Medicine Beyond Borders

"I can't help every unhealthy person in the world, but I can help every sick person with whom I come in contact with."

[Huang Chi-ling, Medical Mission Leader in Burkina Faso]

Modern Taiwan has the advantage of ample medical resources. It is hard to believe that parts of the world lack the resources and ability to provide basic health care for their population. The philosophy that every person should have a basic right to medical care and social services is but a dream for many people in places such as Africa. Taiwan is helping to turn this dream into a reality, by sharing its experiences with its friends and allies in order to raise the standards of health services and improve the overall quality of life.

Civilization has been in constant battle against disease since the beginning of history. In fact, the development of people and disease goes hand in hand. Swedish pathologist Folke Henschen once said, "The history of humanity is the history of disease." If we look at the past, it is easy to correlate the biological impact of disease upon human events and history. Improvements in the medical environment not only foster a better living environment but also lay the groundwork for economic development and social stability. Given its past, Taiwan has a strong understanding of this concept.

In a spirit of humanitarianism, Taiwan is using some of its vast resources to export its medical expertise in a way that will help its friends and allies ensure access to basic health for all citizens. This initiative also testifies to Taiwan's determination to fulfill its responsibility to the global community.

I. Origins and Development

For Taiwan, the basic premise underlying foreign assistance work is to help cement friendships and promote international cooperation by sharing its experience in ways that will lead to the sustained development and prosperity of friends and allies. Under this framework, Taiwan has initiated numerous foreign cooperation and technical mission projects. Using grassroots facilities, the ICDF-Taiwan Medical Missions are providing services that are helping to develop medical infrastructure and improve social indicators.

Taiwan sent its first technical mission to Vietnam in December 1959, at the request of that country's government. The United States provided the bulk of the funding for the mission, which employed up to 86 individuals before it ended in 1975. In 1961, Taiwan established "Operation Vanguard" which sent experts to allied African countries to assist in the production of basic staple foods. The first medical mission, consisting of six specialists, was sent to Libya in December 1962, to help improve that country's medical infrastructure.

In 1962, Africa was mired in civil war and faced a stagnant economy and extreme poverty. Given its hot climate and large population, environmental conditions, including food and water sanitation, were far from ideal. Many people were malnourished, and diseases such as malaria and cholera were endemic due to the lack of medical resources. Taiwan was also fighting malaria and smallpox at that time (it succeeded in eradicating smallpox in 1955 and malaria in 1965), and was able to provide substantive assistance in helping allies eradicate these problems. Spurred by humanitarianism and a desire to engage in international cooperation, medical missions began their work. The following pages will document the development of various medical missions chronologically, in order to help readers better understand both the hardships encountered by these missions and their achievements.

1. Medical Experts in Libya (1962 to 1978)

In the early 1960s, the discovery of oil in Libya sparked that nation's economic development. The government began focusing on local public works projects to boost the country's infrastructure. However, due to a shortage of domestic specialists, Libya required international assistance and cooperation, and Taiwan was one of the countries to lend a helping hand. Starting in 1961, Taiwan sent a technical mission to that country and also provided medical and engineering assistance.

The first medical personnel sent to Libya in 1962 were military doctors, who helped to strengthen the country's military and civilian medical capabilities. The expertise and enthusiasm of the doctors earned the trust and praise of the Libyan military. In 1964, Taiwan sent a second group of six military doctors, and later it responded to the request of Libya's Department of Health to provide experts to oversee a hospital. In 1974, during a visit to Taiwan, Libya's military medical chief asked Taiwan to send 14 medical technicians to Libya. During their stay in Libya, Taiwan's medical teams earned an outstanding reputation.

2. Medical Mission to Liberia (February 1990 to June 1992)

Taiwan established technical and medical missions in Liberia in 1990. However, the cooperative relationship between the two countries came to a standstill when civil war erupted. Nonetheless, the medical mission continued to provide clinical services and pharmaceutical equipment. It also improved the overall sanitary environment of hospitals and clinics. The mission achieved its goal of raising the quality of medical services in Liberia.

3. Medical Mission to Guinea-Bissau (June 1990 to April 1998)

Taiwan and Guinea-Bissau established diplomatic relations on 26 May 1990. The two countries signed agreements for cooperation in economic and technical affairs, medical technology and agricultural technology. An 11 member medical mission left for Guinea-Bissau in June 1990. Its responsibility was to support clinical and administrative work at the Canchungo Hospital in the capital. The mission treated more than 300 residents daily at the clinic, and left a lasting impression on the people.

While in Guinea-Bissau, Taiwan's medical mission provided clinical services in a wide variety of specialized fields to government officials, civilians and foreign nationals. Ambassadors from America, France and other countries wrote letters to the ROC ambassador expressing their appreciation to the medical mission, which ultimately served as a model for other such missions stationed in Africa. The primary work of the Guinea-Bissau medical mission included the following:

- a) Canchungo Hospital medical services: The mission assisted in internal medicine, surgery, obstetrics, pediatrics, dentistry and acupuncture. The hospital served an average of 5,000 outpatients, 1,500 emergency room patients, and 200 inpatients each month.
- b) Improving hospital equipment and raising service quality: Beginning in December 1991, Taiwan's medical mission introduced an ultrasound examination room, followed by an endoscopic examination room. In February 1992, it established a dental clinic. Canchungo Hospital became known as the best medical facility in Guinea-Bissau and was featured in many media reports.
- c) Providing community outreach health services: Efforts in hospitals constituted only one portion of the work of the Taiwan medical mission. It expanded service by providing medical treatment at walk in clinics. The unstinting efforts of the mis-

sion members increased the trust and cordiality between them and the population, and won the praise of the country's health minister.

d) Training local doctors and nurses to raise standards: By training local doctors and nurses, the mission hoped to educate a new generation of medical service providers. The transfer of technology also proved effective in improving local medical standards.

4. Medical Mission to Central African Republic (1991 to 1998)

Taiwan established the medical mission to Central African Republic (CAR) on 29 November 1991, and on 29 October 1992 the two countries signed a medical technology cooperation agreement. The objective was to provide medical services at the Friendship Hospital as well as to presidential office staff, and the mission provided care to more than 400 people daily.

The mission – comprising 12 individuals, including a mission leader, five primary care physicians, two resident doctors, a pharmacist and three nurses, was established in the capital of Bangui. It offered services mainly at the Friendship Hospital, but also set up a clinic, staffed by an internist and a nurse, at the presidential office, to serve the security team and other staff and their families.

During the mission's stay in the CAR, the country faced political instability, strikes and repeated coups. Nonetheless, mission members continued to devote themselves to their work. The Taiwan mission was the only foreign medical mission to remain in the capital during the country's turbulence. Sick or injured residents relied on it for medical supplies and services. In addition, to reduce costs and to increase the validity period of drugs, the mission purchased medical supplies from neighboring South Africa. It also repaired dormitories and hospitals, trained local medical personnel and conducted lectures. The Taiwan medical mission's success in raising the standard of treatment at the Friendship Hospital helped



 Medical Mission in Central African Republic welcoming a newborn with local personnel



▲ Medical Mission in Guinea-Bissau teaching acupuncture

win it the trust of all political factions. Its work included the following:

- a) Hospital outpatient services: Taiwan's mission provided internal medical, surgical, pediatric, dermatological, obstetric, dental, acupuncture, anesthetic and laboratory outpatient services at the Friendship Hospital. It supplied 32 types of equipment, including laboratory devices, blood analysis precision equipment, and ultrasound and electrocardiogram machinery. The number of outpatient visits in each field rose continually, ultimately reaching 400 to 600 per day. Despite the country's troubles and a shortage of medical personnel, mission members did their utmost to maintain hospital standards and outpatient operations.
- b) Establishment of a presidential office medical unit: An important objective of the mission was to pro-

vide medical services at the presidential office's clinic, for office staff, security forces and their families. The unit provided consultation services and medicine free of charge.

- c) Education and training: The mission focused its training on practical clinical observation of all hospital departments. It also established a small library, and conducted a variety of seminars to help medical employees upgrade their skills.
- d) Periodic volunteer clinical services: Because the population of the CAR was spread over a vast area and transportation was inconvenient, it was difficult for people with illnesses to obtain good medical care. With the help of the Taiwan embassy and technical mission, the medical mission made an effort to address this situation by making periodic trips to different parts of the country to hold free clinics for the nation's poor. In those clinics, the mission provided as much treatment as possible, including X-rays and ultrasound diagnoses.

II. The State of Medical Missions Abroad

On the African continent, the ICDF has concentrated its resources where they are needed the most. In 2002, it oversaw and managed medical missions stationed in Burkina Faso, Chad, Malawi, and São Tomé and Príncipe. The current state of ICDF-Taiwan medical missions is as follows.

1. Medical Mission to Burkina Faso

Taiwan and Burkina Faso signed an agreement in February 1994 stipulating that technical and medical missions would be stationed in Burkina Faso; a five member mission was formally established in June 1994.

The medical mission is responsible primarily for delivering outpatient and inpatient services at the Friendship Hospital in Koudougou, the country's third largest city. From July 1994 until December 1995, mission personnel saw 7,691 outpatients and 1,846 inpatients, carried out 1,630 operations, and treated 2,015 patients in the emergency room. Former mission leader Huang Chi-lin was given a special honor upon his return to Taiwan, in recognition of his outstanding performance.

On 15 and 16 June 1995, the Taiwan-Burkina Faso Joint Commission held its first meeting in Koudougou, and Taiwan agreed to donate the following items to the Friendship Hospital: (a) US\$31,000, to purchase drugs and suture thread needed by the Koudougou Friendship Hospital (b) Medical equipment, including surgical and obstetrical equipment, three endoscopes and one oxygen generator (c) One ambulance.

The mission carried out the goals elaborated in the Medical Technology Cooperation Agreement signed by the two countries, in close cooperation with the Koudougou medical center at the Friendship Hospital. Over the years, the mission has assisted the hospital in providing a variety of medical services, knowledge and technology, and it has succeeded in raising the standard of treatment at the facility. It focuses its work on the following areas:

- a) Outpatient services: The mission provides diagnostic services for internal and surgical medicine, obstetrics, dentistry, acupuncture and anesthesia. While only five mission members are assigned to the hospital, each individual is working to the best of their ability. Each member of the team plays a part in delivering outpatient and inpatient medical treatment and helps in supervising clinical operations.
- b) Periodic free outreach health services: Every two or three months, the mission carries out free diagnosis and treatment throughout the country – both for citizens living in remote areas and for Taiwan nationals working in technical missions.
- c) Medical support: The mission provides various pharmaceuticals and technical support to medium and small sized clinics in the vicinity of the Friendship Hospital.
- d) Education and training: The mission regularly

holds training courses in various medical fields to pass along new information and technology. This is helping to raise the quality of local medical personnel and improve the overall standard of treatment.

Accomplishments in 2002 include the following:

- a) Mission members provided medical services (outpatient, inpatient and surgical) to 4,808 persons during the year. Of this number, 1,593 women were treated in obstetrics, 263 women had surgery related to obstetrics, 986 children received pediatric treatment, 1,671 were treated in dentistry, 33 persons had dental surgery, and 262 persons received anesthesia.
- b) At the free clinics, the mission diagnosed or treated 7,284 persons. Each Tuesday morning, mission members would treat patients at Koudougou public schools; each Wednesday they would provide outpatient service at Imasgo; and each Thursday morning they would travel to Sapu to conduct free clinics. On Friday mornings, the members of the mission would hold a special clinic for local children at a Catholic church.
- c) Mission members carried out three obstetrics-related surgeries and one tumor surgery at the nearby Yako Hospital.
- d) On March 2, the mission treated 438 patients 336 in internal medicine, 77 in pediatrics and 25 in dentistry – at an all day free clinic at a town near Imasgo.

During 2002 the mission assisted in treating more than 10,000 people at the Friendship Hospital in Koudougou and more than 7,000 people at clinics in neighboring areas. The medical and agricultural missions have worked together to create a win-win situation – earning more trust, friendship and respect from the people of Burkina Faso. At appropriate times, the mission also assists medium and small sized outreach stations, and instructs local personnel in diagnostic and surgical techniques.

2. Medical Mission in Chad

Taiwan and Chad signed bilateral medical and technical cooperation agreements on 12 August 1997 and Taiwan sent a five member medical mission (comprising a mission leader, an attending physician and three resident physicians) to Chad six days later. Stationed at the Freedom Hospital in N'Djamena, the mission has focused on the following areas.

- a) Providing outpatient diagnostic services at the N'Djamena Freedom Hospital in obstetrics, internal and surgical medicine, pediatrics and ophthalmology, as well as offering free services to the nation's poor. In obstetrics, the mission assists in outpatient services and also provides ultrasound diagnosis, treatment for infertility and various other procedures. Services under internal medicine include electrocardiograms, ultrasound diagnosis and endoscopic examinations.
- b) Offering free medical services to business people, tourists and nationals from Taiwan.
- c) Preparing to engage in technology transfer training for locals in various areas, such as the use of anesthesia equipment. Its hope is that, by raising the quality of local skills, the transfer of technology will help more patients.

In 2002, the achievements of the four member mission included the following:

- a) It provided the Freedom Hospital with diagnostic work and various types of assistance, serving 4,358 people, under the following categories: 629 internal medicine outpatients, 2,315 surgical outpatients, 183 surgical operations (158 of which required anesthesia), 705 rehabilitation outpatients, 191 obstetrics patients, 141 pediatric patients, and 194 other surgeries requiring anesthesia.
- b) It serviced 503 local residents at a free clinic in Bogor.
- c) At the Freedom Hospital, it provided free diagnostic services to the needy, with about 758 people receiving care.

- d) The mission exhibited outstanding results in the areas of surgical and post surgical medicine and rehabilitation.
- e) Based on the medical needs of local residents, a mission physician held a special thyroid clinic on Wednesdays. This is the first specialized clinic in Chad, and other hospitals refer patients with thyroid problems to it for therapy.

The mission's focus on surgery and rehabilitation makes it unique and provides ample opportunities for cooperation with local physicians. Taiwan doctors are carrying out relatively difficult surgeries, such as those involving the thyroid gland. The success of the mission in this area of work has attracted many patients with similar problems from other clinics and hospitals.

3. Medical Mission in São Tomé and Príncipe

São Tomé and Príncipe, which won its independence from Portugal on 12 July 1975, is situated in the Bay of Guinea off the West African coast, near the equator. The island nation covers 964 square kilometers and has a population of approximately 14,000.

In May 1997, Taiwan and São Tomé and Príncipe signed a medical cooperation agreement. At that time, São Tomé expressed the hope that Taiwan would send a medical mission including doctors in obstetrics and pediatrics, dentists, acupuncturists and nurses to the island to support that country's Central Hospital and health ministry. On 31 May 1998, Taiwan sent Chen Chih-fu, the former leader of the medical mission in Guinea Bissau, to São Tomé to lay the groundwork for a medical mission to be established at Centro Policlinico de Aqua Grande.

The Taiwan medical mission to São Tomé and Príncipe was formally established in June 1998. It currently has four permanent members, as well as Overseas Volunteer and Taiwan Youth Overseas Service members. The mission is helping to improve and replace various equipment at the Centro Policlinico de Aqua Grande and strengthen the clin-



▲ Medical Mission in São Tomé holding free clinical services for local people



▲ Doctor of Medical Mission in Malawi providing dental services

ic's standard of service so that it can offer top quality medical service. The mission also regularly visits remote areas to provide free diagnostic and treatment services and to renew outreach clinics. Over the years, the mission has helped to improve the overall health environment in the country. The state of the mission's work is as follows:

 a) Centro Policlinico de Aqua Grande: This is the center of operations for the medical mission. Since its initiation in August 1998, it has been providing various diagnostic and other medical services. Currently, close to 50 clinics are being conducted each week, with the cumulative number of visits exceeding 40,000. The mission is also establishing acupuncture, obstetrics and dentistry services, and installing X-ray, electrocardiogram, ultrasound and laboratory facilities. It has also introduced the only registration and medical record management system in the country and initiated a systematic fee structure.

- b) Establishment of a regional medical network: In addition to delivering services in the capital, the mission is carrying out work in Lobata and Lemba.
 - (i) Lobata: The French cooperative mission originally provided medical support to this area but abandoned this program in 1999. After the Taiwan medical mission signed a memorandum with the region's health department, mission members toured the area and set up 24 basic outreach clinics. The hospital in the provincial capital of Guadalupe provides support services for the clinics. In 2002, the Taiwan mission donated an ambulance to strengthen transportation services for sick people in the region.
 - (ii) Lemba: This area, located in the mountainous area of the islands, is even more remote than Lobata. It also was a cooperation target that had been abandoned by the French, but the Taiwan mission was able to establish a basic medical network. Through August 2000, the mission helped the government establish 16 outreach clinics, designating the hospital in Neves, a provincial capital, as the backup support for the health network. It also assisted the provincial health department in the management of pharmaceuticals.
- c) Training, education and technology transfer: In addition to providing general medical services, the mission has been transferring various technical information to assist local personnel in developing a medical system and raising the standard of care. Various achievements are detailed below.

- (i) Bamako System: Whether at the Centro Policlinico de Aqua Grande or in regional areas, the Taiwan medical mission has implemented the Bamako system¹ to assist local pharmacies in management and operation. It is hoped that accumulated funds will ultimately be ample to establish a foundation with revolving credit, in order to sustain operations.
- (ii) Outpatient registration and medical history management systems: Previously, the lack of such systems made it difficult to follow various case histories and led to diagnostic problems. Now the Taiwan mission has established the country's only registration and medical history system, and the country's Central Hospital is eager to adopt that system.
- (iii) Acupuncture training: In November 2001, the Taiwan mission began training 10 individuals at the Central Hospital in basic acupuncture. In March 2002, it helped establish an acupuncture clinic, which has become quite popular.
- (iv) Free services: In addition to working at various established sites, the mission continues to travel to remote areas every fortnight to carry out diagnosis and treatment of sick people, free of charge.
- (v) Other assistance: The Taiwan mission is providing many types of regular support to the Central Hospital, the Army Hospital and medical units on offshore islands. In addition, in times of urgent need, the mission will supply emergency pharmaceutical support to the Central Hospital.

After four years of hard work, the focus of the medical mission is turning to the transfer of technology. The mission continues to assist the Centro Policlinico de Aqua Grande, but its ultimate goal is to help the clinic become self sustainable. The mission is still providing assistance in the Lobata and Lemba regions, working toward the objective of establishing local medical networks and developing community medical services. In the future, the mission hopes to use Centro Policlinico de Aqua Grande as a model in helping hospitals in Caue and Principe. It will also support the country's pharmaceutical foundation, assist in the establishment of a drug management system, and bring a supervisory system into operation. All these measures are expected to improve the level of health care in the country.

4. Medical Mission in Malawi

Taiwan and Malawi have a long history of friendship, and bilateral cooperation continues to strengthen in the wake of long term efforts by both countries. In recent years, Taiwan has actively assisted Malawi in economic and social development projects. Whenever its ally has been faced with floods or droughts, Taiwan has provided timely assistance, winning the appreciation of all Malawian political parties. That cooperation was extended when Taiwan sent a medical mission to Malawi in February 2000. Taiwan assisted Malawi in constructing the Mzuzu Central Hospital (inaugurated in November 2000) and it has also commissioned the Chang Gung Hospital in Taipei to train physicians in Malawi in specialized fields. The state of the medical mission in Malawi is as follows.

- a) Hospital management and medical service assistance at the Mzuzu Central Hospital, including:
 - (i) Hospital management: In 2002, the mission placed emphasis on creating systems for managing registration, medical histories, and inventory management. It also assisted the hospital in budget planning and held cleanliness contests to encourage hospital staff to maintain a sanitary environment. Thanks to the mission's efforts, the Mzuzu Central Hospital is the best stocked of the country's three central hospitals and has the lowest rate of shortages.
 - (ii) Medical services: The mission established an asthma unit in 2002. It continues to participate directly in treating outpatients in dermatology, internal medicine and dentistry, and it delivers various services in the hospital's laboratory and

its surgical, emergency and patient rooms. The mission is also assisting other foreign doctors in providing excellent service.

- b) Education and training: In order to train core administrators for the Mzuzu Central Hospital, the mission is not only assisting in planning training programs, but also helping to teach coursework, including computer instruction. The response to these activities has been excellent. The mission has also established the Formosa Library, which began operating formally on May 8. It is training locals in managing the facility, which is organized according to international classification systems, and in searching for information online. In the future, the installation of an audiovisual teaching system will facilitate learning and training further.
- c) Free clinic services: In addition to providing services at the Mzuzu Central Hospital, the mission also traveled to hospitals in northern Malawi and made donations of pharmaceuticals and medical equipment. In order to provide enhanced free clinic services in the future, it is taking advantage of its travels to understand the needs thoroughly. The mission is also providing free medical service to Taiwan business people, tourists and workers.
- d) Improved mission operations: To facilitate its activities in the future and ensure the continuation of outstanding service, the mission is normalizing its accounting and payment practices, systematizing administrative work and improving the living environment for mission members.

Management of the medical mission in Malawi was transferred to the Pingtung Christian Hospital on 1 July 2002. This "relocation" marked a new page in Taiwan medical assistance abroad.

III. Forms of Taiwan Medical Assistance Abroad

As described below, Taiwan medical assistance abroad takes a variety of forms.

1. Medical Missions

The main method of support is through medical missions. Stationed at foreign hospitals or clinics, these provide outpatient services for locals, as well as clinical instruction, training of local doctors and nurses, and the transfer of technology that will assist in improving the quality of medical service. This work builds a strong basis for medical treatment and creates prosperity in areas that are stricken by disease. Members of the missions also make periodic trips to remote areas to provide free medical treatment, which helps to relieve the dire need for medical service in areas located far from the principal medical centers. The missions also disseminate basic medical information, in order to instill fundamental health and sanitation concepts among locals. This work is essential in building a sanitary environment and fostering a healthy lifestyle in the host countries.

If circumstances permit, missions provide all types of medical technology services and management information to local government and health units, and this helps in the creation of a modern medical system. The intention is to facilitate the development of independent medical service in these areas and to leave a long term positive imprint.

2. Donations and Medical Equipment

When countries do not possess sufficient medical equipment, the transfer of techniques between mission members and locals can be futile. To overcome this situation, Taiwan regularly donates medical and pharmaceutical equipment to developing countries. It also collects discarded but still usable equipment from major hospitals in Taiwan and carries out necessary repairs before donating the machinery to the medical missions. This not only helps to recycle surplus medical resources on Taiwan, but also serves as an excellent gift to friendly countries. National Taiwan University Hospital was the first hospital to take part in the plan. It donated 246 types of equipment, including anesthesia equipment and patient beds. The ICDF selected the goods it desired, cleaned and repaired them, and then sent them to the medical missions in Chad and São Tomé and Príncipe. Other hospitals in Taiwan have also responded. The Veterans General Hospital donated ultrasound equipment and a rapid blood sugar tester, and the Taiwan Adventist Hospital bestowed wheelchairs and patient beds. These were presented as gifts to the Nicaraguan and Haitian governments. This program makes admirable use of resources, and helps to relieve hardship in friendly countries.

3. Medical Assistance Programs

In addition to posting medical missions overseas, the ICDF administers various medical assistance programs to assist friends and allies in improving their medical infrastructure. These programs include the following:

a) Program to Raise Medical Treatment in Four Eastern Caribbean Nations

The ICDF annually donates US\$100,000 each to Dominica, Grenada, St Christopher and Nevis, and St. Vincent and the Grenadines, to improve the quality of their medical equipment and hospital service and to lower death rates from disease. The funds are used to upgrade or replace equipment. The program has been successful in improving medical quality and reducing the death rate, and has been lauded by cooperating agencies.

b) Program to Provide Medical Assistance after Hurricane Mitch

Hurricane Mitch, which swept through Central America in late 1998, caused severe damage to El Salvador, Guatemala, Honduras and Nicaragua. To aid these friendly countries in rapid reconstruction, the ICDF provided low interest relief loans to their governments to assist in the rebuilding of residences, schools and farm villages and the restoration of the agricultural industry. It also purchased various medical equipment and apparatus so that those in disaster areas could receive proper health care. In Guatemala, it provided funding to help in the construction of five health centers, which were in part administered by the Guatemalan health ministry.

c) Program to Donate Vitamins to African Children to Boost Nutrition

In an effort to improve the nutritional deficiency situation among children in friendly countries in Africa, the ICDF procured over 4 million vitamin tablets in 1999, and distributed these evenly (based on population) to Burkina Faso (2.2 million tablets, 55 percent), Chad (1.4 million tablets, 35 percent), and São Tomé and Príncipe (400,000 tablets, 10 percent). The vitamins have helped to boost the resistance systems of children and proved to be effective in reducing disease.

d) Program to Raise Management of Medical

Facilities and Pharmaceuticals in Chad and São Tomé and Príncipe

In July 1998, the ICDF asked its medical missions in Chad and São Tomé and Príncipe to carry out an evaluation of health facilities, in order to understand better the weaknesses that these countries faced. These evaluations helped assess the nature of medical equipment and instruction required to raise standards in the management of pharmaceuticals. The small-scale assistance and donation program helped hospitals and clinics in these two countries raise their ability to provide medical services of higher quality to ill patients.

e) Program to Eradicate Malaria in São Tomé and Príncipe

Malaria is still one of the top 10 causes of death in São Tomé and Príncipe. To help the country tackle this problem, Taiwan decided to share its successful experience in this area. The ICDF designed a fourstage program: preparation (investigation and research); prevention (combating the disease); eradication (supervision); and prevention of further outbreak.

In the initial stage of the program, the mission carried out a survey of the entire country, to analyze the ecosystems and determine the type of mosquito responsible for transmitting the disease. Project members carried out tests using anti malarial drugs and pesticides, while at the same time training local health officials and disseminating information among relevant workers. Through this program, the ICDF hopes to boost cleanliness in the country and gradually eradicate malaria.

f) Public Health Seminars

In 1999, the ICDF, in cooperation with the Taiwan Public Health Association and National Taiwan University's College of Public Health, held a 10-day public health seminar for government officials from friendly nations. Officials participated in training sessions, held discussion groups and went on field trips. The seminar enabled participants to understand Taiwan's development experience, and to compare their own experiences. This type of collaborative process helps officials from friendly countries to develop public health strategies that will improve the overall standard of health.

g) Program Donating Vaccines to The Gambia and Senegal

An outbreak of yellow fever developed in Senegal in late 2002. Upon the urging of the WHO, the ICDF and Taiwan's Department of Health cooperated in carrying out a vaccine donation program, helping the Senegal government to purchase 400,000 yellow fever vaccines, which brought the outbreak under control. The ICDF also appropriated funds to donate vaccine cold storage equipment to The Gambia in order to improve the quality of public health in that country.

h) Cambodian Farmer Assistance Program

The ICDF cooperated with the French SODECO (Solidarite et Developpement au Cambodge), a nongovernmental organization, in providing poor farming families in Cambodia with multivitamins and other basic necessities to improve nutrition and the quality of life.

i) Free Clinics in Tibetan Refugee Villages and Children's Villages in Northern India

The ICDF and the Taiwan Root Medical Peace Corps cooperated to provide free clinical and health information services to people in northern India. This work aimed to improve the quality of health for Tibetan refugees and children.

j) Tibetan Refugee and Children Program

The ICDF cooperated with the Tibetan Refugee Self Help Center to provide health and examination services throughout the area. It funded a health bus that toured throughout Tibetan refugee villages to provide health care for refugees and children. Doctors would diagnose tuberculosis and other serious disease, while volunteers provided measles vaccines for children and tetanus vaccines for adults.

These programs indicate that the ICDF employs a high degree of flexibility in administering medical assistance. The efforts of the ICDF have won considerable praise in the international community, and it intends to continue making this type of contribution.

IV. Prospects

As one looks at the history of Taiwan's foreign medical assistance – from the dispatching of doctors to Libya to the stationing of medical missions in four African countries today – it is evident that all personnel are deeply devoted to working toward raising the standard of medical quality in the countries in which they are serving. Their efforts have won the gratitude of citizens in those nations and brought widespread recognition of Taiwan's contributions to the international community.

In the future, Taiwan not only plans to continue sending medical missions abroad to assist friendly countries, but also anticipates undertaking the following work.

1. Transferring Medical Management Technology

Since the health standards and technology of the countries in which the missions are stationed are not as advanced as those on Taiwan, the missions want to introduce proper health concepts and management techniques that will set the basis for success in other medical programs. One example of such was the Taiwan medical mission's implementation of the Bamako system in São Tomé and Príncipe. The objective is to strengthen the quality of medical service and to achieve sustained progress through the delivery of advanced medical principles and the gradual transfer of medical management techniques.

2. Strengthening Technical Education and Training

Interruption can prove disastrous to medical service in progress. Therefore, the medical missions will continue to focus on training local medical personnel and raising medical techniques and standards. Currently, the missions are conducting clinical education and training, while physicians from abroad are being invited to Taiwan for training. Work in this area will be strengthened further in order to ensure longterm success in friendly countries.

3. Helping to Develop Community Medical Systems

While the members of the missions are highly qualified and desire to serve large numbers of people, the work force is limited, so there are restrictions to how much can be accomplished. One focus of the medical missions' work is to instill correct medical concepts and assist in the development of community medical systems. By establishing health stations and conducting medical tours, the Taiwan physicians are gradually building the framework for a medical network – thereby effectively raising the overall medical treatment for citizens in the countries in which they are stationed.

4. Using the Taiwan Youth Overseas Service to Enhance Medical Service

Taiwan has instituted a program under which qualified men of military age can serve in missions overseas. This program is further injecting the vitality of Taiwan into friendly nations, while nurturing an international view among Taiwan's youth. Several young men with specialties in various areas of medicine have taken their enthusiasm for service overseas. If this program is expanded, more benefits will be seen for all involved, and friendship with allies will be further cemented.

5. Strengthening Interaction with International Organizations and Combining Resources from the Private Sector

Combining the power of the private sector with the work done by international assistance organizations is a current trend. Many private organizations have a solid financial base and organization as well as extensive international development experience. If their power could be combined with that of the ICDF and other international assistance organizations, it would generate a better distribution of resources and greater prosperity among friendly nations. Meanwhile, Taiwan's medical missions abroad often have contact with international organizations and missions from other countries. This provides an opportunity for sharing experiences and cultivating a deeper understanding of the foreign assistance work of the ICDF. Greater interaction between private organizations and the ICDF will help to create a positive, lasting impression of this country by introducing the "Taiwan Experience" into the world arena.

V. Conclusion

Medical service is borderless. Through its overseas medical support mechanism, the ICDF is working to raise the medical standards of other countries and promote health and harmony among the public. This endeavor is also fulfilling the responsibility of Taiwan with respect to the global community. Taiwan's medical missions not only are active at the grassroots level, but also provide service to government officials in the countries where they are stationed. In doing so, they build trust and friendship, increase mutual understanding and cultivate better relationships with diplomatic allies, paving the way for long term friendly ties.





1. In 1987, the WHO staged a conference of health ministers from Africa in the Mali capital of Bamako. A resolution was passed that, in the future, countries providing pharmaceutical assistance to Africa would not do so completely free of charge. Patients were to bear a portion of the cost of their treatment, thus encouraging people to cherish more the medical resources provided to them. All donated pharmaceuticals would be sold at a 30 percent markup to their cost, with 30 percent of the profit used to offset administrative expenses and the remaining 70 percent to be used as revolving funds in a foundation, which would use this money to purchase more drugs. Few African countries have fully implemented this system; however, efforts by the Taiwan mission have succeeded in convincing São Tomé and Príncipe gradually to adopt it.