

Meeting Minutes of the 4th Meeting of the Office of the President

Healthy Taiwan Promotion Committee

Date: Thursday, May 22, 2025, 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) (on leave), Advisor Cherng Wen-jin (程文俊), Advisor Lin Shinn-zong (林欣榮) (on leave), 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) (on leave), Advisor Chang Hong-jen (張鴻仁).

Committee Members: Liu Chin-ching (劉鏡清) (on leave), Cheng Ying-yao (鄭英耀) (on leave), Chen Shih-ann (陳適安), Susan Shur-fen Gau (高淑芬), Chan Ding-cheng (詹鼎正) (on leave), 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) (on leave), 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), 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), Patrick Ching-ho Hsieh (謝清河) (on leave), 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) (on leave), Deputy Executive Secretary Chang Tun-han (張惇涵) (on leave), Deputy Executive Secretary Shih Chung-liang (石崇良), Presidential Office Spokesperson Karen Kuo (郭雅慧), MOHW Deputy Minister Chou Jih-haw (周志浩), Ministry of Education (MOE) Deputy Minister Chang Liao Wan-chien (張廖萬堅), MOHW Taiwan Food and Drug Administration (FDA) Deputy Director-General Lin Jin-fu (林金富), MOHW Health Promotion Administration (HPA) Director-General Wu Chao-chun (吳昭軍).

I. Chair's Remarks

Today is the fourth meeting of the Healthy Taiwan Promotion Committee. The day before yesterday, Vice President Bi-khim Hsiao and I completed one year in office. I want to thank the three deputy conveners and all of our advisors and committee members for their efforts and dedication regarding various health policies since the committee's first meeting last August.

On the 27th of last month, we also helped our friends in the medical community learn about the Healthy Taiwan Promotion Committee's achievements, the government's current policies, and our goals going forward at the 2025 Healthy Taiwan national forum.

I want everyone to know that whether it is today's committee, the National Climate Change Committee, or the Whole-of-Society Defense Resilience Committee, over the past year, we have worked to implement the spirit of inter-departmental, cross-disciplinary, and public-private collaboration. Currently, the discussions and promotional efforts for various policies have shifted from individual departments performing their respective duties to a cooperative

division of labor involving the entire government, continuously expanding whole-of-society participation. In the next phase, our task is to achieve public consensus.

We need to actively initiate campaigns that the public can participate in, promoting awareness and concepts that everyone should have, so that the ideas and practices that promote better health, respond to climate change, and boost whole-of-society defense resilience can be integrated into people's lives. When policies have a palpable impact and public participation, working together, we can achieve the goals set by each committee.

For example, last year at the first meeting, we set a Healthy Taiwan goal to increase the average life expectancy of the public from 79 years to 82 years within 8 years, and reduce time spent living with illness or disability from 10 percent to 8 percent of the average life expectancy. To achieve that goal, we must integrate the strengths of various ministries and agencies, establish a comprehensive sports network, and promote regular exercise habits for people of all ages nationwide. By 2030, we aim to increase the number of physically active people by 15 percent compared to 2021, thereby extending the average healthy lifespan of our citizens.

The World Health Organization (WHO) has indicated that insufficient physical activity is one of the four main risk factors leading to non-communicable diseases, and that regular physical activity has significant benefits for both physical and mental health. But according to Taiwan's 2021 National Health Interview Survey, more than half of the population does not meet the WHO's recommendation of 150 minutes of moderate-intensity physical activity per week. We must implement various policies to enhance the willingness of people of all ages to engage in physical activity.

Therefore, at today's meeting, in addition to hearing a report by the MOHW on the status of certain items listed in the third committee meeting, we have also specially invited the MOHW to deliver a report on promoting sports and athletics to drive citizen health, and the MOE to deliver a report on courses and teaching activities regarding health promotion for schools at the high school level and below.

As I mentioned earlier, promotional efforts for our policies have already been elevated to a cooperative endeavor involving the entire government through a division of labor. Today's report from the MOHW incorporates plans from the Ministry of Transportation and Communications (MOTC), MOE, and Ministry of Labor (MOL), along with guidance from Committee Member Chien Wen-jen and the Executive Yuan prior to the meeting. Looking ahead, the government will promote sports and athletics among citizens through four main strategies: creating the right social climate, building a supportive physical environment, enhancing people's awareness of self-health, and integrating information systems.

In addition, education is the foundation and key to cultivating healthy citizens. By establishing correct health concepts from a young age, developing healthy behaviors that meet individual needs, and forming good habits, the likelihood of maintaining routine exercise in adulthood increases significantly.

In a few minutes, the MOE will deliver a report on helping children understand the importance of health through health-promotion courses and incorporating that understanding into their daily habits through practical and situational education.

In the future, through inter-ministerial collaboration and comprehensive campus health promotion policies, as well as close engagement with families and communities, we will create a

comprehensive health education support system so that health is not just something people learn about from books, but an everyday habit.

I want to emphasize that building a Healthy Taiwan requires inter-ministerial collaboration and public-private cooperation. Even more, it requires full public participation to keep people healthy and make the nation stronger so that the world embraces Taiwan.

Taiwan's various health policies and medical and public health experiences can help promote exchanges and cooperation with the world. As we meet today, Minister of Health and Welfare Chiu Tai-yuan is leading a World Health Assembly action team to conduct professional medical and public health exchanges in Geneva. These exchanges not only demonstrate to the world Taiwan's extensive soft power in the medical and public health fields, but also tell the international community that if Taiwan is permitted to participate in WHO-related activities, we can definitely contribute even more to the international medical and public health system.

Once again, I want to thank all the advisors and committee members for working together with the government. I also hope that after listening to the reports, you can provide expert opinions from the perspectives of your various fields for the reference of government agencies, so that together, we can raise health management awareness among the public and work together to achieve our vision of a Healthy Taiwan. Thank you.

II. Confirmation of the Meeting Agenda

Decision: Meeting agenda confirmed.

III. Confirmation of the Meeting Minutes of the 3rd Committee

Meeting

Decision: Minutes of the 3rd committee meeting confirmed.

IV. Report Items

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

(Presented by Deputy Executive Secretary Shih Chung-liang)

2. Report on promoting sports and athletics to drive citizen health (omitted)

(Presented by MOHW Deputy Minister Chou Jih-haw)

3. Report on courses and teaching activities regarding health promotion for schools at the high school level and below (omitted)

(Presented by MOE Deputy Minister Chang Liao Wan-chien)

V. Discussion Items (In Speaking Order)

Report Items 2 and 3 are presented for discussion; written opinions will be included in the meeting minutes (Appendix not included in the English meeting minutes)

1. Committee Member Remarks (Non-government)

(1)Committee Member, Chen Shih-ann

The strategy for fostering an active citizenry presented in Report Item 2 involves organizing such activities as health guru marathons and Mazu pilgrimages. However, as sudden deaths during marathons are not unheard of, awareness of preventive and safety practices should be promoted. For example, drones can be used to monitor the condition of runners, or a certain number of runners can carry automated external defibrillators (AEDs) to facilitate timely rescue.

(2)Committee Member, Susan Shur-fen Gau

1. The MOE has already incorporated physical activity into its curriculum planning. The next steps are to consider how to increase student motivation to participate and develop a

love of exercising, and encourage parents to take part as well.

2. Urban space planning is vital for encouraging seniors to get out and exercise. We should improve pavements and walkways to make them more level so that senior citizens can walk unimpeded.
3. Cancer patients can now access chemotherapy, radiation, and immunotherapy on an outpatient basis. However, many commercial insurance policies require hospitalization as a condition for payment, a condition that has changed treatment decisions and wasted medical resources. The Financial Supervisory Commission (FSC) and National Health Insurance (NHI) Administration are requested to jointly review the NHI and commercial insurance policy conditions.
4. Regarding mental health care for youth and young adults, the current NHI reimbursement rate (less than 400 points) for clinical psychologists in hospitals is considerably lower than the rate patients pay out of pocket (approximately NT\$3,000). However, the relevant health professionals still do their best based on their sense of social responsibility. It is suggested that in addition to the NHI, educational and social welfare resources can be integrated to provide assistance. For example, most student problems occur at school, so schools can offer counseling services to help reduce stigmatization and alleviate the burden on the healthcare system.
5. To address the challenges of Taiwan's declining birthrate, it is suggested that support measures for working mothers be provided, including supportive workplaces and foreign childcare providers, to increase their willingness to have

children. In addition, Taiwan's talent recruitment policies have yet to be strengthened. Ways to retain talent should be considered, and the introduction of skilled professionals from other countries should be evaluated to resolve the shortage of human resources.

6. There is currently a significant salary gap between senior executives of health agencies and those of medical institutions, as well as age restrictions. The government should acknowledge these issues and use the United States' experience as a reference to discuss loosening age restrictions and offering reasonable salaries to recruit outstanding personnel to serve the public.

(3)Committee Member, Shen Ching-fen

- 1.Outpatient experience has found that adolescents are engaging in sexual activity at a younger age, while the occurrence of sexually transmitted diseases (STDs), especially syphilis and gonorrhea, is increasing year after year. Although sex education has long been included in curricula, in practice, many adolescents and parents still feel that the information gained from schools is insufficient, and the actual implementation remains to be confirmed. Factors that may possibly impact the effectiveness of sex education include a co-ed class system, which may cause adolescent students to feel embarrassed to ask questions, and teachers without the relevant professional background.
- 2.Also regarding STDs in adolescents, it is suggested that after setting their curriculum, the MOE should guide implementation and integrate healthcare resources from the MOHW to optimize effectiveness. For example, We Girls is a health education course developed independently by

health professionals specifically for girls. The course features gynecologists and psychologists who teach adolescent girls about the body's changes, and helps guide them through and adapt mentally to the changes in this phase of life. In addition to collaborating with the Bureau of Social Affairs, this program has also worked with urologists to open classes specifically for boys, providing adolescents with higher-quality education while giving parents an opportunity to address sex education issues together with their children. It is suggested that in addition to enriching sex education course content, the government should provide diversified learning channels integrating the strengths of civic organizations so that health-related policies can be comprehensively put into practice in the lives of all citizens.

- 3.Regarding antibiotics, because many first-line antibiotics are underpriced, profit margins are inadequate. In addition, due to high production costs and complex import procedures for pharmaceutical manufacturers, as well as other related management and sales issues, many pharmaceutical companies are unwilling to manufacture or import such medications. For example, in the past there were shortages of penicillin, the preferred course of treatment for syphilis. Although the NHI Administration has addressed this issue in recent years by increasing the NHI reimbursement rate for antibiotics, nevertheless, the import strategies of many hospitals are still impacted by their low usage and price disparities, making patients unable to access the most effective treatment. It is suggested that in addition to NHI support for drug prices, hospitals should be exempt from price restrictions for medications for

rare diseases and in special circumstances (e.g., for notifiable infectious diseases), and required to introduce essential medications to ensure comprehensive patient care.

4. Taiwan currently relies heavily on imports for many of its antibiotics, which makes it vulnerable to the impact of global shortages. It is suggested that the government support pharmaceutical manufacturers in engaging in domestic production, given the importance of stockpiling essential antibiotics for military preparedness. The government should more proactively strengthen antibiotic supply chain resilience to prevent geopolitical risks from impacting basic medical care.

(4)Committee Member, Chou Ching-ming

1. Taiwan currently faces challenges from an aging population and the prevalence of chronic diseases. It is suggested that exercise prescriptions be promoted for chronic diseases. Considering that exercise models for patients with chronic diseases are different from those for the general public, medical professionals should be involved to provide assessments, exercise injury prevention, and exercise plans to enhance the effectiveness and quality of exercise prescriptions.
2. In countries such as Japan, Germany, the United Kingdom, and Sweden, exercise prescriptions are covered by national healthcare insurance. Taiwan can therefore discuss the feasibility of providing NHI coverage for physical activity-related services for chronic disease patients and senior citizens. Japan already offers tax credits for the cost of using an exercise facility of a contracted institution when prescribed by a physician. It is suggested that Taiwan

consider this approach to reduce NHI co-payments for people who meet exercise targets.

3. It is suggested that the participation of physicians in the assessment, control, and handling of sports risks be expanded, and that the use of medication, testing, and examination assessments be combined to jointly promote the scientific, popular, and professional nature of sports prescriptions. In addition, primary medical institutions should be guided in conducting education, training, and certification to establish a tiered service system for sports medicine. The Taiwan Medical Association is willing to undertake this important task.

(5)Committee Member, Huang Cheng-kuo

1. We request that the MOL gradually amend the relevant laws and regulations, and guide medical institutions that conduct labor health examinations on how to upload their examination results to the health platform.
2. Because drugs with identical ingredients may be sold under different brand names, it is suggested that the My Health Bank app add a function that automatically alerts users about duplicate medications. Once informed, caregivers can then report such cases to medical institutions to reduce duplicate medication use. In addition, information regarding controlled substances should be included in My Health Bank to help patients understand their own medication usage.
3. Electronic instruments may degrade and lose accuracy over time. It is suggested that the government conduct regular spot checks on commercially available blood pressure monitors each year, instead of waiting for individuals to

take them to medical institutions for testing.

- 4.Many citizens aged 18 to 64, particularly office workers, do not get adequate physical activity. Rather than only promoting recreational sports, we should think about increasing green spaces and optimizing walkways to encourage people to use their commute time for more physical activity.
- 5.School nurses in Taiwan are currently burdened with many administrative duties, gradually disconnecting them from their medical work. They also lack advanced courses regarding STDs and child psychology. To respond to practical needs, we should decrease their administrative burden and strengthen professional training.
- 6.To effectively promote physical activity among students, it is suggested that the MOE set a uniform nationwide daily exercise period to cultivate exercise habits from a young age.
- 7.To address the need for education regarding STDs in elementary and junior high schools, community-based pediatricians and family doctors can help implement health education and adolescent health promotion. We believe the relevant medical professionals would be happy to provide their support.
- 8.Marathon runners should have an understanding of their own physical and mental condition. It is suggested that an electrocardiogram (EKG) or adult health check be made mandatory within three months prior to the competition as a requirement for participation.

(6)Committee Member, Ni Yen-hsuan

- 1.Among citizens aged 12 to 17, 82% do not get sufficient

exercise. Excessive mobile phone and internet use not only cuts into exercise time, but may expose children to inappropriate content. Mobile phone use issues are also a source of strained parent–child relationships, and wide-ranging, collaborative thinking is required to deal with this issue.

2. Our experiences in outpatient work indicate that obese children often come from families with obesity issues. In addition to inherited genes, lifestyle habits such as buying snacks frequently or arranging weekend cram school sessions instead of exercising are key factors. We therefore suggest a family-centered approach, with parents leading by example by establishing healthy lifestyle habits with less screen time and more exercise to foster positive development in their children.

(7)Committee Member, Lin De-wen

1. Given that Taiwan has diverse ethnic communities including speakers of Mandarin and Taiwanese, as well as Hakka people, indigenous peoples, and immigrants, we should make the interfaces of the MOHW websites Taiwan e-Hospital and Health 99+ more user-friendly by integrating AI or large language models and ensuring cultural sensitivity.
2. Patient health information is currently spread across various interfaces. For example, My Health Bank is only available to the public; medical professionals use cloud-based medication records; lung cancer screening results are only stored in the HPA's VPN; and the Family Doctors' Plan 2.0 is only accessible after enrollment. It is suggested that the relevant data be integrated and linked to help every health

professional who works with patients have a comprehensive understanding of each patient's physical condition.

3. For patients with complex medication regimens, the cloud-based medication record system requires browsing numerous pages to get the full information. It is suggested that the system interface and data presentation method be optimized and integrated with preventive healthcare data and other health-related data. This will help physicians provide holistic care.
4. The HPA and Ministry of Economic Affairs (MOEA) have proposed encouraging workplace sports programs, but not on a mandatory basis. Consideration should be given to a tiered implementation approach tailored to different age groups and ethnic community needs. For example, the healthcare sector typically adopts a three-shift system, so flexible workout arrangements can be provided by cooperating with private fitness centers. Older people often have multiple diseases, and their exercise needs differ from ordinary adults. Taiwan currently lacks a national fitness certification system, and commercial fitness businesses get certified using the US system. It is suggested that a standard certification system be established to ensure execution quality.
5. The MOHW has established an indigenous peoples' health policy committee that primarily discusses issues related to the health of indigenous peoples, but is not sufficiently linked to Healthy Taiwan committee issues. It is suggested that the MOHW adjust the meeting frequency and operations of both committees to facilitate information synchronization and mutual communication. In addition,

the high thresholds to apply for the healthy workplace, senior-friendly workplace, and Healthy Taiwan Cultivation Plan make it difficult for indigenous peoples' plans to be included. It is suggested that when promoting the relevant policies, the unique characteristics of indigenous areas such as low population density and smaller institutions be considered to promote participation.

(8)Committee Member, Li Yi-heng

Although the government has lowered the minimum age for free health checkups to 30, public self-health awareness is still inadequate. This is especially true for currently employed laborers, few of whom are willing to seek long-term treatment after discovering health issues. After abnormalities are discovered during current health checkups for adults, laborers, military personnel, civil servants, and teachers, there is also a lack of effective follow-up mechanisms, resulting in limited effectiveness. It is suggested that specific workplace follow-up and support mechanisms be designed to strengthen the identification of high-risk patients while encouraging them to accept treatment.

(9)Committee Member, Liao Mei-nan

- 1.Unlike office work that requires sitting for long periods, nursing requires prolonged periods of standing. We therefore request that Committee Member Chien assist in creating exercise guidelines for people whose jobs require prolonged standing, and request that nursing societies and associations jointly support health promotion actions.
- 2.To motivate the public to exercise, incentives are required. It is suggested that tax incentives be provided to encourage

enterprises to invest profits in employee and community health. Participation in exercise can be further increased by using a point-based system where individuals who reach exercise targets earn “health points” that can be redeemed for health-related activities, products, or insurance premium discounts.

3. There is currently a shortage of school nurses, many of whom concurrently handle administrative duties, which is a taxing burden. It is therefore suggested that health promotion topics for schools focus on six major areas, and schools should voluntarily choose areas in which they participate to allow school nurses to devote more energies to serving students.
4. The proportion of junior and senior high school teachers qualified to teach health education is continuously increasing. However, elementary schools rely on homeroom teachers or subject teachers to teach health education, even though health education is not compulsory in elementary school teacher training. We request that the MOE develop teacher training regulations for teaching health education in elementary schools to ensure the quality of teaching. For example, the MOE can assess whether it is feasible to include 36 hours of core health education courses in elementary school teacher training.

(10)Committee Member, Huang Chin-shun

1. Walkways in front of buildings are often uneven and used for private purposes without authorization, making it difficult for people with disabilities to access these thoroughfares. Immediate action should be taken to remedy this situation, with priority given to the six municipalities

of Taiwan.

2. Surveys indicate that one in four people in Taiwan use sleeping pills. Through a survey of taxi drivers conducted at taxi rest areas, the Taipei Pharmacists Association found that approximately 30% of drivers use sleeping pills or sleep-inducing drugs. Roughly 85% of Taiwanese people aged 65 or older suffer from a chronic illness, suggesting that both chronic illness medications and sleep-inducing drugs are widely used among older adults. The government should investigate medication use among drivers to effectively manage transportation-related risks.
3. It is estimated that Taiwan's core list of medicines contains 597 types of medicine, 584 of which are considered essential. FDA regulations require a six-month stockpile of essential medications. However, cost considerations have forced pharmaceutical companies to rely heavily on imports from China and India, putting the country at risk of shortages in the event of an emergency. The government should implement a price support system that helps pharmaceutical companies to import raw materials from other countries and produce their own supply locally, thereby increasing the resilience of our pharmaceutical supply chain. The United States' new drug pricing policies may compel international pharmaceutical companies to reduce or halt production, which could impact Taiwan. Countermeasures should be prepared in advance.
4. Generic drugs are effective, but the stigma associated with them induces distrust, deterring people from using them. The government should address this issue by ramping up efforts to educate the public and ensure that medical resources are used effectively.

5. The regional mechanism for health promotion mainly comprises medical institutions of varying tiers, but it should also include community-based pharmacies to leverage their medical expertise and high accessibility.

(11) Committee Member, Kuo Su-e

1. Solutions for childhood obesity should focus not only on education but also on family-centered approaches. For example, health management practices can be promoted in the workplace, helping parents to access information on healthy eating and exercise habits. However, small business workplaces may not have the opportunity to provide health and nutrition education for employees, which means that nutrition education at schools is still important, and its impact may even extend to parents or primary caregivers.
2. Although health education with specific learning objectives and content is now included in the primary/secondary education curriculum, its implementation still produces less-than-ideal outcomes. It is suggested that the MOE encourage school principals to address this issue by designing age-appropriate nutrition education courses that are contextualized, structured, and progressively complex, and by allotting ample class time so that students can learn comprehensively, achieving learning objectives.
3. Nutrition education should be made a part of everyday life by, for example, serving nutritional school lunches that impart knowledge about food or agriculture to make mealtimes more enjoyable. However, there are still urban–rural inequalities and interschool disparities in the implementation of nutrition education. It is suggested that the MOE urge county and city governments to address this

issue. A number of nutritionists have been employed at schools in remote areas through the remote school kitchen project. The MOE has created training programs for new school nutritionists, but the main objective of training is usually to ready them as quickly as possible for lunch management. It is suggested that we can learn from Japan and South Korea in the long term. Experienced nutritionists are trained to become nutrition teachers to assist county/city authorities in designing lesson plans and educational materials based on local ingredients and conditions for nutrition education.

(12)Committee Member, Hung Te-jen

- 1.To create an environment conducive to active lifestyles, we are hoping for a pedestrian-friendly system that can be reached in 20 minutes centered around MRT or train stations in the six municipalities of Taiwan. This system would make commutes easier for people and encourage physical activity. The government can also design a health incentive program that will motivate people to exercise.
- 2.The MOE has allocated funds for the Health Promoting School program, but with the number of schools in Taiwan, each school receives just over NT\$10,000. Funding is insufficient, affecting the efficacy of the program. It is suggested that the scale of funding be increased.
- 3.Staff working in the public health sector, including local health departments, health centers, and public health centers, are generally underpaid. We request immediate attention to this issue and call for better compensation and benefits for civil servants in the public health sector.
- 4.I had the good fortune to participate in the drafting of the

Healthy Taiwan declaration, and I presented a report at the national forum on April 27. A paper compiled from the relevant data has been published in the May issue of the journal of the Taiwan Medical Association.

(13)Committee Member, Ko Fu-yang

- 1.Comprehensive information and health care FAQs are available on the Taiwan e-Hospital and Health 99+ websites. The National Union of Chinese Medical Doctors' Association is willing to provide services and share its traditional Chinese medicine (TCM) knowledge on these two websites.
- 2.A number of schools have engaged TCM practitioners through collaborations with local health or education authorities to promote eye and nasal care exercises among students. This information is provided for the MOE's reference. We suggest incorporating TCM-based health and dietary practices into the curriculum.
- 3.For adults, TCM health activities have been promoted in long-term care service centers and communities. The National Union of Chinese Medical Doctors' Association has created instructional materials for TCM-based exercises such as tai chi, Baduanjin qigong, and Wuqinxi qigong that are suitable for physical activity for all. TCM practitioners have also produced instructional materials and videos about myopia that provide information on acupoint massage and exercises for eye care. These can be provided for the reference of the MOHW.

(14)Committee Member, Tsai Sen-tien

- 1.The key to achieving a Healthy Taiwan is the implementation across society of the conclusions reached

in this conference. Hospital accreditation now includes employee health promotion programs. Our next step is to incorporate the 888 Program for Three Highs Prevention and Treatment. Encouraging publicly listed and OTC companies to include the 888 Program in their ESG reports and annual shareholder reports will be conducive to realizing the objectives of the Healthy Taiwan policy across all sectors of society.

2. We plan to make changes to hospital evaluation indicators and to incorporate a regional care network model that comprises regional healthcare alliances and specialty alliances. Regional healthcare alliances will be composed of one or more quasi-medical center(s) that partner with neighboring regional and district hospitals; their primary task will be to provide tiered health care services. Specialty alliances will consist of the planned development of combinations of specific departments or fields, with assessments focused on structural aspects (staff exchanges, information and administrative support) and results (number of referrals, ward management, transition from healthcare to long-term care, and connections with health authorities).
3. Medical centers should provide guidance to alliance members to enhance healthcare quality and patient safety and should develop innovative solutions. We anticipate that the large medical alliance formed by the regional care network model, facilitated by NHI payment adjustment and deregulation, will potentially pave the way for a transition to capitation payment.

(15)Committee Member, Chien Wen-jen

1. Physical fitness involves multiple different activities that vary significantly across age groups, workplaces, and fitness levels. Such activities must be integrated into everyday life to achieve physical activity for all. In so doing, everyone can improve their health literacy. However, knowledge alone is insufficient; the ability to act and participate in sports is also imperative. This goal is ambitious and probably beyond the capability of the sports ministry once it is officially established. Thankfully, President Lai has taken health and fitness issues to a presidential priority and has personally supervised the process, thereby facilitating substantial cross-ministerial integration. We believe this will lead to the desired objectives.
2. The Challenge to be Health Smart, launched by the Taiwan Health Movement Alliance in collaboration with a professor from Harvard University, is a component of Harvard University's global health program. With prizes sponsored by corporations and organizations, this challenge encourages people to develop healthy habits such as regular exercise and tracking physiological statistics. This event has undergone two trials, and if proven to be successful and scalable, will raise Taiwan's profile on the world stage.
3. According to news reports, subsidy programs for older adult fitness clubs will be expiring soon. Without continued funding, older adults may struggle to maintain their exercise habits, which would be unfortunate.
4. I will continue to create workout plans for different environments and patients that incorporate motivational health slogans, where appropriate, and physical activities to achieve maximum benefits.

5. Walking is the start of a healthy life. With the public sector taking the initiative to optimize walkways and cycling lanes and the private sector adopting these paths in the spirit of ESG, the science, technology, and culture trail and Taiwan sacred pilgrimage tour should soon be a reality.

(16) Committee Member, Su Kuan-pin

1. Both topics discussed today, exercise and education, are closely related to mental health. First, there is a direct relationship between exercise and illness in that a lack of exercise is a risk factor for diseases. Limited physical activity and rehabilitation after illness also require attention. I strongly agree with Committee Member Chou's idea of an exercise prescription. Second, hospitals should encourage a healthy lifestyle among healthcare workers, because health professionals who exercise will be more persuasive in convincing their patients to do the same.
2. The MOE launched the first five-year phase of its social and emotional learning (SEL) mid-to-long-term plan in February. I have co-organized several panel discussions on SEL with non-profit organizations (NPOs); people were concerned about whether we could catch up to international standards after five years, and the general consensus was that there was a need to set timelines or budget plans for the program. Numerous NPOs have carried out SEL trials in schools for many years, and have published the empirical results. The MOE and the National Academy for Educational Research should work with NPOs to increase the efficiency of program implementation and achieve its objectives as soon as possible.
3. Regarding mental health and psychiatry issues, the

government has allocated NT\$130 million and NT\$330 million to a two-phase mental health support program, expanding the scope of application from young people to those in the prime of life. This has helped countless individuals navigate mental health crises; it is a policy that people feel has made a real difference. In September last year, the Executive Yuan passed a plan to strengthen whole-of-society mental health resilience, through which it will allocate NT\$5.63 billion over six years. This comprehensive policy demonstrates a clear commitment to mental health.

4. Concerning digital transformation in relation to mental health, I previously proposed two key approaches: online consultation and digital therapeutics. For online consultation, the infrastructure was established during the COVID-19 pandemic, and it is now the preferred mode of consultation for approximately 80% of European and American patients with non-critical illnesses. Singapore, through its commitment to the development and transformation of digital healthcare, now boasts the world's most digitally advanced hospitals. Since mental healthcare currently involves mostly face-to-face consultations, online consultations can reduce barriers to access and stigma, both of which are beneficial to adolescents, those in high-pressure jobs, and individuals with common mental health issues. International reports show that online consultations also increase willingness to seek mental health care, reduce missed/cancelled appointments, and lower medical costs.
5. The MOHW has previously discussed the feasibility of amending laws and regulations to expedite access to online mental health consultations. However, the medical community remains divided on telehealth issues. The

Department of Medical Affairs should draft plans to launch online consultations in psychiatry first, as it is a field where telehealth is widely accepted and most suited to patient needs. Following the teletherapy counseling model, regulations limiting online psychiatric care to specific groups should be relaxed. Initially, such services would not be covered by NHI; the government should fund the first two to three sessions, and thereafter patients can opt for self-pay or use NHI coverage for subsequent sessions.

(17)Committee Member, Ho Mei-shang

- 1.Regarding the plan to increase the number of physically active people by 15% compared by 2030, we should initially target people who are underweight (10% of the population) and overweight (40% of the population), helping them to foster healthy habits in everyday life. We could involve non-governmental organizations (NGOs) in this process to assist with exercise prescriptions and encourage people to record their physical activities such as daily step count. The activities they complete can be converted to “health points,” which can be used to offset medical bills or purchase healthy meals.
- 2.The HPA and FDA should invite nutrition and public health experts to discuss and establish standards and define healthy and unhealthy food options, which can also be based on nutrition gaps (e.g., nutrients, dietary fiber) observed in Taiwanese people. Since healthy foods are generally more expensive, the aforementioned “health points” should be designed to help those in need to access healthy foods at a lower cost.
- 3.The Ministry of Agriculture (MOA)’s Food and Agricultural

Education Act has been put into action by local governments. The MOHW's Nutrition and Healthy Diet Promotion Act is aimed at creating healthy lifestyles. Both should be integrated and implemented as a united whole. We also hope that physicians will assist in providing exercise tips and health and nutrition education to promote a positive impact on the health of families and future generations.

2. Government Representative Remarks

MOHW Deputy Minister, Chou Jih-haw

- (1) Regarding Committee Member Chen Shih-ann's suggestions about marathon safety, we will pass them on to the organizers concerned. The MOHW strongly supports the idea of promoting health with technology. Please do not hesitate to share any information you have about new technologies that will encourage people to be more physically active. The MOHW will actively evaluate their adoption.
- (2) Several committee members have proposed user-friendly bike lanes, walking trails, green and safe corridors, and street and block environments. We will forward those suggestions to urban planning and traffic engineering units for improvement.
- (3) The MOHW will do its utmost to cooperate on the issues raised by Committee Member Shen Ching-fen regarding STDs. Thus far, we have established clinics that provide sexual health-friendly services. Our next step should be introducing these services in campus prevention systems.
- (4) The MOHW is continuing to deal with the complex issue of medication shortages. Regarding the stockpile of active pharmaceutical ingredients (APIs), we will ask the FDA to analyze whether the government will assist in stockpiling and assessing which medicines need to be included in the API

reserve. We will also ask transportation authorities to discuss the inclusion of driving under the influence of pharmaceuticals in incident investigations, and to strengthen traffic safety campaigns.

- (5) Suggestions regarding exercise prescriptions may involve regulatory amendments, and the MOHW will continue to look into this matter. Physically active elderly citizens can ease the burden on our healthcare system, and incentivizing them to exercise is a reasonable strategy, so we will look into this issue.
- (6) The MOHW will continue to work with the MOL to urge hospitals to upload labor health examination data. In addition to enhancing promotion of My Health Bank functions, we will improve the way drug information is presented to prevent the duplication of medications. Committee Member Ho Mei-shang mentioned collecting data on people's physical activity, but this involves access to network platforms and mobile phone operators, so we will refer to the experiences of other countries when looking into this.
- (7) Committee members have mentioned using a family-centered approach to raising health awareness, and the MOHW is likewise paying attention to this concept. It is indeed persuasive for health professionals to lead by example in promoting good exercise habits, and we will assess using hospitals as focal points for promoting exercise and physical activity measures.
- (8) We will gradually make improvements by introducing AI and ensuring cultural sensitivity on the Taiwan e-Hospital and Health 99+ websites. We will also strengthen the connection between issues addressed by the indigenous peoples' health policy committee and those addressed by this committee.

- (9) We will forward the suggestion that companies track and manage employee health more effectively and include employee health management results in their corporate governance reports to the FSC and relevant units for further discussion, and strengthen communication with companies.
- (10) Thank you to Committee Member Ko Fu-yang for developing instructional materials for TCM-based exercise. We will follow up by requesting that our colleagues get in touch with the National Union of Chinese Medical Doctors' Association to provide those materials to members of the public who need them.
- (11) The MOHW is already involved in promoting food and agricultural education and has established good connections with the MOA. National nutrition and health guides currently provide information regarding the definition of healthy food. If that is insufficient, we will consult with the Taiwan Dietitian Association to supplement that information.
- (12) Thank you to Committee Member Chien Wen-jen for his assistance and guidance in compiling the report on the promotion of physical activity for all to enhance public health. We will fully support extending senior citizen fitness club subsidy programs set to expire.

3. Advisor Remarks

(1) Advisor, Cherng Wen-jin

1. Because acute myocardial infarction often occurs without preceding symptoms, the effectiveness of requiring marathon participants to provide an EKG before a marathon is limited. Before running a marathon, runners should ensure they do not have any cardiovascular abnormalities before participating.

- 2.To promote health for all, we suggest that national “walk for health” and “cycle for health” days be designated to generate media coverage and spur enthusiastic public participation. To increase effectiveness, we also suggest that various departments strengthen professional training and enhance collaboration with junior colleges, colleges, universities, and sports medicine centers. In addition, we suggest creating user-friendly public spaces including neighborhood sports parks and indoor exercise spaces to provide people with disabilities and senior citizens with appropriate activity areas. For added incentive, we can also hold activities such as those that award points for exercise participation.
- 3.Health promotion courses and teaching activities in schools at the senior high level and below should include an overview of all learning stages to understand the health learning progression and course alignment for each grade. Emerging issues should be emphasized and teaching materials updated to include topics such as AI and health, social media, gender diversity, and mental resilience to align with the contemporary living environment. To achieve curriculum learning outcomes such as application in daily life, scenario simulations, and improving health literacy and practical abilities, we suggest that textbook reviews incorporate interdisciplinary expert opinions to ensure that content is scientific and up-to-date.

(2)Advisor, Yu Ming-lung

- 1.Effective policy implementation requires the participation of corporate institutions. In the spirit of the Sports Industry Development Act, we suggest allowing corporate contributions to the sports industry and expenditures on employee wellness, including expenditures on individual sports, to be tax deductible to spur voluntary investments by corporations and individuals.

2. Numerous companies have made donations and enjoyed tax benefits through a designated fund established by the MOE to support professional sports development. We recommend that the HPA consider setting up a dedicated fund for promoting workplace health and provide tax incentives to aid organizations in need of funding support to undertake health promotion activities.
3. It is extremely important to build a social culture of exercise. Change must begin with the individual and be implemented in various settings. Workplace health initiatives should include exercise, and certification and rating systems can be established. Promoting the formation of corporate alliances dedicated to health and exercise and creating an exercise culture will be more effective than government promotion alone.
4. We suggest that the government actively discuss an exercise prescription system, establish standardized models and measurement methods, and use technology applications to quantify physical activity and collect data from smartwatches, which may form an emerging industry that will help future promotional efforts.
5. Regarding the president's goal to reduce the standardized mortality rate for cancer by one-third by 2030, the current mortality rate for liver cancer is the second highest among the top ten causes of death in Taiwan, and 60% of patients are already in the middle or late stage at the time of diagnosis. To address these challenges, I suggest that liver cancer be included in the existing cancer screening tests to achieve early screening and diagnosis, thereby lowering the mortality rate and NHI expenditures.

(3) Advisor, Chen Mu-kuan

1. Boosting healthcare resilience requires cooperation between the public and private sectors, instead of relying solely on military hospitals. Although hospital accreditation includes drills involving mass casualty incidents, fires, and earthquakes, hospitals are still not adequately prepared for actual wartime scenarios. In wartime, access to the best medical care within the first critical hour requires assistance from private hospitals to set up ten-person teams (consisting of eight nurses, one emergency physician, and one surgeon) in forward support medical stations to provide emergency treatment on the frontline.
2. Because the nation's blood banks have limited reserve stocks for wartime use, we require large-scale blood donations and a cold-chain transport system. Inventory data, however, shows that our hospitals' blood reserves are insufficient. It is actually not difficult to obtain and store whole blood, but Taiwan lacks experience in many areas including initiating public blood donation drives, blood storage, and transporting blood to the frontline, as well as experience in battlefield emergency medical techniques such as chest tube insertion, amputation, and emergency aid for mass casualty incidents.
3. Although Taiwan has advanced communications systems, those systems could be damaged in wartime, making emergency wireless communication between hospitals difficult. If communication must be conducted via military messengers, Taiwan lacks practical training experience. I suggest that the government promote education and training for all people and improve the response capabilities of the public and our healthcare system.

(4) Advisor, Chiu Kuan-ming

1. The key role played by neighborhood chiefs can be leveraged to

promote physical activity for all. They could be provided with appropriate resources and encouraged to organize special events and participate in information sharing. For the workplace, efforts by the competent authorities for industry and commerce such as the MOEA should be integrated to encourage enterprises to establish exercise facilities or outsource services, and improve commuting arrangements to encourage employees to increase their level of physical activity.

2. We hope that health education course design for any point in the life cycle will highlight the importance of one's family medical history and encourage children and youth to show concern for and look into the health status of their family members, which may in turn help family members quit smoking or drinking and increase their willingness to exercise.
3. Exercise habits are most easily developed during adolescence. We therefore suggest increasing the number of hours that students at the senior high school level and below are enrolled in physical education classes while making those classes both educational and entertaining. In addition, we suggest increasing awards for outstanding performance in physical education classes to reshape the value proposition for physical health. Parent-teacher association resources can also be used to help develop the unique characteristics of athletics at each school.

(5) Advisor, Chang Hung-jen

1. The FSC announced that beginning this year, all publicly listed and OTC companies must compile ESG reports, and the social ('S') aspect of those reports must include employee health programs. In addition to 888 Program items, the reports may

also cover nutrition management, labor health examinations and abnormality tracking, as well as related workplace exercise measures.

2. Publicly listed and OTC companies are the lifeblood of Taiwan's economy, and ensuring employee health ensures economic development. The business community is highly creative, and can therefore have a significant impact in the future if they incorporate the suggestions made in this meeting into business management measures, guided by the FSC and combined with the strengths of the Big Four accounting firms and other experts.

4. Deputy Convener Remarks

(1) Deputy Convener, Chen Shih-chung

1. The Executive Yuan has convened multiple cross-ministerial meetings with the MOHW, National Science and Technology Council (NSTC), National Development Council (NDC), and MOEA regarding APIs to formulate plans that will increase the resilience of pharmaceutical supply chains. These plans range from the selection of raw materials to technological upgrades at pharmaceutical manufacturers and drug price incentives. Antibiotics are included in the "5+1" major drug category strategy, which covers vaccines, antibiotics, biologics, blood products, radiopharmaceuticals, and medical devices, and is a core direction for future active stockpiling and development.
2. Regarding drug distribution, we hope to set up a smart system to distribute and store medications, and amend the legal system to improve emergency allocation, procurement and storage, dispatch and distribution, and acquisition agreements to make scheduling and allocation more resilient. Upgrading technology and setting up various platforms will attract

investment from foreign manufacturers, creating a comprehensive ecological chain that provides both resilience and international investment.

- 3.Regarding the environmental aspect of physical activity for all, existing walkways and bikeways have already been linked, but the infrastructure involved and safe routes home are still inadequate. The People with Disabilities Rights Protection Act expressly provides that accessible environments must be implemented and promoted. We suggest initially focusing on accessibility for routes home from nearby elementary schools and then gradually expanding outward.
- 4.To promote physical activity, we suggest a school-centered approach with teachers using sharing health and fitness information on a regular basis with students on their teacher-parent communication log, developing into a family-centric approach to promote physical activity for all.
- 5.The main course of action is to organize more events and activities. Existing running and marathon events are organized by the private sector, with many participants. We should therefore focus on providing suitable subsidies or rewards to encourage both private and corporate involvement.
- 6.In practice, finding ways to link rewards to health-related businesses is still a challenge. We suggest first improving the front-end environment and developing awareness to help spur concrete action and then introducing reward mechanisms. This will entail a multitude of complex tasks that no single work unit can complete independently. Successfully achieving these goals will require a well-defined division of professional labor that matches the right people with the right tasks, with each person performing their respective duties.

(2)Deputy Convener, Wong Chi-huey

- 1.To achieve health promotion goals through exercise, exercise must be combined with good lifestyle habits and a healthy community environment. While healthy lifestyles vary by age, occupation, and physical condition, unhealthy lifestyle habits are easier to define. According to the Institute of Biomedical Sciences, Academia Sinica, childhood obesity is a serious problem in Taiwan that is already feeding into the “three highs” phenomenon, and we must face up to this challenge.
- 2.Regarding community environments, urban areas in Taiwan are characterized by traffic congestion and a lack of green spaces, both of which adversely affect public health. We also cannot overlook the adverse effects that modern lifestyles have on eye health due to the heavy use of mobile phones and computers, as well as other monitors, lighting equipment, and lighting that use LEDs with a high blue-light content.
- 3.The ultimate goal of the Healthy Taiwan policy is to create healthier citizens and a stronger nation so that the world embraces Taiwan. However, Taiwan is facing two significant challenges: population decline and urban–rural disparities. I hope that, guided by the Healthy Taiwan policy led by President Lai, we will not only make significant progress in both disease treatment and preventive healthcare, but I believe we will also see major improvements regarding those two challenges in the future.

(3)Deputy Convener, Chen Jyh-hong

- 1.On April 27 this year, over 600 people attended the Healthy Taiwan national forum, more than the previous year,

showing how important Healthy Taiwan issues have become. This attests to President Lai's governance style, introducing programs, action plans, and budget allocations including the national plan for cancer prevention and treatment, the 888 Program, and mental health support programs, all of which are important achievements. I want to remind the government that it should regularly track and assess implementation progress and key performance indicators (KPIs) to translate plans into truly meaningful actions.

2. Lifestyles are shaped by the habits we form. It is easier to maintain a regular exercise program and a low-fat/sodium diet if we cultivate these habits from a young age. According to MOHW analysis, however, most people who exercise regularly fall into two categories: students, because schools have PE classes, and people aged 50 to 60 who start to exercise because of health warnings. By contrast, people aged 30 to 50 exercise less because they are often busy with work or are tired after work. Therefore, we must rely on the support of private organizations and enterprises to foster regular exercise habits and healthy lifestyles for everyone.
3. This year, three policy measures are extremely important in improving the overall health environment and achieving policy goals:
 - (1) Review medical center accreditation criteria and align them with national health policies, which will be a major breakthrough.
 - (2) Make adjustments to the NHI reimbursement system, using reimbursements to guide the transformation of treatment practices and provide different pay for different jobs so that professionals are compensated in proportion

to their efforts while helping to retain talent for the long term.

- (3) The Healthy Taiwan Cultivation Plan is a major investment totaling NT\$48.9 billion over five years in four key areas that aims to guide the medical community to cooperate with Healthy Taiwan goals. The related expenditures and program information have already been explained publicly. We hope that the medical community themselves will propose region-specific issues they would like to resolve, with appropriate plans for areas where the national health insurance system falls short, to be carried out using the general budget.

5. Convener, Lai Ching-te

(1) Responses to committee members' suggestions:

1. To improve marathon safety, organizers should be required to have automated external defibrillators (AEDs) or first aid providers at appropriate intervals along the race course to respond to emergencies.
2. Regarding the issue raised by Committee Member Gao of commercial insurance policies requiring hospitalization as a condition for reimbursement, I request that Minister without Portfolio Chen invite relevant units including the Ministry of Finance (MOF) and FSC to engage in discussions with the MOHW on how to make improvements that will allow patients to receive treatment on an inpatient or outpatient basis based on the circumstances in each case.
3. I also ask that Minister without Portfolio Chen assist in overseeing the handling of API issues. There should be limitations on drug price monitoring, because if drug prices

are too low, that may negatively impact companies' willingness to manufacture them. We should think of ways to avoid creating a market that sells only low-priced drugs or APIs from China.

(2) Directive on the reports:

Thank you to the MOHW and MOE for today's reports and to all the deputy conveners, committee members, and advisors for your valuable suggestions. I will now make a directive on the reports:

First, promoting physical activity is an important foundation of health policy. From today's reports we can see that thanks to collaboration between the central and local governments, we have already created many excellent, tiered, exercise-friendly environments throughout the country, building bikeways, walkways, and sports venues and facilities.

I ask that the MOTC continue bikeway extension plans while working closely with the MOA, NDC, and local authorities to compile and publish information about local walking trails, and build a network and classification system for safe and user-friendly walking trails to make the trails more accessible and the public more willing to use them.

In addition, I ask that the MOHW and Sports Administration strengthen interministerial and central-local government cooperation to promote physical activity in different settings, promote events, maintain facilities, and link rewards with subsidy mechanisms to encourage public participation in various sports and other forms of physical activity.

At the same time, we must encourage local governments to make good use of civil affairs units, especially neighborhood

and civic organizations, to engage in public-private sector cooperation and develop measures promoting physical activity adapted to local conditions, making physical activity a part of citizens' lives and thereby gradually increasing the number of people who are physically active by 15% by 2030 compared to 2021. This 15% should be achieved in every county and city, not just on average overall. To achieve that goal, I ask that the MOHW and other relevant units invite each city to discuss standards for a few individual items from today's reports with county and city governments to determine whether they have reached those standards. If those standards are not met, we will provide guidance to help them make progress. Today's reports included central government policies and various local achievements. We must use the standards set out in today's reports to further collaboration with local governments.

Second, health knowledge and its application must be achieved through our education system. Through today's reports, we clearly understand that improving citizens' health literacy will effectively lower disease risk and enhance the well-being of the entire population.

I therefore urge the MOE to strengthen the health promotion curriculum and teaching plans to ensure that health education is implemented at all stages of learning. Correct health concepts and healthy habits will make students better able to eat a balanced diet, exercise regularly, build mental resilience, and manage their own health.

At the same time, cultivating health should not be limited to the classroom, but must extend throughout society. We must establish a support system that starts in schools and then extends to families and ultimately to communities. In other

words, our health-promotion efforts must encompass individuals, families, schools, and businesses to create healthy cities, a healthy society, and a healthy nation. To achieve this goal, every element must be taken into consideration.

I ask that the relevant ministries and agencies including the MOE, MOHW, and Sports Administration strengthen interdisciplinary collaboration to ensure that the school curriculum is linked with social resources and integrated with health promotion measures instituted by communities, workplaces, and medical institutions. That will make health education not just about transmitting knowledge but putting that knowledge into practice in daily life to achieve the goals of Healthy Taiwan.

Third, we are moving forward and plans have been formulated for the items listed in the third committee meeting, demonstrating the executive team's dynamism and sense of responsibility. I ask that the relevant ministries and agencies continue to coordinate implementation efforts, and that the Executive Yuan monitor the progress of supervision and evaluation. If there are concrete results, they should be reported to the general public so that citizens can understand the results of these policies, thereby increasing confidence in and support for health promotion initiatives.

In closing, I ask that the executive team include the opinions expressed at today's meeting in their policy consultations, especially the comments made earlier by Committee Member Tsai and Advisor Chang that the FSC require listed companies to include health promotion topics in their ESG reports. I believe this will lead to better outcomes. Let's continue to work together to improve governance and health-promotion systems

to improve the health of all citizens. Thank you.

VI. Extempore Motions: None.

VII. Chair's Closing Statement

Health is not only the foundation that allows citizens to live and work in peace and happiness; it is also essential for sustainable national development and it affects the quality and dignity of each individual's life. I have always believed that prevention is better than cure, and to really protect citizens' health, we must start with lifestyle, and focus on the details.

The primary focus discussed at this meeting is the hope that through cross-ministerial collaboration, we can implement health promotion strategies for all ages in communities, campuses, workplaces, medical facilities, and public spaces.

I also encourage more public and private entities to join us in mainstreaming healthy behaviors in our society, and work together to achieve the goal of increasing the number of people who are physically active by 15% by 2030 compared to 2021.

At the same time, health education is an important key to realizing a Healthy Taiwan, especially because students' knowledge of and attitude towards health will shape the health culture of our entire society.

We must continue to start from education at school to help students learn correct health concepts and take personal responsibility for cultivating healthy behaviors. More importantly, the influence of students and the spread of health education can connect homes with their communities, uniting the whole population around a shared understanding of health.

We must also continue to strengthen cross-department coordination, promote various measures, and establish a more comprehensive support system to ensure that health concepts become deeply rooted in our society.

Building a Healthy Taiwan is not something that can be achieved all at once. Over the past year or so, we have engaged in wide-ranging discussions and implemented various policies, with many major achievements. We look forward to the deputy conveners, advisors, and committee members continuing to provide valuable suggestions to clarify our policy direction and make our execution more concrete. Let's keep working hard toward our goal. Thank you.

VIII. Meeting End Time: 7:45 p.m.