Meeting Minutes of the 7th Meeting of the Office of the President Healthy Taiwan Promotion Committee

Date: Thursday, March 5, 2026, 4:00 p.m.

Location: 3rd Floor, Reception Hall, Office of the President

Chair: Convener Lai Ching-te

Recorder: 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) (on leave), 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: Yeh Chun-hsien (葉俊顯) (on leave), Cheng Ying-yao (鄭英耀) (on leave), Yu Chong-jen (余忠仁), Chen Shih-ann (陳適安), Susan Shur-fen Gau (高淑芬), Chan Ding-cheng (詹鼎正) (on leave), Chou Ching-ming (周慶明), Huang Cheng-kuo (黃振國), Ni Yen-hsuan (倪衍玄) (on leave), Lin De-wen (林德文), Li Yi-heng (李貽恒), Huang Jian-pei (黃建霈), Liao Mei-nan (廖美南), Huang Chin-shun (黃金舜), Kuo Su-e (郭素娥), Hung Te-jen (洪德仁), Ko Fu-yang (柯富揚) (on leave), Tsai Sen-tien (蔡森田), Chien Wen-jen (簡文仁), Shan Yan-shen (沈延盛) (on leave), Su Kuan-pin (蘇冠賓) (on leave), 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 Chang Tun-han (張惇

涵) (on leave), Executive Secretary Shih Chung-liang (石崇良), Deputy Executive Secretary Cheng Chun-sheng (鄭俊昇), Presidential Office Spokesperson Karen Kuo (郭雅慧), Minister of Finance Chuang Tsui-yun (莊翠雲), Deputy Minister of Economic Affairs Ho Chin-tsang (何晉滄), MOHW Deputy Minister Lin Ching-yi (林靜儀), Deputy Minister of Environment Hsieh Yein-rui (謝燕儒), Nuclear Safety Commission Chairperson Chen Min-jen (陳明真), MOHW Health Promotion Administration (HPA) Director-General Shen Ching-fen (沈靜芬), MOHW Taiwan Food and Drug Administration (TFDA) Director-General Chiang Chih-kang (姜至剛).

I. Chair's Remarks

I am delighted that we are gathered here again so soon after the Lunar New Year holiday to discuss national health policy together. First, I would like to wish everyone a belated happy Lunar New Year, and peace, good health, and happiness for you and your families.

I also want to thank the MOHW for significantly reducing public demand for emergency medical services during the Lunar New Year period through four major strategies: early response, patient triage, capacity expansion, and strengthening regional care networks. I would also like to thank the healthcare personnel who manned the frontlines nationwide so that the public could still enjoy stable medical services over the holiday. That was a concrete demonstration of medical resilience.

At today's meeting, we will discuss in-depth a key issue related to whole-of-society defense resilience, namely our national

pharmaceutical resilience preparedness program.

In recent years, due to drastic geopolitical changes, the restructuring of the economic and trade order, and challenges posed by climate change and pandemics, global pharmaceutical supply chains are facing vulnerability risks such as single-sourcing and concentration. The United States, European Union, Japan, and other countries have all raised the issue of drug supply stability to the same level as economic security and national security, actively promoting production reshoring and maintaining strategic reserves of essential pharmaceuticals.

In particular, Taiwan is heavily reliant on imports for pharmaceuticals and medical devices, and some items are even subject to foreign hostile forces. In addition, considerations of major international pharmaceutical firms such as transportation, industry strategy, and market scale present significant challenges to the stability of Taiwan's pharmaceutical supply. I have therefore instructed the Executive Yuan to invite the MOHW and other relevant ministries and agencies to jointly plan a four-year national pharmaceutical resilience preparedness program.

The government will allocate a budget of NT$24 billion, and the program will focus on three areas: domestic production for domestic use, smart allocation, and international partnerships to comprehensively build a line of defense for Taiwan's pharmaceutical supply, from source production to clinical use.

On that foundation, we will focus on three core strategies:

First, self-sufficiency and strengthening local supply resilience: We will promote the domestic production of at least 50 key pharmaceuticals. Through policy subsidies, market guidance, and

National Health Insurance (NHI) reimbursement incentives, we will drive the domestic production of active pharmaceutical ingredients and self-reliance in biopharmaceuticals. We will also establish a national team to ensure the resilience of key pharmaceutical supplies. This is especially crucial in emergency situations so that Taiwan can maintain the most basic medical capabilities.

Second, smart technology and improved monitoring and dispatching: We will establish a national-level Pharmaceutical Intelligent Logistics and Storage Center (PILLS Center), which will introduce a smart monitoring system to provide precise early warnings on the supply and demand of medications, and improve both horizontal and vertical dispatching mechanisms.

Third, boosting industrial momentum and driving a trillion-NT-dollar economy: This is not just a plan to safeguard health and ensure national security, but also an opportunity to promote the upgrading of the biomedical industry. We want to make Taiwan an indispensable partner in global supply chains for biomedical products and medical devices, transforming the enhancement of pharmaceutical resilience into industrial momentum leading to a Healthy Taiwan.

National resilience must be built collectively across all levels. Pharmaceutical resilience is a crucial element of whole-of-society defense resilience and a key support for realizing the Healthy Taiwan vision. It urgently requires coordinated efforts and joint promotion by the government and private sector.

I am very pleased to see that Healthy Taiwan Promotion Committee operations continue to foster integration across disciplines and specialties. At the beginning of this year, with the cooperation of the MOHW and Ministry of Environment (MOENV), the Healthy

Taiwan Promotion Committee and the National Climate Change Committee convened a joint meeting for the first time, formally incorporating health issues into the core of national climate governance. As for today's meeting, there is active participation in whole-of-society defense resilience cooperation and initiatives.

I want to thank the MOENV, Ministry of Economic Affairs (MOEA), Ministry of Finance (MOF), and Nuclear Safety Commission for attending this meeting for the first time, and the MOHW team for their preparations, as well as all the advisors and committee members for their participation. Let us keep working hard together to improve the health of our citizens and make our biomedical industry more resilient so that we can jointly build a healthy, safe, and highly resilient Taiwan.

II. Confirmation of the Meeting Agenda

Decision: Meeting agenda confirmed.

III. Confirmation of the Meeting Minutes of the 6th Committee Meeting

Decision: Minutes of the 6th committee meeting confirmed.

IV. Report Items

1. **Report on the progress of certain items listed in the sixth committee meeting** (omitted)

   (Presented by Executive Secretary Shih Chung-liang)

2. **Reports on the national pharmaceutical resilience preparedness program** (omitted)

   (Presented by MOHW Deputy Minister Lin Ching-yi, MOEA Deputy Minister Ho Chin-tsang, Nuclear Safety Commission Chairperson Chen Min-jen, MOENV Deputy Minister Hsieh

Yein-rui, and MOF Minister Chuang Tsui-yun)

V. Discussion Items

Report Item 2 is presented for discussion; written opinions will be included in the meeting minutes.

1. Committee Member Remarks (Non-government)

(1) Committee Member, Yu Chong-jen

1. The NHI system's Drug Expenditure Target (DET) mechanism reduces reimbursement prices each year, which may lead manufacturers to discontinue production due to cost pressures. Examples include essential medicines such as infusion solutions and digestive enzymes, for which only one manufacturer currently remains. It is suggested that prices of essential medicines be maintained as far as possible, and that consideration be given to temporarily suspending the DET mechanism and making drug price adjustments within a reasonable range.
2. As raw materials for pharmaceuticals are largely imported, and costs are vulnerable to fluctuations in raw material prices, a fast-track review mechanism should be established for drug price adjustments. It is further suggested that a comprehensive risk assessment mechanism be established to evaluate the risk of pharmaceutical manufacturers ceasing production, and to prepare substitute medications in advance.
3. The number of manufacturers of non-patented essential medicines should be maintained at two or more, and it is suggested that priority be given to domestic pharmaceutical manufacturers. However, given the relatively small domestic market, in addition to providing production

incentive measures, assistance should also be provided to help them expand into international markets.

4. Packaging for pharmaceuticals imported under special authorization should indicate the product name and ingredient content in English to ensure medication safety.

(2) Committee Member, Susan Shur-fen Gau

1. The government should take the lead regarding key radiopharmaceuticals, incorporating them into the nation's overall planning for medical security and supply resilience. Resources from industry, government, academia, and research institutions should be integrated to establish a complete system covering isotope production, pharmaceutical preparations, and smart logistics, thereby ensuring a stable domestic supply during emergencies.
2. Low-dose, high-risk pharmaceuticals, radiation leaks, and nuclear safety incidents should be incorporated into the national pharmaceutical resilience system. Mechanisms should be established for production processes for antidote drugs, required reserve stock levels, and activation of medical emergency responses, with the Nuclear Safety Commission and National Atomic Research Institute (NARI) both playing important roles.
3. Excessive use of the internet and smartphones by youth under 18 may adversely affect cognition, learning, and self-regulation. It is requested that the harms arising from such usage be given greater importance. Current Ministry of Education (MOE) policies focus primarily on internet usage. More proactive intervention is needed, emulating countries such as France and Australia in establishing

regulations for on-campus use and avoiding a policy that completely permits mobile devices.

(3) Committee Member, Chen Shih-ann

1. Taiwan currently faces a shortage of nuclear pharmacists and related personnel, and not many medical institutions are capable of synthesizing pharmaceutical isotopes. It is suggested that an inventory of existing human resources and equipment be conducted first, followed by the provision of incentive mechanisms to fully equip institutions and expand the workforce.
2. It should be feasible to adopt digitalized pharmaceutical management. However, implementation feasibility at medical institutions such as regional hospitals should also be taken into account. At present, the third area of the Healthy Taiwan Cultivation Plan concerns the introduction of smart healthcare technologies. Consideration may be given to allocating part of the resources to assisting medical institutions in improving management software so as to achieve policy objectives.

(4) Committee Member, Huang Cheng-kuo

1. Regarding concerns from all quarters that excessive drug costs may crowd out existing healthcare resources, it is suggested that a separate resilience fund be established. That fund could be used to incentivize profitable product categories such as radiopharmaceuticals and oncology drugs. When procurement contracts are signed, supply guarantee periods should be required so as to increase stock levels and establish management mechanisms.
2. The supply of medicines for everyday livelihood should not

be interrupted. Some manufacturers have reduced supply or even withdrawn from the Taiwan market due to reductions in NHI drug prices. A review should therefore be conducted to determine whether substitute pharmaceuticals or suppliers are available. If there are too few manufacturers or prices are excessively low, NHI reimbursement price guarantees should be provided, with the abovementioned resilience fund making up for any shortfall.

3. Taiwan's active pharmaceutical ingredients (APIs) are largely sourced from India and China, and are therefore vulnerable to geopolitical influences. It is suggested that procurement from or cooperative production with Japan be evaluated.
4. Long-term use of smartphones and other digital devices by children may adversely affect brain development, emotional regulation, and interpersonal interaction. Therefore, support is given to the establishment of campus regulations to manage internet and mobile phone use.

(5) Committee Member, Li Yi-heng

1. A floor price should be established for pharmaceuticals, especially for basic medicines for everyday livelihood, to ensure a minimum guarantee. Some pharmaceutical manufacturers in Taiwan are competitive in producing chronic disease pharmaceuticals for blood pressure, blood sugar, and blood lipids. Many of these products are exported to countries with higher-margin markets in Southeast Asia, resulting in limited domestic supplies. It is suggested that pharmaceutical production be guaranteed to

prioritize domestic needs.

2. Regarding new imported drugs, the MOHW already has a monitoring system that can provide early warnings as to whether supplies are sufficient. However, sudden shortages may still occur due to geopolitical and other factors. It is suggested that the government request manufacturers to assist in matching cross-border resources to avoid supply interruptions.

3. Primary care physicians have reported that the hyperlipidemia treatment reimbursement criteria announced in 2019 differ from the hyperlipidemia treatment reimbursement improvement program for atherosclerotic cardiovascular disease (ASCVD) implemented last year. The Family Physician Program 2.0 and pay-for-performance programs currently adopt the new program. However, as the previous system remains in place, reimbursement claims may be affected. It is suggested that the systems be consistent. It is further suggested that for cases enrolled in pay-for-performance programs, the use of emerging high-cost pharmaceuticals be permitted to enhance enrollment incentives and treatment effectiveness.

(6) Committee Member, Chou Ching-ming

Taiwan is now a super-aged society, and many older adults require long-term medication for chronic diseases. As any supply interruption will cause anxiety among patients, we must adopt the concept of strategic pharmaceutical reserves, and place greater emphasis on the production capacity of domestically manufactured pharmaceuticals. It is suggested

that the government:

1. Guarantee an NHI point value of 1.2 for the prescription of generic drugs to encourage medical institutions to use domestically manufactured generics.
2. Review basic NHI reimbursement prices, which should reasonably reflect the costs of domestically manufactured pharmaceuticals.
3. Through NHI reimbursement premium incentives, encourage the use of domestically manufactured APIs and finished preparations.
4. Relax patent linkage restrictions affecting domestically produced APIs so that industry players may begin early development of pharmaceuticals whose patents are nearing expiration.
5. It is suggested that domestic API manufacturers and formulation pharmaceutical manufacturers undergo Good Manufacturing Practice (GMP) inspections concurrently to simplify procedures and reduce administrative burdens.
6. Implement the essential drug list policy under the Pharmaceutical Affairs Act, encourage manufacturers to develop domestically produced APIs on that list, and provide a fast-track channel to expedite reviews.
7. Relax the approval and registration requirements for generic drugs. For pharmaceuticals already marketed in the ten most advanced countries and no longer protected by patents, applications for approval and registration may be submitted in accordance with generic drug standards.

8. Use NHI reimbursement premiums to encourage the development of new formulations and strengths of generic drugs, with reviews reverting to general standards.

(7) Committee Member, Lin De-wen

1. Market size affects manufacturers' willingness to supply. Taking emergency medications and antivenom serum used in indigenous communities as examples, demand from a single institution is often insufficient to meet manufacturers' supply thresholds. It is suggested that a joint procurement pilot program for low-margin essential medicines be undertaken to increase manufacturers' willingness to produce such medicines; smart monitoring and allocation systems should also be used to assist public health centers in remote areas in obtaining medications.
2. As Taiwan's market size is relatively small, it is suggested that a price guarantee mechanism for essential medicines be established that balances healthcare resilience and financial feasibility. Consideration should also be given as to whether price reductions are necessary for all categories of pharmaceuticals.
3. Knowledge about traditional indigenous herbal medicine is a valuable local resource and should be incorporated as part of national biomedical industry development. Scientific evidence should also be established to facilitate entry into international markets.

(8) Committee Member, Huang Jian-pei

1. Last year, the number of newborns in Taiwan declined by nearly 20% compared with the previous year, and 23 of the country's 200-plus obstetrics medical institutions

closed. This warrants close attention. We thank the MOHW and the NHI Administration for promoting measures to safeguard medical talent and service capacity in acute, severe, difficult, and rare specialties. However, the effectiveness of such measures still requires follow-up.

2. Climate change and environmental pollution have a major impact on health. Pollution sources such as vehicular exhaust, sulfides, PM2.5, plasticizers, and noise may adversely affect fertility, prenatal health, and child development, while also contributing to chronic diseases. However, current environmental monitoring methods and the establishment of standards still require strengthening. It is requested that the government invest in prevention to reduce downstream costs.
3. Recently, obstetricians and gynecologists have reported that manufacturers have ceased importing contraceptive devices due to low profit margins. At present, only one supplier remains, leading to a near-total shortage nationwide. Reproductive autonomy and access to appropriate contraception are extremely important to women. It is requested that relevant subsidies or tax benefits be provided so that stockouts of important medical devices can be avoided.
4. Many undocumented migrant workers seek medical treatment for injury, illness, or pregnancy-related needs, and hospitals provide care out of humanitarian concerns. However, because they do not have NHI coverage, high treatment costs become a burden on hospitals. It is

suggested that the government devise solutions to this issue.

(9) Committee Member, Liao Mei-nan

If pharmaceutical resilience is inadequate, frontline nursing personnel must verify alternative medications, adjust medication administration workflows, and provide patients with health education, thereby increasing the burden of clinical care. It is suggested that when the MOHW establishes a pharmaceutical supply and allocation platform, it should simultaneously plan substitute treatment guidelines and a real-time query system to facilitate rapid clinical response and improve medication safety.

(10) Committee Member, Huang Chin-shun

1. Under the Taiwan-US tariff agreement covering pharmaceuticals, cancer, central nervous system, antibiotic, and generic drugs exported to the US are exempt from tariffs. This demonstrates US recognition of Taiwan's pharmaceutical products and integrates Taiwan as a key link in its pharmaceutical supply resilience. This presents an opportunity for the development of Taiwan's biotech and pharmaceutical industries. The government should integrate domestic pharmaceutical manufacturing capacity and expand into international markets.
2. It has also been agreed that some new drugs that have obtained approval from the US FDA and meet specified conditions may be exempted from conducting clinical trials in Taiwan. Some people are concerned that this may impact the development of local industries. I personally believe it can enhance competition, promote domestic

research and development for generic drugs and biosimilars, safeguard the public's right to access medications, and align with Healthy Taiwan policy objectives.

3. Recent media reports concerning adverse reactions experienced by members of the public after using incretin -based drugs such as Mounjaro highlight two important health issues:
   a. According to statistics, more than 50% of adults in Taiwan are overweight or obese. Solutions should therefore be planned to address the source of the three highs and chronic diseases. It is suggested that obesity issues be incorporated into the category of chronic diseases under the Regulations Governing the Medical Services Covered under National Health Insurance, ensuring that patients can obtain refillable prescriptions. Related medications may also be considered for management as controlled drugs to prevent diversion or entry into underground markets.
   b. Some people use weight-loss drugs because of appearance anxiety, which involves mental health issues. It is suggested that mental health support policies be expanded to reduce drug abuse.
4. Fifty percent of the raw materials used for generic drugs in Taiwan are sourced from China, as vendors tend to purchase Chinese raw materials due to cost differences. With respect to drug pricing, although there are appeal channels, outcomes often fail to meet expectations. It is suggested that the government study and discuss measures to make up the price difference.

(11) Committee Member, Kuo Su-e

1. According to surveys, approximately 40% to 70% of people in Taiwan comply with medication regimens, varying by region and hospital level. Contributing factors include complex medication regimens, forgetting to take medications, and discomfort arising from side effects. Insufficient compliance with medication regimens can adversely affect disease control, resulting in increased medication volume or a greater number of prescribed drugs. This leads to waste of healthcare resources and also creates issues relating to pharmaceutical waste disposal.
2. It is suggested to strengthen health education regarding medication habits by including proactive explanations by healthcare professionals, enlarge the printed font size on medication bags, encourage the public to pick up prescriptions at fixed locations such as community pharmacies, and have healthcare personnel follow up on medication use to improve compliance.
3. At the first committee meeting, it was suggested that nutritional information for foods appear on the front of the packaging. We thank the TFDA for promptly convening meetings and planning to reference the red, yellow, and green “traffic light” color-coding model used in the United Kingdom. The HPA has also actively built consensus among professional associations and medical societies to formulate “traffic light” labeling standards covering sugar, salt, and saturated fatty acids. To reduce impacts on industry, the system will initially be implemented on a voluntary basis, with the hope of launching it this year.

(12) Committee Member, Hung Te-jen

1. During the Lunar New Year holiday, emergency medical preparedness was comprehensive, encompassing ER bed

capacity, nurse staffing schedules, specialized emergency department operations, and the reinforcement of NHI holiday urgent care centers, with clinics also actively cooperating. It is suggested that clinics be incorporated into the resilient healthcare system and that advance preparedness be strengthened so that community clinics may assume the role of managing mild cases and providing health education.

2. The national pharmaceutical resilience program should plan division of labor and coordination mechanisms involving core pharmacies, regional pharmacies, and designated pharmacies. Taking COVID-19 as an example, hospitals and clinics were initially prohibited from stocking antiviral drugs, making it difficult for the public to obtain medications. Only after adopting a medication distribution model similar to that used for influenza treatment in the later stage was the epidemic brought under control.

(13) Committee Member, Tsai Sen-tien

1. The MOHW has announced that the hospital accreditation cycle will be extended to six years. The vision for transforming hospital accreditation includes: automated data interfacing and uploads to reduce paperwork; use of data to demonstrate healthcare quality; continuous monitoring and discovery of potential risks; real-time tracking and guidance for high-risk hospitals; and making accreditation tasks part of daily routines.
2. The Joint Commission of Taiwan (JCT) is currently studying and discussing support measures for transforming the accreditation system, and discussing issues with the MOHW including indicator integration,

monitoring scope, and monitoring frequency.

3. Transformation of the accreditation system requires support from the MOHW and the retraining of accreditation reviewers so that they become familiar with the new system. This is expected to be completed within one to two years. At that time, green, amber, and red "traffic light" signals may be used to display monitoring results in real time and assist hospital management.

(14) Committee Member, Chien Wen-jen

1. We continue to advocate for science, technology, and culture trails, and hope that the public can develop regular exercise habits through walking and cycling. In addition, the movement design for the Healthy Taiwan Exercise Routine for a Happy Society has been completed. To follow up, please have the MOHW and the Ministry of Sports provide relevant assistance.
2. As the 888 Program for Three Highs Prevention and Treatment is being promoted, measurement data from government agencies, health examination institutions, convenience stores, and other sources can all be uploaded to the cloud. Consideration should therefore be given to data integration and privacy protection issues, while making good use of AI analysis.
3. Hypertension prevention and control could reference the approach promoted by Far Eastern Memorial Hospital, under which automatic alerts are issued after measurements are taken to encourage members of the public to seek medical examinations.
4. Social factors also affect health. Resources should be allocated to those with greater needs. For example, through household visits and surveys of elderly people

living alone, high-risk cases may be proactively identified and provided with assistance.

5. Taiwan has many social welfare organizations, but many face operational difficulties. It is suggested to expand promotion of United Way mechanisms to help smaller organizations benefit collectively.

(15) Committee Member, Patrick Ching-ho Hsieh

1. From the perspective of the nation's long-term development, the consolidation of pharmaceutical resilience should not be limited to manufacturing resilience. It should also emphasize resilience in pharmaceutical innovation, so that in the future Taiwan can avoid being excluded from new treatments and new pharmaceutical systems, or reduced to a colonial market for other countries. For example:

a. New drugs, new medical devices, and new treatment technologies must all successfully complete Phase III clinical trial validation before they may be marketed. Worldwide, most clinical trials for new drugs are currently registered on the platform established by the National Institutes of Health (clinicaltrials.gov). Over the past few years, China has made considerable investments in new drug development. The total number of registered clinical trials across various fields has approached or even surpassed that of the United States, especially in the field of new oncology drugs. It may therefore be inferred that within the next five to ten years, a high proportion of the world's new cancer drugs will be developed in China, and the world will rely on China to obtain the latest anti-cancer medicines. The government should take this issue

seriously.

b. In 2021, the biotechnology company BeOne Medicines established an international cell therapy R&D headquarters in Taiwan and recruited many top-tier Taiwanese research personnel to develop innovative iPSC-based cell therapy technologies. Although this demonstrates recognition of the research and development capabilities of Taiwanese personnel, the resulting patents and intellectual property rights are owned by a multinational corporation. This not only affects the domestic development of new drugs and new technologies, but is also unfavorable to Taiwan's industrial development and makes it difficult to consolidate pharmaceutical resilience.

2. Innovative developments in new biomedical drugs could become a second "guardian mountain" for Taiwan. It is requested that the government attach importance to and strengthen investment in the following areas:

a. Substantially increase and provide long-term support for basic biomedical research and development.

b. Cultivate and incentivize professionals with backgrounds such as physicians, pharmacists, and nurses to engage full-time in biomedical research and development.

c. Strengthen advanced clinical research and continue deepening competitive core facilities and technology platforms for translational medicine.

d. Encourage domestic new drug and biotechnology companies to undertake high-risk, high-return new drug development to spur them to achieve breakthrough high growth.

(16) Committee Member, Ho Mei-shang

1. Pharmaceutical research and development should identify niche markets, including medicines for unmet medical needs. Among those needs, drugs relating to dementia and neurodegenerative conditions are most important.
2. Traditional Chinese herbal medicine is also a form of food and is also very safe. It may be used for research and development in medical treatments and complementary medicine. Consideration may also be given to incorporating it into the national pharmaceutical resilience preparedness program as one direction for industrial guidance.
3. Regarding vaccine policy, it has recently been discovered that Taiwan Bio-Manufacturing Corporation (TBMC) encountered obstacles in fundraising from the National Development Fund. The main reasons were strict review standards and insufficient understanding of TBMC's policy mission by reviewing units. It is hoped that relevant administrative communication can become smoother and faster.
4. The PILLS Center was established to address the needs arising from large-scale disasters, enabling each region to be self-sufficient, and establishing a dispatch platform incorporating civil defense concepts so that timely support can be provided to other areas.

2. Government Representative Remarks

(1) MOHW Minster, Shih Chung-liang

1. Drug Pricing Issues

a. In earlier years, NHI drug price adjustments were

introduced to address price discrepancies. Where the drug price differential exceeded 15%, annual targets were set for proportional adjustments. The current total drug price adjustment stands at NT$3.6 billion (accounting for 1.6% of total pharmaceutical expenditure), marking the lowest level on record. Of the more than 14,000 pharmaceuticals covered under the NHI, approximately 6,000 items were adjusted in previous years, compared to only 2,000 items adjusted this year, which should substantially reduce the impact. Relevant mechanisms remain under continuous review to ensure stable pharmaceutical supplies.

b. With respect to drug price protection measures, prices are not adjusted for specific pharmaceuticals such as insulin and antibiotics, scarce medicines, and medicines that have previously been reported as being in shortage. Incentive mechanisms are also available for new drugs and domestically manufactured pharmaceuticals. For example, enhanced reimbursement is available for products using domestically manufactured APIs or for which clinical trials are being conducted in Taiwan. For the first two domestic pharmaceutical licenses issued within five years after patent expiry, pricing may be aligned with that of the original brand-name product.

2. Drug Shortage Issues

a. Many drug shortages reported in the market are allocation issues. For example, antidotes are used infrequently, and designated allocation sites have therefore been established. In the future, community pharmaceutical supply networks will be used to ensure flexibility in allocation.

b. An information platform for substitute medicines is

already in place. Where supply shortages arise, information on substitute medicines or special imports will be announced. The MOHW will strengthen information communication. I will also consult Committee Member Liao Mei-nan so that the information platform can better support clinical use.

c. In order to diversify risk and encourage the use of generic drugs, incentive measures are also provided for the clinical use of biosimilars and generic oncology drugs. In addition, reductions in drug expenditures resulting from switches to generic drugs will be returned to hospitals through their individual global budget allocations. The MOHW will continue strengthening generic drug policy.

d. Guaranteed supply mechanisms mainly apply to patented drugs, for which shortages occur relatively infrequently. In practice, original manufacturers usually withdraw from the Taiwan market because generic products have already entered the market or because of commercial market strategy considerations. Current contracts already contain guaranteed supply requirements for patented drugs. Going forward, manufacturer credibility and management mechanisms will be further strengthened. Where shortages may occur, advance notification should be made.

3. International Pharmaceutical Issues

a. Most pharmaceuticals imported under special project arrangements are emergency-use medicines. Only pharmaceuticals manufactured in countries compliant with the Pharmaceutical Inspection Co-operation Scheme (PIC/S) GMP standards may be imported. In practice, it is difficult to require Chinese labeling, and original country-

of-origin labeling is generally used together with English package inserts. In the future, consideration will be given to conducting special procurement from English-speaking countries as far as possible, with timely adjustments made according to actual needs.

b. One of the recently signed Taiwan-US trade agreements involves accelerated measures for obtaining domestic approvals for pharmaceuticals and medical devices manufactured in the United States. Products manufactured in Taiwan are mainly generic drugs and mid-to-lower-end medical devices, whereas US products are primarily patented drugs and high-end medical devices. As the two serve different market segments, these measures can enable the public to gain faster access to new medicines.

4. Others

a. With respect to updating the previous treatment guidelines under the ASCVD pay for performance program, the MOHW will review and address the matter as soon as possible.

b. Regarding the recent issue of GLP-1 medications (weight loss medications), the current policy direction is to strengthen management and correct public misconceptions. On the management side, regulation will be based on the source of supply, including stronger enforcement against illegally obtained products, requiring pharmacies to dispense such medications only upon presentation of a prescription, and strengthening clinic-side management by requiring physicians to prudently assess public demand. A supply flow tracking mechanism is also being studied.

c. With respect to new drug research and development,

clinical trials are a critical component. Multiple hospitals have already formed an alliance to accelerate Institutional Review Board review and participant recruitment, and optimize the clinical trial environment.

d. Regarding vaccine policy, regular monthly discussions are currently being held, and explanations to all sectors are expected to be provided at the 2026 Healthy Taiwan National Forum later this year.

(2) MOEA Deputy Minister, Ho Chin-tsang

1. With respect to government assistance for innovation and resilience in the pharmaceutical sector, the MOEA has long been committed to supporting new drug research and development as well as the development of new medical devices. New drugs include nucleic acid therapeutics, novel small-molecule drugs, and related products. Key priorities for new medical devices include critical technologies and cross-sector integration, such as devices used for cardiovascular disease treatments and brain surgery.
2. By subsidizing technology research projects carried out by private-sector companies, the MOEA supports preclinical research, clinical trials, and international cooperation; it will continue to support industry investment in innovative pharmaceutical development. This initiative will also promote the development of the generic pharmaceutical industry and assist manufacturers in adopting advanced manufacturing processes.

(3) Nuclear Safety Commission Chairperson, Chen Min-jen

1. Radiopharmaceuticals have short half-lives, and their supply features just-in-time (JIT) manufacturing and a high

degree of reliance on logistics. Through establishment of isotope production, radiopharmaceutical preparation, and allocation mechanisms, the national pharmaceutical resilience preparedness program will enhance Taiwan's autonomous supply capacity for radiopharmaceuticals and strengthen the medical system's ability to respond promptly and operate steadily during emergencies.

2. The program will also align clinical demand with healthcare service capacity so that the healthcare system can maintain necessary diagnostic and treatment services when facing external supply disruptions or emergency situations, thereby ensuring stable medical operations and pharmaceutical supply resilience.
3. With respect to low-probability but high-impact risk issues, the program has already incorporated specific radiation disaster response medicines into preparedness planning, and has established manufacturing processes, quality verification, and appropriate reserve mechanisms to strengthen emergency response capacity.

(4) Deputy Minister of the Environment, Hsieh Yein-rui

1. At a meeting of the National Climate Change Committee, the president instructed the MOENV and the MOHW to formulate an inter-ministerial air pollution plan and strategy. A deputy minister-level meeting mechanism has already been established, with 21 experts invited to participate. The MOENV will allocate relevant resources toward health education targeting high-pollution exposure, precision deployment of healthcare resources for vulnerable populations, and response measures for extreme climate events.

2. On January 26 this year, MOENV Minister Peng and MOHW Minister Shih convened a ministerial meeting. Committee members were also invited to participate and provide guidance. Relevant recommendations raised by committee members will be reviewed in follow-up actions.

(5) Minister of Finance, Chuang Tsui-yun

Committee members present today have provided many valuable recommendations concerning public health, the healthcare environment, and the quality optimization and uninterrupted supply of medical devices and pharmaceuticals. As a member of the administrative team, the MOF will coordinate with the MOHW in reviewing relevant issues and provide support through tax incentives or fiscal assistance as feasible policy tools.

3. Advisor Remarks

(1) Advisor, Lin Shinn-zong

1. Taiwan's biomedical industry still requires continued support. Taking precision medicine as an example, widespread use of whole genome testing could provide valuable treatment references across many specialties. I also recommend that the Department of Chinese Medicine and Pharmacy under the MOHW integrate AI technologies and promote a Taiwan traditional Chinese medicine (TCM) large language model, enabling TCM practitioners to deliver precision TCM treatment and promote industrial development.
2. To accelerate the clinical application of regenerative medicine and cell therapies, such as mesenchymal stem cells, government regulatory efficiency should be enhanced so that private-sector industry achievements and application

experience may be promoted globally.

3. Hospitals, health centers, TCM providers, and dental institutions in eastern Taiwan are already fully participating in comprehensive healthcare, have completed a database that consolidates information into single-patient records, and have established a health risk rating system. Health education is provided according to different risk levels and age groups, while services are delivered through Indigenous Cultural Health Stations and long-term care service sites.
4. I welcome the MOHW's promotion of the Health Coins Program, which not only promotes health but also helps reduce the use of NHI resources.

(2) Advisor, Chen Wei-ming

1. Taking Taipei Veterans General Hospital as an example, of the 1,704 pharmaceuticals used by the hospital, more than 700 items (41%) are generic drugs, yet their procurement value accounts for only 8%. I recommend that pharmaceutical companies develop high-value products such as targeted oncology drugs, antibiotics, orphan drugs, and biologics. Increased profitability can spur investment in talent and also stabilize the domestic pharmaceutical market.
2. The recent Iran conflict has disrupted exports of food and pharmaceuticals, highlighting the importance of pharmaceutical resilience. The medical sector should unite in supporting the stability and development of domestically manufactured pharmaceuticals, while gradually cultivating high-quality contract development and manufacturing organizations (CDMOs).
3. It has been observed that low profit margins for NHI-reimbursed medical devices have reduced production volume, and some surgical procedures now rely only on

devices paid for out of pocket, which is unfavorable in emergency situations. Most hospitals already possess accelerators that can assist the NARI in producing quality radiopharmaceuticals, which would help strengthen pharmaceutical resilience. However, radiopharmaceuticals are expensive, and I recommend that the government provide subsidies.

4. Strategic reserve items such as normal saline, gauze, and antibiotics should be regularly inventoried and supplied for frontline use so as to avoid waste of resources. Hospitals at all levels should be encouraged to participate jointly in reserve programs. However, reserve space, management manpower, and pharmaceutical wastage all involve costs, and it is recommended that the government provide necessary assistance while conducting regular inspections and resource inventories.
5. When the earthquake and typhoon occurred in Hualien, the national drone fleet played an important role in transporting medicines and blood products. It is recommended that drills be continued and operations expanded to better safeguard the public.
6. I support extending the hospital accreditation cycle to six years so that healthcare professionals may spend less time on administrative matters and more time on patient care.

(3) Advisor, Cherng Wen-jin

The overall direction of pharmaceutical resilience is correct. However, from the perspective of clinical practice and patient safety, the operational feasibility of follow-up systems still requires further strengthening. My recommendations are as follows:

1. The list of critical pharmaceuticals and medical devices should not merely enumerate items. It should also incorporate assessments of clinical risk level, substitutability, supply source concentration, and the impact of supply interruptions on patients, thereby establishing a classification and ranking framework. For example, categories may include life-saving medicines and emergency medical devices for which supplies cannot be interrupted, time-sensitive medicines for acute and critical conditions, long-term medicines for high-risk chronic diseases, and items that may be substituted in the short term but still require clinical monitoring. Through such rankings, there will be a basis for determining safety stock levels, price supports, allocation mechanisms, and incentives for domestic production.
2. National safety stockpiles should have a concrete institutional design, including safety stock days, responsibility for reserves, activation timing for transfers, replenishment schedules, disposal mechanisms, and allocation of responsibilities. I recommend adopting a tiered inventory structure composed of national strategic reserves, minimum supplier inventories, and healthcare institution safety stock levels, with clearly defined functions for each role. Suppliers should maintain stable supply. Healthcare institutions should maintain reasonable safety stock levels and provide timely reporting, while the MOHW should coordinate cross-regional allocation and support through the PILLS Center platform.
3. Generic drug policy should not focus solely on supply substitution and price support. Greater emphasis should also be placed on post-use clinical effectiveness evaluation. I

recommend continued strengthening of quality management, earmarking special funding to track therapeutic efficacy, safety, and adverse reactions, and evaluating patient acceptance and physician utilization rates so as to accumulate local clinical evidence and enhance public trust.

4. For scarce medicines, regional mutual support and cross-hospital allocation mechanisms should be established through information and resource sharing within healthcare systems or regional medical networks. For high-risk shortage scenarios, substitute medicine lists, switching principles, clinical monitoring measures, and patient communication plans should be prepared in advance so as to enable timely response.

(4) Advisor, Yu Ming-lung

1. Surveys show that economic pressure is the primary factor affecting willingness to have children. I recommend introducing optimized, simplified, and sustainable childcare subsidy policies. According to statistics, the total subsidy amount for each child from age 0 to 6 is approximately NT$1.2 million. However, current administrative procedures are cumbersome and funding sources are fragmented, resulting in limited incentive effects.
    a. Simplification: Adopt a single-source subsidy model, with payments made monthly or quarterly.
    b. Optimization: Childcare should be viewed as a contribution to the nation's future. Take as reference the minimum monthly wage level of NT$29,500 and assume 100,000 births per generation. Under a low estimate, providing NT$30,000 per month for each child aged 0 to 3 would require approximately NT$100

billion annually. Under a medium estimate, adding NT$15,000 per month for each child aged 3 to 6 would require approximately NT$162 billion annually. Under a high estimate, providing NT$30,000 per month for each child aged 0 to 6 would require up to NT$216 billion annually.

c. Sustainability: Excess tax revenues should be directed toward investment in young people and the nation's future. I recommend establishing a dedicated fund, or adopting a capitation-based mechanism to convert budget amounts into point values, thereby encouraging enterprises and the state to jointly support childcare subsidies.

2. In addition to subsidy structure, I further offer three recommendations:
   a. Structural adjustment of housing price-to-income ratios: Extend the loan term of the Housing Assistance Program for Young Married Couples and coordinate with family-friendly social housing policies.
   b. Workplace transformation: Make parental caregiving leave more flexible, allowing it to be calculated by the hour to replace or be used in tandem with long-term parental leave, thereby reducing the impact of childcare on parents' careers.
   c. Expansion of public options for childcare: Train personnel for public childcare facilities, address low pay, high pressure, and high risk, and transform childcare into a shared public responsibility.

(5) Advisor, Chen Mu-kuan

1. The Drug Expenditure Target (DET) mechanism was introduced on a trial basis in 2013. Although only 2,343

pharmaceuticals were subject to price reductions this year, the lowest number on record, the overall reduction rate still reached 1.6%. During my eight years serving as Superintendent of Changhua Christian Hospital, cumulative reductions reached approximately 18%, amounting to about NT$40 billion. As a result, some pharmaceuticals are now significantly underpriced. The DET mechanism was originally introduced because of insufficient NHI global budget resources. However, current NHI and public budgets together now exceed NT$1 trillion. I recommend reviewing the pharmaceutical price reduction system. Attention should also be given as to whether the 584 essential medicines are included among products subject to reductions.

2. Pharmaceutical resilience forms part of overall social resilience and requires the attention of all citizens. Establishing the PILLS Center for precision pharmaceutical management is highly commendable. However, inventory safeguards during wartime or emergency events must also be considered. Accordingly, Changhua Christian Hospital has already invested NT$1 billion to establish a larger logistics center to ensure adequate inventories for the Changhua Christian Hospital system.
3. Radiopharmaceuticals are constrained by short half-lives and would be difficult to transport if transportation links were disrupted. To prepare for natural disasters or wartime needs, I recommend that the government assist key medical centers in different regions in developing compact cyclotrons for production of radiopharmaceuticals, thereby strengthening pharmaceutical resilience.

(6) Advisor, Chiu Kuan-ming

1. A complete list of critical pharmaceuticals is central to pharmaceutical resilience. I recommend conducting demand assessments under different scenarios, such as war, pandemics, biochemical attacks, large-scale power outages, and disruptions to cold-chain storage and transportation. A bottom-up reporting mechanism should also be established so that frontline users may participate and provide input.
2. I recommend that the PILLS Center be developed into a smart management center and that a decentralized inventory management model be established, with tiers based on geographic region and healthcare institution functions. I recommend that the government directly subsidize strategic medical reserves held by healthcare institutions, and use smart inventory management to ensure reasonable shelf life, auditing control, and avoidance of excessive stock, expiration, and waste.

(7) Advisor, Lin Sheng-che

1. I support extending the hospital accreditation cycle from four years to six years. Hospitals accredited last year were the first beneficiaries of this reform, which will help them focus on patient care and improving healthcare quality.
2. In addition to the continued supervision and guidance of the JCT, local health bureaus also conduct annual inspections. Some accreditation items are similar in nature. For example, with respect to nursing personnel compensation, the MOHW may directly obtain the relevant data through administrative coordination and conduct assessments accordingly, thereby reducing paperwork burdens on hospitals.
3. Small and medium-sized regional hospitals have limited resources, and some hospitals lack the capacity to update X-

ray equipment. Subsidies of NT$2 million to NT$3 million would be of substantial assistance. I therefore recommend that the Healthy Taiwan Cultivation Plan establish a dedicated category for participation by small and medium-sized hospitals on a competitive basis.

4. With respect to food packaging that uses the traffic light labeling scheme, I ask for everyone's collective support.

(8) Advisor, Chang Hong-jen

The MOHW's integration of Google Gemini into the My Health Bank interface is a major milestone and deserves recognition. The national pharmaceutical resilience preparedness program has been positioned at the levels of economic security and national security. The relevant ministries and agencies have completed comprehensive planning, and I have no further comments to add.

4. Deputy Convener Remarks

(1) Deputy Convener, Chen Shih-chung

1. I ask the MOHW to consolidate the views expressed today by committee members and advisors and continue strengthening pharmaceutical resilience.
2. Internet addiction is an important social issue. I recommend that the private sector promote public awareness programs so that social consensus may be built through advocacy. Direct government regulation may not be conducive to implementation.
3. Regarding recommendations on promoting TCM, the Executive Yuan has already submitted the draft Organizational Act of the National Research Institute of Chinese Medicine to the Legislative Yuan for deliberation.

Its establishment will help advance the application and development of TCM.

4. With respect to remote and underserved areas, a comprehensive framework addressing logistics and transportation must be developed in order to resolve current difficulties.
5. The issue of drug price differentials has long been a challenge that must be addressed. Consideration should be given to establishing a cooperative mechanism within the existing system so as to protect patients and maintain sound pharmaceutical pricing. Hospitals, associations, and superintendents of major medical centers may also jointly discuss and propose an operational model. The MOHW may simultaneously study related measures, and use of individual hospital global budgets may be one possible solution.
6. A committee has already been established under the Pharmaceutical Resilience Program and includes experts and scholars. Issues such as phased implementation, severity levels, and different scenarios may all be fully discussed, which will also facilitate establishment of the PILLS Center.

(2) Deputy Convener, Wong Chi-huey

1. With respect to shortages of critical active pharmaceutical ingredients (APIs) and intermediates, solutions may begin with key technologies. Industry-academia collaboration should be encouraged, and research and development in synthetic biology should be strengthened for the production of small-molecule, protein, and cell-based therapeutics. For example, in 1982, mass production of human insulin through recombinant DNA technology in Escherichia coli ushered in a new era of biotechnology. More recently, CAR-T cell

therapy has also demonstrated the practical applications of synthetic biology.

2. Taiwan's monosodium glutamate industry was an early example of synthetic biology in practice. However, it did not keep pace with recombinant gene and gene-editing technologies, which is somewhat regrettable. In addition, mobile applications currently promoted by hospitals in Taiwan are not particularly convenient, and AI should be better utilized to improve them. Taiwan may draw on practices in the United States, where test results can be viewed in real time across different hospitals or emergency departments. While traveling, patients may also access laboratory and prescription information, receive telemedicine consultations, and communicate with family physicians through text messaging, thereby improving efficiency and saving time and cost.

(3) Deputy Convener, Chen Jyh-hong

1. In the past, when foreign pharmaceutical companies withdrew from the Taiwan market, media reports often attributed this to insufficient NHI reimbursement. However, this is not entirely accurate. For example, with respect to angiotensin receptor blockers (ARBs) for hypertension, Taiwan's NHI reimbursement has been generous, and seven originator drugs and domestic drugs coexisted in the market. Nevertheless, some originator manufacturers still withdrew because of declining market share.
2. Planning for the PILLS Center is sound, with participation extending from the central government to local governments and regional pharmacies. I recommend that implementation proceed as quickly as possible. Attention should be given to

whether the model of distributing from a single logistics center to other regions can operate smoothly, and manufacturers should be guided to establish off-site backup mechanisms.

3. With respect to nuclear medicine materials, in the past, PET radioisotope materials could be produced directly by medical centers. However, because medical centers are now subject to pharmaceutical regulations, they must obtain GMP certification from the FDA. I recommend decentralized production in northern and southern Taiwan so as to avoid excessive concentration while also maintaining off-site backup.
4. A key element of the strategy of domestically produced pharmaceuticals for domestic use is talent cultivation, including talent in nuclear medicine, research and development, pharmaceutical management, and marketing. The third phase of the Higher Education Sprout Project of the MOE appears to focus primarily on AI. I recommend that the government also place attention on basic medical research so as to support manufacturing and R&D. Medical universities should be encouraged to make full use of government resources such as the Higher Education Sprout Project and the Healthy Taiwan Cultivation Plan to promote long-term talent development.
5. Domestically manufactured pharmaceuticals have already made considerable progress. However, domestic pharmaceutical companies must continue working to improve so as to meet relevant regulatory standards. For example, there was a recent case involving a well-known TCM manufacturer that failed to meet GMP standards.

Sometimes it is not that physicians are unwilling to use domestic products, but that public confidence in domestically manufactured pharmaceuticals must be established. I hope all sectors will work together in this regard.

6. Generous NHI reimbursement and overly liberal prescribing practices often result in waste and expiration of prescription medicines. The government should strengthen public education on medication safety and management; medical education should promote professional self-discipline in prescribing and advocate precision prescribing and prudent use of medications.

7. Another important issue involving national pharmaceutical resilience is vaccines. At present, domestic self-sufficiency in national vaccines is only about 10%. In addition to the National Health Research Institutes (NHRI), support from the MOEA is still needed for industrial development. It was originally hoped that TBMC would become a leading biotechnology enterprise. However, progress has been limited. Accordingly, at this year's 2026 Healthy Taiwan national forum, the NHRI will be invited to present views and recommendations on vaccine industry development. It is hoped that through collective deliberation, concrete and feasible recommendations may be proposed for government policy reference.

5. Convener Lai Ching-te

(1) Responses to committee members' and advisors' suggestions:

1. With respect to the two achievements of the MOHW

mentioned by Advisor Chang Hong-jen, I ask everyone to give Minister Shih a round of applause. I also thank everyone for their assistance during the Lunar New Year period, and ask that everyone give the members of the medical community a round of applause. My Health Bank is a policy innovation planned by Minister Shih and his team. Going forward, I hope it will be fully implemented and continue enhancing public health.

2. I ask that the pharmaceutical resilience preparedness program presented today be included on the agenda of the 2026 Healthy Taiwan national forum so that the medical community may jointly support the initiative.
3. I ask the MOHW to study a three-year suspension of pharmaceutical price surveys beginning this year, and to use that period to conduct a detailed inventory. For example, the more than 14,000 pharmaceuticals reimbursed under the NHI system may be classified and reviewed to determine the extent of domestic self-sufficiency for each category or item. Where imports remain necessary, Taiwan should seek supply chain cooperation with democratic countries such as Japan and work toward feasible solutions.
4. With respect to the maintenance of strategic preparedness, as recommended by Advisor Cherng Wen-jin, a cooperation mechanism between suppliers and healthcare institutions should first be established. Only then would subsequent pharmaceutical price surveys be meaningful. If pharmaceutical price surveys are resumed in the future, any savings generated should no longer revert to the traditional NHI global budget allocation mechanism. Priority should instead be given to supporting development of domestically

manufactured generic drugs and advancing the pharmaceutical resilience preparedness program.

5. As the NHI system has now been in operation for 30 years now, I hope we can continue promoting whole-person healthcare. Through unified management of NHI resources, a comprehensive care system may be established in which medical centers, regional hospitals, district hospitals, and clinics collaborate. This would be beneficial for referrals, health promotion, and reduction of medical waste. Taking the anti-venom serum mentioned by Committee Member Lin De-wen as an example, it may be stored in hospitals and delivered by drone to nearby clinics or indigenous communities where needed. Whole-person healthcare will first be piloted in eastern Taiwan. If results are favorable, it may be extended to other regions and gradually promoted nationwide. If a comprehensive whole-person healthcare system can be established, the pharmaceutical price survey mechanism would naturally become unnecessary.
6. I ask the MOHW to issue correspondence to local governments to survey the status of health walking trail and cycling path development, and to arrange a report at the next meeting.
7. The proposed home visit survey for seniors living alone is an excellent initiative. Survey findings should be used to integrate social support systems. For example, community pharmacies in Tainan proactively visit older adults, village and neighborhood chiefs under civil affairs systems provide regular care check-ins, and local governments or township offices deliver meals. These efforts can provide better health support for older adults living alone.

8. With respect to the declining birthrate, I have already instructed the Executive Yuan, the MOE, and the MOHW to develop an integrated plan covering conception and pregnancy, childrearing, education, housing, and employment, and strengthen areas where support remains insufficient.

(2) Comprehensive Directives

I thank the MOHW, the MOF, the MOEA, and the MOENV for their reports today and everyone here for their participation. I especially thank the deputy conveners, advisors, and committee members for offering many forward-looking recommendations.

In the face of challenges such as restructuring of global supply chains and rising geopolitical risks, a stable pharmaceutical supply is no longer merely a public affairs or public health issue. It is also a matter of national security and an important component of whole-of-society defense resilience. I hereby issue the following three directives:

1. Comprehensively advance the strategic deployment of pharmaceutical resilience and build a safe and controllable line of medical defense.

Ensuring a stable supply of critical pharmaceuticals is a responsibility the government must fully uphold. I ask the MOHW, together with the MOEA, the MOENV, the MOF, the NSC, and other relevant agencies, to accelerate implementation of the three major priorities of domestic production for domestic use, smart allocation, and international partnerships, in accordance with the established timetable and division of responsibilities.

During implementation, quality, safety, and efficiency must all be taken into account. Cross-ministerial execution capacity should be strengthened to achieve goals such as increased production capacity and diversified risk exposure. In that way, a medical defense line can be established that can operate effectively in normal times but adapt and respond when necessary.

2. Establish a precision monitoring and smart allocation system to ensure stable operation of the supply chain.

I ask the MOHW and the MOEA to work closely together to expedite inventory reviews of critical pharmaceuticals and, through policy incentives and support for research and development, strengthen domestic manufacturing capacity for critical pharmaceuticals and reduce Taiwan's dependence on single supply sources.

At the same time, we must make good use of digital technologies to establish smart logistics, reserve, and early warning mechanisms for the precise allocation and stable supply of critical pharmaceuticals during both normal time and emergencies.

3. Improve the regulatory environment and strengthen international linkages to drive upgrading and transformation of the biomedical industry.

Ensuring stable pharmaceutical supply not only enhances Taiwan's healthcare resilience, but also presents an important opportunity for industrial upgrading. All ministries and agencies should continue refining the relevant regulations and review systems. Through a clear and stable legal framework and effective incentive mechanisms, more

enterprises should be guided to invest in research, development, and manufacturing, thereby promoting the growth of domestically manufactured pharmaceuticals.

In addition, we must actively cooperate and engage with friends and allies in the region, deepen partnerships, and enhance Taiwan's visibility and strategic position in the global pharmaceutical supply chain.

Finally, I ask the administrative team to incorporate today's recommendations into the steps for subsequent implementation so that Taiwan's healthcare system becomes more resilient and the public may enjoy greater peace of mind. Thank you.

VI. Extempore Motions

1. Proposal Explanation

(1) Committee Member, Yu Chong-jen

1. Under current regulations, year-end bonuses and performance bonuses for formally appointed personnel at public hospitals are limited to a combined maximum of 2.5 months' salary. Hospital superintendents do not have the authority to raise salaries and may only make limited adjustments through performance mechanisms. By contrast, bonuses or salaries for contract personnel may be adjusted by hospital superintendents, resulting in situations where some contract employees receive compensation close to or exceeding that of formally appointed civil service personnel, which has affected staff morale to a certain extent.
2. National Taiwan University Hospital is a university hospital under the MOE. The coexistence of two different compensation systems under the current framework creates

conflicts that cannot be resolved at the hospital level. The hospital has continued communicating with the Directorate-General of Personnel Administration, Executive Yuan, and recommends moderate adjustments to relevant compensation and performance systems, while hoping to receive support from the Executive Yuan.

(2) Committee Member Huang Chin-shun

Under the current civil service system, physicians, dentists, TCM doctors, and veterinarians receive higher professional allowances, but pharmacists are not included. This is unfavorable for the recruitment of licensed pharmacists into government agencies. I therefore recommend improving compensation for pharmacists.

2. Chair's Directive

Because salary increases for formally appointed personnel at public hospitals are constrained by existing regulations, I ask the MOHW and the Directorate-General of Personnel Administration, Executive Yuan, to study the matter.

VII. Chair's Closing Statement

Changes in geopolitics may bring war and conflict. The nation's promotion of the pharmaceutical resilience preparedness program is a matter of careful preparedness, enabling responses under all scenarios, and ensuring Taiwan's long-term peace and stability. My mission as president is to build international partnerships and mobilize the greatest possible strength to ensure the safety and well-being of our people.

The progress of Taiwan Semiconductor Manufacturing Company and the semiconductor industry is the result of close cooperation among Taiwan's industries and the joint efforts of all sectors. In

recent years, trade and economic measures adopted by the US have prompted restructuring of global supply chains, which presents opportunities for Taiwan's development. The recently announced national security strategy of the US prioritizes strengthening homeland security, cooperation with allies, collective defense and burden sharing, and reindustrialization. Through reciprocal tariff negotiations, Taiwan, Japan, South Korea, and other manufacturing powers are being encouraged to invest in the US.

Taiwan has adopted an eight-year defense budget of approximately NT$1.25 trillion, averaging about NT$156 billion annually. Defense budgets this year for Japan, South Korea, and the US are approximately NT$1.8 trillion, NT$1.4 trillion, and more than NT$30 trillion, respectively. European countries are also annually increasing defense expenditures, and defense budgets are expected to reach 5% of GDP by 2035. Accordingly, strengthening defense budgets, enhancing economic resilience, and cooperating with allies will help maintain regional peace and stability.

After eight years of groundwork under former President Tsai Ing-wen, Taiwan has begun entering a golden decade. Economic growth in the fourth quarter of last year reached 12.65%, while full-year growth reached 8.68%, significantly higher than that of Japan, South Korea, and the US. The Directorate-General of Budget, Accounting and Statistics, Executive Yuan, projects an economic growth rate of 7.71% for this year. Per capita GDP is expected to exceed US$40,000, and the TAIEX is expected to surpass 40,000 points.

As Taiwan is experiencing economic growth, its inflation rate is approximately 1.6%, while the central bank policy rate is about 2%, and average wage growth is 3.09%, all higher than inflation. Taiwan's Gini coefficient, which measures income inequality, is lower than that of Japan and South Korea. This demonstrates that Taiwan not only has outstanding economic performance, but also enjoys a high degree of social stability, something many countries find difficult to achieve simultaneously.

We must have confidence in our nation, and each of us must perform our professional role. For some of us, that means ensuring the sustainability of NHI and strengthening pharmaceutical resilience to protect public health. For soldiers, it means defending national security. For enterprises, it means developing the economy and ensuring that the fruits can be shared among the people. At present, the Legislative Yuan has delayed the schedule for committee deliberation of the FY2026 central government general budget proposal, and the special defense budget proposal has also not been deliberated according to schedule. Defense budgets are of great significance to national security, and adequate resources must be ensured. I hope the opposition parties will uphold a spirit of cooperation and provide support. So long as the people remain united, have confidence in the nation, and support the government, I promise everyone that Taiwan will continue to improve. Thank you.

VIII. Meeting End Time: 8:18 p.m.