第 14 屆加斯坦歐洲衛生論壇

服務機關：亞洲大學

出國人員：楊志良教授

出國地區：加斯坦薩爾斯堡

出國期間：民國 100 年 10 月 4 日至 10 月 10 日

壹、加斯坦歐洲衛生論壇簡介

加斯坦歐洲衛生論壇(European Health Forum Gastein，簡稱 EHFG)自 1998 年開辦迄今，主要由歐盟提供經費支持，由奧地利非營利超黨派團體 International Forum Gastein(簡稱 IFG)主辦，IFG 主席為 Prof. Günther Leiner，其為一位熱心公益的醫師，曾擔任奧地利國會議員。此論壇每年均在奧地利加斯坦(Gestein)市舉行，今(2011)年為第 14 屆，為歐洲聯盟最重要衛生政策論壇，也是重要的衛生領袖會議之一，其特色是議題廣泛，約有 45 個國家政府代表、世界衛生組織與歐盟衛生部門官員、衛生領域非政府組織團體代表、公共衛生及醫藥業界專家學者約 600 人前來參加，齊聚研議重大衛生政策、議題及問題的挑戰，發表衛生政策的新思維，進行各國衛生相關政策經驗和意見交流，形成建議，做為歐盟政府制定衛生政策之參考。

歷屆 EHFG 大會主題如下：

1998-Creating a Better Future for Health Systems in EuroPe
1999-Health & Social Security
2000-Information & Communication in Health
2001-Integrating Health across Policies
2002-Common Challenges for Health & Care
2003-Health & Wealth
2004-Global Health Challenges
2005-Partnerships for Health
2006-Health sans frontiers
2007-Shaping the Future of Health
2008-Values in Health
2009-Financial Crisis and Health Policy
2010-Health in Europe - Ready for the Future?
2011-Innovation and Wellbeing - European health in 2020 and beyond

「第 14 屆加斯坦歐洲衛生論壇」於 100 年 10 月 5 日至 8 日於奧地利加斯坦舉行，本屆大會的主題為「Innovation & Wellbeing-European Health in 2020 and beyond」。我國自 2003 年起於該論壇承辦一個議題之平行論壇，今年配合聯合國 NCD 高峰會，衛生署今年協同辦理一場平行論壇，論壇主題為「非傳染性疾病-全球的優先決策及解決方案」。衛生署邱文達署長原受邀於該平行論壇發表演說「UN summit and beyond：an Asian Perspective」，並指派國民健康局邱淑媞局長報告「Prioritising and mobilizing NCD prevention and control at couniry level」，惟邱署長因公臨時不克成行，由本人代為報告，會場約有 150 人出席，討論熱烈，本次論壇本署及專家學者計有 13 人與會。共舉行 3 場主題

工作坊。

Plenary 1：Approaching wellbeing and European priorities
Plenary 2：Linking innovation and ICT to health
Plenary 3：Health by design – the road to wellbeing
二、平行論壇主題：
Forum 1：Active and healthy ageing
Forum 2：Non-communicable Diseases
Forum 3：Future of medicine
Forum 4：Health 2020
Forum 5：Social innovation
Forum 6：Health Technology Assessment
三、工作坊主題：
Workshop 1：Health security
Workshop Z：Global health
Workshop 3：Lessons from the East
Workshop 4：Chronic diseases
Workshop 5：Medical innovation
Workshop 6：Rare diseases
Workshop 7：Smoking cessation
Workshop 8：Digital Agenda
Workshop 9：Migration
Workshop 10：Healthcare financing
Workshop 11：Ageing in action

貳、目的

加斯坦歐洲衛生論壇是歐洲各國衛生交流重要且支持度很高的交流平臺，論壇議題與內容係經過主辦單位與其諮詢委員會精心挑選設計，從問題分析、策略探討、經驗分享到討論歐洲未來政策方向，環環相和，且能對歐洲政策形成具體結論和影響，是很有深度的公衛政策論壇。臺灣自 2003 年即開始參與此論壇，藉此場合和國際上重要的衛生領袖交流互動及學習。

聯合國今年 9 月已召開 High-Level Meeting on Prevention and Control of NCDs (Non-communicable Diseases)，倡議各國共同防治心血管病、癌症、慢性呼吸道疾病及糖尿病等慢性病，並減少吸菸、酒精濫用、不健康飲食及不運動等危險因子。臺灣應為全球慢性病防治工作盡一份心力，目前臺灣正在依該會議所發表之宣言檢視各項策略之整備度。在臺灣，高達 80%的死因是 NCDs，所以今年

三高防治(血壓、血糖、血脂肪)、菸害與檳榔防
以四大慢性病之一「癌症防治」為例，說明臺灣在癌症預防、篩檢、診療與癌症登記監測與評估及肥胖防治等推動經驗。此次論壇分享臺灣在慢性疾病防治上重要的政策、措施及成果，與各國經驗交流，相互學習創新的思維和做法，透過預防、早期監測、早期介入及整合性疾病管理等方式，採取有效的行動計畫，共同減低各國家、地區及全球因 NCDs 所致疾病與經濟負荷。

參、過程

一、行程及議程

日期	行程及議程
10/04（二）	1. 台北→維也納→薩爾斯堡 2. 大會註冊
10/05（三）	Workshop 2：Global health
	Opening Plenary：Approaching wellbeing and European Priorities
	Forum 2：Non-communicable diseases
	Workshop 4：Chronic diseases
	Welcome evening
10/06（四）	1. 參加邱淑媞局長之 Tackling NCDs 之報告及討論 2. e-health 之報告及討論
10/07（五）	Forum4：New policies and strategies for health and wellbeing in Europe-towards Health 2020 之研討
10/08（六）	參訪薩爾斯堡
10/09（日）	薩爾斯堡→維也納→台北

二、會議過程

(一)10 月 5 日上午 Workshop 2：Global health

工作坊主題為「New developments in global health governance」，重點討論全球衛生在協助開發中國家及貧窮人口群解決健康問題，面對全球化之際，全球衛生治理應考量國際間的合作及貢獻。全球衛生(Global Health)、全球衛生外交(Global Health Diplomacy)、全球衛生治理(Global Health Governance)影響全球衛生的可近性，全球衛生治理著重在全球的健康促進和保護。此次工作坊指出世界衛生組織改革進程已成為全球衛生治理的關注焦點，包括全球衛生的領導和權力的轉移、21 世紀 WHO 應有角色功能、會員國、非政府組織、私部門及其他全球衛生行動者等利益相關團體對 WHO 的期望，強調 WHO 最佳治理模式應確保透明度和課責制，並建立新的財務模式，以促進全球民眾健康。同時說明 100 年 9 月 19-20 日聯合國慢性非傳染性疾病高峰會議和健康的社會決定因素對全球衛生治理的挑戰。

(二)10 月 5 日下午 Forum 2：Non-communicable diseases

全球非傳染性疾病盛行率在上升，聯合國今年 9 月已召開 High-Level Meeting on prevention and Control of NCD，倡議各國共同防治心血管病、癌症、慢性呼吸道疾病及糖尿病等慢性病，並減少吸菸、不當飲酒、不健康飲食及不運動等危險因子。探討全球非傳染性疾病的預防、發展和社會的決定因素，說明聯合國 NCD 會議的成果和全球非傳染性疾病上升趨勢，以幫助歐盟及其他地區的行動方案。透過互動討論，臺灣分享及汲取各國、各地區及全球的經驗，以及確立臺灣在全球 NCD 防治合作夥伴中的角色。

由衛生署協助進行第二場平行論壇(Forum 2)之 Session I，主題為：「Supporting action on NCDs in the EU and beyond」，由國衛院郭教授耿南受邀擔任該論壇主席，本人代表不克成行的邱文達署長進行臺灣經驗之分享:「UN summit and beyond：an Asian perspective」，說明非傳染性疾病造成的全球負擔，介紹糖尿病、心血管疾病、慢性呼吸道疾病及癌症等非傳染性疾病的發展，說明前述疾病的元凶為吸菸、不當飲酒、不運動及不健康飲食等危險因子，造成高血壓、高血糖、高血脂及肥胖等代謝疾病，以及運用 WHO 七大優先策略：A comprehensive approach、Multi-sectorial action、Surveillance and monitoring、Health systems、Best buys、Sustainable development、Civil society and private sectors，防治非傳染性疾病。並以健康不平等為主軸，介紹臺灣各縣市吸菸率、嚼檳率、肥胖率的分布，進行非傳染性疾病及

減少危險因子及預防疾病，強化政府及民間團
共政策及全民的介入措施，提昇健康照護品質，促進民眾健康。

(三)10 月 5 日 T 午 Workshop 4：Chronic diseases
Wednesday 05 October2011,19：00-20：30,Congress Centre Room 1

工作坊主題為「The rise in chronic diseases：the health economic challenges」，討論慢性疾病盛行率快速上昇對衛生體系及醫療費用支出的挑戰，以及衛生政策的因應作為，包括增加衛生醫療市場的可近性，將傳統醫療機構的疾病治療轉向疾病預防及健康促進，應促進健康產業發展，提昇醫療消費保護者團體等相關利益團體的參與，促使疾病的治療過程更為透明化，以確保病人安全及醫療保健服務品質。

(四)10 月 6 日 Forum 2：Non-communicable diseases
Thursday 06 October 2011 09：00-12：00,Congress Centre Room II

由臺灣協助進行第二場平行論壇(Forum 2)之 Session II，主題為：「A life-course approach to tackling NCDs」，由行政院衛生署國民健康局邱淑緹局長演講，題目為「Prioritising and Mobilising NCD Prevention and Control at Country Level：Cancer Prevention and Control as an ExamPle」，分享我國推動癌症防治成果，介紹癌症占臺灣總死亡數的 28.1%和 10.1%的全民健康保險支出，吸菸、肥胖、不運動、嚼檳榔等危險因子之盛行率，肝癌因疫苗的施打及子宮頸癌因篩檢及治療的提供，防治已有顯著成效。為降低 10%癌症死亡率，臺灣投入 6%的菸捐收入，進行乳癌、子宮頸癌、大腸癌及口腔癌篩檢，並訂定全國的篩檢目標，以擴大癌症篩檢為推動主軸，結合醫療院所建立以病人中心的癌症篩檢關懷服務，部署三道癌症篩檢行動防線：醫院門診主動提示；衛生單位主動通知未篩檢者回診；衛生單位主動出擊，深入社區，進行巡迴癌症篩檢服務。臺灣是全球唯一全面推行口腔癌篩檢的國家，寶貴的防治經驗，將可供國際參考。並介紹民國 100 年推動「健康 100 臺灣動起來」健康體重管理計畫，協同 22 縣市及各部會共同向肥胖宣戰，訂定目標號召 60 萬人透過「聰明吃、快樂動、天天量體重」健康減重方式共同健康減重 600 公噸，迄 9 月 16 日已減重 659 公噸。

(五)10 月 6 日中午 Lunch workshop 2：eHealth
Thursday 6 October 2011 12：15-13：45,Congress Centre Room I

主題為：「Achieving sustainable health outcomes ‘beyond the pill’ ：are we embracing eHealth solutions?」，eHealth 可當作是一個健康資訊網路，

資訊擷取等服務，讓個案可以透過安全認證的方
系，使得病患獲得連續性、有效率的醫療保健服務，也使得醫療服務的提供者做出更正確的診斷，提高服務品質，同時可增進病患及醫療院所的關係。因為電子資料庫的建立以及資料可以安全的取得後，病患可以選擇就近的醫療院所就醫，不會有醫療中斷的顧慮。藉由引進新的資訊技術，除可提供更高品質的健康照護，並可節省成本。推動 eHealth 最大的問題是大眾對於 eHealth 效益的整體認知不足，而推動 eHealth 最佳的代言人是衛生專業人員，尤其是醫生，而不是電腦技術人員。在個人電子健康資料安全議題上，目前資訊技術對電子健康資料的加密技術及防護已經非常嚴謹，eHealth 資料安全疑慮與人們可能發生的資安錯誤相當，例如沒有將存放病歷的櫃子上鎖。

與會專家也指出藉由 eHealth 的推動，在緊急醫療或者平時預防照護上，醫療服務專業人員及病患不管在家裏，甚至跨越國界，都可以在線上即時獲取病人健康資訊。強化個人電子健康資料安全的議題，確實需要審慎評估，然過度誇大個人電子健康資料安全問題，以安全與隱私的理由反對或減緩電子醫護的推動是因噎廢食，將喪失提升更好的醫療品質及更有效率的醫療保健服務的機會。

(六)10 月 7 日上午 Forum 4：New policies and strategies for health and wellbeing in Europe-towards Health 2020

討論公共衛生的改革策略包括領導與治理、結構與組織、夥伴關係、財務系統的健全、溝通與評價等，其中強調應與病人及社區建立良好的夥伴關係。並提到除了擁有良好的政策及醫療設備，另一項重點就是需要有優秀的健康服務提供者，這些健康服務提供者如醫師、護士、檢驗師等，除了要有基本公共衛生知識外，當然要有學習新的技術的能力，因為在科技進步的新世代中，更精密的儀器、更多方位的決策，都需要這些執行者的配合。因此，專業人員之培訓及繼續教育是必要且不可缺少的。

(七)10 月 8 日 參訪薩爾斯堡

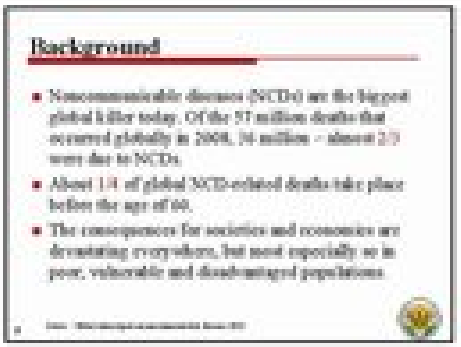
肆、心得與建議：

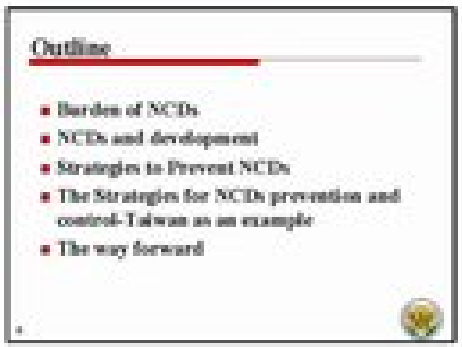
一、 台灣的社經發展雖不如歷史悠久的歐洲，但衛生醫療不論在政策上及執行上，並不遜色，可互相參考學習之處甚多，參與之各國專家對台灣在公衛上的發展都表興趣及肯定。

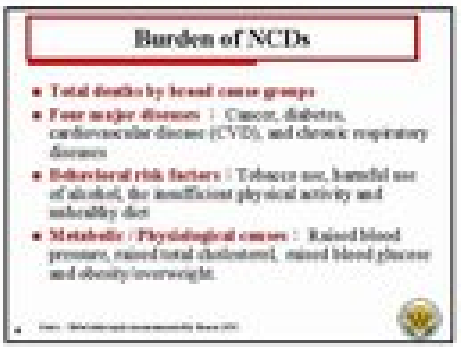
二、 我國是唯一接受邀請參加的非歐洲國家連續九年，會長對台灣至為友善，單獨安排與我代表共進早餐，聽取我方對下年度會議議題的意見。

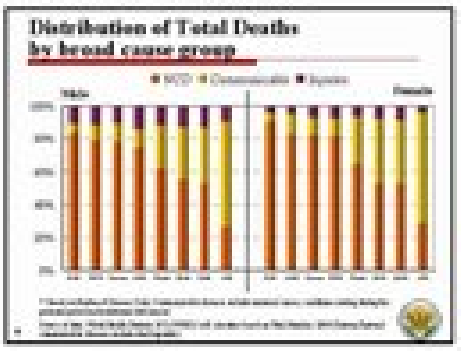
三、 能與歐洲各國共同從事衛生醫療政策與執行之研討、建立友誼，至為難得，應把握機會，每年都做好準備，並擴大參與。

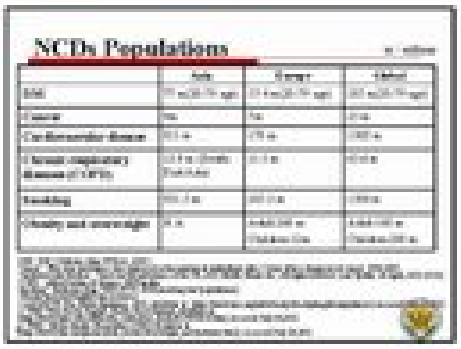
伍、附錄：

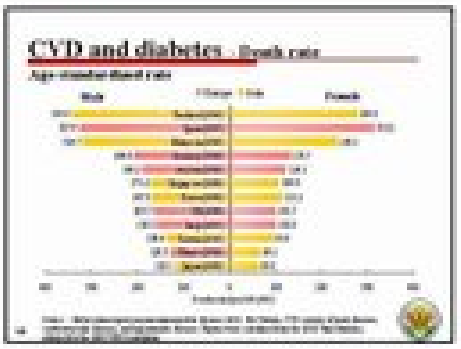


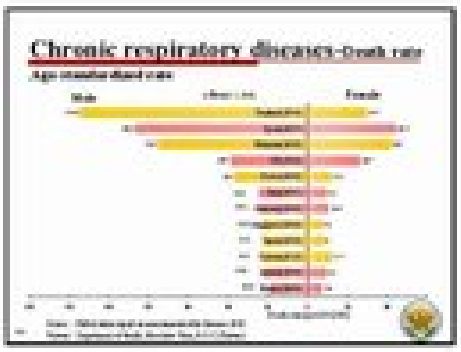


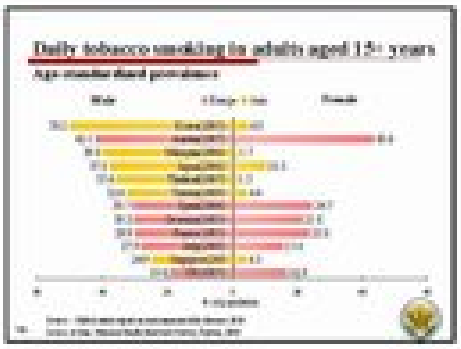


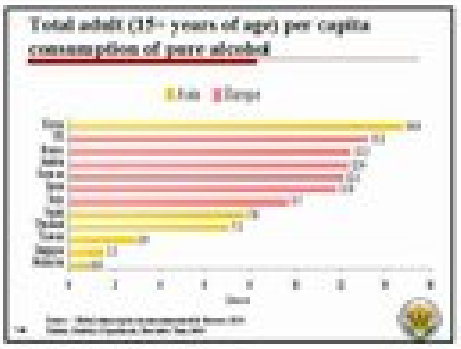


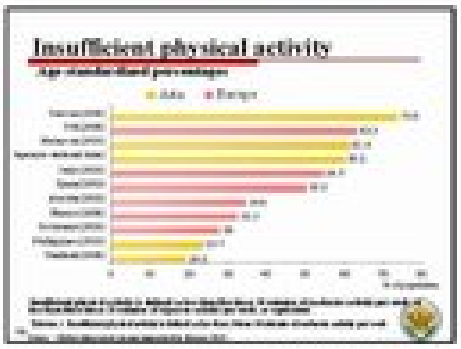


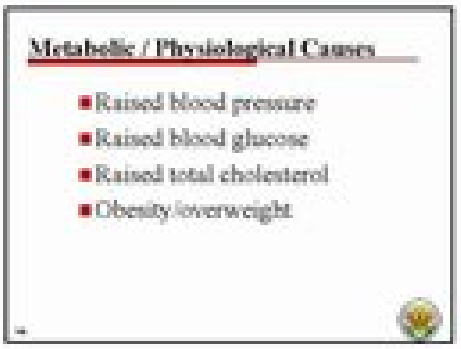


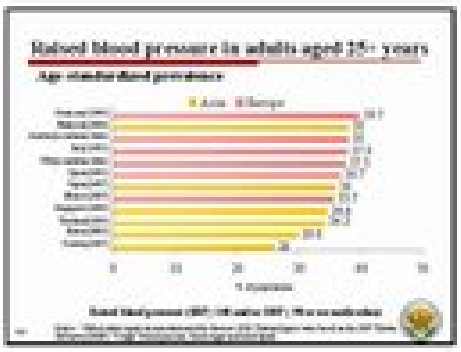


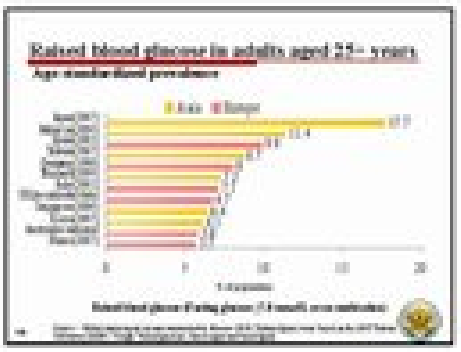


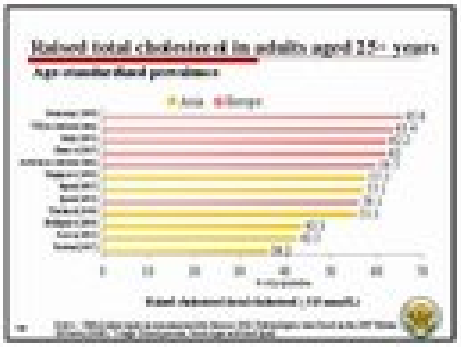


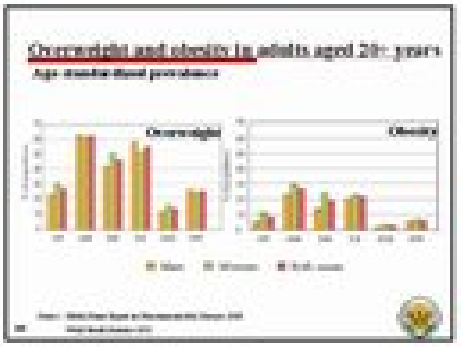


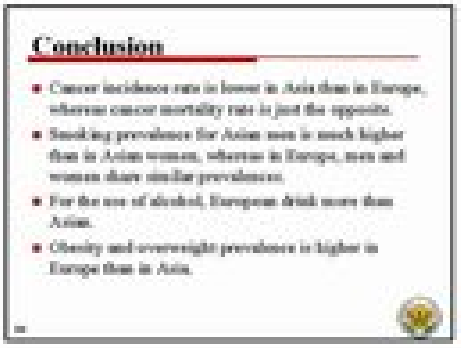


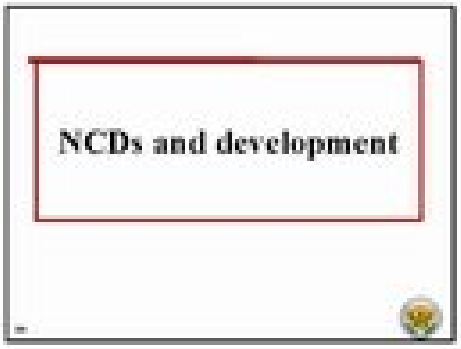






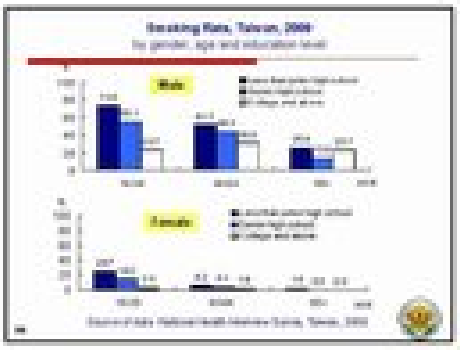


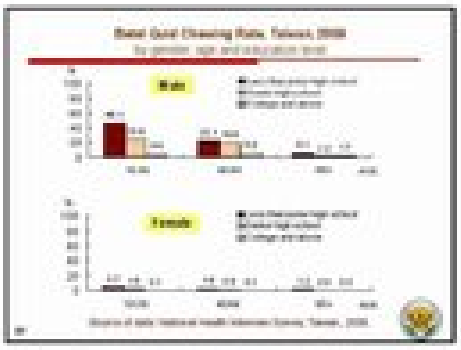


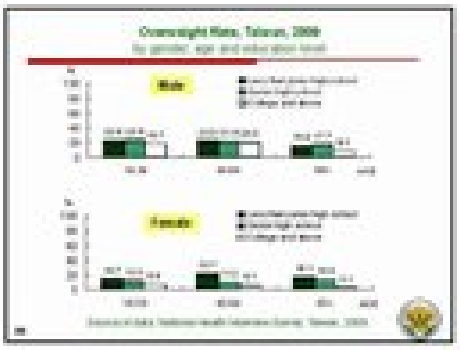


NCDs and development

- Taiwan as an example：Discussing about the difference prevalence by gender, age and education level
  - Smoking rate
  - Betel nut chewing
  - Overweight rate



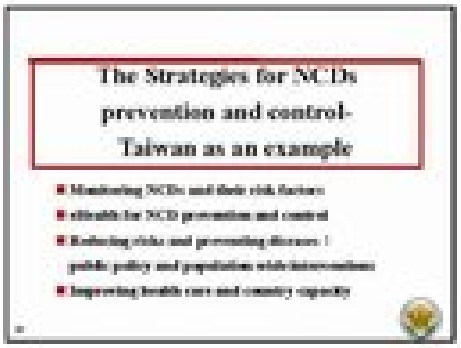


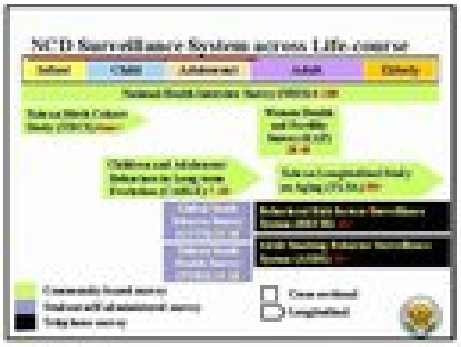


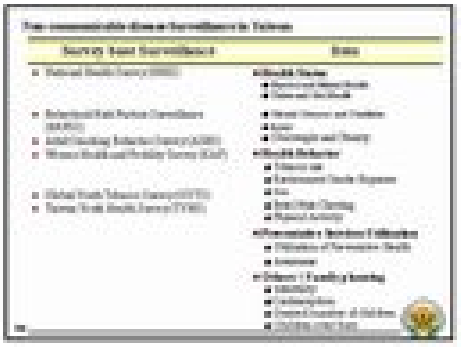
Strategies to prevent NCDs

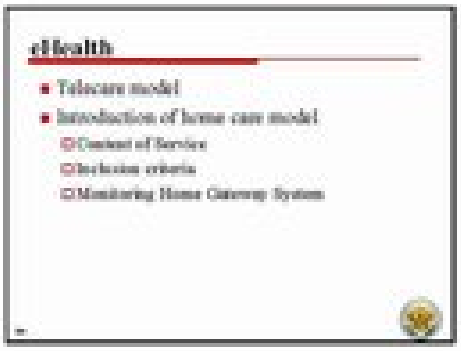
The Strategies/Intervention to prevent NCDs

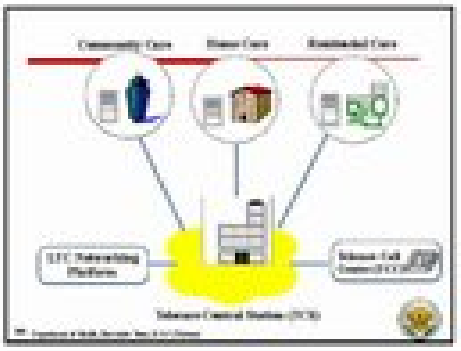
- A comprehensive approach
- Multi-sectorial action
- Surveillance and monitoring
- Health systems
- Best buys
- Sustainable development
- Civil society and private sectors











Home care - content of service

- telemonitoring of physiological parameters (blood pressure and/or blood sugar)
- providing the relevant health information and medication instructions through the set top box
- offering consultations with healthcare professionals by videoconferences

Home care - inclusion criteria

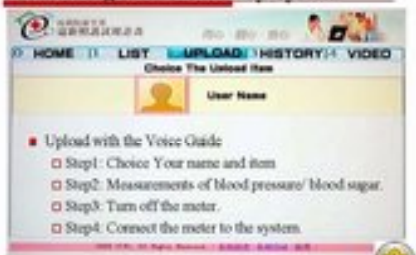
- The elderly whose Barthel's index equals or below ninety
- The patients with diabetes mellitus or hypertension
- There might be more than one patient in the same family (caregiver with hypertension or DM)

Monitoring Home Gateway System

- User Friendly: Design for Senior Citizens

Monitoring Home Gateway System

Monitoring Home Gateway System



- Upload with the Voice Guide
  - Step1: Choice Your name and item
  - Step2: Measurements of blood pressure/ blood sugar.
  - Step3: Turn off the meter.
  - Step4: Connect the meter to the system.

Monitoring Home Gateway System

- 7 Days, 30 Days, 90 Days History Data
- Line Chart & Characters Data
- For Physician Clinic & 24/7 Emergency Service

Monitoring Home Gateway System

- Tele-education Video
- Four Different Subjects:
  - Hypertension, Diabetes, Dementia, General

Reducing risks and preventing diseases : population-wide interventions

- Government efforts
  - Tobacco control
    - Strategies and outcome
    - Revised smoking Cessation Services
  - Control on harmful use of alcohol – Current regulations
  - Obesity prevention
- Working with NGOs

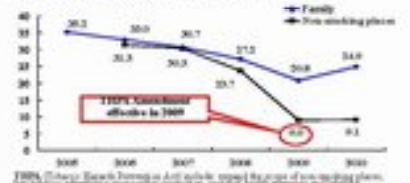
Tobacco control

- Strategies
  - "Tobacco Hazards Prevention Act" (January 11, 2009 amendments) include:
    - Ban smoking in public indoor areas
    - Ban tobacco advertising sponsorship promotion
    - Pictorial health warnings on packaging
  - Raising tobacco price through taxation (surcharge US $ 0.66/pack, tax US $ 0.6/pack)
- Outcomes
  - Adult male current smoking prevalence from 38.6% in 2008 down to 35.0% in 2010. Secondhand smoke exposure rate in non-smoking places from 23.7% in 2008 down to 9.1% in 2010.

Smoking Prevalence Among Taiwan Adults (18 year of ages and older)

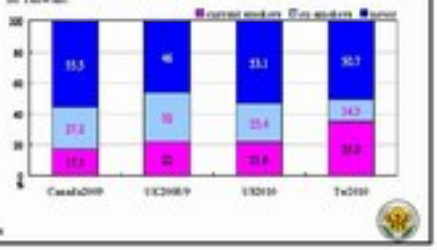
Environmental tobacco smoke exposure

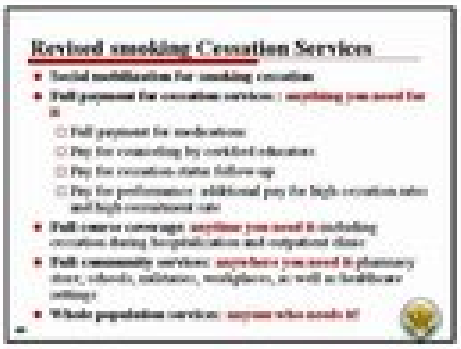
- THPA Amendment, secondhand smoke exposure rate in non-smoking places to reduce, but the rise in family

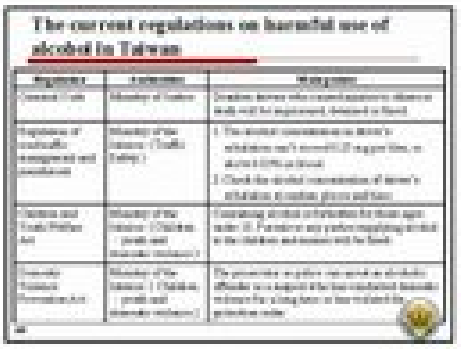


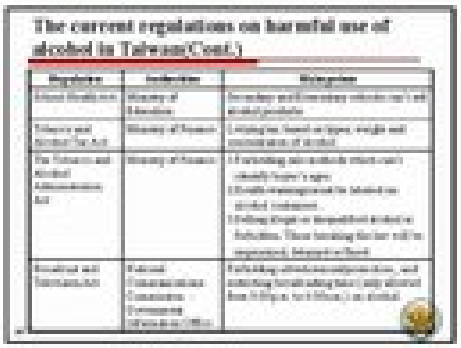
Structure of smoking status, men

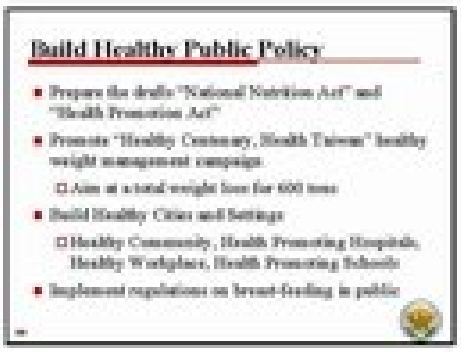
Taiwanese men current smoking rate is 2.4 times of the ex-smokers in Taiwan.

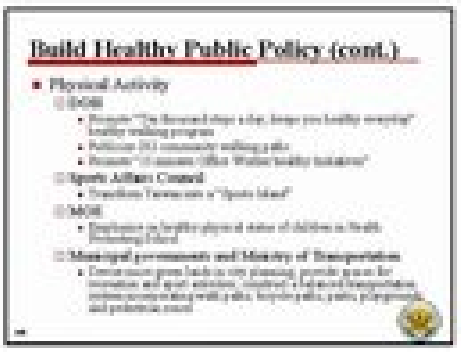












Build Healthy Public Policy (cont.)

- Healthy Diet
  - DOH
    - "Eat smart" nutrition education
    - Calorie information labeling
    - Healthy environment
  - MOE
    - Ranges of beverages and snacks sold on campus
    - School meal guidelines for elementary and junior high school levels
  - DOH & SCC
    - Advise food manufacturers and restaurants to provide healthy, low-fat foods and dishes
    - Limit food advertisements targeted to children

Create Supportive Environments

- Identify and improve the obesogenic environment
- Build the health information environment
- Create a healthy food supply system
- Construct dynamic living environment

Strengthen Community Actions

- Integrate cross-departmental resources to actively promote healthy weight loss
- Implement healthy weight loss management in communities, schools, workplaces and hospitals
- Set up registration points for people to sign up as individuals or as teams
- Hold press conferences and news releases (24 releases have been published as of June 30th)
- Publish the weight loss results to encourage the public mobilization

Develop Personal Skills

- Governments need to teach the public about how to make healthy choices, exercise regularly and eat a balanced diet
- Instruction Manuals For Specialized Fields
  - Manuals for obesity prevention and healthy life styles - Hospitals, Schools and Workplaces
- Promotion material
- Website and service center
  - Offer free behavioral counseling and information
- Media promotion

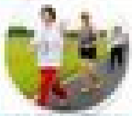
Re-Orient Health Services

- Build health promoting worksites and promote hospital to be a healthy workplace
- Prioritize "Humanity" and fulfill "Health for All"
- Set up a professional health consultant team to provide everyone with knowledge on correct ways to lose weight.

600 Tons Away Campaign 2011 (as of 16th Sep.)

Non-governmental organizations

- John Tung Foundation for tobacco control
- Chi Cheng Hope Foundation for activity
- Diabetes Friends Groups for self-management
- Breast Cancer Patient Groups for cancer survivorship
- Sunshine Social Welfare Foundation for oral cancer prevention



Improving health care and the capacity of countries to respond

- National Health Insurance(NHI)
- BHP support preventive services
- BHP support cancer screening

National Health Insurance(NHI)

- National Health Insurance(NHI) pay for all diseases
  - NHI coverage rate 99.9%
  - NHI utilization rate 92%
- Pay for performance for certain NCDs
- Disease specific care rate (No. of services utilization/No. eligible for using services) of Medical Payment Improvement Plan in 2009*:
  - Diabetes 27.56%
  - Hypertension 2.63%
  - Asthma 31.61%
  - Breast cancer 14.59%

BHP supported preventive services

Item	Target	Interval	Content
Adult preventive health services	[illegible]	3 years	[illegible]
	[illegible]	1 year	
	[illegible]	1 year	
	[illegible]	1 year	
Smoking cessation services	[illegible]	[illegible]	[illegible]

BHP supported Cancer Screening

Cancer	Target	Interval	Tool	[illegible]	[illegible]	
				[illegible]	[illegible]	[illegible]
Cervix	[illegible]	3 years	Pap smear	[illegible]	[illegible]	
	[illegible]	3 years	[illegible]			
Breast	[illegible]	2 years	[illegible]	[illegible]	[illegible]	[illegible]
Oral cavity	[illegible]	2 years	[illegible]	[illegible]	[illegible]	[illegible]
Colo-rectum	[illegible]	2 years	[illegible]	[illegible]	[illegible]	[illegible]

The way forward

- Targets of improvement
- Payment reform
- Legislation underway