Chapter IV

DEVELOPMENT OF BASIC HEALTH SERVICES[3/]

Rural health facilities in Taiwan in the from of today's health centers and health stations were non-existent during the Japanese regime, which ended in August 1945. Under the Japanese Government there was considerable regimentation of the general population, and health programs were administered under the general supervision of the police. In 1896 the Japanese recruited 150 "public physicians" from Japan to serve as medical advisers to the police. The number of public physicians, including Taiwanese doctors, gradually increased to 391 by 1935. (The first medical school in Taiwan was established in 1989.) Curative services were provided through the 12 provincial hospitals in the principal cities.

Under the privation of World War II and the destruction inflicted by it, the hospitals were practically demolished. The change of sovereignty after the war constituted a transitional period in which the function of the public service system was reduced or became practically inoperative. Malaria was epidemic, and it was immediately followed by importation of smallpox, cholera and even plague which had not been known in Taiwan for many decades. During 1946 and 1947, 6,754 cases of smallpox, 3,809 cases of cholera, and 14 cases of plague were registered. The estimated malaria cases exceeded one million every year until the initiation of the four-year malaria control program in 1952 (Chen W.I, 1962).

After Taiwan was restored to China, the Provincial Health Bureau was established, which in 1947 became the Provincial Health Administration (PHA). The provincial hospitals were gradually rehabilitated, but rural health facilities were practically non-existent. In the summer of 1949 the Joint Commission for Rural Reconstruction (JCRR) provided funds to the National Institute of Health (NIH) and PHA to undertake a survey of health facilities. At that time there were 17 health centers, one in each county and city, established by the Taiwan Provincial Government. The number of existing health stations found by the survey team was 104, of which 46% were dormant with not much more than a sign board and some

3/ Based on Chinese-American JCRR General Reports (annual reports) for 1952, 1953 and 1954.

furniture in the village offices. To build up a network of health facilities, JCRR collaborated with PHA to bring these existing health stations up to a minimum standard. In November 1949, JCRR approved a project for the strengthening of 13 health centers, 42 health stations, one rural hospital and one mobile health unit. A set of three prerequisites for a health station to become eligible for JCRR assistance was made public: (1) an adequate space completely partitioned off from the township office with a separate entrance; (2) a full-time staff of at least three persons -- a medical officer, a nurse and a midwife; and (3) a health board organized by public spirited citizens for raising and disbursing funds and for administering non-technical affairs. For those eligible, JCRR provided a cash grant of about US$30 - 60 in NT dollars to each station for travel expenses of personnel making visits to schools and villages; equipment such as bicycles, delivery and home visiting bags, locally-made sterilizers; and frequent free allocations of medical supplies. At the recommendation of JCRR, the MSA Medical Depot also made up unit packs of supplies from its available stock for free allocation to qualified health stations. This type of JCRR assistance continued through 1949 and 1950, during which time personnel and other operational expenses were paid by county and township offices.

Because of the retrenchment policy in effect during 1949 and 1950, it was impractical and futile to request the Provincial Government to build up a network of health facilities. JCRR took the initiative to hold meetings at the local level with mayors, magistrates, town elders, school principals and county health officers concerning the establishment of new health stations and the strengthening of those already in existence. Through these efforts, 148 new health stations were added in 1951. The antimalaria stations were aptly incorporated into nearby health stations. The increase in the number of health centers and stations on the island is shown in Table 13.

Table 13
Growth of Local Health Centers and Stations

Item	1946 - 1949	1950	1951	1952	1953	1954
Number of health centers	17	18	22	22	22	22
Number of Health stations	56	252	356	360	367	367
Number of personnel in health centers and sations	775	1,486	2,208	2,568	2,600	2,871
Contribution of local government and communities in NT$ (in thousands)	13,561	13,755	18,263	16,224	20,344	34,784
JCRR contribution in NT$ (in thousands)	550	1,365	1,561	2,359	3,431	1,764

As the local governments gradually picked up the operational expenses, JCRR discontinued cash grants in 1951, Even free allocations of medical supplies were discontinued. The township offices were advised to raise revolving funds for placing orders of drugs and medical supplies at reduced prices from the MSA/CUSA/JCRR Medical Depot. On the other hand, the JCRR rural health budget was used to assist in the construction of a standardized and permanent health station building complete with a set of standardized furniture.[4/] The local people were requested to raise one half of the total construction cost, while JCRR contributed the other half. However, in 1953 JCRR's contribution was reduced to one third of the construction cost because more requests for new buildings were received and it was necessary to spread the limited available funds to benefit a greater number of communities. The number of health stations which had completed construction or had been under construction is shown in Table 14.

4/ A set of blue prints of standard building and furniture was prepared and shown to the health officers and elders.

Table 14

Standardization of Health Station Buildings

Year	No. of Health Stations Approved For			Number Completed up to June 1954	Contributions by	
	New Construction	Remodeling	Total		Local Govt./ Communities (NT$)	JCRR (NT$)
1952	50	9	59	59	1,951,593	2,059,090
1953	133	3	136	133	6,558,149	3,194,192
1954	27	3	30	0	1,628,000	925,650
Total	210	15	225	192	10,137,742	6,178,932

The erection of new buildings for health stations jointly by the local communities and JCRR was indeed one of the most beneficial health projects for which the U.S. aid, through JCRR, was very much appreciated. However, it must be mentioned that despite the war-ridden economy, the communities made admirable efforts to complete the network of health stations (Fig. 11) which have served as the base for all subsequent health projects. The malaria control program was in face the first island-wide health project undertaken by the newly-organized health services, which were still in their development stages. Through malaria control operations, the health stations acquired the experience to penetrate to the most remote communities.

An injustice would be done if no special mention were made of the subtle but dynamic contributions made by Shih Chu Hsu, Chief of the Rural Health Division of JCRR.

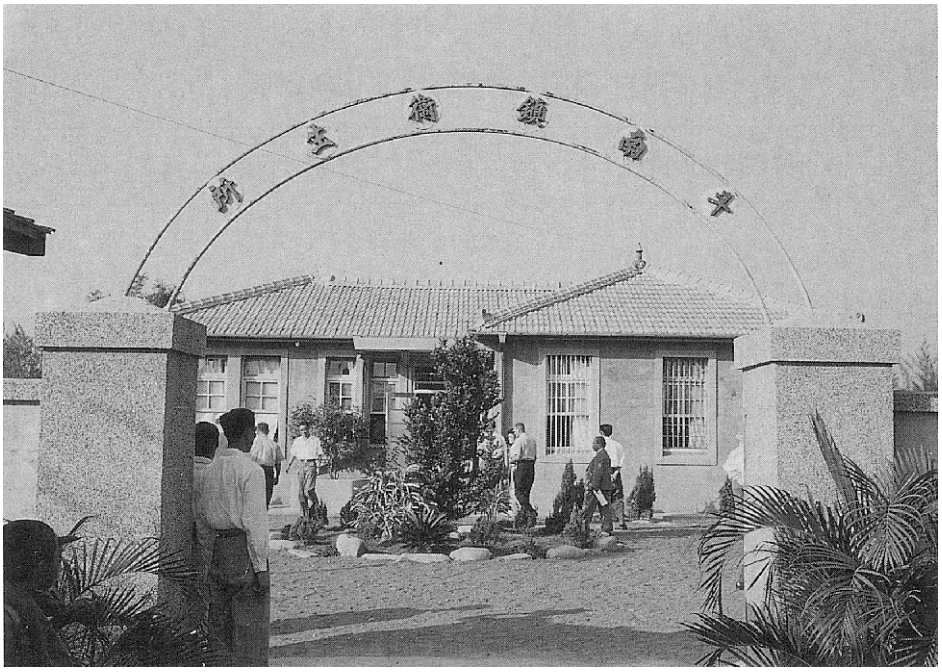

Fig. 11: Health station in Tounan county, 1953
Source: JCRR