

**A whole-of-government system coordinating interagency resources
and manpower—doing battle against COVID-19 through unified,
decisive efforts**

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The coronavirus disease 2019 (COVID-19) outbreak has become a global pandemic. When calling on countries to strengthen their epidemic prevention and control measures at a press conference on March 11, 2020, World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus said action should not be limited to health departments and medical institutions, but rather through a whole-of-government approach. As it happens, Taiwan had already implemented this type of approach one and a half months before Dr. Tedros spoke at the press conference. A whole-of-government approach incorporates the efforts of all government agencies, with senior officials coordinating health, security, diplomatic, financial, business, transportation, trade, and information affairs. It also leverages all of society and the public to achieve progress in the fight against disease.

**1. President Tsai Ing-wen announces determination to prevent and
control epidemics**

When discussing the potential economic impacts of COVID-19 and government contingency measures on January 30, 2020, President Tsai pledged to fight the pandemic as if fighting a war. She said the



government would secure domestic medical supplies and disease prevention resources, and make every effort to control and contain COVID-19.

2. The legal basis for the Central Epidemic Command Center

Pursuant to Paragraph 2 of Article 7 of the Communicable Disease Control Act, Taiwan promulgated the Enforcement Regulations Governing the Central Epidemic Command Center in 2004. If the central competent authority, taking into consideration the severity of epidemics at home and abroad, deems necessary, it may recommend mobilizing epidemic controls. It may also submit a recommendation to the Executive Yuan for approval to establish a Central Epidemic Command Center (CECC), and appoint to it a commanding officer. The CECC Commander commands, supervises, and coordinates horizontal and vertical communications across government organizations, as well as the

implementation of various epidemic control measures. The CECC's work includes evaluating information gathered as part of epidemic monitoring practices; formulating and promoting response strategies; and consolidating and integrating the resources, equipment, and personnel needed to support this response. The CECC also deals with a wide range of epidemic control measures, including press releases, education and outreach, prioritizing the use of mass media, border entry and exit restrictions, home quarantine, liaison and cooperation with international organizations, airport and seaport controls, the expropriation of transportation, the cleaning and disinfection of public environments, worker safety and workplace sanitation, and the prevention and control of communicable diseases common to humans and animals.

In practice, as an epidemic develops, the CECC will advise the relevant organizations to have personnel stationed at the CECC so that there is always someone on hand to take on board the most up-to-date information and developments. These personnel report to the CECC Commander or another superior officer for evaluation or further instruction. As an epidemic subsides, the CECC Commander may request that the Executive Yuan dissolve the CECC based on the prevailing situation and how well an epidemic has been brought under control.

3. Upgrading the CECC, consolidating interagency resources and manpower

Given the severity of the COVID-19 outbreak, Taiwan's Centers for Disease Control (Taiwan CDC), Ministry of Health and Welfare (MOHW), has responded by drawing on its past experiences of handling

H7N9, Ebola, MERS, and Zika. Taiwan instantiated a Level 3 CECC on January 20, 2020; this was upgraded to a Level 2 facility on January 23, and further upgraded to a Level 1 facility on February 27. Minister of Health and Welfare Chen Shih-chung has served as the CECC Commander from the beginning of the outbreak, coordinating interagency resources and manpower. Taiwan was the first country in the world to establish a command center of this kind in response to COVID-19—even earlier than China.

The MOHW published its COVID-19 preparatory and contingency plan on February 28. The plan was separated into two phases—a preparatory phase and a contingency phase—in response to the development of the global pandemic thus far. The contingency phase was divided into four levels according to risk, with each level to activate escalating chains of command and epidemic control measures. When neighboring countries had new cases, but no consistent community spread had been identified, the CECC focused on preparation by practicing four strategies: continued monitoring and risk assessment; the implementation of border quarantine measures; strengthening risk communications; and inventorying epidemic prevention resources. When the outbreak expanded, the CECC activated nine contingency measures based on the severity of developments: strengthening monitoring and risk assessment; strengthening border quarantine measures; bolstering the medical system; coordinating and managing epidemic prevention resources; improving testing and diagnostic capabilities; continuing risk communications; developing international cooperation; conducting epidemiological investigations; and

practicing community-wide epidemic control and prevention. Associated contingency measures have been adjusted as the epidemic has developed, effectively blocking the incursion and spread of COVID-19.

4. Organization and functions of Level 1 CECC (see organization chart below)

4.1. CECC Commander: Minister of Health and Welfare Chen Shih-chung was assigned to implement epidemic control measures through the command, supervision, and coordination of government organizations, public enterprises, reserve components of the armed forces, and NGOs. As part of this, Article 7 of the Special Act on COVID-19 Prevention, Relief and Restoration promulgated by the government authorizes the CECC Commander to implement the actions and measures needed to contain COVID-19. (Note: President Tsai promulgated the Special Act on COVID-19 Prevention, Relief and Restoration by presidential decree No. 10900021291 on February 25. The act comprises 19 articles designed to effectively contain COVID-19, safeguard public health, and cope with associated impacts on the domestic economy and society. Most of the act became effective retroactively from January 15, 2020, and runs to June 30; Articles 12 to 16 were effective from the date of promulgation. The Legislative Yuan may approve an extension to the act prior to its expiration.)

4.2. Intelligence Section: An Epidemic Intelligence Group was established, led by the Director-General of the Taiwan CDC. Senior

officials from the Ministry of Foreign Affairs and the Taiwan CDC serve as deputy leads. The group is tasked with handling the developing domestic and overseas situation, and international exchanges.

4.3. Operation Section: This comprises a Border Quarantine Group, a Community Epidemic Control Group, and a Healthcare Response Group.

4.3.1. Border Quarantine Group: one Deputy Minister of the Interior was assigned to lead this group. Senior officials from the Taiwan CDC and the Mainland Affairs Council serve as deputy leads. The group handles border quarantine and border control measures.

4.3.2. Community Epidemic Control Group: one Deputy Minister of Health and Welfare was assigned to lead the group. Senior officials from Taiwan CDC, the Ministry of the Interior, and the Health Promotion Administration serve as deputy leads. The group handles community care networks, home quarantine and home isolation tracking, home healthcare, mental health, and volunteering services.

4.3.3. Healthcare Response Group: one Deputy Minister of Health and Welfare was assigned to lead the group. Senior officials from the Taiwan CDC, the MOHW, and the National Health Insurance Administration serve as deputy leads. The group handles testing networks, patient medical services, infection controls, infectious disease control and prevention networks, centralized quarantine facilities, and large-scale facilities for patient admission and care.

4.4. Logistics Section: This comprises a Resource Coordination Group, a Research and Development Group, an Information Management Group, an Administration Group, and a Public Information Group.

4.4.1. Resource Coordination Group: one Deputy Minister of Economic Affairs was assigned to lead the group. One senior official from the MOHW serves as the deputy lead. The group handles the provision of epidemic control and prevention supplies and staple goods.

4.4.2. Research and Development Group: the president of the National Health Research Institutes was assigned to lead the group. The Director-General of Taiwan's Food and Drug Administration and senior officials from Academia Sinica serve as deputy leads. The group handles drug and vaccine research and development.

4.4.3. Information Management Group: the Director-General of the Executive Yuan's Department of Cyber Security was assigned to lead the group. One senior official from the MOHW serves as deputy lead. The group handles matters associated with information services.

4.4.4. Administration Group: the Secretary General of the MOHW was assigned to lead the group. Senior officials from the Taiwan CDC and the Ministry of Justice serve as deputy leads. The group handles meetings, evaluation, financial relief and compensation, and legal processes (including disinformation).

4.4.5. Public Information Group: the Director-General of the Executive Yuan's Department of Information Services was assigned to lead

the group, which handles outreach, public consultations, and government marketing.

5. In addition to these groups, the CECC also integrates interagency resources and manpower, and organizes expert consultation meetings. Professor Chang Shan-chwen of National Taiwan University Hospital, an expert with experience of fighting the SARS epidemic, serves as the convener of the expert consultation meetings, providing professional medical advice and participating in CECC press conferences to brief the public.

6. Regular meetings:

6.1. CECC meetings: Following the CECC's inception, groups attended meetings at fixed times twice per week. Based on situational need, teleconferencing meetings have also been conducted with local governments to enhance horizontal communications, gather information on real-time requirements, and expedite decision-making processes. Since the end of April, with the situation having improved, the CECC has convened one meeting per week.

6.2. Group meetings: Each group holds separate meetings on a weekly basis to coordinate issues raised by government agencies.

