

Center for Strategic and International Studies

TRANSCRIPT
CSIS Online Event

**“A Discussion on COVID-19 and U.S.-Taiwan Collaboration
with Taiwan's Vice Premier Chen Chi-mai and U.S.
Department of Health and Human Services Deputy Secretary
Eric Hargan”**

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BONNIE S. GLASER:

I'm Bonnie Glaser, senior adviser for Asia and director of the China Power Project at CSIS. Thank you all for joining us today for a timely and important conversation about the COVID-19 pandemic and collaboration between the United States and Taiwan.

Taiwan's coronavirus response is among the best globally. To date, Taiwan has had 440 cases and six deaths in a population of almost 24 million people. The world has much to learn from the Taiwan model. Taiwan has a world-class health-care system, and has shown how technology can be applied to enhance contact tracing and prevent virus spread. Its government has kept the public closely informed with accurate information and won high praise and confidence from its people. Schools have remained open, along with most businesses and restaurants, which has limited the negative impact of the pandemic on Taiwan's economy. As other countries face challenges in combating COVID-19 and getting their economies restarted after lockdowns, and they look for models to emulate, Taiwan demonstrates that democracies can effectively rein in epidemics.

In March, the United States and Taiwan signed a joint statement pledging to share best practices and cooperate on a range of activities, including developing tests and vaccines, medicines, and exchange medical supplies and equipment. And just last month, Health and Human Services Secretary Alex Azar held a virtual meeting with Taiwan's Minister of Health and Welfare, Chen Shih-chung. Today, we are pleased to continue that conversation.

So I'm first going to introduce our guests. And after they give their remarks, we're going to have a Q&A and a discussion.

So, first, joining us from Taiwan we have Taiwan's Vice Premier, Chen Chi-mai. And he is – in addition to being Vice Premier, he's chief of the Cabinet department for information security. Prior to his political career, Chen was a physician at the Chang Gung Memorial Hospital and on the medical faculty at the Taipei Medical University. Vice Premier Chen currently oversees interagency coordination of Taiwan's COVID-19 epidemic-prevention measures, including applying big-data analytics and developing social-distancing apps to track and contain community spread.

Joining us from Washington, D.C., is Deputy Secretary of Health and Human Services Eric Hargan. Mr. Hargan was sworn into office as deputy secretary at the department in October 2017, and in this capacity he serves as the chief operating officer and is responsible for overseeing the department's daily operations and leading its policy and strategy.

And then after we hear from Vice Premier Chen Chi-mai and Deputy Secretary Eric Hargan, my colleague Steve Morrison is going to provide some comments on their remarks. Steve is senior vice president at CSIS

and director of the Global Health Policy Center, and of course, one of the world's leading experts on global health issues.

So, with that, I'm going to invite Vice Premier Chen Chi-mai to give his remarks.

VICE PREMIER:
CHEN CHI-MAI:

Hello and good morning, Washington, D.C. Thank you, Bonnie, for your kind introduction. I am pleased to join Deputy Secretary of Health and Human Services Eric Hargan and CSIS Senior Vice President Steven Morrison today.

I would like to share about Taiwan experience to prevent the spread of COVID-19. In Taiwan, we currently have a total 440 confirmed cases. Eighty percent of these cases have been recovered and there has been zero local transmitted cases for 26 consecutive days. While we must remain vigilant, business and school are open as usual and even baseball games are in full swing. Taiwan has proven that democracies are well-positioned to win the fight against COVID-19.

We owe our success to cautious assessment of the outbreak in China and early response. During the 2003 SARS outbreak, lack of transparency from China and our exclusion from the WHO mean that we had to take decisive action on our own. That experience and our natural suspicions of everything China says spur us to quick, effective risk assessment and action this time.

Due to the prevalence of COVID-19 in Wuhan and the frequent travel across the Taiwan Strait, we did not wait for directives from WHO. We took swift action on border control as early as December 31st. Then we established our Central Epidemic Command Center, or CECC; stockpiled critical epidemic-prevention supplies; and ensured that our hospitals and medical personnel are ready.

Now allow me to introduce three pillars of the Taiwan model: transparency, technology, and teamwork.

Transparent and open information is vital to Taiwan model, as this builds a fundamental for public trust in government. Since last January, Health Minister Chen Shih-chung has been holding daily CECC press briefings. During these briefings, health officials share information about the latest case rates, public awareness, provide health education, and explain policy decisions. Government agents also update COVID-19 information on their official websites and their social media accounts.

Transparency is important for raising public awareness and tackling disinformation, which can be as damaging as the virus itself. This is why Taiwan's CDC has invited trusted experts who share this disease prevention information on major Taiwanese TV channels. People can also get health advice from Line, Taiwan's most-popular messaging app.

Moreover, the public can report cases or assess information via a COVID-19 hotline. These actions are important not just because the democracies must be accountable to their people, but also because the whole society needs to work together to combat the coronavirus.

The second pillar of the Taiwan model is technology. As a physician by training with a background in public health, I am also currently serving as the chief of information security of Taiwan. The current crisis presents an opportunity to combine big data with AI to protect the public health. Back in January, we linked our government travel, customs, and health-care databases to shape our border-control and case-identification measures, and to monitor the quarantines and the contact tracing. We have also used our nation's health-insurance databases to create a name-based rationing system for facemasks. This system has given at least 80 percent of the population in Taiwan access to facemasks, preventing our public to panic and supply shortages. We have shared this measure with other nations to help them distribute medical supplies.

As a democracy, this is important that government remain accountable to the public – when using certain technologies, to prevent them from being abused. We have been very carefully ensuring that scope is limited to public health. We have worked strictly under the legal frameworks of the infection/disease control act and personal data protection act. Safeguarding fundamental freedoms and civil liberties has always been a top priority.

The third pillar of the Taiwan model is teamwork. President Tsai Ing-wen has held a number of national security meetings to plan and design major policies. The Executive Yuan has been coordinating efforts from various agencies. And the CECC has been handling quarantine measures, preparing medical suppliers, and following the latest development of the global outbreaks. Together with that, we have created a highly efficient platform for coordination. However, the whole society must be also working together with the government to defeat COVID-19.

At the peak of the outbreak in Taiwan, in a single day as many as 55,000 people were under quarantine in Taiwan, and 99.5 percent of them abide by quarantine regulations. Seventy-three manufacturing companies have answered the government call to increase the production of surgical masks, creating a national team for mask production. Even the annual Dajia Matsu Pilgrimage, the largest annual religious procession in Taiwan, was postponed after peaceful consultations and risk communication among the relevant stakeholders. There was no need for the government to assert its authority to postpone it.

Let me conclude by emphasizing that the Taiwan model can be adopted by other democracies around the world. We are pleased Taiwan and the U.S. have established a partnership to exchange information, critical supplies, and best practice in policymaking. I want to especially thank

Health Secretary Alex Azar for his comment on Taiwan and his engagement with Taiwan Health Minister Chen Shih-chung.

We will continue to work with the United States on the issue of Taiwan participating in WHO. Our 23 million people should not be excluded from the WHO. Taiwan should be allowed to engage in meaningful WHO participation and should be an official member. We believe Taiwan is capable of contributing to the WHO work, including the response to coronavirus pandemic.

I would like to thank CSIS once again and Bonnie for inviting me. I look forward to your feedback and your continued support. Thank you.

MS. GLASER:

Thank you so much, Vice Premier Chen.

And now we're going to welcome Secretary Hargan. Thank you for joining us today.

SEC. HARGAN:

Thank you. I appreciate CSIS for organizing this timely and important event and inviting me to speak alongside Vice Premier Chen Chi-mai. You may or may not know that my first time outside the United States or North America was in Taiwan in the summer of 1988. I lived in the Taipei International Youth Activity Center; studied Chinese at Guoyu Ribao; and taught English at a buxiban, the California Language Academy, the Jiazhou Huayu Zhongxin. It was a fantastic, really life-changing time for me. And I learned about Taiwan and even myself, navigating Taipei's bus system, finding jobs teaching English to support myself, really for the first time in my life. I learned to appreciate fresh lychees, the beaches down at Kenting, and the MTVs of Taipei. It was a long time ago, but still great stuff of memories, fresh and close to my heart.

So, and thank you, Vice Premier, for sharing Taiwan's successful and efficient COVID-19 response and discussing some of the best practices that you all have put in place. As Ms. Glaser mentioned earlier, we made it a point to personally acknowledge Taiwan's work on COVID-19. Secretary Azar had a call with Minister Chen Shih-chung on April 27th in which he thanked Minister Chen on behalf of the Department and the American people for Taiwan's generous donation of 5 million face masks, as well as their continuing cooperation to share best practices and resources with the United States.

We greatly appreciate Taiwan for sharing timely, accurate, and transparent information about its response. More broadly, HHS appreciates more than 20 years of strong health partnership between the United States and Taiwan. This partnership has been wide-ranging, including the SARS outbreak response, cancer research, dengue, vaccine research, and regional trainings for Zika diagnostic tools. Successful management of the COVID-19 pandemic relies on transparency,

information sharing, collaboration. And we're glad these practices have defined our public health relationship with Taiwan, as well as hearing about the pillars that the vice premier shared – transparency, teamwork.

A lack of transparent information sharing can exacerbate public health emergencies. And information sharing is exactly the kind of international response that's needed for an international threat like COVID-19. Now is not the time to limit global lessons learned, and Taiwan's contributions in combatting this pandemic are to be applauded, admired, and learned from. Taiwan's successful management of COVID-19 is a result of their continuous efforts in preparedness and response against public health threats, including, by implementing the International Health Regulations.

Taiwan has, we see, been incorporating lessons learned from the last time it faced a serious regional health threat, during the SARS outbreak in 2003-2004. You may remember that Taiwan was initially judged by many to be one of the most at-risk populations, given their proximity to and significant transport links with mainland China, including directly with Wuhan. Today, however, Taiwan's population of 23 million has only about 400 – a little over 400 cases, as we heard, having instituted controls, testing, contact tracing, in a targeted manner that has almost eliminated the possibility of community spread.

Just one example, in 2017 we noted that Taiwan commissioned Johns Hopkins University's Center for Health Security to evaluate progress on implementing the International Health Regulations under the joint external evaluation rubric, which shows its ongoing commitment to the health and safety of its people, and to being a trusted partner in international health responses. The report found that Taiwan had met most goals of the IHRs, and had strengths in areas such as disease surveillance, development of national policy, and antimicrobial stewardship. Taiwan has been quite active in implementing the International Health Regulations, including frequent and transparent information sharing with other countries through its international health regulations focal point.

As Vice Premier Chen said, Taiwan has clearly showed to the world that it is a capable and willing stakeholder in the international community. The United States vigorously supports Taiwan's participation as an observer in this year's World Health Assembly, or WHA, which is just a couple weeks from now. It is deeply disappointing that the World Health Organization has excluded Taiwan from participating in the WHA and other WHO technical experts meetings. We hope they will return to the practice of inviting Taiwan as an observer at this year's WHA on May 18th.

As Secretary Azar and Minister Chen both agreed during last month's meeting, no one should be isolated from this critical governing body of international health, especially in light of the COVID-19 crisis. All

communities with a stake in global health should be able to contribute and to benefit from the WHO's efforts. And the WHO must take action to address the gaps highlighted by COVID-19, including the need for an inclusive approach to global health.

I will briefly mention a couple of updates on the U.S. response to COVID-19 that we think might be most interesting from an international perspective. Last week, as many of you know, the National Institutes of Health announced positive results from its clinical trial of remdesivir, which was begun back on February 21st, and eventually came to enroll more than 40 domestic and international sites in this adaptive trial, which can incorporate other promising therapeutics over time.

Working towards a vaccine is also necessarily an international and multisectoral effort. The same evening that China shared the viral sequence of the novel coronavirus back on January 10th, scientists at our National Institutes of Health began working on a vaccine. By March 16th, in record time, they had worked with the manufacturer Moderna to get a Phase I trial. Phase II-III trial is now in plan.

Collaboration with the private sector has also been essential to scale up testing, to where the United States has now conducted more than 6 million tests. Our Food and Drug Administration has worked closely with diagnostics developers and granted more than 70 emergency use authorizations for different diagnostic tests, providing a range of capability. We also worked closely with companies to stand up testing locations in, for example, the parking lots of retail stores, like pharmacies. At first, the federal government took the lead on running testing in these locations, but we've now been able to use that as a proof of concept so that private companies can take over that role going forward.

We provided flexibility on payments and regulations for our private sector health providers, including a historic expansion of telehealth and new options for hospitals to essentially run acute care operations off-site in, say, a hotel or a dormitory. The ways in which different countries blend these private and public approaches to combat the virus can be an interesting area for international dialogue. In addition, of course, we work hard to make our own contribution to information-sharing between nations.

Here in the United States, the CDC works at the national level and supports health departments at the state and local levels to conduct case identification, surveillance, data analysis, contact tracing. These efforts produce data that CDC integrates to inform critical decisions by U.S. policymakers and authorities around the world. Now, data from the United State are available from a range of sources, not only CDC but also – but we also have long-standing technical collaborations with Taiwan, and also our state and local health departments and higher education and research institutions.

On that note, emphasizing the importance of international cooperation on these unprecedented challenges, I will conclude my remarks, and thank you all. Look forward to talking more.

MS. GLASER:

Thank you so much, Secretary Hargan.

(END)