cases on adverse events in health hospital care have shown, patient safety is a concern for all countries. International statistics indicate that between 4% and 16% of patients going through healthcare systems are harmed or injured in some manner. This problem is evident even in the most industrialized countries, like the USA (3.7%), England (10.8%), Japan (11.0%) and Australia (16.6%). Recent tragic events in Taiwan have highlighted that the island isn't immune to this global problem. Dr. Shih Chung-liang, executive secretary of the National Patient Safety Committee (NPSC) at National Taiwan University Hospital (NTUH), has described this as a call to action for Taiwan policymakers, health care providers and the public to improve patient safety in the country.

Adverse Events in Health Care



Government efforts to improve patient safety

As the media reported, several cases of medical negligence occurred in Taiwan in the past few years with some of these resulting in the deaths of patients. These included the death of three patients due to oxygen equipment failure in June 2000, the sudden death of a patient after a wrongly administered shot in July 2001, a medication mix-up in seven babies with the death of one of them in November 2002 and a medication mix-up for a glaucoma patient in December 2002. In order to avoid these tragedies from recurring, the government has been trying to better manage the safety of the patients in Taiwan for the past three years.

In February 2003, the government set up the national and regional patient safety committee to initiate patient safety activities. Since 2004, the DOH has established patient safety goals for each year. In 2006, these goals include improvement of medication administration, reduction of healthcare associated infections, elimination of wrong-site, wrong-patient, wrong-procedure surgery, improved accuracy of patient identification, prevention of patient falls, encouragement of staff to report incidents, improvement of communication and safety during patient transfer and patient hand-off, and increasing patient involvement in patient safety through education programs and better communication via partnership with consumer groups and a patient-safety awareness week.

Besides these goals, the DOH also asked hospital accreditation bodies to include standards of patient safety before certification and has also tried to empower patients through the activities of patient-safety awareness weeks. In addition, the DOH set up and released guidelines for safety practice to hospital and primary clinics. This includes infection control, laboratory safety, radiology safety practice, and emergency management. There are also guidelines for nurses, focusing on fall prevention, medication administration, patient identification and blood transfusion safety.

A Nation-wide Patient Safety Reporting System : Implementation and Impact

Now in its third phase, the building of a Nation-wide Patient Safety Reporting System (TPR), started in 2004, is seen by the DOH as a key tool for the improvement of patient safety in Taiwan. As Dr. Shih Chung-liang emphasized, there are at least two reasons for utilizing this national reporting system. The first is the fact that most of the hospitals are not totally aware of the problems of adverse events or medical errors. According to his survey, in 2004, less than one hundred incident reports have been written in one year. The second reason is the need of a basis for preventive action and learning. Traditionally, errors are treated on a case-by-case basis, forgotten, forgiven and rarely used as learning opportunities. Further, the health system lacks the capability to produce powerful and more widely applicable response to these serious events.

For these reasons, the project of a nation-wide reporting system proposes to develop the standard of data collection for safety events; to develop and implement solutions to problems; to learn from things that went wrong and finally to support the emergence of a safety culture in the Taiwan health care system. In order to reduce the traditional blame culture and to create a safety culture, this reporting system is based on five principles: Anonymity, Voluntary, No blame, Confidentiality and Learning. It also actively encourages reporting, information sharing and learning.


After a period of stagnation from January to August 2005, the reports received by the National Patient Safety Committee (NPSC) from hospitals have increased. So far,

the number of cumulated reports stands at 2000, which means that more and more hospitals have begun to notice incident events and have increased the will to report them and share these events with others. In these reports, the NPSC notifies that while 7% of the medical accidents still caused patients death or severe injuries, most of the incidents caused no harm or minimal injury to patients.

Today with this reporting system, the DOH has a more accurate and wider view of the situation. As an illustration, the hospitals reports sent to the TPR indicated that most of the recent medication mix-ups were caused by products that looked or sounded similar to other products. Indeed, several medication errors were due to similar packaging of the two drugs, morphine and pethidine, which can be easily confused. However, rather than merely asking front-line workers to be more careful, the National Patient Safety Committee, adopted a systemic-change approach by proposing modifications in packaging to make the drugs more distinguishable. Furthermore, the TPR is also a key tool for the learning-process. In fact, by collecting errors from others, it gives the possibility to make an accurate assessment of those severe patient safety events that occurred recently in Taiwan and then to publish them in a newsletter in order to share these experiences and educate health care providers.

Future issues for patient safety.

Due to TPR involvement, along with the involvement of communities and citizens, patient safety is now better managed. Dr. Shih Chung-liang acknowledges that the NPSC still has a lot of problems that need to be addressed. Three of these are urgent :

The first is the establishment of a strong and sustainable partnership among government, health care providers, health care organizations and the general public to improve patient safety. The second is the pressing need to develop an indicator or epidemiological survey to continuously measure and monitor patient safety levels. And finally, to definitely move from a blame culture to a safety culture in actively supporting experience sharing and learning via national voluntary reporting. These future issues are of great importance for Taiwan because, in the final analysis, patient safety remains the fundamental requirement of quality health care. 

Harm Reduction in Taiwan

Yi-Ming Arthur Chen

Report Cases of HIV/AIDS by Year of diagnosis in Taiwan
1984-2006.5 (Taiwanese)

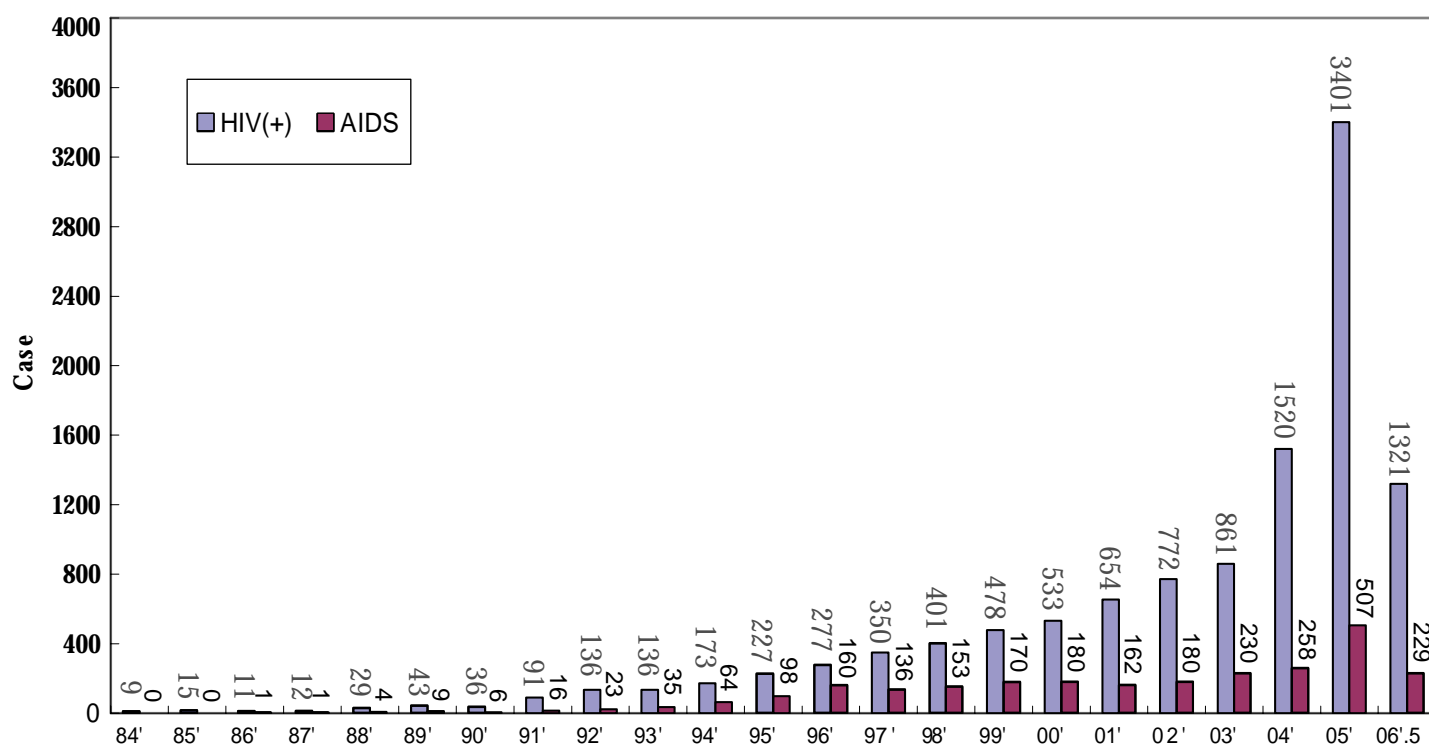


Fig. 1 Numbers of HIV-1/AIDS Cases Reported to Taiwan CDC from 1984 to 2006 in Taiwan (by May 31st, 2006). Source : Taiwan CDC monthly HIV/AIDS report.

According to Taiwan's Center for Disease Control (CDC), as of May 31, 2006 a total of 12,065 individuals (including 551 foreigners) have been diagnosed as HIV-1 positive. The number of people living with HIV-1/AIDS (PLWHA) in Taiwan has increased rapidly in the past five years. Compared to an 11% increase in 2003, rates for 2004 and 2005 were 77% and 123%, respectively (Fig.1). Results from a risk factor analysis indicate that more than 80% of new PLWHAs reported to the CDC in 2005 were injecting drug users (IDUs). According to an epidemiological study, most of the HIV-1 antibody sero-positive IDUs were infected with CRF07_BC, a circulating recombinant form (CRF) of subtypes B and C. After needlesharing, we found that sharing containers and sharing heroin diluents were the second most important risk factor for contracting HIV-1 infection among IDUs in Taiwan.

It is estimated that 10-15% of the 80,000 IDUs in Taiwan are infected with HIV-1. To reduce the risk of contracting disease in this population, the Taiwan CDC has given funds to Taipei City and Taipei, Taoyuan, and Tainan Counties since September of 2005 for the purpose of initiating a national harm reduction (HR) program. The pilot program consists of three parts: a needle syringe program (NSP); methadone (or buprenorphine) maintenance therapy (MMT) ; and AIDS education, counseling and testing (VCT).

Also in 2005, Alex Wodak, Kate Dolan, Robert Newman, Peter Pi, Garth Popple, Mark Casanova, Jerry Stimson, and other HR experts were invited to Taiwan to meet with Taiwan government officials, medical field workers, and public health professionals. Some modifications were suggested for the four Taiwanese locations listed above.

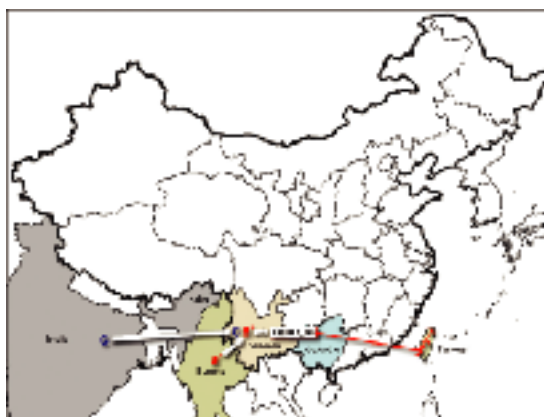
By February 1 of this year, 85 NSP sites had been established in the four targeted locations. Most of the NSP sites are local pharmacies run by individuals who do not have formal counseling skills, making it difficult to provide VCT at those sites. We also discovered that many pharmacy owners are reluctant to participate in the program due to concerns about personal and property security. This may seem odd because in Taiwan syringes are not strictly regulated—Anyone can purchase disposable syringes from local drug stores without a prescription. However, several years ago, local police have started to monitor or trail IDUs who buy syringes from drug stores and arrest them if they test positive for illegal drug use. As a result, there has been a decrease in the purchase of new syringes by IDUs and an increase in needle-sharing behavior. Any successful NSP clearly requires support from the national Ministry of Justice (MOJ) and local police officers.

The AIDS Prevention and Research in National Yang-Ming University has managed an education program on HIV-1 prevention and HR in detention centers and prisons since September 2004. According to compiled statistics, approximately one-third of all male inmates and 90% of all female inmates in municipal and county detention centers in Taiwan have been charged with drug-related crimes, making these centers appropriate locations for AIDS and HR education activities. We have learned that prior to participating in these classes, many IDUs in detention centers believed that the HIV-1 sero-positive rate among them was less than 1% and that sharing heroin diluents and/or containers did not cause HIV or HCV infection. During the classes, the IDUs were shocked to know that 10-15% of them were HIV-1 positive and the message has been spread to IDUs living outside of detention centers.



Figure 2. A bag with a harm reduction program logo and materials that will be distributed to IDUs at different NSP sites in Taiwan.

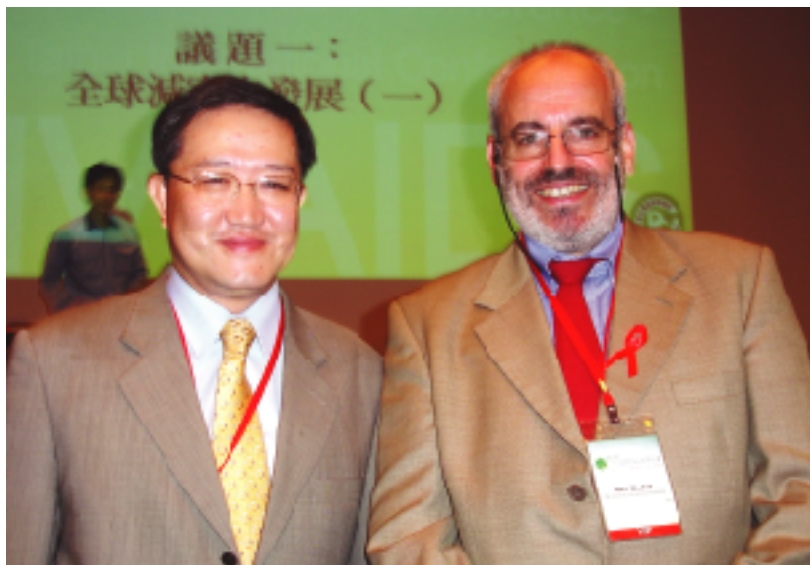
Although many obstacles are foreseen, the Taiwan government has decided to implement a national HR program in 2006. CDC Director Dr. Steve Hsu-Sung Kuo said, "We are willing to try different radical pilot programs before reaching a consensus on a national program." One indication of the CDC commitment is its purchase of 10 million syringes and 120 bottles (1 liter each) of methadone. Furthermore, a non-government Taiwan HR association will be established in the near future and Taiwan's Bureau of Controlled Drugs is planning to produce methadone for HR purposes in 2009.



An illustration shows the possible transmission route of the HIV-1 CRF07_BC from mainland China to Taiwan.

(Dr. Arthur Chen is a professor in the National Yang-Ming University Medical School and advisor to Harm Reduction program of Taiwan CDC)

Experts Present Taiwan Harm Reduction projects to the 8th Taipei International Conference on HIV/AIDS.



From September 9 to 10, 2006, the Center for Disease Control (CDC) in collaboration with the Taiwan Society of Preventive Medicine, the Taiwan AIDS Foundation and the Taiwan AIDS Society, organized the 8th Taipei international Conference on HIV/AIDS.® This year it focused on the theme of HIV prevention among Intravenous Drug Users (IDUs) and Harm Reduction Program (HRP) practices in several countries. In order to share their own experiences and their thoughts on the present and future trends, national and international experts in the field of epidemiology, clinical treatment, health education and pre-entrepreneurs of the private sector and officials from different governmental agencies were

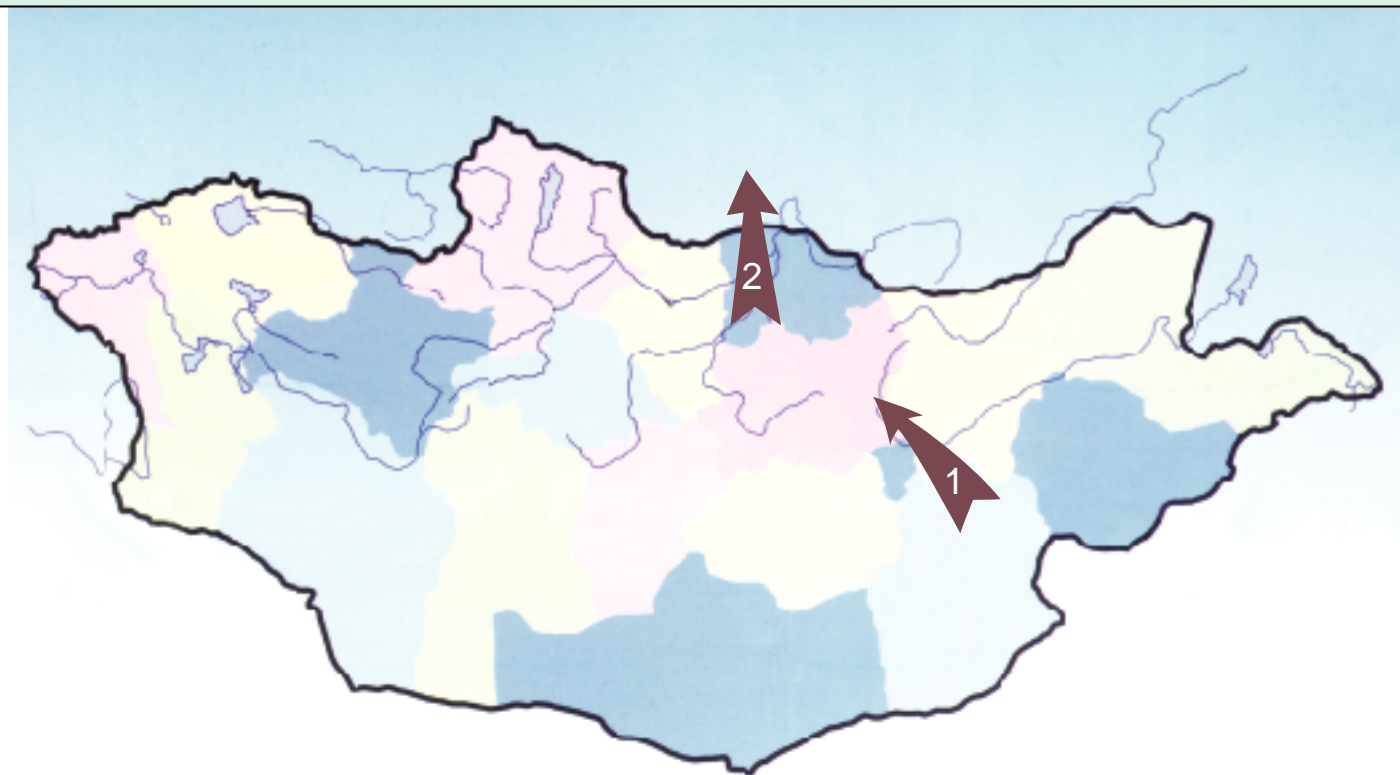
Top :
Dr. Alex Wodak,
Director, Alcohol and
Drug Service, St. Vin-
cent's Hospital, Aus-
tralia and Dr. Steve
Kuo, Taiwan Center
for Disease Control.

Above :
Prof. Gerry V. Stimson,
Executive Director,
International Harm
Reduction Association
and Dr. Li Jih-hen
of the Department
of Health.

vention strategies, but also NGO's members, invited.

With a total number of people living with HIV/AIDS reaching 15,671 cases by the end of August 2006 and a growing number of new HIV cases every year (+123% in 2005) of which 67% are IDUs, Taiwan is currently on the brink of an HIV/AIDS outbreak. To curb this epidemic situation, pilot Harm Reduction projects were implemented in three counties (Taipei, Taoyuan and Tainan) and in Taipei in November 2005. The main components of this strategy include needle and syringe exchange programs (NSEP), methadone replacement therapy, health education, personal consultation and syringe deregulation. Based on positive results from this trial program, since July 2006, CDC has begun working with local bureaus throughout Taiwan on the gradual implementation of a national HRP.

This international conference was a great opportunity to present the substantial achievements of these four Taiwanese pilot projects to a large audience and to compare these results with those of other countries like Australia, Hong Kong, Great Britain and United States which were presented by foreign specialists. Thanks to the intense interactivity between the floor and the speakers, many important questions were raised and valuable advice was given. Among them, the urgent necessity to set accurate and realistic goals to scale up the pilot projects and then improve national coverage of HRP was underlined. Furthermore, a great majority of participants asked for improved collaboration with related organizations, notably the Ministry of Justice and the Police Department, in order to strengthen the impact of HRP on prevention and control of HIV/AIDS in Taiwan. Finally, the main conclusion of this international conference was that today a comprehensive national HRP was the most cost-effective prevention method for HIV infections among IDUs in Taiwan if the nation is to avoid an explosive epidemic of HIV and other blood-borne infections. 🐼



Taiwan Medical Service Team Traveled to Mongolia, Buryat Republic



To serve more people in need in the world, the Taiwan Medical Service Team traveled to Mongolia and Buryat Republic in August this year. The chief director of the Hospital Administration Commission Lin Shuei-lung led a medical service team of Chinese medicine doctors, therapists and medical engineers from Taipei Hospital and National Taiwan Univer-

sity Hospital to the two nations from August 19 to 26.

At the reception held by the Mongolian Department of Health Minister Grundalai Lamjav, the Taiwan delegation exchanged health policy experience with Mongolia and donated numerous pieces of medical equipment to the hospital, including dialysis and ultrasonic machines, and medical instruments from the department's Global Medical Instruments Support and Service Program (GMISS; website : <http://gmiss.doh.gov.tw>). An important Mongolian health department official, Amarjargal Choijoo, and former Prime Minister Narantsatsralt Janlav also attended the reception.

During the visit in Mongolia, the Taiwan medical team offered free medical service at the Second General Hospital of Mongolia in Ulan Bator and examined and treated 500 patients in the brief period of two days. The delegation not only gained enthusiastic welcome from the local citizen but also established cooperative partnerships with local hospitals.

In Buryat, the delegation also met with the head of the Buryat congress, Alexander Lubsanov, and congressional counselor Lev Vladimirovt. After communicating with the Taiwan delegation in the meeting, Drozdov Vladimirovich decided to hold the Second European Acupuncture Study Camp in Taiwan this November. 🌱

Above :
Taiwan medical service team visited the capital of Mongolia ULAANBAATAR (arrow 1) and Buryat Republic (arrow 2) from Aug. 19-26, 2006.

Left :
Dr. Hsu Chung-Hua, the Director of Chinese Medicine Section in the Taipei Hospital (right 1) were offering free Chinese medical service at the Second General Hospital of Mongolia in Ulan Bator.



Above left :
The e-Ambulance.

Above right :
The 3G wideband code division multiple access (WCDMA).


Internationally Impacting Invention[®] Xe-Ambulance Officially Announced and Publicly Christened

The DOH has devoted intensive efforts in the development of the e-Ambulance. The e-Ambulance equips paramedics with the capacity to instantaneously transmit images, sounds and vital statistics from the ambulance and receive online instruction to provide effective remote medical care services. ITRI's Center for Measurement Standards (CMS) was commissioned by the DOH and has already developed a pre-production prototype.

The[®] Xe-Ambulance system[®] is an advanced medical treatment system that provides an array of functions including an integrated measurement system, information network, telecommunications services, data application, and emergency rescue capacity. Its distinctive advantages include precise measurement capabilities, and an ergonomic design that weighs only 3.4kg, making it easy to carry. Chunghwa Telecom will provide a 3G high-speed network specifically designated for use in emergency medical care and rescue. The innovative 3G WCDMA (Wideband Code Division Multiple Access) mobile telecommunications technology offers a wideband that connects to the ADSL wideband Internet network, equipping the e-Ambulance with requirements for massive information transmission. The system includes the following information search and transmission functions: a portable patient monitor, internet video camera, digital camera, Bluetooth wireless headsets and microphones, a GPS

system, 3G wideband code division multiple access (WCDMA), a wireless LAN card, and RFID (radio frequency identification).

Utilizing the 3G wideband code division multiple access (WCDMA), the[®] Xe-Ambulance System[®] offers immediate internet access for transmitting medical data to the monitoring center. All authorized medical care facilities and emergency rescue units have access to this information. This system can transmit physiological data about a patient's condition, such as an electrocardiogram, CO₂ levels, blood oxygen saturation, non-invasive blood pressure, and heart rate. It can also provide images of movement and sounds, GPS positioning, and utilize RFID to process information about the patient.

The DOH will begin deployment of this system in rural mountain areas to provide year-round emergency medical care and rescue services, and by 2007 these systems will be operating in rescue centers and ambulances in areas with insufficient medical care resources across the nation. It is hoped that this technology can be used to save many lives at the most critical moments. In the event of a major disaster, ambulances can be rushed to the scene fully equipped with the capacity to provide effective medical care, instantly transmitting images back to the base hospital and command center, thus, offering the most advanced disaster medical care services system. 



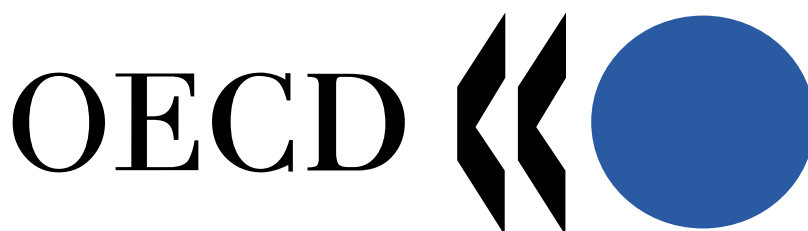
Taiwan Experts Attended the 2nd Joint OECD / Korea Regional Center on Health and Social Policy (RCHSP)-Asia-Pacific National Health Accounts Network (APNHAN) Meeting of Regional Health Accounts Experts




Representatives from fifteen countries in OECD RCHSP 2nd NHA meeting. Representatives from Taiwan, Prof. Jui-fen Rachel Lu, Chang Gung University; Dr. Likwang Chen, NHRI (4th and 3rd from right, the second row).

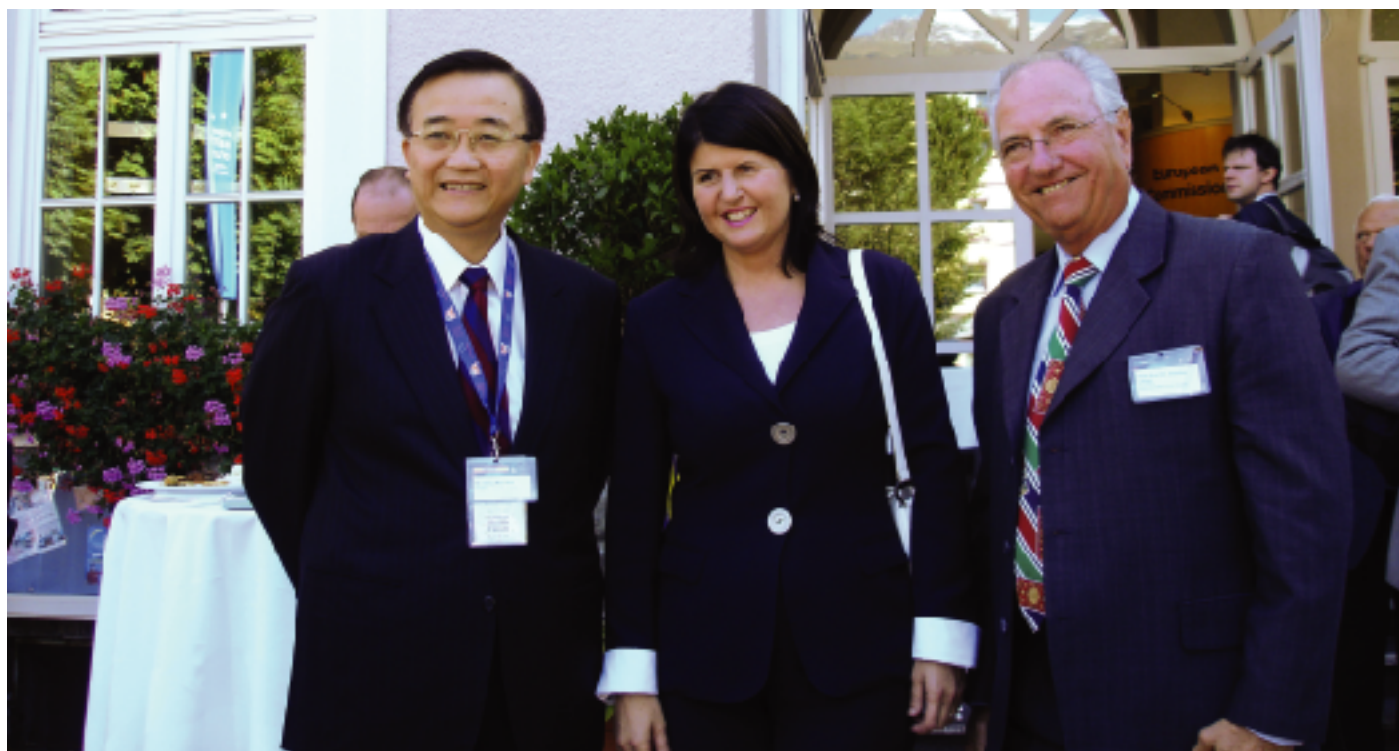
The 2nd Joint OECD/ Korea RCHSP - APNHAN Meeting of Regional Health Accounts Experts was held in Korea by OECD/ Korea RCHSP (Regional Center on Health and Social Policy) in cooperation with APNHAN (Asia-Pacific National Health Accounts Network) on July 27-28 2006. Representatives of fifteen countries (Australia, Bangladesh, Taiwan, Hong Kong SAR-China, Indonesia, Japan, Korea, Kyrgyz Republic, Malaysia, Mongolia, Nepal, Philippines, Sri Lanka, Thailand, Tonga) and eight international organizations (WHO-Geneva, WHO-WPRO, OECD-Secretariat/ Paris, Asian Development Bank (ADB), International Labor Office (ILO), United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), OECD RCHSP, APNHAN) were invited to attend the meeting.

The main purpose of this meeting was to enhance international collaboration in standardizing data reporting system through the implementation of OECD SHA-based health accounts. Professor Jui-fen Rachel Lu from Chang Gung University, was invited to present Taiwan's NHA results and share Taiwan's experiences in implementing SHA-based



health accounts for 1998. Dr. Likwang Chen, an Associate Investigator at NHRI joined the final session in showing results of the NHI expenditures by disease category. Prof. Lu also pointed out in the meeting that Taiwan DOH has annually released its NHE estimates since 1991 and has recompiled the estimates based on OECD standard for the year of 1998 through research collaboration with Harvard University and Chang Gung University. Through this exercise, estimates for private sector spending were validated and readjusted. Although the SHA-based health accounts are not completely implemented by DOH, Taiwan should be pursuing a more active role in participating in the NHA-related activities in the region and making substantial contributions to facilitate the regional collaboration with its expertise and capacities. 

2006 Taiwan Delegation Participates in European Health Forum Gastein



Above :
Minister Hou was joined by the Salzburg Governor Burgstaller and President Dr. Leiner in the Congress (From left).

Right :
Drs. Lonnroth (EC-Research), Jakab (ECDC), McKee (London School of Hygiene), Minister Hou, Van Tam (HPA, UK), and Coker (London School of Hygiene) sat in the panel discussion in the Forum (From left).

Taiwan health experts have participated in the European Health Forum Gastein (EHFG) since 2002. During these five years of active participation, Taiwan has hosted the following discussions: "HIV/AIDS in Taiwan" workshop (2002), SARS workshop (2003), "Towards high-performing health systems: Value for money and sustainable financing" (2004), "Risks and rewards: The safety of medicines" (2005), and "Pandemics" (2006). Based on performance evaluations of forum discussions over the past years, these presentations by Taiwan have received wide response and high evaluation scores.

This year's EHFG took place at Bad Hofgastein, Austria from October 3 to 7. DOH Minister Dr. Hou co-chaired a parallel forum, while Director General Dr. Chang and Prof. Kuo co-chaired two separate discussions. The Forum Chair was held by European Center for Disease Control, ECDC Director Mrs. Zsuzsanna Jakab, former Secretary of State in Hungary's



Ministry of Health. Dr. Jakab first introduced current challenges facing Europe in terms of infectious diseases. Next, WHO Acting Assistant Director-General for Communicable Diseases and Representative of the Director-General for both Pandemic Influenza and Polio Eradication Dr. David L. Heymann introduced the WHO's current work in global epidemic prevention and control. Minister Hou also spoke on Taiwan's SARS experience and Taiwan's preparatory work in controlling global epidemics. ☞

Taiwan CDC Establishes Central Epidemic Command Center for Dengue Fever

There has been a constant increase in the number of people infected with domestic dengue fever since summer. Taiwan CDC predicts that, on average, 41 new dengue fever cases will occur weekly, with the number of confirmed indigenous dengue fever cases to exceed 300 by October 7. In order to effectively control the epidemic, on October 2 the Executive Yuan decided to establish a Central Epidemic Command Center for dengue fever, according to Article 17 of the Communicable Disease Control Act, to supervise and formulate an overall plan for dengue fever prevention strategies.

The premier of the Executive Yuan has appointed the Minister of the Department of Health (DOH) as commander of this program, with the Minister of the Environmental Protection Administration acting as co-commander. The deputy ministers from these two organizations will supervise the situation in southern Taiwan according to the commanders orders. Additionally, the deputy director of Taiwan CDC will act as frontline commander, moving to southern Taiwan to command and supervise the implementation of the initial prevention effort. In this way, the whole team will be well-prepared for the fight against the dengue fever epidemic.

DOH has focused on dengue fever prevention measures. In the beginning of the year, DOH invested more than NT\$40,000,000 in clearing mosquito breeding sources in cities and counties of southern Taiwan, where high risks of dengue fever exist. DOH invested a further approximate NT\$10,000,000 in Kaohsiung city and county after the domestic dengue fever outbreak was found this summer. Following a three-month effort from local units, it is obvious that, although the epidemic situation is not fully controlled, the prevention work has slowed down the spread of disease in comparison to the epidemic situation that occurred in 2002. DOH expects to invest a further NT\$30,000,000 in the prevention fund, and to assign 30 vector prevention, epidemiological, and medical specialists to southern Taiwan to expand the active disease prevention team and to assist the related prevention strategies. 🐼



Minister Dr. Hou (center) visited the southern cities to inspect the implementation of the initial prevention programs.

Calendar

International Symposium on Stem Cells and Regenerative Medicine

Taipei, Taiwan

21 Oct. 2006

<http://www.nhri.org.tw/nhri11/2006ISSCRM.htm>

Advanced Clinical Acupuncture and Traditional Medicine (ACCTM) Training Program

Taipei, Taiwan

7-12 Nov. 2006

Deadline for application :

30 Sept. 2006

<http://www.icim2006-taipei.org.tw>

18th Taipei Int'l Show on Medical Equipment, Pharmaceuticals & Bio-technology

Taipei, Taiwan

9-12 Nov. 2006

<http://www.taipetradeshows.com.tw/mediphar>

28th World Congress of International Medicine/Taiwan Society of Internal Medicine

Taipei, Taiwan

10-14 Nov. 2006

<http://www.icim2006-taipei.org.tw/>

Asia-Pacific Congress on Lung Cancer in Conjunction with the 10th Annual Meeting of Taiwan Cooperative Oncology Group

Taipei, Taiwan

2-3 Dec. 2006

<http://www.nhri.org.tw/nhri11/95TCOGADV.pdf>

2nd Global Forum for Health Leaders

Taipei, Taiwan

3-6 Dec. 2006

<http://www.doh.gov.tw/2006GFHL>

The 2nd Global Forum for Health Leaders in Taipei

In December 2005 the Global Forum for Health Leaders 2005 was held in Taipei. It provided a unique opportunity to share experiences on current global public health issues. More than 300 leading health experts from around the world joined together on this occasion.

This year the 2nd Global Forum for Health Leaders (GFHL) will be held in Taipei, Taiwan, from December 3 to 6. This forum will continuously bring together the global health experts and key policy-makers to discuss and share concerns about global health.

The overarching theme of the GFHL 2006 will be "Sustainability of Global Health". Within this theme the main issues to be addressed are ;

- (I) Opportunities and challenges facing the health sector, and in particular the health workforce;
- (II) Regional and global health security;
- (III) Strategic planning for major diseases.

For further information please visit the website at
<http://www.doh.gov.tw/2006GFHL>



The 1st GFJL was held at Grand Hotel in Dec. 2005.

INVITATION

I am pleased to invite your Excellency to participate in the 2006 Global Forum for Health Leaders, to be held in December 3-6 in Taipei. This is the 2nd Global Forum organized and hosted by Taiwan and we are particularly delighted to have the opportunity to welcome your views in this new Forum, focusing on the "Sustainability of Global Health". The mission of the Forum will concentrate on assessing the challenges of health professionals and service industries, while at the same time working towards developing potential solutions to these problems.

In 2005, we have seen more than 300 health leaders coming from over 30 countries joining our Forum, which included senior policy and decision-makers representing politics and governments at the regional and global levels, business and industry entrepreneurs, health care funders and service providers, civil society leaders, as well as senior public officials, administrators, policy makers, experts and researchers in health care. We expect the upcoming Forum to be even more successful, attracting leaders and upstanding citizens worldwide that are not only concerned about global health, the Millennium Development Goals but also current health challenges mutually shared by our global brethren.

We sincerely welcome you to take part in this momentous occasion. Your participation will surely be a constructive and significant contribution to the Forum, inevitably adding to the advancement of global health.

I remain,
Respectfully yours,

President
Sheng-Mou Hou, MD, PhD, MPH
2006 Global Forum for Health Leaders
<http://www.doh.gov.tw/2006gfhl>
October 3, 2006

