

# Report card

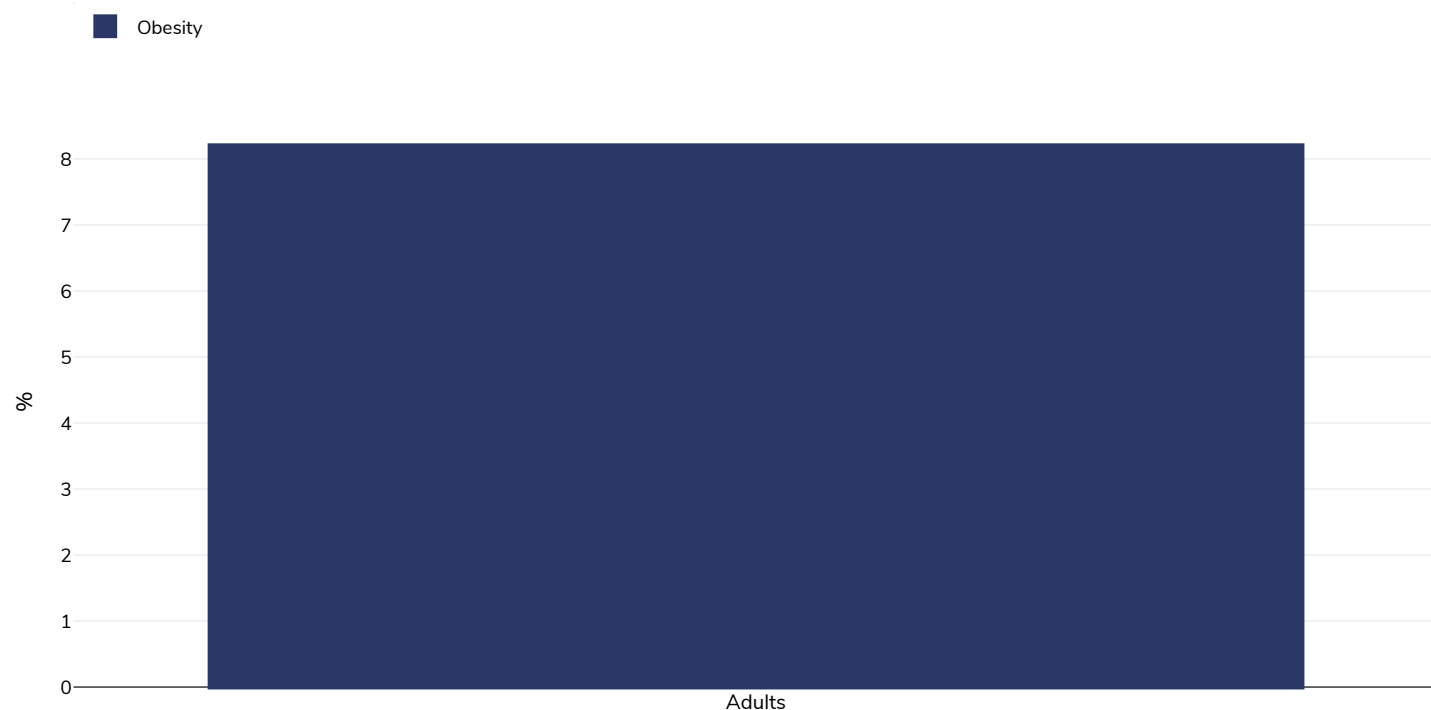
## Taiwan



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## Obesity prevalence

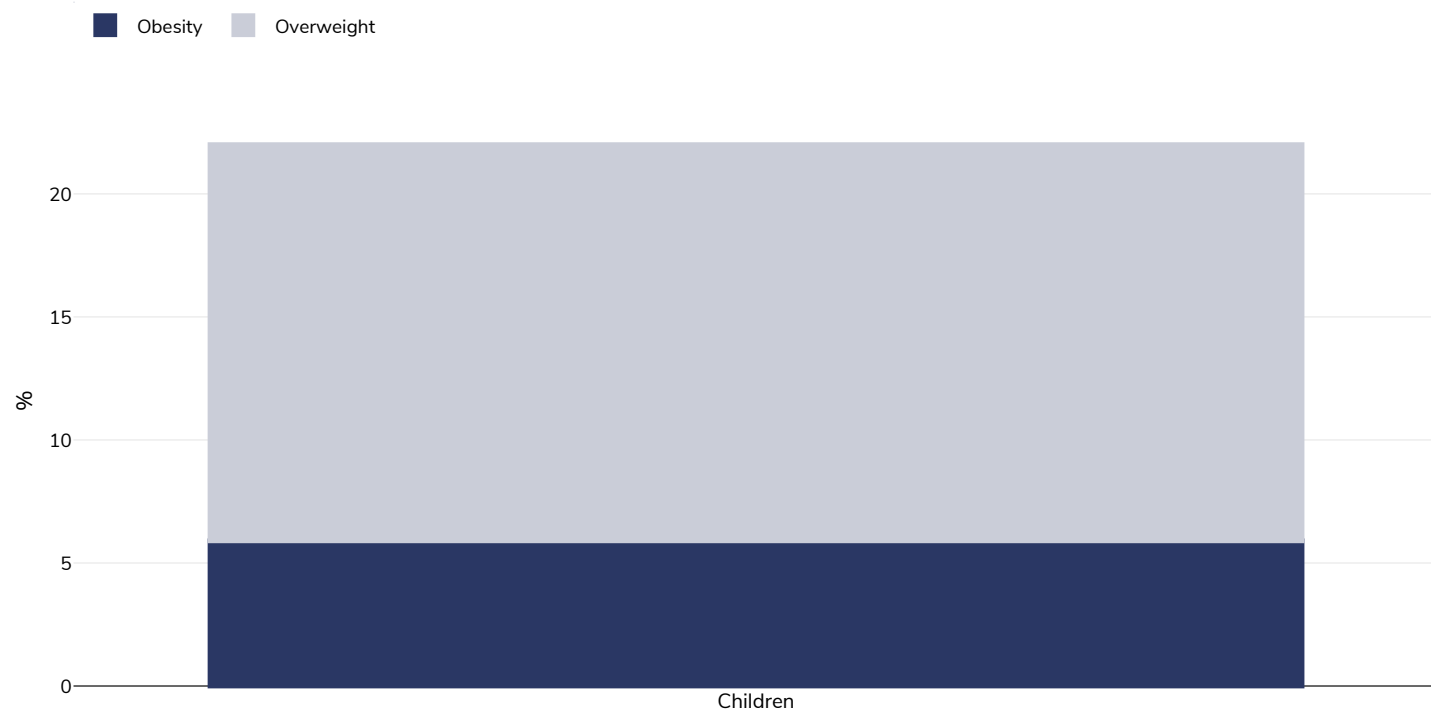
### Adults, 2013-2014



Survey type:	Measured
Age:	19+
Sample size:	1440
Area covered:	National
References:	Chang HC, Yang HC, Chang HY, et al. Morbid obesity in Taiwan: Prevalence, trends, associated social demographics, and lifestyle factors. PLoS One. 2017;12(2):e0169577. Published 2017 Feb 2. doi:10.1371/journal.pone.0169577

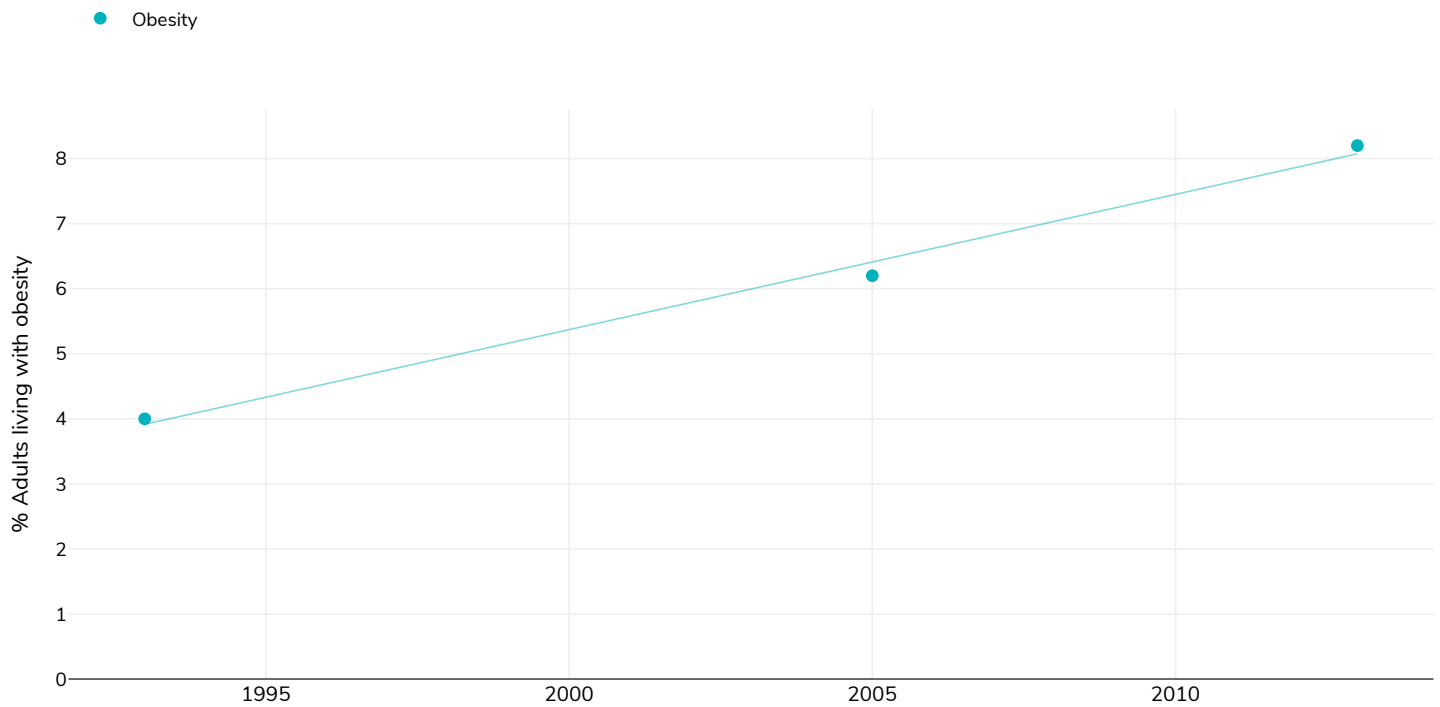
Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.

## Children, 2006-2007



Survey type:	Measured
Age:	10-18
Sample size:	29313
Area covered:	National
References:	Hsu YW, Liou TH, Liou YM, Chen HJ, Chien LY. Measurements and profiles of body weight misperceptions among Taiwanese teenagers: a national survey. <i>Asia Pac J Clin Nutr.</i> 2016;25(1):108-17. doi: 10.6133/apjcn.2016.25.2.08. PMID: 26965769.
Notes:	Also has prevalence by of based on recommended BMI classification according to the Health Promotion Administration, Ministry of Health and Welfare.
Cutoffs:	IOTF

## % Adults living with obesity in Taiwan 1993-2013



Survey type: Measured

References: Chang HC, Yang HC, Chang HY, et al. Morbid obesity in Taiwan: Prevalence, trends, associated social demographics, and lifestyle factors. PLoS One. 2017;12(2):e0169577. Published 2017 Feb 2. doi:10.1371/journal.pone.0169577

Definitions: Other Cut offs available

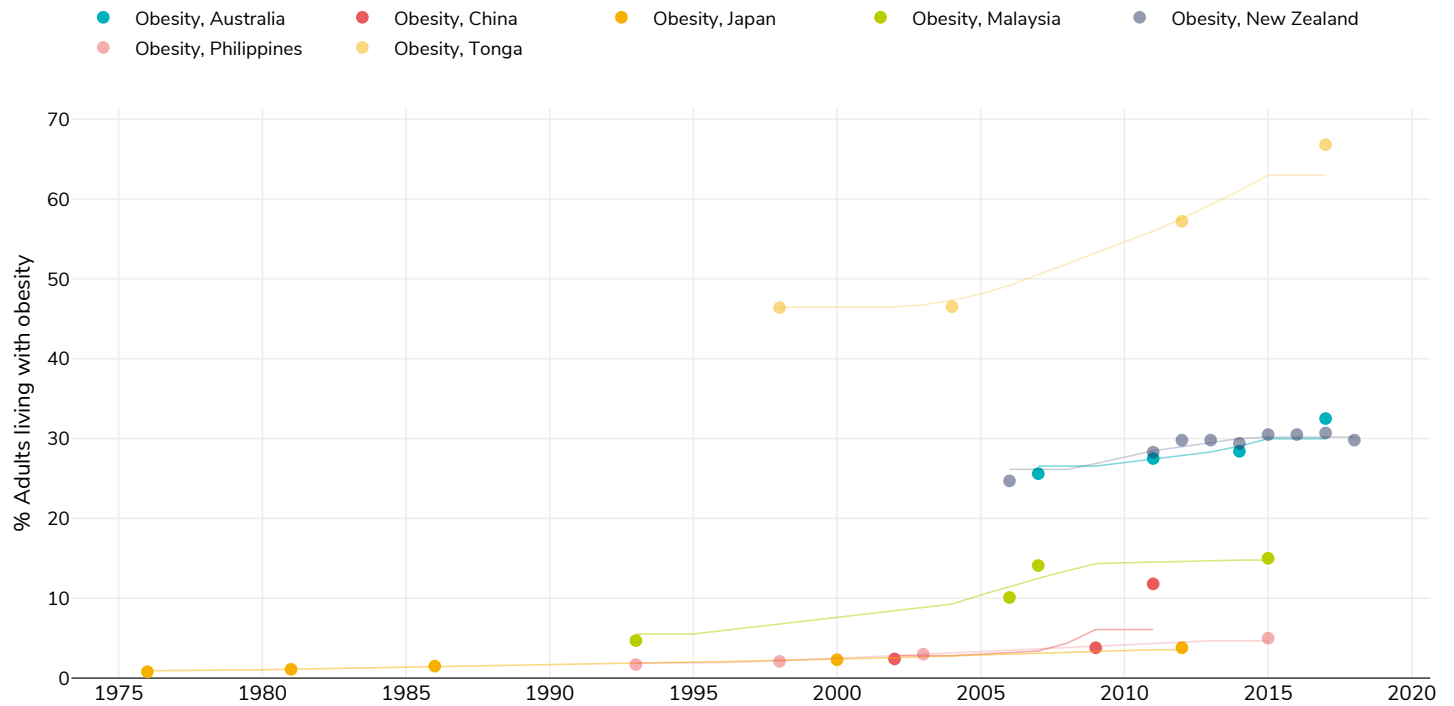
Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m<sup>2</sup>, obesity refers to a BMI greater than 30kg/m<sup>2</sup>.

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

**% Adults living with overweight or obesity in Taiwan 1993-2013**

## % Adults living with obesity in selected countries in the Asia/Oceania Region 1975-2019

### Men

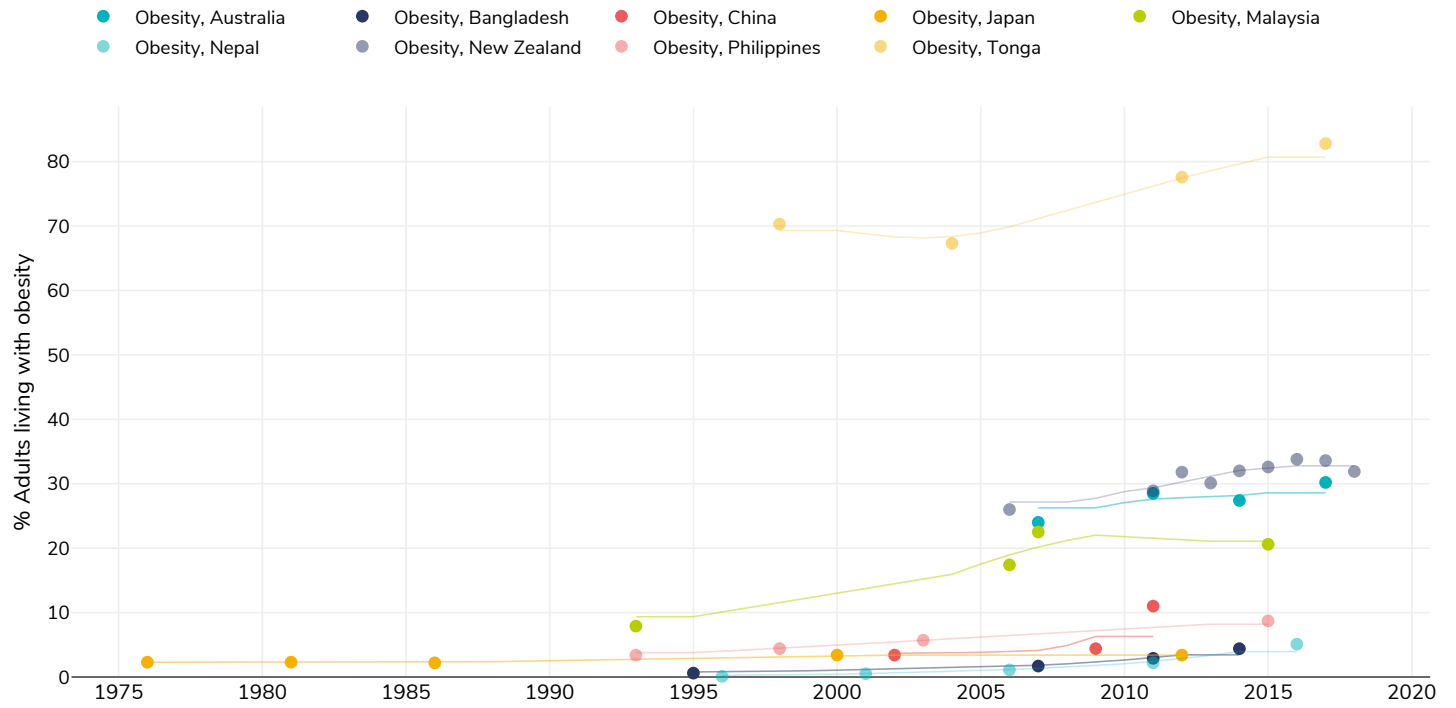


References:

For full details of references visit  
<https://data.worldobesity.org/>

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## Women



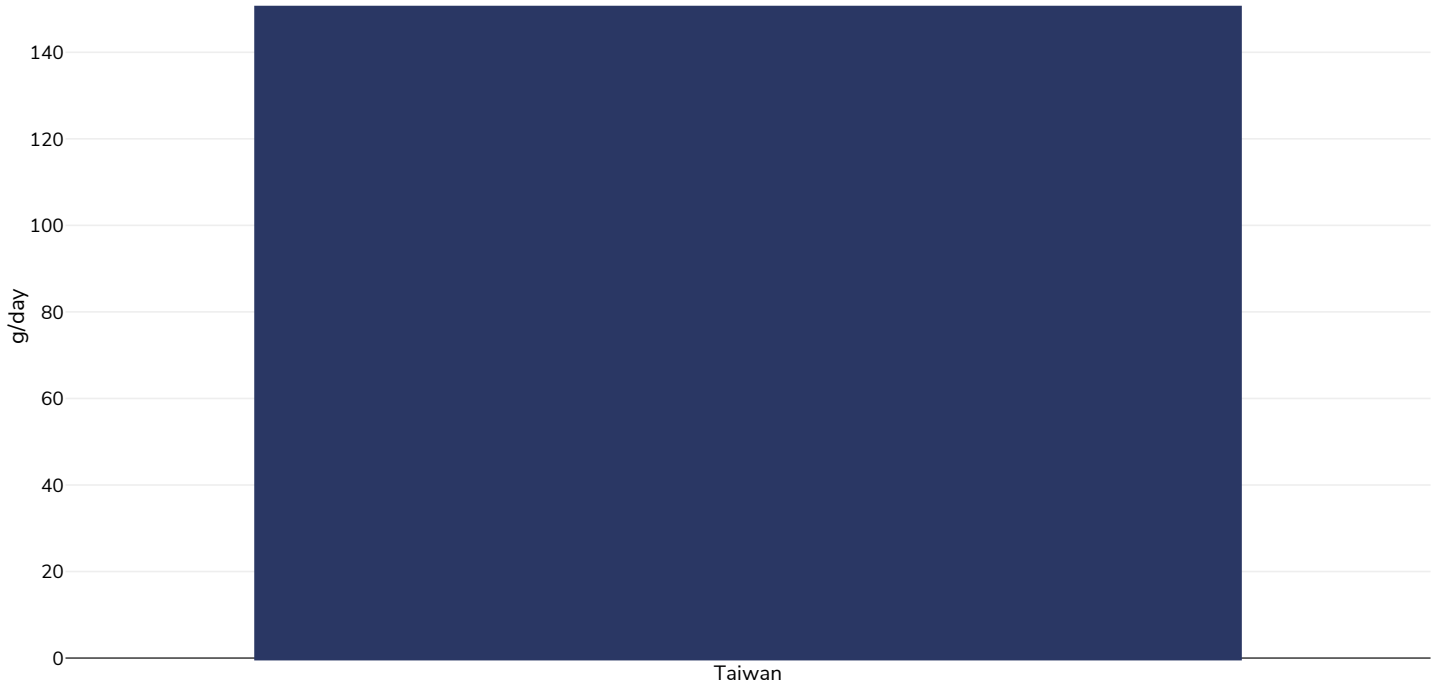
References:

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## Estimated per-capita fruit intake

Adults, 2017

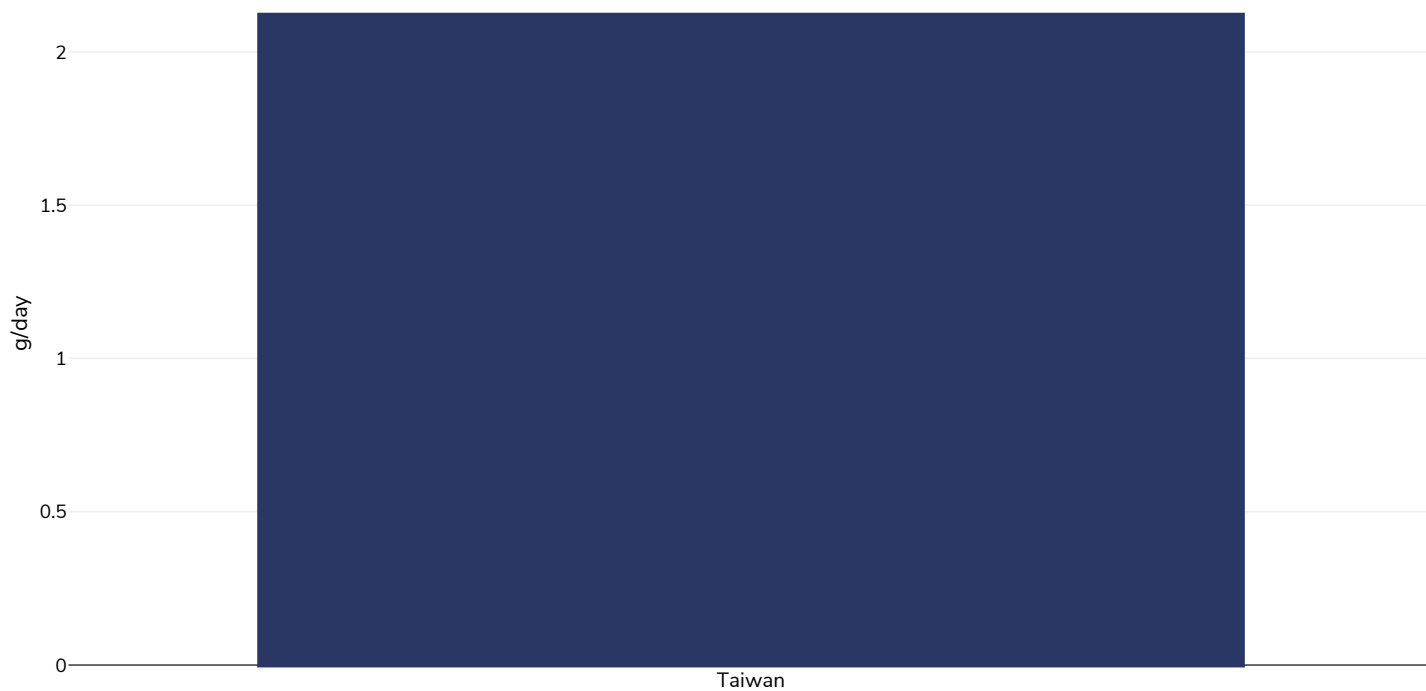


Survey type:	Measured
Age:	25+
References:	Global Burden of Disease, the Institute for Health Metrics and Evaluation <a href="http://ghdx.healthdata.org/">http://ghdx.healthdata.org/</a>
Definitions:	Estimated per-capita fruit intake (g/day)



## Estimated per-capita processed meat intake

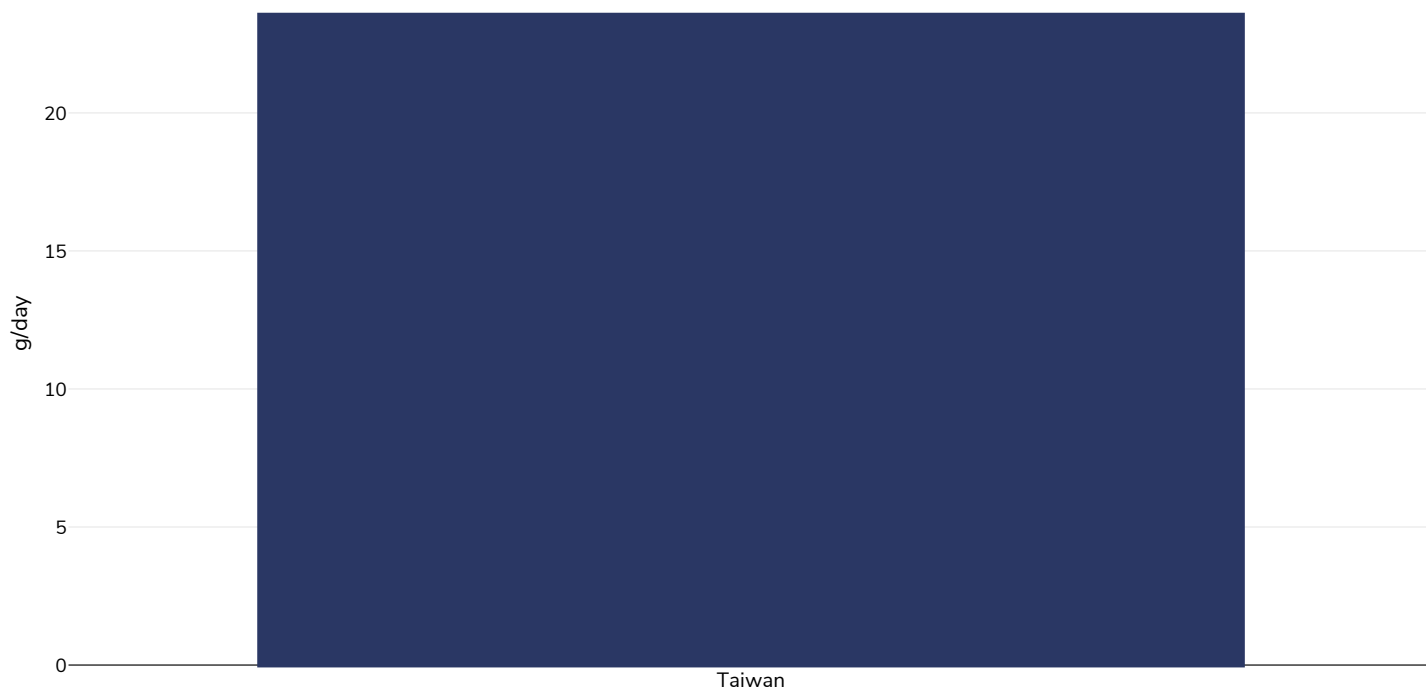
Adults, 2017



Survey type:	Measured
Age:	25+
References:	Global Burden of Disease, the Institute for Health Metrics and Evaluation <a href="http://ghdx.healthdata.org/">http://ghdx.healthdata.org/</a>
Definitions:	Estimated per-capita processed meat intake (g per day)

## Estimated per-capita whole grains intake

Adults, 2017



Survey type:	Measured
Age:	25+
References:	Global Burden of Disease, the Institute for Health Metrics and Evaluation <a href="http://ghdx.healthdata.org/">http://ghdx.healthdata.org/</a>
Definitions:	Estimated per-capita whole grains intake (g/day)

## Health systems

Economic classification: High Income

### Health systems summary

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

### Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	Some progress
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes
In practice, how is obesity treatment largely funded?	Out of pocket

## Perceived barriers to treatment

High cost of out of pocket payments

Obesity not recognised as a disease

Lack of (or failure to follow) treatment guidelines/pathways

## Summary of stakeholder feedback

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

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

The stakeholders noted that there are clinical guidelines for the prevention and management of obesity in both adults and children. However, these are not well implemented yet and there is a need to educate more health professionals and providers about obesity. Training for health professionals was considered limited, with there being a lack of suitably qualified professionals in both urban and rural areas. Stakeholders specifically reported a lack of psychiatrists and psychologists.

*Based on interviews/survey returns from 3 stakeholders*

*Last updated: June 2020*

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