

## Taiwan's health aid: a call for transparency

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Taiwan has experienced rapid progress on multiple indices of economic and human development over the past century, resulting in its recognition as one of the “four Asian tigers” and being among an elite group of “high-income economies” [1,2]. Although there are a number of factors explaining this rapid development, the role of WHO and other international assistance cannot be ignored [3,4]. With this rapid development, Taiwan has transformed from aid recipient to donor. Yet today Taiwan's Official Development Assistance (ODA) as a proportion of gross domestic product is believed to be both low in absolute and relative terms [1,4]. ODA includes both bilateral and multilateral aid through grants, low-interest loans, or in-kind assistance. For 2008, the last figures for which we have data, Taiwan ODA amounted to approximately \$430 million or 0.11% of gross national income (GNI), far below a United Nations standard of 0.7% [4]. Compared to Organisation for Economic Co-operation and Development (OECD) countries, Taiwan would rank at the bottom on this index, below Greece, Italy, and South Korea, and its value is both low in relative and absolute terms (see Table 1). But without the latest figures for

Taiwan it is difficult to accurately assess current levels, scope, and rationales of Taiwanese ODA, relative to other countries.

While there are no doubt multiple factors contributing to this low level of ODA, one likely factor is the long-standing uncertainty about Taiwan's international political standing and consequently the limited number of countries with whom Taiwan shares formal diplomatic relations. Consequently, there may be an agreement with mainland China not to engage in diplomatic relations with countries with which Taiwan lacks formal relations. A study by Grepin et al found, for example, that Gambia, Burkina Faso, Sao Tome, and Swaziland – countries which have recognized Taiwan – is either ineligible for Chinese health aid or that Chinese aid to these countries is not publicized in the media (paper in submission). However, it is not obvious that the lack of formal diplomatic relations vis-à-vis recipient countries is a sufficient reason not to engage in other countries. In the case of Haiti, for example, a country which recognizes Taiwan, there are Chinese donors present, although they are not politically recognized and there are no formal diplomatic relations. Similarly, there may also be Chinese donors present in the four African countries with whom Taiwan enjoys a diplomatic relationship – but their presence may be channeled through other means, e.g. private sector, informally, or “not diplomatically.”

Underlying these speculations above about the level and scope of Taiwan's ODA, however, is a troubling fact of opaqueness and lack of transparency. Apart from the occasional report by Ministry of Foreign Affairs, Taiwan

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Table 1 Official development assistance (ODA) as per cent of GNI from Taiwan in 2009 and selected comparator countries in 2012, ranked in ascending order

Country	ODA (million \$)	ODA as per cent of GNI (%)
Taiwan	430	0.11
Greece	320	0.13
Italy	2,640	0.13
South Korea	1,550	0.14
Japan	10,494	0.17
New Zealand	460	0.28
Australia	5,440	0.36
Netherlands	5,520	0.71
Sweden	5,240	0.99

Source: MOFA [4], OECD [13].

(MOFA), little is publicly known about the financial flows of Taiwan's ODA, let alone assistance for the health sector, even though the MOFA report ostensibly placed health as an important area of cooperation through a variety of activities such as medical missions and technical assistance [4].

For high-income countries, the current and traditional standard of public reporting of ODA and of development assistance for health (DAH) is the OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS), the most comprehensive international database of foreign aid flows [5]. Missing, of course, is Taiwan with its high-income economy, but also the large and populous "BRIC" countries of Brazil, Russia, India, and China. Without DAC membership, comprehensive estimates of DAH contributions from non-members are often not readily available. In particular, China has been a focus of great media and political attention because of its purportedly large financing for development yet without corresponding transparency [6]. Yet Taiwan's lack of membership to any international database has never been a sufficient reason to withhold such data. Indeed, it could be and has been argued that, because of Taiwan's lack of presence in

international databases, the justification for making Taiwan's data available – at least on its own governmental websites – is even stronger.

The case for public reporting and transparency of aid is well accepted and strong, and there are many benefits of transparency. As explained by the International Aid Transparency Initiative (IATI):

Developing countries face huge challenges in accessing up-to-date information about aid – information that they need to plan and manage those resources effectively. Similarly, citizens in developing countries and in donor countries lack the information they need to hold their governments to account for use of those resources [7].

From the perspective of either a country recipient or from a global health funding agency (which includes Taiwanese bilateral agencies supporting development and global health), the accurate and timely description of the scale and scope of various aid sources is crucial for planning. In order to allocate funds efficiently and equitably, global health funders and policymakers need to know how much countries are spending on healthcare and for what, and where those sources of funds come from. Knowing the full expenditures – from all sources and donors – is a critical component to

improving value for money [8]. For example, in the case of the US President's Emergency Plan for AIDS Relief (PEPFAR), the US government's flagship development program, notably focused on AIDS, one criticism against PEPFAR by a country recipient of PEPFAR was that policy makers or health care workers or the general public of the developing countries were unaware of PEPFAR's activities [9]:

[Policy makers or health care workers or the general public of the developing countries] want to know more than what's been planned in the Country Operational Plans—they want to know where (geographically) the money is going and what services are being supported so that they can identify unmet needs.

Although Taiwan highly identified with the Paris declaration on aid effectiveness and the subsequent meeting in Accra in 2008 on transparency [4], Taiwan faces an important task to fulfill the Accra Agenda for Action by:

- Providing full and timely information on annual commitments and actual disbursements so that developing countries are in a position to accurately record all aid flows in their budget estimates and their accounting systems; and
- Providing, if possible, developing countries with regular and timely information on their rolling three- to five-year forward expenditure and/or implementation plans, with at least indicative resource allocations where possible so that developing countries can integrate them into their medium-term planning and macroeconomic frameworks.

Transparency of aid is but one of many important features. Other features include whether the aid is in the form of grants and/or concessional (low-interest) loans, whether it is tied to a particular condition or requirement, how selective or well-targeted the aid is, etc. that affect aid efficiency and effectiveness [10,11]. Yet all of these features would be

understood through greater transparency. Hence, transparency is an essential and necessary component to improve aid.

Of course there are risks associated with transparency, e.g. in the consideration and flexibility for diplomacy, particularly given Taiwan's unique political (lack of) status. Yet if Taiwan already faces a problem of political isolation and neglect in international fora, then making its data and information publicly available is one strategy to raise its international profile. Moreover, as public health professionals concerned about the well-being of people (wherever they may be), we would argue that only with regular, timely information with sufficient detail on volume, allocation and results of development expenditure are available, can citizens of Taiwan and citizens in low-income countries ascertain the budget and assess the impact and effectiveness of the money. Based on public recognition of the importance of transparency and accountability, the International Cooperation and Development Law was legislated in Taiwan in 2009 [12]. In addition, for the purpose of encouraging citizens to participate in international cooperation and development affairs, the Minister of Foreign Affairs and related organizations have been delegated the responsibility of publicly disclosing timely information regarding projects of international cooperation and development is regulated in the law. However, the financial flows and results of Taiwan's ODA or DAH are still opaque to the public. With some careful planning and without imposing onerous reporting requirements of its own development agencies such as the Ministry of Health and Welfare and the International Cooperation and Development Fund (ICDF), increasing Taiwan's transparency can not only benefit Taiwan but also the people in the countries the Taiwanese government intends to benefit, especially in the area of health.

Therefore, we suggest that the government release regular and timely information on the volume, allocation and results of development expenditure, e.g. consistent with IATI reporting standards, at least aid for health to enable public discussion and participation.

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