

AP



General data

POPULATION, 2023
23,420,000

SURFACE, KM², 2022
N/A

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

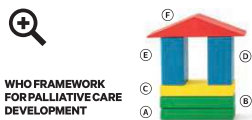
COUNTRY INCOME LEVEL, 2022
N/A

HUMAN DEVELOPMENT INDEX RANKING, 2021
N/A

GDP PER CAPITA (US\$), 2023
N/A

HEALTH EXPENDITURE (% GDP), 2021
N/A

UNIVERSAL HEALTH COVERAGE, 2021
N/A



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC



LEVEL OF DEVELOPMENT

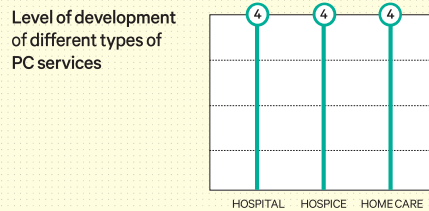
Taiwan

F Provision of PC (Specialized Services)

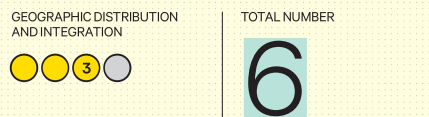
Total number of Specialized PC services **776**

Rate of PC services per 100,000 inhabitants **3,35**

Taiwan in the context of Asia-Pacific regions



Pediatric PC Services



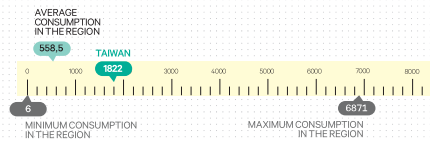
AP

Taiwan

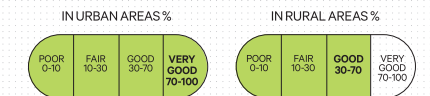
D Use of essential medicines

Opioids consumption (excluding methadone) **1822**
S-DDD/MILL IN-HABITANTS/DAY

Taiwan in the context of Asia-Pacific regions



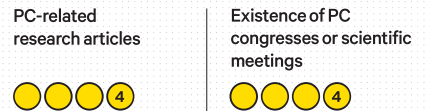
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research



Association: Hospice Foundation of Taiwan, Taiwan Academy of Hospice Palliative Medicine.
Consultants: Ying Wei Wang.
Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by the Association: Yes
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **10/12**

Nursing schools with mandatory PC teaching **8/44**

Recognition of PC specialty **4**

B Policies

PC plan or strategy **4**

Responsible authority for PC in the Ministry of Health **4**

Inclusion of PC in the basic health package at the primary care level **4**



A Empowerment of people and communities

Groups promoting the rights of PC patients **4**



Advanced care planning-related policies **4**

AP Taiwan

People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p></p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p>	<p>Four NGOs play a significant role in advocating for and promoting palliative care: the Hospice Foundation of Taiwan, the Taiwan Academy of Hospice Palliative Medicine, the Taiwan Association of Hospice Palliative Nursing, and the Buddhist Lotus Hospice Care Foundation.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is a national policy on advance care planning.</p>	<p>The “Patient Right to Autonomy Act,” passed in Taiwan in 2015, significantly enhances the rights of patients regarding their medical treatment decisions, particularly in the context of palliative care.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p></p> <p>Actualized in last 5 years, and actively evaluated or audited.</p> <p></p> <p>Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.</p>	<p>Currently, there is a standalone palliative care plan, which is also incorporated into broader policies. This integration ensures that palliative services are part of the hospital accreditation process, the national health service network, and the national health insurance coverage.</p>
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Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>The Indicators to monitor and evaluate progress are currently implemented.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>	<p>Palliative care is a priority within Taiwan's Universal Health Coverage (UHC) and is integrated into the National Health Insurance (NHI) system. This coverage includes comprehensive benefits for palliative services, which can be accessed at three levels in both primary and specialized care facilities. Additionally, the National Long-Term Care 2.0 initiative recognizes palliative care as an essential part of its comprehensive service.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p></p> <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).</p> <p></p> <p>There are concrete functions, staff and budget.</p>	<p>In Taiwan, the Ministry of Health and Welfare (MOHW) oversees palliative care services through several key agencies. The Department of Medical Affairs establishes regulations and laws to ensure palliative care practices meet national standards. The Joint Commission of Taiwan handles accreditation, evaluating and certifying facilities to ensure quality and safety in palliative care delivery. The National Health Insurance Administration (NHIA) manages the reimbursement of palliative care services under the National Health Insurance system, ensuring patient access. Meanwhile, the Health Promotion Administration focuses on advocating and promoting palliative care services. Together, these agencies collaborate to regulate, accredit, reimburse, and promote palliative care, ensuring it is effectively integrated across Taiwan's health-care system.</p>

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Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

At least two national palliative conferences are held annually in Taiwan, organized by the Taiwan Academy of Hospice Palliative Care and the Taiwan Association of Palliative Care Nursing.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Very High: Denotes an extensive number of articles published on the subject.

Medicines

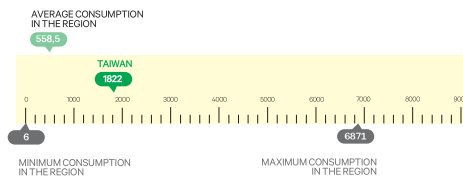
Ind8

Reported annual opioid consumption – excluding methadone – in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 1822 S-S-DDD


1822
MG/PER YEAR

COUNTRY VS REGION



AP Taiwan

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Very good: Between 70% to 100%.

Primary care physicians are authorized to prescribe essential medications for palliative care, which are fully reimbursed by the National Health Insurance system. In rural areas, the government has established primary health stations where these physicians can also prescribe necessary palliative care medications.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Very good: Between 70% to 100%.

All district hospitals, regional hospitals, and medical centers are equipped to provide oral morphine. In urban areas, nearly 100% of hospitals offer this service. In rural areas, most patients can access oral morphine within an hour of travel maximum.


10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Good: Between 30% to 70%.






AP Taiwan

Education & Training

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC...</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC...</p>	<p>10/12</p> <p>2/12</p> <p>8/44</p> <p>36/44</p>	
<p>Ind12</p> <p>12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.</p>	<p>The Taiwan Academy of Hospice Palliative Care is responsible for the training and certification of palliative care specialists. Approximately 50 specialists are certified each year.</p>

AP Taiwan

Provision of PC / Services

<p>Ind13</p> <p>13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Please enter the total number of specialized PC services or teams in the country.</p>	<p></p> <p>Integrated provision: Specialized palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p>	<p>According to the 2024 National Health Insurance Administration report, Taiwan has 169 hospital-based palliative care consultation teams and 85 palliative inpatient units. There are also 85 inpatient hospices, all affiliated with hospitals but operating independently. Home palliative care services are widely available throughout the country, with 143 teams at Level A and 379 at Level B (home palliative care services are organized into a three-tiered community-based network). Based on the 2024 population estimates from the Republic of China (Taiwan) National Statistics, this represents a rate of 3.35 specialized palliative care services per 100,000 people.</p> <p>RATE OF SPECIALIZED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p>  <p>0 0.05 2.58 3.35 6</p> <p>MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION</p> <p>776 ← SPECIALIZED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Please enter the total number of pediatric specialized PC services or teams in the country.</p>	<p></p> <p>Generalized provision: palliative care specialized services or teams for children exist in many parts of the country but with some gaps.</p> <p>6 PPC TEAMS</p>	<p>According to the implementation of pediatric palliative project from the Health Promotion Administration, there are 6 pediatric specialized palliative care teams in Taiwan.</p>