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The Lessons of SARS by Chen Tan-Sun

The SARS virus, which ravaged the Asia-Pacific last year, has reemerged in China. This time, it originated from one of Beijing's leading laboratories, following the pattern of two isolated cases in Singapore and Taiwan last year. However, unlike those previous incidents, it has already spread outside the laboratory, necessitating the quarantine of hundreds of people and tragically causing at least one death.

It is disturbing to note that although this outbreak occurred just before the recent visit to Beijing of the director general of the World Health Organization (WHO), Dr. Lee Jong-wook, the world learned of it only after Dr. Lee had left. One can only hope that this does not indicate a continuation of the dissembling and obfuscation by the Chinese health authorities that exacerbated the original appearance of SARS.

In response to the latest outbreak, Taiwan has already taken proactive measures. We have placed our public health authorities on the first stage of national alert, which includes screening all incoming passengers. We have also issued travel advisories for Beijing and Anhui province, and instituted special monitoring of visits to medical research laboratories worldwide by our researchers.

Should any suspect cases be discovered, they will be immediately transferred to dedicated treatment facilities established last year, and quarantines and comprehensive prevention and monitoring will be carried out according to the regulations laid down by the special Cabinet-level SARS task force. With these measures in place, we are confident we can prevent the spread of the virus within our territory.

These are some of the lessons that we learned the hard way from the experience last year, when SARS, also originating from China, caused 73 deaths in Taiwan and major disruptions to our health and transport systems.

However, one other clear lesson is that Taiwan must be allowed to participate fully in the international monitoring and information networks led by the WHO. Unfortunately, this lesson remains unlearned.

At the time of the initial SARS outbreak, the WHO refused our requests for information, and our calls went unanswered during the crucial first few weeks, during which we had a window of opportunity to contain the outbreak. Only after our situation deteriorated dramatically in late April did the WHO send its first experts to Taiwan.

Since then, the situation has not really improved, despite the passage at last year's World Health Assembly of Resolution 56.29, which requires the WHO director general "to respond appropriately to all requests for WHO support for surveillance, prevention, and control of SARS." Although our Center for Disease Control was allowed to attend one

international SARS conference last June, the WHO subsequently refused or ignored repeated requests for participation in related events, such as the "Consultation on the Composition of Influenza Vaccine for the Northern Hemisphere" and "Consultation on Priority Public Health Interventions Before and During an Influenza Pandemic" in February and March respectively of this year. A request from our Department of Health to provide and have access to information in the Global Influenza Surveillance Network has remained unanswered since last August.

Although SARS is the most pressing issue today, these problems are in fact only symptomatic of the larger issue of Taiwan's participation in WHO information networks. Just in the past year, requests for information on the outbreak of avian influenza in several countries in the region, as well as that of shigellosis in Indonesia, were similarly rebuffed.

Indeed, the WHO has begun to institutionalize this stance, with a directive that any contact by any WHO staff with any Taiwanese experts or organizations requires prior consultation with the WHO legal counsel. This constitutes a new form of "health apartheid," where Taiwan is given separate and unequal treatment. This is not only unfair to the 23 million people of Taiwan, but it also enforces a gap in the international monitoring and control of all infectious diseases.

This year, for the eighth time, Taiwan is applying for observer status in the World Health Assembly. The purpose of our application is precisely to eliminate these procedural and legal obstacles to information sharing and disease monitoring. This would fill the gap in the international monitoring network, not only for SARS, but for all other future disease outbreaks in the Asia-Pacific region. It would help protect the health not only of our 23 million people, but of all peoples, not least the citizens of the PRC.

It is time for the international community to put an end to "health apartheid" and allow Taiwan an appropriate level of participation in the WHO.

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