

## **Meeting Minutes of the 1st Meeting of the Office of the President Healthy Taiwan Promotion Committee**

**Date:** Thursday, August 22, 2024, 4:00 p.m.

**Location:** Reception Hall, Office of the President

**Chair:** Convener Lai Ching-te

**Recorder:** Yang Yu-shan, Ministry of Health and Welfare (MOHW)

**Attendees:** Deputy Convener Chen Jyh-hong (陳志鴻), Deputy Convener Wong Chi-huey (翁啟惠), Deputy Convener Chen Shih-chung (陳時中), Advisor Wu Ming-shiang (吳明賢), Advisor Chen Wei-ming (陳威明), Advisor Cherng Wen-jin (程文俊), Advisor Lin Shinn-zong (林欣榮), Advisor Yu Ming-lung (余明隆), Advisor Chen Mu-kuan (陳穆寬), Advisor Chiu Kuan-ming (邱冠明), Advisor Lin Sheng-che (林聖哲), Advisor Chang Hong-jen (張鴻仁).

**Committee Members:** Liu Chin-ching (劉鏡清), Cheng Ying-yao (鄭英耀), Chen Shih-ann (陳適安), Susan Shur-fen Gau (高淑芬), Chan Ding-cheng (詹鼎正), Shen Ching-fen (沈靜芬), Chou Ching-ming (周慶明), Huang Cheng-kuo (黃振國), Ni Yen-hsuan (倪衍玄), Lin De-wen (林德文), Li Yi-heng (李貽恒), Huang Jian-pei (黃建霈), Kuo Su-e (郭素娥), Hung Te-jen (洪德仁), Tsai Sen-tien (蔡森田), Chien Wen-jen (簡文仁) (on leave), Shan Yan-shen (沈延盛), Su Kuan-pin (蘇冠賓), Patrick Ching-ho Hsieh (謝清河), Ho Mei-shang (何美鄉).

**Non-voting Participants:** Secretary-General to the President Pan Men-an (潘孟安), Executive Secretary Chiu Tai-yuan (邱泰源), Deputy Executive Secretary Chang Tun-han

(張惇涵), Deputy Executive Secretary Shih Chung-liang  
(石崇良), Presidential Office Spokesperson Karen Kuo  
(郭雅慧).

## **I. Chair's Remarks**

To our three deputy conveners, Dr. Chen Jyh-hong, President Wong Chi-huey, and Minister without Portfolio Chen Shih-chung of the Executive Yuan; advisors; committee members; and everyone watching the live broadcast: Good afternoon.

At the end of my first month in office, I announced that the Presidential Office will establish three committees in response to three major global issues of nationwide concern: climate change, health promotion, and social resilience. These committees will consolidate forces from different sectors to strategize on national development. At the beginning of this month, we convened the first meeting of the National Climate Change Committee.

Today, we convene the first meeting of the Healthy Taiwan Promotion Committee. I would like to thank the three deputy conveners and all advisors and committee members for making a commitment to the Healthy Taiwan Promotion Committee. I also want to thank our fellow citizens and friends joining us online to follow the committee's proceedings.

During my campaign, I was constantly thinking about what I could contribute to our people that is different from past presidents if I were fortunate enough to be elected. After a lot of thought, I felt that as a physician, I should utilize my professional background in healthcare and work together with people from all sectors of society to help create a Healthy Taiwan.

Healthy Taiwan is our goal, and health is both a basic human right and a universal value. Health promotion not only involves the

well-being of a nation's people, but is also of great concern to humankind so that we may survive and thrive.

Taiwan is a responsible member of the international community. Amid the challenges of the pandemic over the past few years, we have shared disease prevention supplies, technology, and experience with countries around the world, and have continued to contribute to the global public health system.

Going forward, Taiwan must actively address critical health-related challenges, including cancer, transnational communicable diseases of unknown origin, antibiotic-resistant superbugs, a low birth rate, and an aging society.

We are confident that, sharing countermeasures and experience with countries around the world, we can keep people healthy and make the nation stronger so that the world embraces Taiwan.

I want to thank former Superintendent of National Cheng Kung University Hospital Chen Jyh-hong, who is also a mentor of mine, for organizing five regional forums and a national forum for the Healthy Taiwan Promotion Alliance this past March and April. Over 1,200 healthcare professionals from all over the country attended the forums and shared their views. Premier Cho Jung-tai (卓榮泰), Vice Premier Cheng Li-chiun (鄭麗君), and I were also invited to attend the national forum and participate in full.

I also want to thank the experts from various fields for their suggestions throughout this process, which became key reference points for promoting policies after we took office on May 20. The position paper on the table in front of you is a compilation of those valuable insights, which will be the foundation of our future actions.

To implement the Healthy Taiwan initiative, we must also achieve

a Balanced Taiwan. Therefore, the Healthy Taiwan Promotion Committee established today not only spans various areas of expertise, but also considers the balance of Taiwan's northern, central, southern, and eastern regions to achieve nationwide health equality.

I want to thank the nine advisors here with us today: Superintendent Wu Ming-shiang, Superintendent Chen Wei-ming, Chairman Cherng Wen-jin, President Chiu Kuan-ming, and Chairman Chang Hong-jen from northern Taiwan; Superintendent Chen Mu-kuan from central Taiwan; Superintendent Lin Sheng-che and President Yu Ming-lung from southern Taiwan; and Superintendent Lin Shinn-zong from eastern Taiwan. Your participation will give us a better understanding of viewpoints from around the country.

The objective of Healthy Taiwan is to raise the population's average life expectancy while simultaneously reducing time spent living with illness or disability, while also caring for physical, mental, and spiritual health. The 20 members of the committee are therefore drawn from a variety of fields of professional expertise.

We have Superintendent Chen Shih-ann in the field of smart medicine, Vice-Superintendent Susan Shur-fen Gau in pediatric psychiatry, medical and long-term care service integration specialist Superintendent Chan Ding-cheng, and emerging infectious disease specialist Director Shen Ching-fen.

We have also invited Professor Tsai Sen-tien to provide suggestions on optimizing healthcare services and health insurance sustainability, and invited President Chou Ching-ming and President Huang Cheng-kuo to continue promoting The Family Doctors' Plan 2.0 and report on primary care issues.

We have also recruited President Li Yi-heng, who put forward the 888 Program for prevention and treatment of the “three highs” (high blood pressure, high cholesterol, and high blood sugar) and kidney disease, pediatric health specialist President Ni Yen-hsuan, women’s healthcare specialist Secretary-General Huang Jian-pei, and President Hung Te-jen, who is focused on community development. We also have Dean Shan Yan-shen from the field of cancer prevention and treatment, psychiatric and mental health specialist Professor Su Kuan-pin, epidemiology expert and Emeritus Research Fellow Ho Mei-shang, and biomedicine and regenerative medicine specialist Professor Patrick Ching-ho Hsieh.

The committee also includes specialist in nutrition and health for all ages President Kuo Su-e, and expert in the promotion of physical activity and health Vice Chairman Chien Wen-jen. I also want to thank Chairman Lin De-wen for participating as we work together to enhance the health and well-being of indigenous peoples.

In addition, public sector participants include Minister of National Development Liu Chin-ching and Minister of Education Cheng Ying-yao, as well as Minister of Health and Welfare Chiu Tai-yuan, who is serving as executive secretary, and NHI Administration Director General Shih Chung-liang serving as deputy executive secretary.

Over 80 percent of the committee’s members are from the private sector, and I will take advantage of this opportunity to continue to combine the strengths of all stakeholders throughout society to promote a healthy lifestyle for one and all, and enhance medical care for all ages.

At today’s first meeting of the committee, the MOHW will brief

us on two topics: the first is the Healthy Taiwan vision plan, illustrating Taiwan's current challenges and opportunities, as well as an action blueprint. The second issue is reform and optimization for NHI sustainability.

Next year will mark the 30th anniversary of our NHI system. NHI is the pride of Taiwan, because health insurance can free citizens from the vicious cycle of poverty caused by illness, or illness caused by poverty. Since 2020, the NHI system has achieved a public satisfaction rate of over 90 percent.

Next year, Taiwan will also become a "super-aged society," which means that one of every five people will be a senior citizen 65 or older. Due to new pharmaceuticals of all kinds, the development of new technologies, and citizen expectations for an optimized medical practice environment, many aspects of health insurance operations will face an increasing number of challenges.

The NHI system's core values are health equality and mutual assistance for all. Better care for everyone, however, depends on sustainable NHI operations.

We closely monitor NHI system point values, but also want to embody the greater values of the system. The government will continue to refine the budget system and management, rationally distribute medical resources and stabilize point values, and continue to optimize NHI finances to enhance the efficiency and quality of services. We also look forward to working with everyone to achieve sustainable NHI development, enhance health equality, and further elevate the standard of medical care in Taiwan.

I also want to report that next year, the MOHW's total budget will reach NT\$370.2 billion, an increase of NT\$31.8 billion over this

year. The total budget is expected to allocate NT\$60.7 billion to expand investment in medical treatment and care to create a Healthy Taiwan.

The central government budget has also added an NHI financial assistance program that includes incentives for maintaining specified nurse-patient ratios across all three shifts and rotating night-shift nursing staff, and promoting smart information upgrades at medical facilities to enhance the work environments of healthcare professionals.

We will also launch the Healthy Taiwan Cultivation Plan, investing funds to support medical institutions at all levels nationwide, rear talent, and develop smart medicine.

Regarding the fund for new cancer drugs that many cancer patients care deeply about, in next year's general budget we will allocate NT\$5 billion for health insurance funding. In 2026, that figure is expected to reach NT\$10 billion. We will also promote the fifth-stage national plan for cancer prevention and treatment, and beginning next year the budget for cancer screening will be increased by NT\$4 billion, reaching NT\$6.8 billion, to boost screening rates.

I want everyone to know that these budgets and programs reflect the government's determination to create a Healthy Taiwan.

Since I took office, the government has created plans and programs to increase nursing staff levels and promote public mental health. We also launched an Acute Hospital Care at Home pilot project to provide integrated long-term and medical care services.

Once again, I would like to thank everyone here today for participating, and thank our fellow citizens for their support. I

also want our fellow citizens to know that Healthy Taiwan is not just a slogan, and has already been turned into concrete action. These are all concrete, substantive actions by a government team that has been in office for less than 100 days.

I am confident that with the support and participation of our committee members and advisors, and through soliciting a wide range of suggestions, engaging in diverse dialogue, and forging a consensus, our actions to create a Healthy Taiwan will more closely align with society's expectations, and we will move more quickly and steadily toward realizing our vision. Thank you.

**II. Issuance of Appointment Letters and Group Photo (Omitted)**

**III. Confirmation of the Meeting Agenda**

**Decision: To confirm the agenda of this meeting.**

**IV. Report Items (Omitted)**

**1. Healthy Taiwan vision plan**

**(Presented by Minister of Health and Welfare Chiu Tai-yuan)**

**2. Reform and optimization for NHI sustainability**

**(Presented by NHI Administration Director General Shih Chung-liang)**

**V. Discussion Items (In Speaking Order)**

**1. Committee members are invited to comment on Report Items 1 and 2; written opinions will be included in the meeting minutes.**

**(1) Committee Member Remarks (Non-government)**

**1. Committee Member, Chen Shih-ann**

(1) Taiwan has many different types of medical institutions, and a high proportion of smaller hospitals, such as



regional hospitals, lack IT personnel. The government is urged to assist in establishing medical information systems to support the promotion of smart healthcare and home-based healthcare policies. It is hoped that infrastructure support can be provided specifically for smaller hospitals.

- (2) It would be helpful to know how regulations regarding the use of artificial intelligence in healthcare are progressing, as this would help hospitals plan related application services.
- (3) It is suggested that the government provide assistance to smaller hospitals, such as regional hospitals and small joint clinics, to help them navigate operational crises. In Taichung, I observed that many regional hospitals were hoping for support from Taichung Veterans General Hospital, and we will provide assistance. However, if operational difficulties for hospitals in central and southern Taiwan continue to worsen, it may impact the NHI budget and appropriate measures would need to be taken.
- (4) Regarding the promotion of smart healthcare, both committee members and advisors have mentioned the budget provided by the MOHW and the National Science and Technology Council (NSTC). If there is funding to support the widespread adoption of smart devices, it would be more beneficial for integrating smart healthcare into clinics, as well as small- and medium-sized hospitals.

## **2. Committee Member, Susan Shur-fen Gau**

- (1) Mental or emotional behavioral issues among children and adolescents remain complex and severe. For example, with autism, attention deficit hyperactivity disorder (ADHD), and depression, inappropriate treatment in their environment, such as stigmatization, discrimination, bullying, neglect, or abuse, may exacerbate these conditions or lead to new mental health disorders such as anxiety, depression, school refusal, suicide, and conduct disorder. The causes of these issues are complicated and often stigmatized, making treatment more challenging. Effective treatment requires cooperation from the healthcare system, families, schools, and communities.
- (2) Normalization of teaching plays a critical role in the prevention and treatment of childhood and adolescent mental health disorders, as well as the promotion of physical and mental well-being. According to my research, children and adolescents (ages 6-15) in Taiwan not only suffer from a lack of physical activity, but also sleep – 80 minutes less per night compared to their peers in Western countries. Recent national studies have shown that improving physical fitness, cardiorespiratory function, and muscular endurance can have long-term benefits, not only for physical health but also for reducing mental illness and enhancing cognitive function. Moreover, creating a supportive, non-discriminatory, and bully-free environment for children is key to raising a healthy next generation, which is critical for Taiwan's sustainable development.

- (3) The treatment of childhood mental health disorders is complex and lengthy, involving not only the patients themselves but also their families and caregivers. NHI reimbursements are insufficient to cover these costs. It is hoped that the NHI will not be the sole source of funding. Additionally, medical centers often handle complicated cases, which can require prolonged treatment. It is hoped that greater consideration can be taken in terms of NHI reimbursements, and that the urban-rural disparities as well as the needs of disadvantaged groups can be addressed.
- (4) Given the increasing complexity of child and adolescent mental health issues and disorders, I propose that Taiwan establish research institutions dedicated to child psychiatry, similar to the National Institute of Mental Health (NIMH) in the United States and the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) in the United Kingdom. These institutions would regularly monitor mental health disorders in children and adolescents, identify high-risk groups, and enable early diagnosis and treatment to prevent long-term disabilities.
- (5) For children involved in juvenile delinquency, research is needed to understand how to prevent recidivism. Children who have been neglected, abused, or sexually assaulted should receive long-term treatment and placement. Regular monitoring of these two high-risk groups is essential to support their healthy physical and mental development into adulthood. The attention that President Lai's administration has given to this issue is appreciated, as it is vital for the healthy and happy growth of our next generation.

### **3. Committee Member, Chan Ding-cheng**

- (1) Regarding the healthcare and long-term care (LTC) integration portion of the Healthy Taiwan vision plan report, LTC is categorized into levels 2 to 8, but not everyone requires home-based care services. However, the current plan mandates home-based care for all individuals. Presently, only physicians participating in the family physician care program for home-based disability cases are allowed to issue LTC evaluations, but there is a shortage of such physicians, and some are unfamiliar with LTC cases. It is recommended that physicians who undergo a three-hour training course also be qualified to issue LTC evaluations. This would mean that after assessment by a care manager, cases could be assigned not only to the program's enrolled physicians but also to those who issue prescriptions for long-term chronic diseases, as they are more familiar with the cases. These physicians could conduct assessments and issue LTC evaluations during outpatient consultations.
- (2) Regarding the Acute Hospital Care at Home pilot project, LTC facilities originally had their own teams, but now home-based care teams are being introduced. Since both types of teams consist of similar personnel, to improve the system, it is suggested that the rules be relaxed to allow the original team to continue providing services. (Addendum: Facilities already have nursing staff, so one future direction could be finding ways for home-based nurses and facility nurses to collaborate in patient care. This would also reduce the need for home-based teams to make frequent visits to facilities. Hospital-affiliated facilities also have physicians, and

especially on weekends and holidays, if the facility's on-duty physicians can take on some of the work, home-based care physicians wouldn't need to make daily visits, which would alleviate the manpower shortage and make the program more sustainable in the long term.)

#### **4. Committee Member, Shen Ching-fen**

- (1) It is suggested that an integrated cross-departmental institution for children be established. Some children are bedridden long-term due to illness and require home-based medical services or emergency care. However, since pediatric patients are fewer in number, they risk being excluded from these services. We hope the government can address this issue.
- (2) Regarding pediatric medications, certain child-specific liquid formulations or special medications are excluded from procurement due to their being too inexpensive or having low usage, which affects pediatric care. We hope that policy support can be provided to address this. Additionally, the process for rare disease medications is overly complicated, and it is hoped that it can be simplified to provide timely assistance to children.
- (3) Concerning emerging infectious diseases, while we have relevant technology and research capacity, it is difficult to enhance our skills because we cannot transfer technology to manufacturers, or if technology is transferred, there is no market for it. If we encounter future pandemics without the ability to improve our skills, we will face significant challenges.

## **5. Committee Member, Chou Ching-ming**

- (1) The Taiwan Medical Association continues to serve as a bridge between the government and the medical community, fully cooperating with the government in promoting relevant policies. We will also relay the opinions and concerns of frontline physicians to the government and work together to safeguard public health.
- (2) Recently, the low NHI point value has caused anxiety among our physician members. In response, the Legislative Yuan passed a resolution requesting the MOHW to implement NHI reform measures and achieve an average value of NT\$0.95 per point by the end of June 2025. We appreciate the continued efforts of the government and the MOHW, and the explanation of the government's future policy plans (such as ensuring that the government's contribution to NHI funding remains no less than 36%, gradually moving preventive care and public health items out of NHI coverage, and exploring ways to supplement premiums) to increase the point value. These policies are of great concern to all sectors and we will fully cooperate in their implementation.
- (3) Regarding new treatments for hemophilia, where a single dose costs NT\$100 million and an estimated 1,200 patients may require it, it is hoped that a fund for new rare disease drugs be established, similar to the fund for new cancer drugs, to cover high-cost treatments. This could include gene therapy for spinal muscular atrophy (SMA), which costs NT\$49 million per dose, in order to help patients with rare diseases.

## **6. Committee Member, Huang Cheng-kuo**

- (1) The sustainability of the NHI system depends on the amount of medical personnel. With the aging population leading to increased disease complexity, demand, and care needs, it is essential to increase healthcare staff. From 2019 to 2023, the growth rates for physicians, nurses, and pharmacists were 2.2%, 2.1%, and 1.4%, respectively.
- (2) Each year, Taiwan gains 332 new pharmacists; however, statistics show that from 2019 to 2023, the number of pharmacists registered at medical institutions decreased by 20. The first reason for this is that more pharmacists are moving to work in community pharmacies. The second reason is that, in the past, we also had pharmacy technicians, but the number of pharmacy technicians is no longer increasing; it has been declining by over 100 annually. The shortage of pharmacists in medical institutions affects prescription dispensing for the public. It is hoped that the government will enhance pharmacist education, examinations, and compensation.
- (3) The president's allocation of NT\$60-70 billion to the Healthy Taiwan initiative is appreciated, but we must ensure that the funds are directed to the right areas. It is recommended to establish streamlined, unified review standards across all regions, rather than dividing the country into six separate zones. A cross-regional, cross-tier management approach with standardized review criteria should be implemented. Additionally, we should exercise self-regulation, particularly in high-growth specialties or medical institutions. A model similar to the

high-amount discount mechanism of the dental global budget could be considered, utilizing data analysis and artificial intelligence (AI) to manage and deduct payments for deviations from the norm and strengthen joint governance within the medical community.

- (4) Currently, the NHI's global budget payment system is divided into four sectors, but there is a lack of effective, reasonable management mechanisms. For example, in the case of aches and pains, when people separately seek treatment through traditional Chinese medicine, rehabilitation, and orthopedics, it can easily lead to wasted medical spending. Strengthening the management system and directing resources to the right areas is crucial, so let's work together on that.

## **7. Committee Member, Ni Yen-hsuan**

- (1) Pediatric care includes treating acute, severe, complex and rare diseases, but a significant portion focuses on preventive care and health promotion. The ultimate goal of pediatricians is to have no patients, as good preventive care would mean fewer illnesses. However, under the NHI system, having no patients means no income. Therefore, it is necessary to rethink the model of pediatric healthcare.
- (2) Pediatric care involves multiple agencies, such as the Centers for Disease Control (CDC), Health Promotion Administration (HPA), and NHI Administration under the MOHW, as well as the Ministry of Education and the Ministry of the Interior. Take childhood obesity as an example – its treatment involves eating less and exercising more, but the family plays a critical role.



Without family cooperation, the issue cannot be resolved. It is recommended to establish a cross-ministerial children's and family unit or a cabinet-level agency similar to Japan's Children and Families Agency to address these problems. Additionally, although the government has already set up the Child Health Research Center, it is currently only a center under the Institute of Population Health Sciences at the National Health Research Institutes. It is suggested that this unit be upgraded to a higher level.

- (3) In terms of medical education, the NHI system has become the textbook for medical training in Taiwan. Teachers instruct students on how to treat patients based on NHI guidelines, but there should be deeper reflection on whether medical education should place more emphasis on the humanities.

## **8. Committee Member, Lin De-wen**

- (1) The World Health Organization (WHO) has promoted the Health in All Policies initiative, which emphasizes that improving health should not solely be the responsibility of health agencies. Efforts should also address areas such as the environment and employment, and this applies to indigenous health issues as well. Indigenous health problems are rooted in health inequality. Taiwan's four-tier medical system, while well-intentioned to allocate resources efficiently, poses limitations in indigenous and remote areas. These areas often only have fourth-tier primary care institutions, which limit the availability of care, diagnostics, and testing due to tier or lack of specialists.

- (2) During the pandemic, in addition to collaborating with hospitals under the Integrated Delivery System (IDS) for mountainous and offshore island areas to provide remote care, we also partnered with Taipei Medical University (TMU) Hospital to offer timely care to indigenous populations. However, post-pandemic regulations prevent TMU Hospital from continuing this cooperation. It is recommended to relax these restrictions in remote areas and introduce new care models (such as telemedicine or AI applications).
- (3) It is unfortunate that telemedicine is restricted to hospitals under the IDS. Many hospitals, such as TMU Hospital and Min-Sheng General Hospital, are interested in providing telecare, but currently, only one hospital is permitted to do so under the regulations. Two years ago, a hospital in Taoyuan collaborated with us on maternal care, but because telemedicine was not possible, the hospital created an online group that all pregnant women in remote areas could join, providing 24-hour access to medical consultations. This alleviated anxiety for pregnant women due to being in resource-limited areas, and if anything was out of the ordinary, teleconsultation could determine if hospital transfer was necessary. In times of natural disasters, it helped assess whether evacuation was required. A resilient Taiwan should allow pregnant women in remote areas to give birth without fear or long travel. Therefore, it is recommended to open telemedicine services beyond just IDS hospitals, and expand telemedicine access to a wider range of specialties.

- (4) Regarding the sustainability of the NHI, we have already discussed health inequalities among indigenous peoples. We cannot afford to pay higher premiums. A report from Australia's Northern Territory highlighted that health inequalities have led to a 20% loss in GDP. Similarly, a European Union report stated that if health inequality is not addressed, it will result in a 1.4% GDP reduction from labor productivity and an increase in social welfare spending by 9.4% of the GDP – combined, this far exceeds national defense expenditures. Thus, investing in reducing health inequalities among indigenous populations offers a high return and will contribute to the long-term sustainability of the NHI system.

## **9. Committee Member, Li Yi-heng**

- (1) Mechanisms should be established for the control of the three highs. Currently, nine major medical associations for chronic diseases in Taiwan have reached a consensus on the prevention and treatment of the three highs. Doctors from primary care clinics to medical centers should follow this consensus. Regardless of where patients seek medical care, they should receive the same standard of care.
- (2) There is a great number of patients with the three highs, but NHI resources are limited. It is suggested that the prevention and treatment of the three highs should primarily target high-risk patients, such as those with diabetes, chronic kidney disease, or those who have experienced cardiovascular or cerebrovascular diseases. These patients tend to have higher insight and are more willing to accept care and treatment. Therefore, it is

recommended that resources be used strategically, prioritizing care for high-risk patients.

#### **10. Committee Member, Huang Jian-pei**

- (1) As women make up half the population, I suggest formulating policies for women's health and including them in the Healthy Taiwan vision plan. Maternal health is crucial. While pregnant women only make up 1% of the female population, 100% of the nation's next generation comes from this group. Moreover, to enhance newborn healthcare, resources should be invested in maternal care during pregnancy.
- (2) Regarding the optimization of pediatric medicine and healthcare, it has been stated that it is important to boost care for newborns and high-risk pregnant women. But if every newborn requires care, then pregnant women should not be categorized as high-risk or low-risk; rather, every pregnant woman should receive care. Currently, the government is not providing adequate comprehensive support for pregnant women and new mothers. Prenatal check-ups do not include aspects such as nutrition, exercise, adapting to motherhood, and body recovery, leaving pregnant women to find solutions on their own, often at their own expense. Therefore, the government should comprehensively strengthen the care and support system for pregnant women and new mothers. This way, they will feel valued and be more willing to have more children.
- (3) Taiwan's culture is relatively conservative, and new mothers are hesitant to discuss postpartum sex with doctors. The Taiwan Association of Obstetrics and

Gynecology and Taiwan Midwives Association have designed assessment questionnaires on this topic; if abnormalities are indicated, doctors can intervene appropriately. Without a healthy sex life, couples may struggle to maintain a happy family, which could even make conceiving again impossible, thus exacerbating the low birth rate crisis.

- (4) The mental health support program for young people lacks care for specific groups like pregnant and postpartum women. Postpartum depression, for example, isn't mentioned at all. This strongly requires government attention, and it is suggested to add this aspect to the program.
- (5) NHI coverage for specialties with lower competition among physicians will affect whether young people are willing to engage in those fields. If young physicians see decreasing numbers of pregnant women and fewer children, they may choose to pursue other fields such as aesthetic medicine, which will impact the workforce in obstetrics and pediatrics.

## **11. Committee Member, Kuo Su-e**

- (1) The Taiwan Dietitian Association mentioned at the Healthy Taiwan forum the need to optimize nutrition care for the population. They also recommended comprehensive and consistent care for pregnant women and new mothers. If comprehensive support is not feasible initially, priority should be given to providing dietary and nutritional consultations for high-risk patients during pregnancy and postpartum. According to the HPA's data, the rate for gestational diabetes mellitus

(GDM) screening among pregnant women at 24-28 weeks is approximately 17.2%, meaning about 1 in 6 women is diagnosed with GDM, affecting around 27,000 women annually. This significantly impacts both mothers and newborns, and it is suggested that nutritional health education be included in NHI coverage.

- (2) High-risk pregnant women face more than just GDM; those with chronic diseases such as chronic kidney disease (CKD) or abnormal BMI before pregnancy are also at risk for co-morbidities. Access to nutritional care can benefit both maternal and infant health.
- (3) Another key point is chronic disease prevention and treatment, especially for the three highs. To achieve 888 Program goals, efforts should not only focus on the healthcare sector but also aim to improve the environment in terms of obesity prevention for the population. During the forum, we proposed suggestions for the evolution of food nutrition labeling which received support from various sectors. The Taiwan Dietitian Association has reached a consensus with the Nutrition Society of Taiwan, hoping the government will invite representatives from relevant agencies, industries, and organizations to jointly discuss suitable action plans based on international practices.

## **12. Committee Member, Hung Te-jen**

- (1) One month after taking office, the president announced the establishment of the National Climate Change Committee, the Whole-of-Society Defense Resilience Committee, and the Healthy Taiwan Promotion

Committee, while the Executive Yuan set up the Economic Development Commission, aligning with several aspects advocated by the WHO for promoting healthy cities: medicine and healthcare, environment and ecology, social welfare and safety, and industrial innovation and AI development technology. Under the president's leadership, we believe that we can progress toward a healthy and sustainable nation. The MOHW and the NHI Administration have just reported that care will be provided through a holistic approach encompassing the individual, family, community, city, and nation. This includes everything from primary prevention and health promotion to medical services and disability care, constructing a comprehensive care system. Communities will not only provide healthcare but can also develop in other aspects. Taiwan has 380 townships and districts and 730 junior high schools, so it is suggested that community resource centers be established based on junior high school districts. These centers can serve as education and elderly care hubs, and in times of disaster, act as resilient bases for care, disaster prevention and relief, and evacuation.

- (2) Due to climate change, Taiwan may face more natural disasters. These communities will be the foundation of a resilient society and nation. Today, the Ministry of Education and the National Development Council (NDC) are also present; we hope to fill in gaps at the community level in addition to the national and county/city levels.
- (3) It is suggested that the president hold an annual joint meeting of the four major committees to discuss and

collaborate across fields to stimulate innovative thinking.

- (4) Regarding the promotion of healthy cities, Taiwan is participating in the WHO's Western Pacific Regional Office's initiative, the Alliance for Healthy Cities. In September, a conference for the initiative will be held in Seoul, South Korea, for which six young Taiwanese scholars and experts on healthy cities have been selected and recognized (out of a total of 22). In September, multilingual learning materials in English, Chinese, and Korean will be published and made available for reference to various stakeholders.
- (5) In response to Committee Member Huang Cheng-kuo's viewpoint, it is suggested to promote NHI reform for a unified nationwide system with consistent point values and joint management. This reform should also guarantee point values for eastern Taiwan, offshore islands, and hospitals dealing with acute, severe, complex, and rare diseases.

### **13. Committee Member, Tsai Sen-tien**

- (1) The government has invested significant funds toward areas with insufficient medical resources, such as through the MOHW Department of Medical Affairs' Medical Center Support Project and the NHI Administration's IDS program, and contributions have also come from the HPA and the Department of Nursing and Health Care. However, there is a lack of integrated mechanisms for implementation. It is recommended that policy promotion strengthen cooperation between central and local governments, as well as public-private



partnerships, because local governments understand local needs best, while the central government can assist with funding and public intervention.

- (2) In terms of health equality, the closest facilities in remote areas should be able to provide emergency care for initial treatment before transfer is safe. Implementing a tiered healthcare system is necessary yet challenging in vast areas with uneven distribution of medical resources. Currently, telemedicine and home-based healthcare can address chronic diseases, while general acute illnesses can be managed at primary care clinics, with further treatment provided at larger hospitals if needed.
- (3) It is suggested that the central government delineate zones of responsibility for areas with insufficient medical services, assigning them under medical centers, quasi-medical centers, or large regional hospitals aiming to rival medical centers. For instance, the central government could designate a resource-deficient area to be managed by a medical center, inviting in the local health bureau to discuss community issues and needs, develop relevant plans, and establish key performance indicators (KPIs). These objective data can serve as a reference for evaluating medical centers' work.
- (4) Currently, the Medical Center Support Project provides only one-year subsidies. Although the monthly salary is decent, there is difficulty in recruiting physicians, as they feel the work isn't secure. It is recommended that these physician positions be placed within the medical centers with zones of responsibility and have a minimum of three years, allowing the centers to train physicians effectively.

After the program ends, hospitals should consider retaining well-performing physicians, which provides a greater incentive. We are currently training many government-funded student physicians, but their retention rate is low. It is suggested that government-funded student physicians be employed by the hospitals described earlier, with an appropriate rotation mechanism to ensure they are not stuck in remote areas for their careers, which would decrease willingness, and give them a chance to return to larger hospitals in the future.

- (5) The transportation costs for residents in remote areas to seek medical care are substantial. The central government could include strategies for reducing these transportation costs in local performance evaluations. For example, a few days ago, I had a diabetic patient who was not fit to take oral corticosteroids in large doses, so I recommended an intratympanic steroid injection. However, the patient refused due to the NT\$2,000 taxi fare for each visit. With situations like this, health equality won't be achievable.

#### **14. Committee Member, Shan Yan-shen**

- (1) In terms of cancer prevention and treatment, both screening and treatment should be equally prioritized. The HPA should strengthen screening efforts and provide adequate manpower. The approach could follow the model of the Xiulin Township project in Hualien, which utilizes the resources of 21 medical centers and quasi-medical centers to create a regional cooperative prevention system. This would allow for the referral of

screened patients to medical centers for treatment and could be included as part of hospital evaluation tasks for medical centers.

- (2) To enhance cancer prevention and treatment, it is recommended to strengthen NHI coverage for cancer drugs. If a drug passes phase III clinical trials, it should be made available for cancer patients as soon as possible. The NHI Administration is promoting genetic testing, but if a patient identifies a suitable medication through this process and is unable to afford the treatment because it costs NT\$300,000 per month, discussion is needed on how to address this issue.
- (3) Regarding the issues of generic drugs and biosimilars, the low NHI reimbursement makes Taiwanese pharmaceutical companies more inclined to manufacture generics for foreign markets. Therefore, it is important to consider how to raise incentives for domestic pharmaceutical companies to manufacture drugs for local patients.
- (4) By 2040, the ratio of Taiwan's working-age population (ages 15 to 64) to its elderly population will become 1:1. This shift will reduce labor income and NHI revenues. If the working population falls ill, the burden of responsibility will increase significantly, which could have a major impact on the country. It is essential to recognize the severity of the declining young workforce and the aging population issue, and to prepare accordingly as early as possible.

## **15. Committee Member, Su Kuan-pin**

- (1) I would like to thank the convener and deputy conveners for this opportunity, nominating me as a committee member responsible for the areas of mental healthcare and psychological support to help me better care for patients and also contribute to promoting the Healthy Taiwan initiative in terms of psychiatry.
- (2) I have three proposals. The first two, expanding the mental health support program for young people and a whole-of-society mental health resilience program, have already been included in government policies. Therefore, I'll now present my third proposal, which involves the digital transformation of mental health and psychiatry.
- (3) Recently, a pianist revealed suicidal thoughts during a livestream performance due to being overwhelmed by long-term stress. Instead of offering support, online trolls responded with cold provocation and mockery which ultimately led to a tragic outcome. As a psychiatrist, this news deeply saddened me, as it illustrates the harsh reality of today's unhealthy digital environment. It also reflects the helplessness we feel in the face of new types of psychological trauma.
- (4) In the digital era, unprecedented freedom allows human interactions to transcend time and space. Blurred boundaries and uncontrollable intrusions have caused the impact of bullying to become even more severe and widespread! What was once schoolyard bullying has now evolved into virtual-world torment from anonymous trolls. Cyberbullying has become a significant threat to mental health. Research shows that victims, often

adolescents still developing their personalities, are at risk of severe consequences such as depression and post-traumatic stress disorder. Cyberbullying can easily be a final straw leading to youth suicides.

- (5) Therefore, promoting the whole-of-society mental health resilience program is an urgent necessity. In Western countries, psychology and social and emotional learning (SEL) are already considered essential subjects, just like language, math, and science. SEL focuses on developing five key competencies: self-awareness, self-management, social awareness, interpersonal skills, and responsible decision-making. It not only enhances students' self-efficacy and character but also strengthens emotional regulation and psychological resilience, playing a crucial role in preventing cyberbullying.
- (6) Many teachers and parents hold misconceptions about mental health disorders (denying their existence, not believing in ADHD or depression, opposing medical treatment, or unconsciously stigmatizing mental health disorders, etc.). These biases regarding mental health and brain medicine have far-reaching consequences that are present from childhood and even to adulthood. Thus, it is imperative to enhance mental health education in the health and physical education curriculum of elementary and junior high schools. As a psychiatrist, I deeply feel that integrating scientific and medical knowledge, especially from psychiatry, into SEL education would greatly benefit not just mental health, but the mental well-being of the entire population.

- (7) I would also like to express my gratitude to the MOHW for efficiently launching the mental health support program for young people within 100 days of governance. I had a patient who initially had to wait three months for an appointment through the NHI system, but yesterday they told me they were able to get an appointment due to the new program. Regardless, mental healthcare manpower and resources remain insufficient, particularly for underserved populations. Therefore, we must promote the digital transformation of mental health by focusing on online consultations and digital therapeutics. Online consultations saw a brief surge during the pandemic but unfortunately faded afterward. In reality, psychiatric care primarily relies on conversations, with minimum need for physical contact or examinations. Online consultations reduce barriers to seeking psychiatric care and the stigma associated with it. International experience shows that no-shows and cancellations have significantly decreased, making telemedicine more suitable for psychiatry compared to other specialties.
- (8) Regarding digital therapeutics, Taiwan's NHI resources are limited, so what the NHI offers is cost-effective and equitable services. However, it is unable to increase costs based on clinical needs to improve the quality and effectiveness of care. As a result, psychiatric treatment in Taiwan relies heavily on medication. Due to NHI restrictions on drug costs, treatment often involves outdated antidepressants, along with the use of the cheapest sleeping pills and sedatives. The risk of combining benzodiazepines (BZDs) with

antidepressants for depression patients is 2 to 6 times higher in Taiwan compared to other countries. In fact, treatment guidelines in Europe and the U.S. consistently emphasize that for mild to moderate anxiety and depression, medication should not be the standard approach. Instead, doctors should discuss non-pharmacological treatments with patients and recommend various digital or online therapy apps. Taiwan is home to world-class healthcare, abundant clinical cases, and comprehensive NHI data. By integrating artificial intelligence, we can drive the digitization of mental health and foster the growth of the health information technology industry. This will provide more comprehensive mental health data, accelerate industrial innovation, and facilitate the transfer of technology, ultimately advancing and transforming mental healthcare.

- (9) Ultimately, health is not solely reliant on medical care or the NHI. The nation's goal should be to empower the entire population. We need to shift our focus from disease treatment to preventive care and move away from isolated medical services towards integrated health promotion.

## **16. Committee Member, Patrick Ching-ho Hsieh**

- (1) In terms of regenerative medicine and biomedical research, Taiwan's population of 23 million ranks 9th among the 47 countries listed by the European Union. Although Taiwan's population is not small compared to the United Kingdom, Switzerland, and Denmark, each of these countries is home to at least one of the world's top

ten pharmaceutical companies, such as AstraZeneca (UK), Roche and Novartis (Switzerland), and Novo Nordisk (Denmark). Notably, Novo Nordisk's weight loss drug had a market value of US\$500 billion (approximately NT\$16 trillion) as of February this year. This is the first figure worth noting.

- (2) The second figure: The U.S. has six companies involved in chimeric antigen receptor T-cell (CAR-T) therapy, which is currently proven to be one of the most effective treatments for cancer. Each treatment costs approximately US\$450,000 (about NT\$14 million), meaning that treating just seven patients alone costs NT\$100 million. For 700 patients, the cost reaches NT\$10 billion, which is equivalent to the budget of Taiwan's fund for new cancer drugs.
- (3) CAR-T therapy, once a fourth- or fifth-line treatment, has now moved up to a second-line treatment and may become first-line in the future. As cancer treatment methods continue to evolve, there is hope that Taiwan can produce high-value products in the biomedical field, similar to countries like the UK, Switzerland, and Denmark. Strengthening Taiwan's front-end research and development capabilities is therefore crucial.
- (4) It is recommended that the NSTC reduce the approval rate for major R&D funding and general research projects from 50% to 25%. Additionally, given the overall manpower and resource allocation, the budget for each project should be at least doubled to foster the creation of competitive products.



- (5) The MOHW should adjust its policies to encourage local phase I and phase II clinical trials, as these hold significant potential for future outcomes. Furthermore, there is a need to improve the expertise and efficiency of the Food and Drug Administration and the Center for Drug Evaluation to enhance Taiwan's research and development capabilities.

## **17. Committee Member, Ho Mei-shang**

- (1) Preventive healthcare is crucial for maintaining health, and the HPA regularly conducts national nutrition and health surveys. These surveys reveal many concerning trends, such as high rates of childhood hypertension and abnormal fasting glucose levels. These health issues are closely linked to factors like diet and exercise.
- (2) Unhealthy eating habits and a high obesity rate are pressing concerns in Taiwan. The obesity and overweight rate for those under 18 exceeds 10%. Public health experts and the National Health Command Center have pointed out that the high COVID-19 mortality rate is partly due to the large number of obese individuals, as obesity is directly correlated with higher mortality. It is recommended that the government analyze the root causes of these unhealthy statistics and allocate resources to improve them, with a focus on strengthening preventive healthcare efforts.

## **(2) Committee Member Remarks (Government Representatives)**

### **1. Committee Member, Chiu Tai-yuan**

- (1) The points raised by various committee members regarding preventive healthcare and early treatment align

with the MOHW approach to comprehensive care for individuals, families, communities, and all age groups. The ministry will continue to promote relevant policies. Currently, Taiwan has 80 medical strategic alliances, ranging from medical centers to primary care clinics, providing quality care to the public. The MOHW will also work to further enhance the healthcare system and improve access to medical services in remote areas.

- (2) Committee Member Chan Ding-cheng's valuable suggestions regarding the integration of medical care and long-term care are appreciated. The MOHW's future planning will move in this direction.
- (3) Committee Member Huang Jian-pei highlighted maternal health and care, including during the fourth trimester. Good maternal health is essential for having healthy children. The MOHW will also continue to strengthen related policies.
- (4) All valuable suggestions from the committee members have been recorded in detail, and the relevant departments will be tasked with reviewing and planning as soon as possible.

## **2. Committee Member, Shih Chung-liang**

- (1) Thank you to all the committee members for your valuable suggestions. These have been categorized into three main areas, with the first focusing on resource allocation. This includes issues related to community hospitals and various medical specialties (such as pediatrics; acute, severe, complex, and rare diseases; and pediatric mental health), all of which involve challenges

in resource distribution. For community hospitals in remote areas and underserved regions, the NHI Administration will ensure their continued operation and strengthen local medical services. In urban areas, efforts will focus on helping community hospitals transition and play a role in the tiered healthcare system. For example, initiatives such as the Family Medicine Plan and home-based healthcare policies, introduced this year, are designed to enhance the role of community hospitals, making them more integrated into daily life. For specific specialties, the NHI Administration will continue to review NHI markups and point value guarantees, similar to previous efforts in pediatrics, and will concentrate on addressing acute, severe, complex, and rare diseases moving forward.

- (2) The second area of concern is global budget governance, particularly the potential shift toward nationwide unified management and consistent point values. This would represent a major reform, and careful consideration is required to establish the necessary support mechanisms and details. The NHI Administration will explore ways to ensure point values in regions with lower service density and fewer resources (such as the rural areas of Hualien and Taitung) through the global budget system. Additionally, transitioning from the fee-of-service model to a value-based payment system, centered on health outcomes, will require continued communication and consensus-building across various sectors. Additionally, regarding the relaxation of fee schedules and easing restrictions in response to emerging technologies and

telemedicine, discussions will continue to be convened with various stakeholders.

- (3) The third area regards specific initiatives of concern such as smart healthcare, for which the NHI Administration has planned projects like the next-generation medical information system, perinatal care programs for pregnant women and new mothers, programs focused on three highs prevention and treatment, and telemedicine initiatives. These are more execution-oriented issues, and follow-up discussions with committee members will continue after the meeting.

### **3. Committee Member, Liu Chin-ching**

- (1) Regarding the comments made by Committee Member Chen Shih-ann about assisting healthcare institutions with their medical information systems, Chairman Chou and several representatives from hospital associations have also attended discussions at the NDC. They suggested that we may consider the practices employed in Singapore. I will coordinate with the Ministry of Digital Affairs and the MOHW to expedite improvements in digital healthcare for hospitals.
- (2) In terms of artificial intelligence regulations, we have drafted an AI fundamental act and will continue to gather feedback from various stakeholders.
- (3) As for the integration of smart healthcare with healthcare services, NT\$10 billion is expected to be invested through the smart and digital healthcare innovation and entrepreneurship fund, which we are currently planning. This fund aims to encourage innovation and

entrepreneurship in various fields such as medical care and medical devices to enhance medical development with digital healthcare. We anticipate providing an update to the public in two weeks. Additionally, in response to future workforce shortages, Japan is more advanced in the development of care robots. In mid-September, I will visit Japan to discuss collaborative investment in robotics, with the hope of acquiring relevant technologies to further develop our NT\$10 billion fund.

- (4) To assist economically disadvantaged populations, we will work with the MOHW to explore how to utilize the Promoting Transitional Justice Fund for support.
- (5) According to recent population projections, by 2070, the number of children under 14 in Taiwan will decrease by 1.72 million, and the youth and young adult population will decline by 9.22 million. Meanwhile, the population of seniors aged 65 and above will increase by 2.49 million, comprising 46.7% of the total population, with a median age reaching 62.5 years. This demographic shift indicates that one young adult will be responsible for supporting one elderly individual. The NDC will collaborate with various ministries to discuss strategies for addressing the challenges posed by population decline.

#### **4. Committee Member, Cheng Ying-yao**

- (1) The Ministry of Education primarily promotes the Healthy Taiwan initiative from the perspective of preventive medicine, focusing on health promotion and mental health support. Regarding social and emotional

learning (SEL) policy, research indicates that an individual's ability to clearly perceive their own or others' emotions, along with the capacity to engage in learning social skills and empathy, can significantly aid in coping with bullying, stress, or mental health issues later on. The Ministry of Education is currently discussing how to plan and implement SEL policy, while also strengthening collaboration among students, parents, teachers, and the community as a whole.

- (2) Regarding the promotion of physical activity for all, we have currently implemented an open campus declaration through a joint signing at the National Education Directors Meeting. This initiative allows schools at all levels in all counties and cities to fully open their campuses after school hours and on holidays, transforming schools of all levels into community sports spaces. We are also actively assessing the feasibility of launching sports vouchers and activity cards, as numerous studies have highlighted the importance of nationwide physical activity for the mental and physical health of the population.
- (3) Research shows that learning through play enhances creativity in children and adolescents. The Ministry of Education is planning a three-year project to establish localized research data for children's play policies. This aims to enable children to learn problem-solving, face challenges, embark on adventures, and take manageable risks through play, thereby enhancing youth creativity.
- (4) Taiwan's semiconductor industry is known as the "sacred mountain that protects the nation," while healthcare

serves as the second “sacred mountain.” We will actively promote cross-disciplinary collaboration in technology, medicine, and biomedical industries through the second phase of the Higher Education Sprout Project to advance medical technology.

### **(3) Advisor Remarks**

#### **1. Advisor, Lin Shinn-zong**

- (1) The government’s significant support for rural areas is appreciated. In recent years, hospitals have collaborated with clinics and health centers to strengthen healthcare in remote regions by integrating emerging technologies. Through the concerted efforts of all sectors, we continue to narrow the gap in health expectancy, striving to achieve the goal of health equality. Currently, Xiulin Township serves as a successful case study, attracting exchanges and learning opportunities from countries like the United States and Japan. I believe that, in addition to having the best healthcare system, our rural medical equality will also be a world-leading example.
- (2) At present, precision medicine is primarily applied in Western medicine. Hualien Tzu Chi Hospital is dedicated to integrative treatments that combine both traditional Chinese and Western medicine. We also seek suitable drug treatments from our herbal medicine database in consideration of genetic differences. It is suggested that the government encourage the promotion of precision medicine in both traditional Chinese and Western medicine and integrate technology and AI to enhance medical effectiveness.

- (3) We should also strengthen talent development in rural areas by training local government-funded student physicians to ensure that they are able to provide services in their communities. Many government-funded student physicians trained in Hualien remain in the Hualien and Taitung regions to serve for nearly their entire careers. Regarding the pass rates for national examinations, we currently have 14 different national licenses, some of which have lower pass rates. I suggest a review of these rates to address the talent development issue.
- (4) Concerning the many committee members' recommendations for cell and gene therapy, countries around the world are indeed advancing in this area. It is suggested that the government enhance domestic industry development and investment in Taiwan's cell and gene therapy sector.

## **2. Advisor, Wu Ming-shiang**

- (1) The success of Taiwan's semiconductor industry is due to the creation of a diverse and mutually beneficial ecosystem. Our healthcare system is divided into four tiers, but it has gradually lost its tiered functionality, with reimbursements now determined by evaluations. As Committee Member Chen Shih-ann mentioned earlier, certain regional hospitals are facing operational difficulties and a shortage of talent. It is suggested that the government provide assistance in these areas. We are building new hospitals and establishing new medical centers in areas with limited transportation access; however, the NHI system has not provided new sources of funding, and the number of physicians has not



increased. As a result, physicians are likely to gravitate toward either medical centers or clinics that provide primary care, leading to a polarization in distribution. Therefore, overall workforce allocation should be carefully planned.

- (2) Regarding the financial aspect of the NHI, Nordic countries were among the first to implement such health insurance systems and impose high taxes, whereas we do not impose similarly high tax rates. I support the integration of financial insurance into the NHI, as it would benefit industrial development. Hospitals are currently developing in a polarized manner. What patients need most right now are single occupancy or NHI beds. If we incorporate financial insurance, procedures like robotic surgeries (e.g., the da Vinci Surgical System) could provide patients with specific needs the freedom to choose. This is also a potential direction for future development. Next concerns the real estate industry, where we can explore the concept of social welfare donations from real estate. Given the current societal focus on housing justice, it may be worthwhile to consider mechanisms for these entities to give back.
- (3) Regarding drug policies, the Drug Expenditure Target (DET) system may lead to the phenomenon of “bad money driving out good.” There have been previous shortages of intravenous medications, and the government should consider effective management and protection for Taiwan’s generic drug manufacturers; otherwise, high-quality generics will continue to be sold

abroad. Korea's success with its generic and biosimilar drug policies offers valuable lessons for us.

- (4) The fifth phase of the MOHW's cancer program should strengthen efforts in expanding cancer screening. Additionally, thank you to the NHI Administration for including gastric cancer medications in NHI coverage.

### **3. Advisor, Chen Wei-ming**

- (1) The information and communication technology (ICT) industry and healthcare sector are two major strengths of Taiwan. It is suggested that the government establish a national health protection consultation network. This network would allow patients to upload X-ray images for interpretation by doctors, who could then determine whether or not further medical attention is necessary. Such a system would provide the public with a tangible impact and ensure comprehensive health coverage for citizens both domestically and while traveling abroad. However, this initiative involves legal considerations and should be carefully examined.
- (2) The Veterans Affairs Council operates three medical centers and 16 veteran homes, providing over 8,000 beds. These facilities are among the first in Taiwan to implement a model that integrates medical care with senior living. Currently, there are 1,042 centenarians in these homes, indicating the success of the integrated care policy. During the pandemic, we utilized free video conferencing to ensure that elderly residents received quality care. Taipei Municipal Gan-Dau Hospital is operated under the commission of Taipei Veterans General Hospital, providing high-quality healthcare to

over 40,000 local residents. It has become a model for community hospitals and has shared its successful experiences with Kumamoto, Japan, thus showcasing our country's competitiveness.

- (3) As the chairman of the Taiwan Public Hospital Association, I must point out that public hospitals do not receive substantial allocations from the government budget, and with a registration fee of only NT\$100, we are always on standby to respond to tasks. To enhance the quality of care, support regarding point values is requested.
- (4) The goal of the Healthy Taiwan initiative is to extend the average life expectancy of our citizens. While the difference in life expectancy between Taipei and Singapore is not significant, there is over a seven-year disparity when compared to Taitung. It is crucial to strengthen medical care in rural areas by utilizing lighthouse hospitals and telemedicine to provide care for the public.
- (5) In addition to introducing telemedicine services in rural healthcare, it is also recommended to utilize artificial intelligence robots for assistance. However, these robots must possess the capability to automatically translate indigenous languages to enhance care in rural areas. The Veterans General Hospital has three branches in Taitung and Hualien, and it has become increasingly difficult to attract talent since the earthquakes. It is hoped that the government can provide support in this regard.

#### **4. Advisor, Cherng Wen-jin**

- (1) To promote health and help prevent chronic diseases, the government should establish a personal health record (PHR) system that combines health check-up results, pulse readings, exercise data, and other information with a My Health Bank app. This will help the public understand their health status and encourage cooperation with related policies.
- (2) In terms of promoting health, the Ministry of Education and other departments are currently advancing a national health movement, and we hope the government can provide incentive measures, such as corporate competitions, to effectively implement this movement.
- (3) It is recommended to relax the thresholds for cancer screening and to streamline the application process for cell therapy and regenerative medicine.
- (4) Additionally, it is suggested that long-term care institutions collaborate with senior wellness organizations. Currently, there is a shift in public perception, with 3,000 people waiting for beds in senior wellness villages. The overall ecosystem in Taiwan is changing and it is hoped that in the future, long-term care institutions can collaborate with upscale residential communities or senior wellness villages.
- (5) Regarding smart healthcare, we are promoting a next-generation medical program that establishes a Fast Healthcare Interoperability Resources (FHIR) exchange format for seamless information sharing and integration

among healthcare institutions, which will significantly benefit the development of AI.

- (6) It is hoped that the Healthy Taiwan Cultivation Plan can be implemented in a manner similar to the Ministry of Education's five-year, NT\$50-billion Aim for the Top University Project, as this would positively contribute to the sustainability of the NHI.
- (7) Achieving net-zero emissions by 2050 is a global goal and also a target for Taiwan. It is suggested that a reward mechanism, such as electricity subsidies, be established for healthcare institutions actively engaged in ESG efforts via evaluation.
- (8) Promoting international medical services can showcase Taiwan to the world and positively impact our diplomatic challenges. Taiwan has significant advantages in fields such as transplantation technology and plastic surgery. Countries like Singapore and Korea have successfully promoted their medical services through television dramas. It is recommended that the Ministry of Culture adopt similar strategies to promote Taiwan's healthcare strengths.

## **5. Advisor, Yu Ming-lung**

- (1) The Healthy Taiwan vision plan includes 13 action plans that very closely align with the WHO's strategy for the prevention and control of non-communicable diseases (NCDs). Globally, more than 40 million people die from NCDs each year, accounting for three-quarters of all deaths. Notably, 40% of these deaths occur before the age of 70, classifying them as premature deaths. The

leading causes of death among NCDs are cardiovascular diseases, cancer, chronic obstructive pulmonary disease (COPD), and diabetes. The WHO has set a global goal to reduce premature deaths from NCDs by one-third by 2030, which is also part of the United Nations Sustainable Development Goals (SDGs) as Target 3.4, and is supported by action plans aimed at achieving this reduction.

- (2) In alignment with the WHO's SDG Target 3.4 for 2030, the MOHW's Healthy Taiwan vision plan has identified three key impact indicators. It is recommended that these efforts be integrated with initiatives promoting nationwide physical activity and net-zero carbon emissions, as well as enhanced policies for air pollution control and tobacco and alcohol regulation compatible with WHO goals. The successful implementation of these measures in Taiwan could bolster the country's international standing, providing a platform to showcase Taiwan's achievements on the global stage, including within the WHO. This also presents an opportunity to introduce Taiwan's health technology industry to international markets.
- (3) To support the successful implementation of these policies, public health literacy and education should be strengthened.

## **6. Advisor, Chen Mu-kuan**

- (1) In the past, Taiwan's medical education placed significant emphasis on the humanities. However, there is now a shortage of healthcare professionals to address acute, severe, complex, and rare diseases, and it has

become increasingly difficult to retain medical personnel in rural areas. Therefore, it is essential to strengthen both the medical training and the focus on humanities for medical students.

- (2) Regarding the tiered medical system, it is recommended that university-affiliated hospitals and public hospitals refrain from continuing with projects like the Medical Center Support Project or being bound by the IDS. Instead, medical centers could acquire struggling community hospitals to ensure the well-being of their staff and to serve rural populations more effectively. By doing so, they would be fulfilling their social responsibility as healthcare institutions. A strong medical system requires cooperation between the public and private sectors, which is crucial for addressing the disparities in healthcare in rural areas.

## **7. Advisor, Chiu Kuan-ming**

- (1) In response to Advisor Wu Ming-shiang's suggestions, it is recommended that the establishment and expansion of hospital beds nationwide be strictly regulated by central authorities. Currently, the bed occupancy rate is only 60%, yet there are plans to add 12,000 more beds, which seems unreasonable. Medical resources should be allocated more efficiently.
- (2) The global budget system has become rigid over time. It is suggested to restructure it into separate budgets for primary care (Western medicine), hospitals (Western medicine), traditional Chinese medicine, and dental care, with a unified budget across the entire island. This would allow for cross-regional lateral governance while

ensuring point values for acute, severe, complex, and rare diseases and rural areas, with markups for nighttime or holiday services.

- (3) In terms of integrating healthcare and long-term care, it is suggested that discharge preparation services be linked earlier with care management centers. This would ensure that upon discharge, patients have immediate access to home care workers, and even transportation services for long-term care. Such measures would make a tangible impact and be more effective than comprehensive care models, improving hospital bed turnover and reducing emergency room overcrowding.

## **8. Advisor, Lin Sheng-che**

- (1) As this committee does not include representatives from all healthcare professions, it is recommended that the MOHW or the NHI Administration provide clear communication channels and ensure that these channels remain open. This would allow committee members and advisors to promptly offer relevant suggestions and address any issues that arise.
- (2) The MOHW aims to increase the average life expectancy and reduce the years lived with illness or disability. Therefore, policies that address regional (north-south) and gender disparities in life expectancy should be prioritized. Efforts to promote healthy lifestyle habits should also be reinforced.
- (3) To promote the healthy city initiative, the government should offer more support in areas such as ensuring safe living environments and facilitating transportation for



the public. For instance, assistance should be provided for elderly residents in old apartment buildings without elevators. Additionally, it should be planned for public buses to enter hospital grounds, making it easier for the public to access healthcare services. Installing electronic signage in hospitals to display bus arrival times would further ensure that patients can attend their appointments without the worry of missing their transportation.

## **9. Advisor, Chang Hong-jen**

- (1) The NHI global budget system has been in place for 20 years, a period that also saw the rapid growth of the biotechnology and pharmaceutical industries. During this time, many highly effective new drugs have been introduced, but the NHI budget remains insufficient. The challenge now is how to secure NT\$200 billion in additional funding to cover the shortfall for new drug reimbursements without increasing NHI premiums. The solution lies in the implementation of a voluntary secondary health insurance system.
- (2) The voluntary secondary health insurance would function as a policy-based insurance, with the government bearing the ultimate risk. This approach could lower administrative and sales costs, as well as premium rates, making the insurance affordable for most people. Unlike the current NHI, which is a form of social insurance where those who use more services pay less and those who use fewer services pay more, the secondary insurance would adopt experience-based rates. Those with higher risks would pay more, while those with lower risks would pay less. The specifics of

this system are highly complex and would require further discussion by the established working group (National Health Research Institutes Forum). The core issue facing the NHI is a lack of funding, primarily because premium rates cannot be adjusted. Therefore, finding diverse sources of funding is the only sustainable solution.

#### **(4) Deputy Convener Remarks**

##### **1. Deputy Convener, Wong Chi-huey**

- (1) To implement these valuable suggestions, we must first address the issue of funding. With new sources of funding, we can cover more emerging biotech products, provide people with more options for early disease detection and effective treatment, and further promote the development of Taiwan's biomedical industry. However, increasing financial resources requires incentives. As mentioned by Committee Member Wu and Advisor Chang, the risk-based capital (RBC) ratio for Taiwan's life insurance industry is too high, which fails to offer sufficient incentives for investment.
- (2) It is recommended to explore the possibility of allowing private donations to the fund for new cancer drugs with tax deductions and even consider establishing other disease-specific funds. These funds should be managed by professionals to ensure sustainability.
- (3) I support Committee Member Ho Mei-shang's perspective on emphasizing early detection and early treatment, extending the focus from disease treatment to preventive healthcare, which will reduce both the risk and mortality of diseases. With technological

advancements creating new diagnostic and treatment methods, Taiwan can leverage its strengths, such as AI technology, to further develop in the field of health and medical care.

- (4) Remote areas have very few doctors and are in particular need of pharmacies. It is suggested that pharmacies be integrated into the Healthy Taiwan healthcare system and that their information systems be enhanced.

## **2. Deputy Convener, Chen Shih-chung**

- (1) When the Department of Health was first established, then-Minister Chang Po-ya emphasized that health is a right, and healthcare is a responsibility. Today, much of the discussion focuses on fulfilling the right to health for citizens, but the personal responsibility for healthcare is rarely addressed. The government should provide tools and incentives to reinforce individual responsibility for preventive healthcare. By integrating health check-up data through AI technology and developing My Health Bank, individuals can have a guide, which serves as a “health navigator” to follow.
- (2) In the long-term care system, disability and age should be viewed separately. The future direction of planning should include how to incorporate disabled individuals into the long-term care service system.
- (3) In the post-pandemic era, it is essential to incorporate the “One Health” concept into planning. This approach should integrate issues such as climate change, environmental protection, animal and plant infectious diseases, and human infectious diseases. Secondly, there

is a need to establish a comprehensive epidemic prevention system. Thirdly, public hospitals and MOHW-affiliated institutions should receive appropriate budget allocations to coordinate and cooperate effectively within the epidemic prevention system. Furthermore, there must be plans in place for these institutions to seamlessly transition between normal operations and pandemic response during crises. These are essential steps the government must proactively plan for.

- (4) Regarding pediatric care, during my tenure as minister, there were widespread recommendations to establish a dedicated agency for this purpose. At the time, I did not fully endorse this idea. However, I have since come to realize that without systemic changes or the establishment of a specialized agency, it will be difficult to achieve significant progress in this area. I now support the idea of creating a dedicated unit to oversee the care of children, pregnant women, and new mothers. Reducing the child mortality rate from 5.3‰ to below 4‰ is an extremely challenging goal. Achieving this requires strong determination, substantial funding, and comprehensive reforms to the existing system.

### **3. Deputy Convener, Chen Jyh-hong**

- (1) The position paper on insights for the first year of the Healthy Taiwan initiative is a compilation of reports and discussions from speakers and panelists who participated in the Healthy Taiwan forums, intended for the reference of committee members and advisors.

- (2) The development of medical education in Taiwan continues to progress, primarily through regular discussions held by the Ministry of Education's medical education committee and the nationwide conference of deans of medical schools, with participation from the Ministry of Examination, the Ministry of Education, and the MOHW.
- (3) Taiwan's nursing education also requires a national mechanism to continuously promote progress. I suggest establishing an organization similar to the conference of deans of medical schools to collaboratively discuss the core values of nursing education and develop a unified talent development policy that integrates education, examination, training, and practical application. Developing nursing professionals with strong competencies is an essential component of building a Healthy Taiwan. I recommend that the deans of National Taiwan University College of Medicine and National Cheng Kung University College of Medicine assist the nursing community in creating a platform for exchanging views to address the challenges in developing nursing talent.

**(5) Convener, Lai Ching-te**

**1. Report on the Healthy Taiwan vision plan**

The MOHW's Healthy Taiwan vision plan integrates the key points from the National Project of Hope and the ten proposals and strategies from the Healthy Taiwan forums. It proposes three major goals: to promote healthcare for all people of all ages, strengthen the integration of medical services, and optimize the working environment and foster

innovative development. It outlines 11 key action items.

These areas encompass health promotion, chronic disease prevention, and increased screening at the front end; and at the later stages they include integration of medical care and long-term care, and palliative care. The plan aims to comprehensively enhance pediatric health, attend to the mental health of the entire population, and address the health of indigenous peoples.

At the same time, through the sustainable operations of the NHI system and using the Healthy Taiwan Cultivation Plan as a foundation, we aim to improve the working environment for healthcare professionals, introduce smart medicine, promote innovative development, and optimize the overall healthcare environment.

The report lists the Healthy Taiwan goals, namely to, within the next eight years, increase the average life expectancy of the population from 79 years to 82 years, reduce the percentage of years spent with illness or disability from 10% to 8% of the average life expectancy, and decrease the child mortality rate from 5.3‰ to below 4‰.

I ask that the MOHW collaborate closely with relevant departments to implement the work items outlined in this report so as to achieve the Healthy Taiwan goals.

## 2. Report on reform and optimization for NHI sustainability

The NHI is a crucial social insurance system for the country. The financial management of the NHI system should be viewed as an investment in health. I ask that the MOHW continue exploring diverse funding sources for

the NHI system. If it entails public interests, it is essential to gather a wide range of opinions and maintain open communication to ensure stable operation.

A moderate growth in the total budget for the NHI system reflects demographic changes and price trends. Providing stable and reasonable point values is a common expectation of all sectors. However, this needs to be considered comprehensively and handled with caution.

The government will continue to provide support and refine measures to ensure the reasonable allocation of NHI resources, fair compensation for medical personnel, and quality medical services for the public.

In terms of pharmaceutical reform, I would like to thank the Federation of Taiwan Pharmacists Associations for actively proposing many suggestions. We have incorporated numerous valuable insights into the policies we plan to promote in the future. The government will continue striving to enhance Taiwan's supply of pharmaceuticals, both in terms of quality and supply chain resilience, in the years to come.

### 3. Responses to committee members' issues of concern

- (1) The government should assist both public and private hospitals in comprehensively establishing smart medical information systems to provide even better healthcare services to the public. Additionally, it must consider solutions for the operational difficulties faced by small- and medium-sized medical institutions.
- (2) Today, we discussed various issues related to nutrition, sleep, exercise, mental health, obesity, medication, and

coverage for treatment of acute, critical, complex, and rare diseases. A comprehensive action plan should be developed to address these issues.

- (3) Regarding the committee members' concerns about issues such as the healthcare gap between urban and rural areas and health equality, the recommendations for relaxing restrictions on specialties and which hospitals are responsible for doing what merit further discussion to enhance healthcare access for rural populations.
- (4) I ask that the MOHW, NHI Administration, and medical community continue discussions on the issue of NHI point values. A collaborative and open-minded approach should be taken to explore a better healthcare reimbursement system.
- (5) The issues concerning medication, including the lengthy application process for cancer medications, how to support generic drugs from local pharmaceutical manufacturers, assisting in obtaining medications for rare diseases, and the high costs of medications, should all be appropriately addressed. Additionally, managing the high costs associated with medications for rare diseases so as to avoid impacting the finances of the NHI should also be taken into consideration.
- (6) Postnatal check-ups are an important issue. I ask that the MOHW incorporate them into their planning.
- (7) Regarding cancer prevention and treatment, plans are currently underway to increase the budget for cancer screenings, such as for stomach cancer. I ask that the MOHW incorporate the committee members'



suggestions into the fifth phase of the national plan for cancer prevention and treatment.

- (8) I ask that the MOHW and NHI Administration explore the feasibility of relaxing regulations on online mental health diagnosis and treatment while ensuring that patient privacy is maintained without compromising the treatment process.
- (9) Strengthening cancer screening and treatment, managing NCDs and the three highs, and enhancing healthcare services in rural areas to achieve Healthy Taiwan goals, such as extending the average life expectancy of the population, reducing the years spent with illness or disability, and lowering cancer mortality rates, are all important issues. I ask that the MOHW propose a more comprehensive action plan based on these goals.
- (10) One of the important focuses of the Healthy Taiwan initiative is to improve the working conditions of healthcare personnel, enabling them to utilize their expertise and enhance the quality of patient care. Under the Healthy Taiwan goals, it is essential to explore ways to improve the healthcare environment to achieve a win-win situation for patients, healthcare personnel, and the nation.
- (11) This committee will appoint additional members or advisors from the pharmaceutical and nursing sectors. Additionally, given the importance of community pharmacies, it is essential that, in addition to medical institutions, community pharmacies also be included in the building of smart systems.

(12) To strengthen the promotion of the Healthy Taiwan initiative, we will invite representatives from the HPA and the FDA to attend meetings as non-voting participants.

4. I thank the committee members and advisors for their valuable insights, and request that the MOHW, NHI Administration, NDC, Ministry of Education, and other relevant agencies continue communicating and discussing with the committee members to develop action plans and policies. I also ask that the agencies collaborate on legislative amendments and annual budget allocation to address each issue, helping ensure that the medical community and society can perceive the tangible results of the Healthy Taiwan initiative.

5. Next year, Taiwan will become a “super-aged society.” I ask that the MOHW integrate resources for preventive healthcare, medical services, and long-term care, leveraging evidence-based medicine and smart technology to create integrated care for all individuals, families, and communities. This will concurrently enhance the healthy life expectancy and average life expectancy of the population and steadily build a Healthy Taiwan.

**2. Draft Rules of Procedure for Meetings of the Office of the President Healthy Taiwan Promotion Committee proposed for discussion.**

**Resolution:** Approved as proposed.

**VI. Extempore Motions:** None.

## **VII. Chair's Closing Statement**

I would like to once again thank everyone for their support and participation in working together to build a Healthy Taiwan. Listening to everyone's remarks, I not only received valuable suggestions but also felt a deep sense of anticipation.

In today's meeting, we established the Healthy Taiwan goals, namely to live longer, live well, and stay active and healthy. Therefore, we aim to, within the next eight years, increase the average life expectancy of the population from 79 to 82 years, reduce the percentage of years spent with illness or disability from 10% to 8% of the average life expectancy, and decrease the child mortality rate from 5.3‰ to below 4‰.

Additionally, we aim to optimize Long-Term Care 2.0 and initiate Long-Term Care 3.0 ahead of schedule. In the past eight years, the government has promoted Long-Term Care 2.0 and was active in the construction of a community-based care service system. As a result, the number of long-term care centers nationwide has increased from over 700 to more than 14,000.

As Taiwan becomes a "super-aged society," family caregiving cannot be delayed. In the future, we will further integrate healthcare with Long-Term Care 3.0, allowing medical care to transition from the community into the home to create integrated services encompassing homes, communities, and institutions, and healthcare and social welfare. This includes at-home medical care and nighttime emergency services, as well as providing caregivers with more respite opportunities.

Now that our goals are set, we must give our all to achieve them. Today's report from the MOHW on the Healthy Taiwan vision

plan integrates the direction and recommendations from the National Project of Hope and the Healthy Taiwan forums. We will consolidate resources from various government agencies and leverage the maximum capacity of both the public and private sectors to implement each of our work items.

We will also continue to promote NHI reform and strengthen dialogue and communication among government agencies, academia, the medical community, industry, and the public. This is to ensure that healthcare professionals receive reasonable compensation and to safeguard the quality of care for the public, allowing for the sustainable development of the NHI.

I believe that only with more equitable healthcare can we have a healthier population, and only then can Taiwan become stronger.

The promotion of Healthy Taiwan encompasses all aspects of people's health throughout their lives. We have many issues to discuss and much work to do.

In closing, I would like to express my gratitude for today's reports receiving prior approval from Premier Cho before being brought to the committee for discussion, which follows the operational model of the National Climate Change Committee.

Moving forward, I also request that our deputy convener Minister Chen Shih-chung and executive secretary Minister Chiu Tai-yuan include updates on the progress of Healthy Taiwan policy promotion as a regular report item in future committee meetings. This will not only strengthen social communication through quarterly meetings but, more

importantly, ensure that all citizens have a better understanding of the policies and measures that impact their health.

Let us move forward step by step and work together to achieve our goals. Thank you.

**VIII. Meeting End Time: 8:05 p.m.**