

# **Meeting Minutes of the 3<sup>rd</sup> Meeting of the Office of the President**

## **Healthy Taiwan Promotion Committee**

**Date:** Thursday, February 27, 2025, 4:00 p.m.

**Location:** 3<sup>rd</sup> 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) (on leave), 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:** Liu Chin-ching (劉鏡清), Cheng Ying-yao (鄭英耀), Chen Shih-ann (陳適安), Susan Shur-fen Gau (高淑芬), Chan Ding-cheng (詹鼎正), Shen Ching-fen (沈靜芬), Chou Ching-ming (周慶明), Huang Cheng-kuo (黃振國), Ni Yen-hsuan (倪衍玄) (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), Tsai Sen-tien (蔡森田), Chien Wen-jen (簡文仁), Shan Yan-shen (沈延盛), 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 Chiu Tai-yuan (邱泰源),

Deputy Executive Secretary Chang Tun-han (張惇涵), Deputy Executive Secretary Shih Chung-liang (石崇良), Presidential Office Spokesperson Karen Kuo (郭雅慧), MOHW Deputy Minister Chou Jih-haw (周志浩), MOHW Taiwan Food and Drug Administration Director-General Chiang Chih-kang (姜至剛), MOHW Health Promotion Administration (HPA) Director-General Wu Chao-chun (吳昭軍).

## I. Chair's Remarks

Today is the third meeting of the Healthy Taiwan Promotion Committee. First, I would like to thank both deputy conveners, our advisors and committee members, and our friends online for their continuing concern about the planning and implementation of the Healthy Taiwan initiative.

At the last meeting, we heard a report on enhancing cancer prevention and treatment strategies. Guided by the Executive Yuan, the scope of government-funded major cancer screenings will be expanded starting this year, including expanding the age parameters and the categories eligible for screening. Treatment efforts will focus on genetic testing and precision medicine, and a fund will be established that provides diversified coverage for new cancer drugs. We hope to achieve our goal of reducing the standardized cancer mortality rate by one-third by 2030.

At today's meeting, the MOHW will deliver progress reports on certain items listed in the second committee meeting, as well as chronic disease prevention and treatment initiatives under the Healthy Taiwan plan including the development of models for healthy living, obesity prevention and treatment, and the 888 Program for prevention and treatment of the "three highs" (high blood pressure, high cholesterol, and high blood sugar). Among the

top ten causes of death in Taiwan, seven are related to chronic diseases, and five of those seven are related to “three highs” chronic diseases. Annual spending related to treating “three highs” chronic diseases is up to NT\$170 billion, and has become a tremendous medical burden.

According to the World Health Organization, most non-communicable diseases are the result of four particular behaviors: tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol. The results of the Nutrition and Health Survey in Taiwan show that most citizens are getting low or moderate amounts of physical activity, and have unbalanced diets that include excessive amounts of sugar and salt, and inadequate amounts of fruits, vegetables, and dairy products.

Therefore, the best strategies to care for the health of our citizens are to increase physical activity, boost food literacy, and improve the domestic food environment, preventing chronic diseases from the front end.

In a few minutes, the MOHW will give complete explanations for the various chronic disease prevention and treatment strategies, from building healthy lifestyles at the front end to preventing and treating obesity in the middle stage, making every effort to prevent citizens from symptoms of the “three highs.”

Beginning this year, the MOHW has upgraded preventive health services for adults, lowering the age eligibility to 30. Among people who already suffer from the “three highs,” the 888 Program for the prevention and treatment of those diseases will identify a target group and then conduct interventions, making every effort to improve symptoms and avoid the development of chronic disease.

This kind of action strategy needs to be promoted simultaneously in the workplace, the community, on campus, and in the military. Only through public-private sector cooperation can we reduce the incidence of chronic diseases and their associated disability risks. We have also set a goal to lower the standardized mortality rate for chronic diseases related to the “three highs” by one-third by 2030.

I hope that through the expertise of our advisors and committee members, we can provide discussions and suggestions from multiple perspectives to enable the government to propose health policies that meet citizens’ needs.

The government will also actively address the hospital congestion issue that everyone is concerned about. The MOHW, in addition to taking preventive measures such as purchasing additional flu vaccines before the Lunar New Year, is addressing the emergency department congestion that occurred from the Lunar New Year until recently, and has formulated a short-term response strategy as well as middle and long-term directions for reforms as directed by Premier Cho Jung-tai.

Through local health departments, we will strengthen the supervision and distribution of emergency room beds. At the same time, we will continue to boost the distribution of inpatient beds in medical centers, and give full play to our emergency medicine network to enhance joint prevention mechanisms among regional hospitals and reduce the pressure on emergency departments. We will also enhance the public’s access to information about tiered healthcare, and implement a tiered treatment system to make better use of resources.

To address middle- and long-term human resource issues, we will continue to incentivize hospitals to hire more nursing personnel to

lighten their burdens. We will also consider adjusting health insurance coverage to encourage more hospitals to participate in emergency and critical care. To respond to the challenges of an aging society, home healthcare, acute hospital care at home, Long-term Care 3.0, and post-acute care programs need to be promoted together to reduce the pressure on medical institutions.

By taking a multi-channel approach, we hope to resolve the problems facing healthcare in Taiwan, provide the public with better care, and achieve our vision of a Healthy Taiwan. So let us keep working hard together. Thank you.

## **II. Confirmation of the Meeting Agenda**

**Decision:** Meeting agenda confirmed.

## **III. Confirmation of the Meeting Minutes of the 2<sup>nd</sup> Committee**

### **Meeting**

**Decision:** Minutes of the 2<sup>nd</sup> committee meeting confirmed.

## **IV. Report Items**

### **1. Report on the implementation status of items presented at the 2<sup>nd</sup> committee meeting (omitted)**

(Presented by Executive Secretary Chiu Tai-yuan)

### **2. Healthy Taiwan – Chronic Disease Prevention and Treatment: Fostering Healthy Lifestyles, Obesity Prevention and Treatment, and the 888 Program for Three Highs Prevention and Treatment (omitted)**

(Presented by MOHW Deputy Minister Chou Jih-haw)

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

**Committee members are invited to comment on Report Items; 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, Chan Ding-cheng**

The primary healthcare platform integrating holistic care encourages medical institutions to upload in-clinic blood pressure readings to the platform. However, these measurements tend to be high, potentially affecting accuracy. We should instead adopt at-home blood pressure readings in reference to the “722” protocol.

## **(2) Committee Member, Chen Shih-an**

1. According to global statistics and Taiwan’s statistics, the prevalence of diabetes and kidney disease has declined, whereas high blood pressure and cardiovascular diseases remain ineffectively controlled and are even on the rise. Presently, specialized health education associations or case managers, among other mechanisms, are in place specifically for diabetes and chronic kidney disease. However, regulations for managing high blood pressure and coronary heart disease are insufficient, making it difficult to track and monitor patients’ medication adherence. I believe it would be beneficial to learn from the experiences of the aforesaid associations.
2. Expanding the pool of case managers will inevitably increase hospital costs. We should adopt digital tools to provide case management and health education in telehealth services so that patients can receive expert guidance at home. This will surely reduce personnel cost and facilitate follow-up management.
3. Effective medications for cardiovascular diseases are more expensive than those for diabetes and kidney diseases and are subject to greater National Health Insurance (NHI) restrictions, affecting patient treatments. We should

introduce targeted mechanisms for high-cost medical devices to reduce expenses and enhance the quality of care for patients with heart disease.

4. In terms of high blood pressure prevention and control efforts, the Taiwan Hypertension Society – comprised of hundreds of cardiologists and backed by a vast statistical database – is a valuable resource. Seeking their assistance could offer significant benefits.

### **(3) Committee Member, Chou Ching-ming**

1. I have two suggestions apropos of health examination policies:

(1) Most patients either do not understand their test results or, despite recognizing abnormalities, are not properly informed about the next steps. The relevant agencies should work together to improve the rate that various health examination results are utilized. For example, the Ministry of Labor (MOL) should assist in importing worker health examination results to the HPA's adult health examination database and display abnormal test results on the virtual private network (VPN) for NHI information, simultaneously delivering push notifications on My Health Bank to remind patients of follow-up treatments.

(2) The age eligibility for health examinations for older adults should be lowered from 65 to 60 years old, and Integrated Care for Older People guidelines, bone density testing, muscle strength testing, and sleep disorder screening, etc. should be incorporated.

2. The 888 Program for the prevention and treatment of the three highs is short of an explicit intervention guideline

for the second “8” component of the plan (lifestyle counseling). Such a guideline should be integrated into the Family Doctors’ Plan, with appropriate funding allocated to encourage physician participation. Moreover, we should train specialized health educators in collaboration with leading associations and hospitals to enhance the effectiveness of interventions.

3. As regards the third “8” component of the plan (three highs control), many treatment guidelines at home and abroad have placed emphasis on making use of preventive medications with protective mechanisms, such as diabetes medications that help protect the heart and kidneys. However, these medications are expensive. NHI coverage should be amended to align with treatment guidelines and allow medication coverage to be relaxed appropriately. There should also be additional global budget injections to reduce the effect on point values.

#### **(4) Committee Member, Huang Cheng-kuo**

1. It is increasingly inconvenient for older adults to visit the hospital as they age. Therefore, strengthening local service resources is necessary. Given the focus of the current 888 Program on medical resources including the MOHW, we should leverage the expertise of school nutritionists by connecting them, through the Ministry of Education (MOE), to local medical institutions and health bureaus to help provide better nutrition care for older adults in the community. Furthermore, physical education teachers from junior high and elementary schools can be brought together to provide health-related guidance for this population.

2. The “722” protocol encourages citizens to measure their blood pressure at home. However, there are many brands of electronic monitors available, and they vary in quality. The government should establish a quality assurance system and also supply blood pressure monitors suitable for individuals with obesity. There are also locally developed electronic monitors that warrant further support.
3. There is no denying that new drugs and new technologies are valuable; nevertheless, the NHI global budget system has made it difficult to adopt them comprehensively. Considering that some new drugs help lower blood sugar and protect the heart and kidneys, we should include them in the scope of reimbursement if there are no global budget limitations.
4. Patients with cancer or critical illnesses should receive long-term follow-up care within the community when their conditions stabilize. The healthcare teams involved should include medical centers, regional hospitals, clinics, and nursing homes, and they should offer person-centered care models in which medical care is integrated into nursing home care.

#### **(5) Committee Member, Li Yi-heng**

1. A system of multiple care networks has been developed to include care programs for diabetes and chronic kidney disease and the HPA’s care network for metabolic syndrome. The MOHW should integrate its management procedures to streamline physicians’ participation in care programs. Accordingly, a care network open to all medical institutions nationwide could be established for

populations at a high risk for arteriosclerosis.

2. Medication reimbursement regulations should be more quickly synchronized with clinical pathways that have been published, most of which are older, low-cost drugs. Moreover, excessive NHI expenditures are unlikely if these reimbursements do not cover new drugs.
3. Regarding the goal of having 80% of patients in the shared care network able to receive healthy lifestyle counseling, a medical association for primary care suggested integrating case managers and health educators into the care network. This network would cover chronic conditions such as heart disease, diabetes, and kidney disease, while also providing appropriate certifications and incentives.

#### **(6) Committee Member, Liao Mei-nan**

1. The second objective of the 888 Program is for 80% of patients in the shared care network to receive healthy lifestyle counseling – a very good strategy. While health-related knowledge is already accessible, changing lifestyles and cultivating healthy habits remain critical. Relevant associations have established plans for personnel training. However, they require substantial labor, necessitating the involvement of more professionals, including registered nurses. We should seek professional opinions from relevant associations to make plans for service operating standards, training systems, and certifications, and implement those plans as swiftly as possible.
2. Patients with complex conditions related to the three highs must be given acute integrated care by clinical nurse

specialists after being discharged from the hospital. In doing so, patient mortality rates can be reduced without expending more medical resources. The NHI system should incorporate special care services for complex chronic conditions and increase nursing fees accordingly.

3. The issue of nurse staffing shortages has garnered attention in recent years. President Lai also cited incidents of overcrowding in emergency departments. We invited 24 expert groups to declare their support for the Executive Yuan's 12-point strategic plan regarding the nation's nursing workforce. For example, subsidized pay for night-shift nursing staff only applies to those working in the general ward, but it should also apply to emergency department and ICU nursing staff or to all nursing staff – an aspect on which professional nursing organizations are in agreement. Hopefully this consensus can be put into action as soon as possible.
4. Nursing fees under the NHI system do not truly reflect the current cost of the nursing workforce. Many hospitals have voluntarily implemented 3–4% pay raises annually; however, nursing fee standards in some cases have not been adjusted in over ten years. Plans should be made over the long term to gradually increase pay standards.
5. The inpatient integrated care program implemented during the COVID-19 pandemic produced positive outcomes and was acclaimed by both citizens and healthcare professionals. However, its actual bed coverage rate and the number of hospitals applying for it remain limited due to a shortage of nursing assistants. We should discuss options such as hiring foreign mid-level technical workers with proper training and management to support hospital

nursing staff as assistants. This will lessen the burden for nurses while ensuring that the overall hospital workforce is more efficient.

### **(7) Committee Member, Kuo Su-e**

1. Fostering a positive and healthy eating culture is imperative, particularly when it offers a solution to bad eating habits such as eating too many salty and sugary foods or too few high-fiber foods, fruits, and vegetables. The government has launched several measures to address these problems. Its next step is to help people understand the key points of these measures. We should set a “Nutrition Month” mirroring British and Japanese approaches, call on members of industrial, government, and academic communities to promote it together, and propagate the key messages of the government’s diet suggestions – such as cutting salt and sugar or providing sugar-free beverage specials – to encourage public participation.
2. Many people, particularly younger individuals, dine out, which is typically associated with excessive consumption of salt and sugar. The government has introduced front-of-package nutrition labeling using red, yellow, and green labels that mirror traffic lights. This labeling method is both feasible and practical, providing easy-to-understand nutrition information. We are happy to cooperate and continue to promote the relevant food labeling policies.

### **(8) Committee Member, Ko Fu-yang**

1. A core element of the 888 Program is the rate of patient enrollment in the first “8” component of the plan. We believe that this factor will be greatly facilitated after traditional Chinese medicine (TCM) is incorporated in the

chronic disease prevention and treatment network.

2. Another core element of the 888 Program is its implementation rate, considering that a care network includes schools, workplaces, hospitals, and various healthcare settings, including homes, communities, rural areas, and long-term care institutions. To improve processing efficiency, we should make a tally of and quantify available AI technologies, create a structure of related models, and tap into our COVID-19 pandemic prevention experiences to build a collective database. For example, the NHI's VPN registration platform can be adopted as the platform of the 888 Program and incorporate clearly defined standards, such as those based on test data results, to help TCM practitioners, various care settings, and hospitals accurately enroll patients and meet enrollment targets.
3. TCM can contribute tangibly to the prevention and treatment of chronic diseases. It could be offered as part of long-term geriatric care services in communities, with tai chi and Baduanjin qigong as exercises for staying healthy. In addition, lifestyle consultations offering advice on healthcare and eating habits could be provided to facilitate the 80% control rate goal.

## **(9) Committee Member, Chien Wen-jen**

1. The creation of the science, technology, and culture trail and Taiwan sacred pilgrimage tour, as discussed in the last meeting, is a long-term goal that requires coordinated efforts from both the public and private sectors. Based on discussions with various stakeholders and relevant units, we should first set short-term objectives and encourage the

government to promote corporate adoption of walking trails in alignment with ESG principles. Walking trails should be constructed in accordance with the principle of environmental protection (the “E” of ESG), and carbon credits could be offered to companies to offset their carbon fees, thereby incentivizing their participation.

2. The Challenge to Be Health Smart, launched by the Taiwan Health Movement Alliance, encourages people to develop healthy habits such as exercising regularly, taking body measurements, and engaging in fitness tests. Given the limited government budget, we advocate for the central government to encourage corporate adoption of such health-promoting programs to support effective policy implementation.
3. Regarding healthy diet goals in the 888 Program, the government should provide guidance to night market and street food vendors, including recommendations to wear uniforms and caps, and reward compliant vendors to further improve quality.
4. The precision and accuracy of blood pressure monitors are regulated. The Ministry of Economic Affairs (MOEA) should ramp up its management efforts and ensure that hospital blood pressure monitors are calibrated regularly.
5. Counseling intervention is important and should be directed at people who truly need it. Government agencies should avoid promoting health education for the sake of formality and should instead promote it precisely to the intended targets.

## **(10) Committee Member, Susan Shur-fen Gau**

1. Concerning chronic disease prevention and treatment, the

MOHW's 888 Program is rigorous and comprehensive, and the key is execution and KPI monitoring. As a fellow committee member suggested earlier, apps and digital tools can be developed to facilitate this process. However, chronic diseases mostly result from behavioral factors, and intervention strategies chiefly involve medication and behavioral changes. For example, relying solely on injections for weight loss without incorporating any behavioral changes will lead to ineffective results. Addictions to alcohol, drugs, or the internet, regardless of whether the individual has a chronic disease or severe addiction, require treatment that integrates psychiatric intervention; without this, it will be difficult to address the root of the problem and improve their condition. However, given the limited NHI resources, if there is a need to invest in health examinations and disease prevention, other sources of funding should be explored to avoid diverting funds from acute, severe, or rare disease treatments.

Health awareness should be promoted to strengthen all people's perception of their own and their loved ones' physical and mental health problems so that they may seek treatment as early as possible. The current system offers government-funded health checkups for people aged 30 and above. But I once encountered a case in which a child weighed over 100 kg, and they had to undergo cholesterol and blood sugar testing out of pocket. Such cases should be included in the NHI reimbursement program.

2. Regarding geriatric issues, in the past, people worked until 65 and lived until their 70s, meaning their financial

burden in old age was relatively limited. Nowadays, people retire at 65 and are likely to live for another 20 to 30 years. The elderly should adopt a mindset of being responsible for themselves and not increasing the responsibilities of the young. Additionally, excessive care for the elderly may cause them to lose their mobility; as with children learning to walk and talk, appropriate practice and challenges can help maintain and improve their abilities. Accessible spaces, streets, and facilities are areas that the central and local governments need to improve upon. Once, I had a 12-year-old patient with cerebral atrophy and helped them eventually reach normal development through walking exercises. This shows the importance of accessibility to training opportunities.

3. Many people believe that memory and learning abilities decline after the age of 20. However, studies reveal that learning at the age of 60 still stimulates neural activity. We often encourage the elderly to learn a second language, which promotes the development of different areas of the brain. More thought should be put into our chronic disease prevention and treatment initiatives and policies for the elderly to motivate them to encourage one another, live independently, and age healthily.

## **(11) Committee Member, Huang Chin-shun**

1. Taiwan has transitioned into a super-aged society. The National Development Council (NDC) has projected that people aged 65 or older in Taiwan account for around 20% or 4.67 million of the total population. The report on the results of the 2021 National Health Interview

Survey released by the HPA in 2024 shows that 85.9% of people live with at least one type of chronic disease, 64.5% have at least two, and 43.5% have three or more, indicating significant issues in the lifestyles and nutrient intake among Taiwanese people. These patients usually seek treatment and collect prescriptions at hospitals. However, according to a survey conducted in 2020–2021 by the New Taipei City Pharmacists Association, 28% of patients were only moderately compliant with taking their medication, and 26% showed low compliance, meaning that 54% in total were not adequately compliant. The survey revealed that 31% of patients stopped taking medication because they felt their condition had stabilized, and 30% discontinued medication because they found it to be a hassle. It also shows that even if a prescribed medication is effective, disease conditions cannot be effectively controlled if the medication is not taken on schedule. Therefore, to improve this, chronic disease management should include follow-ups to monitor whether patients are taking their medications on schedule.

2. Many elderly parents often live alone or away from their children after retirement, dining out most of the time for all three meals, and even eating one single bento box for both lunch and supper. This leads to malnutrition and prolonged protein deficiency, which may also cause health problems such as muscle atrophy and increased susceptibility to falls. Thus, we should pay more attention to the prolonged malnutrition problem among Taiwan's elderly.

## **(12) Committee Member, Tsai Sen-tien**

1. If we want to promote physical activity, neighborhood parks are very accessible, but we will need to discuss with the National Land Management Agency of the Ministry of the Interior about facility planning for different activities. President Lai's ideas concerning healthy exercises for Taiwan can be implemented in those parks at specific times and places to facilitate as much public participation as possible.
2. The policy of setting up a medical center per 2 million people no longer aligns with the current situation. We should lift the restriction on the number of medical centers allowed. Through hospital and teaching hospital accreditations, higher standards should be established to recognize hospitals that excel in healthcare quality and patient safety, aligning them with the responsibilities of a medical center. The role of a medical center is to lead the formation of a regional healthcare alliance with regional and district hospitals, guiding them in improving patient safety, healthcare quality, and health promotion initiatives while ensuring the proper classification of tiers.
3. Indicators can be established to serve as the basis for reviewing the qualifications of medical centers. The review of alliance operations as a whole involves a review of printed information as well as verification of physical operations, including personnel engagement, segregation of tasks, and information exchange. Currently, medical professionals are required to practice at only one hospital. This rule should be lifted in the future to allow medical professionals to practice in member hospitals of the alliance, thus eliminating support reporting procedures. The NHI Administration is launching a small global

budget plan for individual hospitals. In the future, we can consider expanding the scope of this plan to include regional healthcare alliances.

4. Regional healthcare alliances should increase communication efforts with local health departments and formulate regulations for regional healthcare collaboration, which are useful for individual alliance members to request support from neighboring members when they encounter issues. For instance, Tainan has two major healthcare alliance systems – National Cheng Kung University Hospital and Chi Mei Medical Center – that should collaborate with each other. If a problem spans across a county/city, neighboring counties/cities can also work together. If the problem spans multiple counties/cities, the central government will have to step in to coordinate matters and handle the problem.
5. Finally, the program for rewarding medical centers that support hospitals in offshore and resource-limited areas by providing emergency care services should focus on services in rural areas. The central government should designate medical centers to deliver services in rural areas and allocate sufficient budgeting to ensure these services are genuinely focused on healthcare delivery rather than merely risk management.

### **(13) Committee Member, Huang Jian-pei**

1. For most women, pregnancy is probably the period in which they experience the fastest weight gain in their life. Obesity increases pregnancy-related risks, and can result in high blood pressure and diabetes, which may be permanent. This affects both mother and fetus while

increasing the likelihood of childhood metabolic disease after birth.

2. Regarding weight control during pregnancy, the advice is to maintain a healthy weight before pregnancy, keep weight gain appropriate during pregnancy, and return to pre-pregnancy weight as soon as possible after childbirth. Presently, Taiwan follows the American guidelines to mitigate weight gain during pregnancy. However, the average height of American people is 7 to 8 centimeters taller than that of Taiwanese people; if American standards are applied to Taiwanese individuals, shorter individuals would experience disproportionately higher increases in BMI for the same weight gain within a given range, potentially leading to an overestimation of health risks. According to a study of 10,000 pregnant women by Mackay Memorial Hospital, the most suitable weight gain range is about 2 kg less than that for Westerners. However, only 1% of pregnant women have a BMI of over 35, and the number of pregnant women with multiple births has increased to about 3% to 4%, attributable to artificial reproduction. For this particular group of individuals, we will need more similar cases to build a database. We should stipulate regulations, requiring medical institutions to upload pregnancy weight and childbirth data, which can be used to build a local database and set appropriate weight gain standards for Taiwan. These will be beneficial for pregnancy care.
3. Weight control and diet are crucial during prenatal care; however, current health education for pregnant women involves only about 10 to 20 minutes of advising, which is too short to effectively educate on necessary topics. This

system is difficult to sustain without sufficient financial support. For cases involving abnormal weight or rapid weight gain, special subsidies should be provided to facilitate access to the right guidance. Thanks to the efforts of government agencies in spite of limited funds, in December 2024, the NHI Administration approved a shared care network of obstetricians and midwives and a shared care network for gestational diabetes. The HPA will also soon launch postpartum care support. However, the scope of shared care must be expanded, with essential services incorporated, to ensure comprehensive support.

4. Appropriate weight management helps to reduce cancer incidence among women. For those who are overweight, medication should be used in combination with dieting and exercise. We hope to work with Committee Members Kuo Sue-e and Chien Wen-jen toward improving women's eating and exercise habits to reduce their risk for cancer.

#### **(14) Committee Member, Shen Ching-fen**

1. One contributing factor to emergency department overcrowding is the high demand for urgent care among older adults with underlying illnesses whose conditions deteriorate due to acute infections. According to data published by the Taiwan Centers for Disease Control (CDC), influenza cases peaked after the 2025 Lunar New Year holiday in the midst of an ongoing epidemic outbreak of other communicable diseases such as Mycoplasma infections. As Taiwan becomes a super-aged society, proactive control of underlying diseases among older adults as well as patients with chronic diseases is

necessary, and the prevention of communicable diseases will also be imperative.

2. The current rate of coverage of influenza vaccination in communities is low, and the vaccination rate is slow. This is due to a lack of understanding about vaccines. Despite the CDC's strenuous efforts to promote them, people are still apprehensive of vaccine side effects and refuse to get vaccinated. This shows that people's general understanding of vaccines requires further improvement. Enhanced health education at elementary and junior high levels, particularly on the principles, side effects, and basics of vaccines, will help children better understand health management practices upon reaching adulthood and become more willing to get vaccinated.
3. Influenza in 2025 still became an epidemic, despite having a similar strain as the one selected for the vaccine. This is related to vaccination coverage and further compounded by a shortage of vaccine funding in recent years, which delayed the timely launch of a new, more immunogenic vaccine. As the country that implemented the world's first universal vaccination program for the hepatitis B virus, Taiwan was once a pioneer of vaccine policies. However, it has lagged behind its advanced neighbors in recent years, often due to lack of funding. Several important vaccines (e.g., pneumococcal conjugate vaccine), which were included in routine immunization programs at the recommendation of the MOHW Advisory Committee on Immunization Practices, were unable to be launched as part of the government-funded vaccination programs. Furthermore, making vaccines used to be cheaper and easier; now, vaccines are much more expensive because

of high technological thresholds and costly clinical trials to verify the immunogenicity of the developed vaccines. Unfortunately, the shortage of vaccine funds has rendered it impossible to make vaccines more accessible to the general public.

4. With respect to vaccine policies, I propose the following suggestions:

- (1) Basic concepts of vaccination should be incorporated into school curricula, preferably taught during flu season, so that students can start developing a correct understanding of vaccines at a young age.
- (2) The government should increase its investments in vaccine funds to ensure a stable source of funding and keep pace with current trends and policies on health-related investments. In addition to revenues from tobacco taxes, feedback funds of the public welfare lottery or tax surplus redistribution can be considered.
- (3) Vaccine funding should be allocated with greater priority given to ensuring more comprehensive care for children. A small global budget for children's vaccines should be created to safeguard children's rights to vaccination and follow through on the national childcare policy for ages 0–6.

### **(15) Committee Member, Ho Mei-shang**

1. The briefing mentions that among the top ten causes of death, those associated with three highs chronic diseases should include severe communicable diseases, with a high proportion attributed to populations with obesity, high blood pressure, and diabetes. As emerging communicable diseases are related to the prevention and treatment of

chronic diseases, if people stay healthy, the incidence of critical illnesses and mortality caused by emerging communicable diseases can be reduced.

2. Promoting healthy lifestyles is a gradual process of change that begins from case management through public health initiatives. According to the HPA, reports reveal that since 2013, the health of children under 18 has declined, partly due to obesity and malnutrition. Additionally, the prevalence of the three highs has become a concerning issue. The onset of health problems in adolescence will affect quality of life and increase risks for early medical complications. Therefore, prevention and treatment of chronic diseases should begin from childhood and be incorporated as part of family education to help foster healthy eating habits.
3. With regard to children's diets, targeted nutritional intervention should be implemented, drawing on initiatives such as the "fresh milk for every class" program as a foundation. Instead of fresh milk, we could opt for soy milk, which is low in calories and high in fiber and protein, making it conducive to preventing the three highs in students. Alternatively, we could ask a county or city to work with us in doing a trial run at a school and boost market promotions to benefit more families.
4. Healthy lifestyles must be promoted over a prolonged period. For example, while the MOHW is planning to grow organic medicinal plants in MingDao University, we can assess simultaneously promoting low-carbon agriculture on campus, and use the university's instruments to test food safety and develop healthy food products, creating a "health park" that is dedicated to promoting healthy eating

habits long-term.

5. We need to design food labels based on the dietary habits of the Taiwanese population, who tend to consume nutrients based on perceived deficiencies. Our beverage labels can include sugar content, referencing methods adopted in New Zealand, Australia, the United Kingdom, and Singapore. Although the HPA has been actively promoting whole grain foods as a source of dietary fiber, its efforts did not achieve the intended outcomes. Government departments should collaborate to ensure consistency in both policy goals and actions.
6. In line with the principle of depending on doctors to treat illness and relying on oneself to stay healthy, we can organize competitions to introduce dishes made with whole grains or nutrient-dense beans and encourage people to change their eating habits. We can also produce short videos on the importance of healthy eating habits and select foods that are both delicious and healthy. Both activities necessitate policy guidance, industry support, and enhancement of health literacy, all of which require long-term commitment.

#### **(16) Committee Member, Patrick Ching-ho Hsieh**

1. The Taiwan Human Disease iPS Cell Service Consortium, collectively formed by Academia Sinica, National Taiwan University Hospital, Taipei Veterans General Hospital, the National Health Research Institute, and the Food Industry Research and Development Institute, has served more than 50 clients and produced over 500 iPSC lines since its inception. Through the consortium, Taiwan's stem cell bank for iPSC lines was also established and is now the

fifth largest stem cell bank in the world. We have completed several national-level flagship projects, cultivated more than 20 high-caliber professionals, and assisted in establishing several biotech companies.

2. According to our research, establishing two clinical-grade iPSC banks using stem cells from super donors could provide human leukocyte antigen-matched cell therapy for 13% to 40% of the Taiwanese population. Moreover, if made accessible internationally, these banks could potentially benefit 400 million to 1 billion people worldwide, offering immense value to global cell therapy efforts.
3. Japan has developed seven super iPSC lines which are genotypically different from that of Taiwan's cell lines, rendering the integration of both nations' stem cell banks impossible. Thus, Taiwan must establish its own stem cell bank. We can also work with other countries such as Japan. If screening, production, and manufacturing can be achieved worldwide, with each country holding 200 super iPSC lines, the global population will benefit. Such international collaboration and competition are imperative.
4. I would like to express my sincere gratitude to the MOHW for its outstanding efficiency, not only in the implementation of the Regenerative Medicine Act and Regenerative Medicinal Products Management Act in 2024, but also in last week's preliminary announcement of their enforcement rules. Both developments are of great significance to the advancement of regenerative medicine and anti-aging research. Nonetheless, we still need to discuss the prospect of a national cell bank for super donor iPSC lines. With the support of Deputy Convener Chen, we

have hosted two regenerative medicine blueprint meetings at the Academia Sinica Institute of Biomedical Sciences. Our discussions revolved around a national stem cell bank – its necessity, feasibility, applicable laws and regulations, the ethics behind it, and sustainability issues. The meeting minutes will be provided to the convener and deputy conveners.

5. Building a stem cell bank for iPSC lines requires multilateral efforts among industries, government agencies, academic communities, research institutes, and medical communities. We will present our thoughts and ideas at the Healthy Taiwan national forum, set to take place on April 27, and convene a blueprint meeting before the forum, inviting members from the MOHW and newly appointed Director General Chiang Chih-kang of the Taiwan Food and Drug Administration.

#### **(17) Committee Member, Hung Te-jen**

1. Expert discussions should extend beyond the medical field, fostering consensus through engagement with the public. The government should leverage the transformational potential of private educational institutions. For instance, Sieh Chih Vocational High School in Chiayi County donated its total assets worth NT\$2 billion unconditionally to National Chung Cheng University after the former's closure. However, building restoration would require NT\$100 million – an amount that the university alone cannot cover. This information is provided for the MOE's awareness.

2. We suggest choosing one or two science parks as demonstration sites for the Healthy Taiwan initiative,

consolidating interdisciplinary resources and establishing a reward mechanism. Asking people to change their lifestyles is challenging and not achievable by medical institutions alone. We could do a trial run of the Healthy Taiwan network platform in a few select administrative areas or small cities or promote the concepts at schools to help people create healthy habits. We could also introduce apps that reward users with coupons and vouchers (e.g., vouchers for cultural, sports, reading, or indigenous activities) if they complete health examinations, quit smoking or chewing betel nut, or achieve health-related goals (such as living and eating healthily). In addition, we can invite industries and enterprises involved in community revitalization to offer special tourism discounts, dining vouchers, or other instant benefits that will incentivize people to improve their health.

3. Concerning emergency department problems, our regional network systems should incorporate primary care institutions and achieve proper tier classification and triage. We should invite scholars and physician associations to work together on analyzing critical illnesses and the flow thereof based on recent emergency department trends in order to formulate concise treatment guidelines and define indicators that triage critically ill patients to large hospitals and keep those with mild symptoms in primary care clinics. Take influenza as an example – to address the influenza epidemic, the Taiwan CDC announced that before March 15, physicians may prescribe, after assessing a patient's condition and family history, antiviral drugs for influenza without performing rapid screening. This can help reduce emergency room overcrowding while diverting more

patient responsibility to primary care clinics to preserve hospital capacity.

### **(18) Committee Member, Lin De-wen**

- 1.Regarding the health of indigenous peoples, the MOHW should integrate all current issues concerning the Healthy Taiwan initiative into corresponding plans for health policies for indigenous peoples. As these policies must be discussed with the utmost sensitivity to indigenous cultures, we must collect data before any guidelines can be established. However, current lifestyle and nutrition surveys do not show clear distinctions regarding the health needs of indigenous peoples. We should host meetings on health policies for indigenous peoples and invite community participation to accurately reflect these distinctions in relevant policies.
- 2.With respect to healthy lifestyle promotion, local governments have launched citizen-friendly health walking trails. No application software is required as there are QR codes for people to access a recordkeeping platform and accumulate “Health Coins,” which can be redeemed. This method inspires voluntary participation and does not rely on interventions by medical institutions. Drawing on this idea, we should establish the Healthy Taiwan trails to further boost citizen participation.
- 3.While the MOHW currently holds large volumes of data, its exchange of healthcare data in accordance with the Fast Healthcare Interoperability Resources standard remains an issue. People can only view their information on My Health Bank, without access to information from other disease

care networks, which is unfortunate. The MOHW should allow people to view their healthcare data as needed and create a positive feedback loop in health management.

4. Citizens have the choice to seek medical treatment at either medical centers or clinics. However, no one is managing healthcare data. We should, at the healthcare end, integrate monitoring data with case management data, employ databases and AI analytical technologies, and set up smart notifications, thereby enabling people to access and understand their data, be responsible for their own health, and work effectively with caregivers.

#### **(19) Committee Member, Shan Yan-shen**

1. First, I would like to thank Director General Shih Chung-liang of the NHI Administration for his efforts in closing the gap in cancer insurance over this past half year, and Director-General Wu Chao-chun of the HPA for his personal attendance in discussing triage plans with Tainan health authorities to resolve the congestion in lung cancer screenings in Tainan. Administrative officials should be recognized for their efforts and given assistance to more greatly enhance their efficiency.

2. Regarding video game addiction among young adults, Committee Member Su Kuan-pin previously described an Australian study that verified that young people showed improved stability and learning efficiency after spending less time playing video games. This research proves that lifestyle changes in young adults can promote physical health. The MOE should pay close attention to this issue. The topic of health promotion discussed among committee members today pivots around behavioral changes. When

young adults experience negative and unstable emotions accompanied by lifestyle changes, this can affect their health and lead to obesity. Therefore, the root cause of their problems should be tackled.

3. When I was chief of trauma surgery at National Cheng Kung University Hospital, I observed that overcrowding in the emergency department resulted from not only lack of insurance coverage and low salaries, but also various other factors. Overcrowding happens when hospitals close beds and patients cannot be hospitalized. An effective bed control strategy for hospitals will help mitigate this problem. Another cause of emergency room overcrowding is the inability of emergency physicians to treat patient symptoms in a timely manner, perform triage properly, and discharge patients with mild symptoms swiftly. Triage is one of the professional skills required of emergency physicians. It should be honed continuously from an administrative and instructional point of view so that their capabilities and resilience are improved.
4. Many older people choose the emergency department as their go-to when they need medical consultation, which further exacerbates the burden on emergency departments and causes nursing staff to leave. For example, while nurses at National Cheng Kung University Hospital are paid well, most of them resign for better work-life balance. To help hospitals improve their work environment, we need to organize educational awareness campaigns to dissuade older people from using the emergency room as a go-to for consultation.

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

## **(1) MOHW Deputy Minister, Chou Jih-haw**

1. Regarding the blood pressure monitor issue raised by Committee Member Chan Ding-cheng, we will make improvements after discussions and review with the Taiwan Food and Drug Administration and the MOEA Bureau of Standards, Metrology and Inspection.
2. Case managers are essential for management of chronic diseases, and their expertise contributed significantly to our previous tuberculosis prevention programs. Chronic disease care is indeed a long-term commitment, involving considerations related to the division and specialization of labor. The MOHW will continue to include these topics in our discussions. Furthermore, digital technologies are in fact conducive to reducing healthcare costs; we will look further into this matter.
3. Committee Member Chou Ching-ming pointed out that patients are not given proper explanations of their test results. We do need to improve upon this. We will work with the MOL and other relevant agencies to ensure that hospitals provide more detailed explanations of patients' test results, thereby maximizing the effectiveness of health examinations. In addition, health checkup fees and evaluation items will be examined further.
4. Improving lifestyle habits is a long-term issue which in the past was scarcely touched upon in Taiwan. We will be more proactive in promoting this topic in the future.
5. Committee Member Huang Cheng-kuo suggested leveraging the expertise of school nutritionists. We will discuss this with the MOE to determine ways to effectively harness their expertise, especially during winter and summer school holidays. PE teachers can also

play a key role in health promotion initiatives.

6. The need to classify and triage patients with the three highs, as mentioned by Committee Member Li Yi-heng, is extremely important and may involve communication at different professional levels. With respect to the problem of integrating the care resources of the NHI Administration and HPA, the MOHW will assess the next steps.
7. In response to Committee Member Liao Mei-nan's suggestions about the nursing workforce, we will consult with nursing organizations, the MOE, and the Examination Yuan to jointly draft countermeasures.
8. Regarding Committee Member Kuo Su-e's suggestion, the key lies in how to incentivize enterprises to actively participate. I believe that many companies would be willing to cooperate. Thank you for providing specific examples. Businesses will continue to be invaluable partners to the government.
9. Regarding the role of TCM, particularly its effectiveness in terms of daily habits and exercise as cited by Committee Member Ko Fu-yang, we will work with TCM organizations to promote it.
10. Committee Member Chien Wen-jen's suggestions to encourage corporate participation highlights that fostering a positive sports environment does not have to rest solely on the government's shoulders. After all, government resources are limited, whereas the strength of the private sector is limitless. The government should strive to attract private investment, upgrade resources, and expand momentum. This is the direction the government should pursue.

11. Concerning the suggestion and examples by Committee Member Susan Shur-fen Gau, we should not rely solely on the NHI system. Often, people are willing to invest in their own health. We are working in this direction to encourage people to be more active in managing their health rather than waiting for NHI intervention.

**(2) NHI Administration Director General and Deputy Executive Secretary, Shih Chung-liang**

1. The prevention and control of chronic diseases is dependent on case management. The NHI Administration currently operates several health case management programs, with the Family Doctors' Plan being the largest, covering approximately 6 million people and focusing mainly on preventive care, including screening, vaccination, and chronic disease treatment. In addition, there are 11 case management programs for specific diseases, including diabetes, early chronic kidney disease, and asthma. With the prevalence of the aging population and chronic disease problems, the NHI Administration is integrating case management programs by transferring low-risk cases to the Family Doctors' Plan 2.0 based on risk levels to more effectively manage their blood sugar, lipid levels, and blood pressure. The Family Doctors' Plan 2.0, with its refined mode of operation, will be launched in 2025.

2. With the assistance of health educators and case managers, the shared care program for diabetes has achieved significant results in terms of disease control. However, this traditional model may not be sufficient to meet future needs. Therefore, we are building a primary

healthcare platform that integrates individual health data and uses AI technology for risk classification. The platform helps low-risk individuals better manage their health independently, featuring digital tools that customize health education materials. High-risk individuals are also included in case management. By the second half of 2025, doctors will be able to view patients' risk indicators during consultation, and people can monitor their health status on My Health Bank to more effectively manage their health.

3. Past approaches to managing the three highs put more focus on diabetes and kidney disease, and less on interventions for high blood pressure. Committee Member Li Yi-heng has been working with the NHI Administration to develop medication guidelines and lifestyle interventions for atherosclerotic cardiovascular disease, and further treatment will ensue. In the past, treatment guidelines were not aligned with health insurance coverage because of limited funding. However, with the support of President Lai and the Executive Yuan, the NHI Administration has been striving for budget allocations since 2024 to ensure that medication treatments for cancer and chronic diseases are aligned with guidelines. As of March 1, SGLT2 inhibitors have been included in insurance coverage for use in not only blood sugar control, but also prevention of chronic kidney disease, renal function deterioration, and heart failure. By using the guidelines as a basis, the NHI Administration will consider integrating care plans and review reimbursement plans for medications.
4. Chronic diseases and lifestyle factors are closely related.

Lifestyle intervention is necessary, as medication alone does not necessarily produce the best treatment outcome. In the past, there has been a lack of capacity in this aspect, as service providers and related mechanisms were yet to be established. As a preliminary measure, we are working with the Taiwan Association of Family Medicine and Taiwan Association of Lifestyle Medicine to develop a lifestyle assessment scale which is to be completed by patients and checked by physicians. The assessment serves to determine whether to make a referral or adopt interventions, and comprises nutrition, exercise, and sleep. The assessment is difficult to implement, but as Committee Member Huang Cheng-kuo said, school and community resources should be incorporated into the healthcare system to more closely meet people's everyday needs.

5. The previous Family Doctors' Plan was mainly focused on Western medicine. However, analyses show that about 80,000 people each year seek TCM treatments only, demonstrating their strong loyalty towards TCM approaches. We are also discussing ways to combine evidence-based and test data to include such patients in integrated care to promote the integration of Chinese and Western medicine.

6. As suggested by Committee Member Liao Mei-nan regarding nursing fee adjustments, our goal is to gradually increase fees by 60% over the next four years, with increments already underway starting this year. More importantly, we hope to ensure that these adjustments translate into higher salaries for nursing staff, with careful attention paid to effective

implementation.

### **(3) Committee Member, Cheng Ying-yao**

- 1.In the current 12-year basic education curriculum, the subject “Health and Physical Education” covers health promotion. Instructional materials also cover ways to create healthy habits and promote lifelong exercise. Some art courses incorporate elements of positive psychology and a proactive attitude toward life. The MOE will continue to promote teaching enhancement programs to ensure the effective implementation of health education.
- 2.The MOE is devoting considerable efforts to discussing ways to more effectively strengthen health education in elementary and junior high schools. For example, the ministry has discussed with local education authorities to determine whether the 7<sup>th</sup> period of the school day can be dedicated entirely to sports activity. There is even a possibility that the Ministry of Sports can open school grounds to the public in the future, bringing in community sports to promote sports more comprehensively. We are also reviewing school play equipment to ascertain ways to make play more enjoyable and adventurous. Comprehensive planning for these measures is ongoing.
- 3.Physical fitness tests are implemented in elementary schools. Regarding dietary plans, nutritious school lunches are made in accordance with the “three labels and one QR code” policy, and food ingredients are registered and managed on the platform.
- 4.MingDao University has been closed; the MOHW will

take over successive planning tasks going forward. A committee member suggested establishing a health park; regarding this, the MOE will discuss and plan with the MOHW and other ministerial departments concerned. Presently, Taiwan Sugar Corporation has land ownership. There are also some advanced agricultural technologies and instruments left on campus, but whether these have been kept in good condition remains to be determined.

#### **(4) Committee Member, Liu Chin-Ching**

1. The NDC supports the transition plans for MingDao University. Among the MOHW-approved projects, many of the cross-ministerial programs and plans are submitted to the NDC for review and approval. We will expedite the review process for speedy implementation.
2. Obesity is an urgent concern. Many companies have made the prevention of obesity and the three highs a part of their corporate social responsibility (CSR) and launched health-related programs in response. Together with the Financial Supervisory Commission, the NDC will request publicly listed companies to include health-related items in their CSR initiatives and ESG assessments. In doing so, companies and society will be encouraged to collectively promote weight management and three highs prevention.

### **3. Advisor Remarks**

#### **(1) Advisor, Lin Shinn-zong**

1. The world has shown great interest in our NHI system, with many countries taking the initiative to learn from it. American and Japanese delegates have visited Xiulin Township in Hualien to understand how our universal

healthcare capitation program works. Disease treatment best occurs before a disease starts. My sincere thanks to the efforts of our Minister Chiu and Director-General Shih, and to President Lai, who continues to drive us on. We have a great responsibility to stay at the top.

2. Hualien Tzu Chi Hospital has spared no effort in promoting locally made medicinal products. Over the past two decades, the hospital has promoted the first natural small molecule drug for treating recurrent malignant brain tumors. Now, its *Desmodium caudatum* has passed multiple tests such as genotoxicity and chromosome mutation tests, and is in application for approval to be used as an edible and medicinal product. To build a resilient Taiwan, we are actively promoting precision Chinese medicine – not as a complementary option, but as a life-saving treatment proven effective for various medical conditions, including dementia. The Department of Chinese Medicine and Pharmacy should establish a website for it to provide use worldwide.

3. Regarding population and labor shortages in Hualien, Taitung, and other remote areas, the gradual decline in population has posed challenges to the healthcare workforce. For long-term creation of talent, the MOE should intensify efforts to cultivate health professionals – including physicians, dentists, pharmacists, and technicians – in universities in eastern Taiwan.

4. Hualien Tzu Chi Hospital recently won the Symbol of National Quality Gold Award for its diabetes care, which features AI, indigenous languages, and campaigns tailored to the Truku people. The hospital utilizes test data from Tzu Chi University's smart medicine cabinet

system, ensuring precision frontline health gatekeeping and demonstrating the results of our collaborative efforts.

## **(2) Advisor, Chen Wei-ming**

1. The allowance for night-shift nursing staff proposed by the MOHW in 2024 is a policy that offers real, tangible benefits. These benefits would be even more tangible if appropriate allowances were provided for day-shift nurses – who work just as hard in patient care and ward rounds – as well as for ICU and emergency department staff.
2. The recent increase in self-pay clinics has led many attending physicians and nurses to pursue practice opportunities in these private clinics. Consequently, recruiting resident physicians in internal medicine, surgery, gynecology, pediatrics, and emergency medicine has been challenging. While Taipei Veterans General Hospital has increased the salaries of physicians in these departments, this squeezes out funding for other departments. Thus, the government's financial support remains necessary to facilitate the retention of nurses, pharmacists, and physicians in acute, severe, or rare disease-related departments, which have a large and positive impact on the country and society.
3. Self-pay clinics in Taiwan provide various treatment services. Services that produce unknown treatment outcomes should be strictly controlled and managed, and only approved once there is empirical medical evidence substantiating their effectiveness. TV advertisements claiming a product to be therapeutically effective should be subject to more stringent control in order to safeguard

the general public.

### **(3) Advisor, Cherng Wen-jin**

1. One of the reasons Japanese people have long life expectancy is that health examinations in Japan are very accessible. Taiwan should make health examination services more accessible and convenient by, for example, introducing mobile health checkup services, promoting health examinations, integrating data – particularly data on out-of-pocket health examination services and data from My Health Bank – and combining worker physical examinations with adult health examinations. For salaried workers, the availability of health examination services at nighttime or on weekends and the provision of add-on health test services that are covered by the NHI will be greatly beneficial to making examinations more widespread.
2. Second, increasing the accessibility and exposure of health examinations is also key. Public health data analysis, multimedia publicity, and local campaigns can be used to make these resources more readily available to the public. The key to preventing alcohol and tobacco use is enforcing strict regulations, like the laws of the United States that require a person to present a valid ID when buying alcohol. Apart from more restrictions on the scope and hours of alcohol sale, annual tax adjustments could be implemented and awareness campaigns at various stages of education could be strengthened.
3. Regarding strategies for health promotion, bringing sports and athletics more into the lives of the people, and food labeling: combining the My Health Bank app with

a list and Google Map of health-certified restaurants will help people pick healthy foods. If supermarkets and hypermarkets were to have designated areas that display food information such as calories and fiber content, consumers could more easily make healthy choices.

4. To make sports more accessible, public sports centers in Taipei and other metropolitan areas could offer free or discounted access during specific times of the day. Additionally, opening outdoor sports grounds at night and forming partnerships with private gyms could further expand opportunities for public participation. CSR initiatives, sports clubs, and point-based incentive programs are also conducive to fostering an athletic culture. Policies must be promoted through coordinated efforts between the central and local governments, integrating hospitals, businesses, schools, community health education, digital applications, and tools such as My Health Bank and health risk assessment platforms to effectively encourage sports participation among young adults.
5. Regular disclosure of progress in three highs indicators and alcohol control among adolescents are encouraging news to the public. Policies require constant fine-tuning and execution is key. In the US, for instance, the key to improving control of high blood pressure and high cholesterol lies in patient education and consistent guidance from doctors. Patients must measure their blood pressure at home every day and comply fully with the doctor's orders to achieve results.

#### **(4) Advisor, Yu Ming-lung**

1. We should promote exercise prescriptions. Integrating the Healthy Taiwan initiative with the sports-for-all initiative could produce more effective outcomes. Exercise prescriptions are exercise regimens designed by physicians, sports coaches, or fitness specialists for a specified purpose and tailored to individual health conditions, fitness levels, and exercise goals. For individuals with any of the three highs or obesity, physicians should receive training in prescribing exercise, with the implementation of these prescriptions carried out by certified sports coaches, athletic trainers, and fitness specialists.
2. We hope that the HPA and Department of Medical Affairs under the MOHW will work with the Sports Administration of the MOE to launch a plan to make exercise prescriptions more widespread. The plan can focus first on people with suboptimal health status (SHS), then target people with obesity. There are medical conditions to consider when it comes to people with illnesses, but the plan can move in this direction in the future. There are 7 key objectives for implementing this plan, including: training and fostering physicians and professional fitness coaches, among other specialists; building a complete system of service providers comprising medical institutions, community health centers, and sports centers; developing an exercise prescription information platform that is also available to people with SHS; raising awareness and promoting the plan across communities; obtaining government support and inviting corporate involvement; and promoting industrial research and development to increase the value

of sports technologies. The Industrial Technology Research Institute projects that the annual output value of sports technology will reach NT\$13 trillion or at least NT\$3 trillion by 2030. The Executive Yuan should categorize the health and sports industry as a potential trillion-dollar industry and develop a business model that aligns with emerging trends, ensuring long-term sustainability.

3. The 888 Program is already very comprehensive, but in the future, we should include people with obesity who do not have any of the three highs in the inclusion criteria to delay entry into SHS.
4. One to two million people in Taiwan have hepatitis B, among which people over the age of 40 are at risk of developing liver cancer. However, there is insufficient coverage of regular follow-up treatments due to the overcomplexity of NHI reimbursement standards. We should increase the coverage of care for hepatitis B patients and streamline reimbursement standards.

#### **(5) Advisor, Chen Mu-kuan**

1. The 888 Program is already quite comprehensive, but we should intensify efforts in rural areas and for indigenous communities, prioritizing setting up better information systems and telemedicine services to reduce the urban–rural gap.
2. The hard work of those in the healthcare environment should be reported in a positive light to defend the dignity of the healthcare field. For example, when the gas explosion occurred at the Shin Kong Mitsukoshi department store in Taichung, two nurses affiliated with

Changhua Christian Hospital provided medical assistance at the scene. Their bravery should be publicly acknowledged to garner support for healthcare workers. Additionally, a public response team should be established to report accurate information, including highlighting that overcrowding in the emergency department is not a phenomenon of just the past 1 or 2 years.

3. Since NHI reimbursement standards have never been subject to a comprehensive adjustment over the past 30 years, an overall review is necessary. The distribution of physician workforce by specialty should be comprehensively reviewed and even dynamically adjusted. Taking pediatrics as an example, the number of births per year in Taiwan has dropped from 208,000 in 2014 to 130,000 in 2024. Given the annual capacity for pediatrician training to be 130, we can discuss whether to reduce this capacity and increase emergency department capacity as needed.

## **(6) Advisor, Chiu Kuan-ming**

1. The NHI My Health Bank app only provides data for the past six months. Following the launch of the active and innovative (AI) Cabinet, the functionality of the app should be expanded and integrated with individual health information for download. The app is able to provide health information such as nutrition and diet plans and issue exercise reminders to users. It can collaborate with the MOE to incorporate “gamification” strategies to introduce edutainment activities. Young people can share their health knowledge with their elders and take on a more active role in caring for their family members.

2. In response to Committee Member Liao Mei-nan’s

suggestion, we hope that with the assistance of the MOE, we can expand the scope of recruitment to include foreign students, using a vocational education model to increase our medical assistant workforce. Even if these students are unable to become certified professionals, they can still serve as assistants, thereby improving the plight of workforce shortages in the healthcare sector.

3. We should promote end-of-life care by increasing dedicated subsidies and expanding the use of telecommunication for diagnosis and treatment, and coordinate between the NHI system and long-term care to provide support for end-of-life care both at home and in healthcare institutions. Due to the cap on partial cost-sharing, once a terminally ill patient's hospitalization costs exceed this limit, they no longer need to worry about the financial burden for the remainder of their life. Therefore, we should consider increasing hospitalization partial cost-sharing each year or abolishing the upper limit to free up hospital beds.
4. Changes to hospital reimbursement do not necessarily involve a total transformation of the existing system. If changes are necessary, they should focus on weekend and night shifts. Young physicians – who are the future of medicine – usually work these shifts. Why do young doctors choose to leave the profession? It is because of poor quality of life, incommensurate pay, and the feelings of frustration. Therefore, changes should focus on the reimbursement for weekend and night shift workers. Additional subsidy and tax exemption measures should also be incorporated to increase incentives for talent retention.

## **(7) Advisor, Lin Sheng-che**

1. Most park facilities are inclusive and offer diverse uses. We produced a short demonstration video in collaboration with the Department of Health, Taipei Society of Physical Therapists, and Taipei Association of Occupational Therapists. The video serves to educate older adults on the correct use of park facilities to prevent injuries. The facilities function properly, though the key lies in their correct operation.
2. The NDC has been running integrated community screenings. Tainan City government's "mobile hospital, physical examination for all residents" program has collected data from more than a million people. Hospital blood pressure measurements are often associated with white coat hypertension, so measurements could be taken after giving the patient a short time to rest, which generally results in lower readings.
3. Data integration is a time-consuming process. Past approaches to establishing biological databases involved data cleansing before deleting abnormal values. We might need to organize data first before proceeding with future discussions about integrating with the NHI Administration's information systems.
4. We can take advantage of key opportunities or certain celebrations or observances to intensify promotional efforts for the 888 Program. For example, World Kidney Day is observed annually on the second Thursday in March. The 888 Program can be promoted on World Kidney Day to raise awareness of chronic disease prevention and treatment.
5. Professor Sung Junne-ming from National Cheng Kung

University Hospital recently proposed the concept of integrating chronic kidney disease and diabetic kidney disease under a unified framework called chronic kidney management. He emphasized that treatment strategies should not target individual conditions in isolation, but rather adopt a comprehensive approach that includes related areas such as diabetes treatment. This holistic perspective aims to raise awareness about renal and cardiovascular health. The 888 Program should be promoted with the objective of putting every advocacy and initiative into action and helping people understand and participate.

6. On workforce shortages, China Medical University Hospital now requires its nursing staff to take 8 days of leave per month and offers bonuses to day-shift staff, in addition to evening-shift and night-shift workers, whose bonuses are funded by the central government. Despite these measures, labor shortages still persist. Young people today place the highest importance on time off, followed by salary and work environment. This is a very important point as we move forward.

#### **(8) Advisor, Chang Hong-jen**

The overall plans and objectives of today's reports have been clearly communicated. Where there are strategies and methods, there is success. I have no other comments.

### **4. Deputy Convener Remarks**

#### **(1) Deputy Convener, Chen Jyh-hong**

1. Like cancer, the three highs must be detected as early as possible. Thus, we advocate for early detection and early treatment. Data shows that young adults aged between 29

and 39 also have high lipid levels and are often unaware their cholesterol is high before diagnosis. This issue, along with smoking, is a common health concern among young populations. We must continuously urge people over the age of 30 to get a full checkup through government-funded programs.

2. The medical community is urging patients to measure their blood pressure at home, rather than at the hospital, because most patients have white coat hypertension, which is why outpatient departments prefer using patients' home measurement results. Many patients have grown accustomed to this practice. Regarding data transfer, we should respect patients' measurement results and encourage patients to cultivate this habit.
3. The third "8" component of the 888 Program requires the control rate to meet standards; for example, a normal blood pressure level should be below 130/80 mmHg while both low-density lipoprotein cholesterol and HbA1c must meet standards as well in order to reduce mortality or disability. Strict standards must be established for high-risk individuals. The key to meeting standards requires collaborative efforts between physicians and patients and includes the use of medication and patient adherence. New drugs such as SGLT2 inhibitors are designed for patients in care networks and can be prescribed to them – this is the correct approach. Patients and physicians are encouraged to join a care network to ensure that patients obtain better quality care.
4. Many primary care clinics have reported that participating in care networks and the Family Doctors' Plan 2.0 involves tedious administrative tasks for outpatient

departments. While having skilled case managers ensures that patients receive optimal care with better outcomes, it also leads to increased personnel costs. The Healthy Taiwan Cultivation Plan offers the medical community an opportunity to create solutions – one of its strategies is optimizing work conditions for medical professionals. Can the medical community propose plans for it and assign professionals necessary for the 888 Program and cancer screenings?

5. Another focal area of the Healthy Taiwan Cultivation Plan is social responsibility. For instance, to address a major health problem in a given area, hospitals must integrate vertically to share their care responsibilities and propose the human resources they need to implement their action plan. If the plan is well-designed, it can be implemented through the Healthy Taiwan Cultivation Plan to flexibly meet the needs of local medical institutions. For example, the prevalence of colorectal cancer is highest in Yunlin, Chiayi, and Tainan. Early cancer screening should be prioritized in these regions. However, as local hospitals are operating at full capacity, they may apply to implement screening programs under the banner of fulfilling their social responsibility. Because the NHI operates under a global budget system, hospitals and clinics requiring additional case managers to sustain the quality of their programs can seek funding from sources beyond the NHI. Various sectors can develop strategies to tackle local health challenges. We hope Minister Chiu will introduce greater flexibility into the Healthy Taiwan Cultivation Plan, enabling the medical community to receive more external assistance to achieve improved outcomes.

6. I am strongly in favor of universities enrolling foreign students – a direction in which I am also working at China Medical University. An important point mentioned earlier is that while nurses are indispensable in a medical team, they are often overworked. Therefore, I support the notion of establishing a nursing assistant system, in which nursing graduates who are experienced but not yet licensed to practice are hired as assistants to nurses to help care for patients, addressing the labor shortage problem. The nursing community should consider its own needs and make adjustments accordingly. However, domestic hires should be given priority since there are many nursing graduates in Taiwan who are not yet licensed to practice. They can work as nursing assistants in the meantime to build their clinical experience and take the examination when the opportunity arises. Regarding the suggestion of introducing foreign nurses or migrant workers into medical teams, this is not advisable at the present stage.
7. I would like to thank President Lai and members of the Executive Yuan for their support. We have convened three committee meetings, each lasting up to four hours. Since August of last year, strategies have been established to address several of the top ten leading causes of death, including the national plan for cancer prevention and treatment, which is only in the fifth phase but is in accord with what the medical community appealed for: to expand the scope of screening tests and ensure that treatments follow international guidelines. Chronic diseases related to the three highs cause 60,000 deaths each year, while cancer causes 50,000 deaths each year. In fact, improper control of the three highs will cause organ damage and is

also the main cause of prolonged unhealthy life expectancy. Regarding the issue of mental health, the government has passed a five-year whole-of-society mental health resilience program, which it will promote with an allocation of NT\$5.3 billion from 2025 to 2030, which is also very important. If cancer is effectively controlled, average life expectancy can be extended; if the three highs are properly managed, disability can be reduced and unhealthy life expectancy shortened; if mental health support is provided, a harmonious society will be created where young people do not take their own lives because of the internet's impact. The MOHW has set a goal to reduce suicide mortality by 5% by 2028. We thank the government for its support.

8. I would like to remind all executive units again that although each plan has a well-defined framework, the tasks involved therein require cross-ministerial efforts, which presents challenges to the implementation process. For example, the cancer screening rate currently sits at only 30% to 40%, and another NT\$4-billion investment was made this year to improve the rate. An effective monitoring mechanism must be established to regularly monitor the progress of screening. If goals are not achieved, collaborative efforts from multiple parties will be necessary.
9. Similarly, the prevention and treatment of the three highs requires the concerted efforts of the medical and pharmaceutical communities. Executive units should be more closely in touch with and listen to the opinions and predicaments of our frontline doctors, and avoid making department plans and administrative work repetitive and

complicated. For example, the plans of the HPA, NHI Administration, and CDC are independent of one another, which makes administrative work more repetitive and reduces efficiency. The MOHW is requested to address the frontline issues as soon as possible, and it is hoped that there will be progress control. With a former physician serving as the president of Taiwan and a government that offers substantial financial support, the policies discussed during the committee's three meetings are imperative. It is essential that funding is directed to where it is most needed. In the future, it will be necessary to have public-private collaboration, and medical communities and private organizations must work together to provide assistance. Everyone can provide their full cooperation and a helping hand in promotional efforts wherever the government needs it. Now that the meeting has set the tone for various policies, our next step is to ensure that the policies are implemented.

10. At the Healthy Taiwan national forum set for April 27, the government will provide a report of the policies that have been implemented to inform the medical community of the swift actions the government is taking. Meanwhile, we will engage in group discussions to provide suggestions to the government regarding issues of future interest such as smart medicine, stem cells, and regenerative medicine.

## **(2) Deputy Convener, Chen Shih-chung**

1. Health promotion is roughly moving in two directions. The first is engagement from professionals. The NHI Administration and MOHW have proposed many strategies and approaches, one key point being that professional expertise should be closely aligned with healthcare

performance outcomes to maximize impact. Presently, more emphasis is placed on engagement in processes, for which compensation is given accordingly, and less emphasis is placed on incentives for outcomes. Perhaps the distribution of funds can be slightly adjusted. Second, to achieve universal healthcare in the future, the role and engagement of the MOE will be crucial, given that health literacy should begin at a young age. And in a society, the inclusion of corporate social responsibility is also imperative.

2. Lastly, every citizen must be engaged in health promotion. The NHI system's My Health Bank app has been a huge success. The app should be integrated with AI to provide more functions – first by increasing literacy, then changing attitude and behavior, helping people learn what to eat, what exercises to do, and how to change their habits for better health. Comparisons can be made with others to achieve the effect of learning from the best. Additionally, the app should have predictive and motivational effects. As people follow the app's recommendations, they can check whether their risks for chronic diseases and the three highs have been lowered to determine if their hard work has been effective. Taiwan is a leader in AI and national health insurance. Incorporating AI into My Health Bank is of paramount importance to achieving the goal of health for all.

## **5. Convener, Lai Ching-te**

(1) Responses to committee members' concerns:

I hope that the MOHW and NHI Administration will follow up with discussions on the valuable suggestions put

forth by the committee members and take action accordingly. Confining their suggestions to meeting discussions or within the medical community only will be a hindrance to achieving a wide-scale effect.

2. Committee Member Chien Wen-jen's suggestion to set up walking trails nationwide would be conducive to encouraging physical activity among the general public, particularly the elderly population. Committee members could work with the Taiwan Nature Trail Society to plan and open up nationwide trails, and expand the scope of promotion to every county and city, working together with the Taiwan Nature Trail Society to refine plans and publicize trail maps, which will encourage and make it easier for companies to adopt those trails.
3. Concerning the platform Committee Member Ko Fu-yang suggested to establish, we should focus on the issue of case management first. The increase in mortality for high-risk chronic diseases may be related to a lack of involvement by case managers. Considering the limited human resources in healthcare, perhaps we can use technology to establish, for example, a Healthy Taiwan e-learning platform, where experts from different fields can contribute useful knowledge on diabetes, hypertension, or other medical conditions. I ask that the MOHW make use of the functions of My Health Bank and serve as a channel of communication between the government and the public to raise awareness of health promotion and provide the relevant information.
4. Regarding the 888 Program, the relevant agencies have worked tirelessly to draw up a timetable for achieving its goals. Data on blood sugar and blood lipid levels from

current care networks can be included in calculations now, and as for blood pressure, medical institutions just need to verify whether the method and timing of measurement are appropriate. If the readings meet requirements, the results can be uploaded for inclusion in the NHI database for faster processing. The MOHW must demonstrate leadership and guide local health authorities and major hospitals, including regional and district hospitals, to implement measures relevant to the 888 Program and set goals. For example, Taipei Veterans General Hospital, as a medical center recently ranked as one of the world's top hospitals, should be able to provide relevant information, including the number of patients with the three highs, the percentage of those included in the care network system, and follow-up care, all of which can serve as important indicators for hospital evaluation.

5. The idea of a Healthy Taiwan should take root in early childhood. I ask that the MOE provide a report at the next committee meeting to outline the contents of learning materials related to health promotion education given in elementary, junior high, and senior high schools, describe how they are expected to be implemented, and how they incorporate new initiatives and content as times progress. The report will help inform committee members of what students learn at school about health promotion, and in turn brainstorm ideas and suggestions to facilitate implementation.
6. I ask that Committee Member Chien Wen-jen design exercises, titled “Exercises for a Healthy Taiwan” or “Healthy Exercises for Taiwan,” that cater to different environments and populations. It should encourage people

to exercise and help spread the concept of a Healthy Taiwan to every corner of society.

- 7.Regarding the establishment of appropriate pregnancy weight gain standards for Taiwanese women as suggested by Committee Member Huang Jian-pei, its inclusion in the Healthy Taiwan Cultivation Plan can be assessed.
- 8.Following the NDC's supportive stance on MingDao University's closure and transition, I propose that Ministers Cheng and Chiu confer with Committee Member Ho Mei-shang to discuss the possibility of orienting development and promotion efforts toward a health park concept.
- 9.I ask that the MOHW leverage the Healthy Taiwan Cultivation Plan to address issues concerning the adoption of the 888 Program. For example, Committee Member Chen Shih-ann talked about hypertension prevention and treatment and its promotion. The Taiwan Hypertension Society can be entrusted to assist in collating the necessary data for subsequent implementation.
- 10.Regarding the hiring of foreign mid-level technical workers as suggested by Committee Member Liao Meian, foreign migrant workers living in Taiwan mainly work in the manufacturing industry; the service industry is not yet employing migrant workers. Considering the labor shortages across all sectors, the MOL is considering policies for opening up various sectors to migrant workers.
- 11.With severe emergency department overcrowding, our emergency healthcare network has been unable to fulfill its functions. A more effective triage mechanism should be put in place. Upon reaching full capacity, a medical

center should proactively manage patient flow by directing emergency department patients to regional and district hospitals and expediting the discharge of eligible patients to ensure timely dispersal. Local governments should also actively engage with hospitals to stay abreast of problems and assist the emergency healthcare network in fulfilling its functions. I ask that the MOHW conduct a thorough review of the causes of the situation and, as suggested by the committee members, invite hospitals to discussions of strategies and actions for preventing recurrent overcrowding in emergency departments.

(2) Consolidated directive on the two reports:

1. First, we must adopt a steady approach to implementing the items listed in previous committee meetings and consistently inform the people of Taiwan of the outcomes. For items listed from the second committee meeting, there are detailed reports of the progress of implementation and subsequent plans. I ask that the Executive Yuan, MOHW, and other ministries concerned continue to carry out those plans and monitor the progress of supervision and evaluation. Any concrete results should be reported to the people of Taiwan when necessary to demonstrate the government's resolve and efforts in creating a Healthy Taiwan. In addition, matters to be implemented that were proposed during today's meeting and matters raised by the committee members, advisors, and two deputy conveners should be included for discussion.
2. Second, we must intensify prevention and treatment efforts for the three highs to achieve comprehensive health management. Annually, roughly 62,000 people in Taiwan

die from three highs-related chronic diseases, accounting for 30% of total deaths in 2023. In face of the three highs threatening the health of Taiwanese people, we can respond with solutions including preventive healthcare for adults, health examinations for laborers, military personnel, civil servants, and educators, and health examinations paid for out of pocket. All of these services can provide early detection and early treatment for individuals who are at high risk of developing the three highs. Today, many committee members reminded us that the information should be compiled and uploaded for easy access, potentially utilizing big data and AI applications. I ask that the Ministry of National Defense, MOL, and other ministries concerned help encourage the uploading of health examination data to strengthen our database for Taiwanese people's health management. I hope that each ministry is able to keep the committee apprised of progress as needed to ensure the effectiveness of the government's efforts on the prevention and treatment of the three highs.

3. Third, we must create a social environment that supports healthy lifestyles. To combat the challenges of chronic diseases, prevention is just as critical as treatment. Therefore, we must begin with the cultivation of healthy lifestyles. I ask that the MOHW, MOE, and Sports Administration continue to intensify efforts and work together toward creating an environment that fosters physical activity, encouraging people to get outdoors and develop daily exercise habits. With the Nutrition and Healthy Diet Promotion Act effective since 2024, the MOHW must persist in advancing nutrition. I also urge the

MOE and other ministries to implement healthy procurement policies, thereby encouraging units under their jurisdiction as well as various fields to cultivate a healthy food environment that integrates the concepts of nutrition into citizens' daily lives. This includes food labeling, developing healthy foods, and healthy recipes, all of which are worth pursuing.

4. Fourth, we must implement and promote the 888 Program for the prevention and treatment of chronic diseases. I ask that the MOHW follow the 888 Program framework, using the three main strategies of seeking patients with the three highs, providing interventions, and improving the control rate to help people identify health issues early on and cultivate healthy lifestyles as soon as possible to manage the three highs. At the same time, I ask that the ministries concerned take steps to increase the budget for chronic disease prevention to facilitate the smooth implementation of various prevention and treatment measures, so as to achieve the goal of reducing standardized mortality rates for chronic diseases related to the three highs by one-third by 2030.

5. Lastly, the prevention and treatment of chronic diseases and the development of healthy lifestyles are not the work of a single agency. We have seen the MOHW actively promote new policies and, by combining the resources of various ministries and agencies, provide corresponding nutritional care and expand the scope of service recipients based on life cycles to provide appropriate care for more people. In the future, the executing team will continue its efforts, engaging in wide-ranging discussions and

achieving consensus with the deputy conveners, advisors, and committee members in order to strengthen integrated care for individuals, families, and communities and improve the health of our citizens. Thank you.

## **VI. Extempore Motions:**

**Proposal:** Following the National Climate Change Committee's motion, we forgo payment for participating in this committee to help ensure its continued operation and contributions to the health of the Taiwanese people. (Proposed by Advisor Cherng Wen-jin and co-signed by 31 private sector committee members and advisors)

**1. Description of Advisor Cherng Wen-jin's Proposal** (Appendix not included in the English meeting minutes)

**2. Resolution:** The committee thanks Advisor Cherng and the cosigners for their support during difficult times. The committee will continue to operate.

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

I would like to once again thank everyone for participating in today's meeting. I will make three concluding points.

First, items listed in the second meeting are in progress and have detailed plans. I ask that the Executive Yuan and the ministries concerned continue to take action and report any significant progress to the committee as well as the people of Taiwan when appropriate.

Second, all ministries must actively encourage healthy lifestyles from multiple approaches, fostering healthy and balanced diets and increasing physical activity for individuals of all ages to comprehensively improve people's health.

Third, we must facilitate the integration and application of various health examination results, including those from labor health examinations, preventive health services for adults, health examinations for military personnel, civil servants, and educators, as well as health examinations paid for out of pocket. This will enable Taiwanese people to monitor their health status and better manage their own health, mitigate the burden of chronic diseases related to the three highs and the concomitant risk of disability, and enable Taiwan to achieve the goal of reducing standardized mortality rates for chronic diseases related to the three highs by one-third by 2030.

Before I took office as president in 2024, I pledged to host a Healthy Taiwan national forum annually on April 27 for the purpose of building a Healthy Taiwan. The forum will be held in 2025 as scheduled. I believe that by soliciting opinions from all sectors of society, we will be able to gain more momentum toward improving people's health. I look forward to everyone's active participation.

Lastly, I would like to remind the MOHW of two points: First, the pay disparity issue mentioned by committee members should be examined in detail. We must take bold steps to change the current NHI system and achieve different pay for different jobs. Second, regional care networks can be formed from interdisciplinary groups of medical centers, regional hospitals, district hospitals, and primary care clinics; this is a fundamental application of the health promotion concept. Its implementation in Xiulin Township, Hualien County has produced good results. We can consider expanding this successful model to the entire Hualien and Taitung region, entrusting them with management of their own funds. If the trial in eastern Taiwan proves successful, the mechanism can then be adopted in other regions across Taiwan.

The NHI system is about to celebrate its 30th anniversary. We must strive to address current issues to ensure its sustainable development. With that, let us end today's meeting. Thank you.

**VIII. Meeting End Time:** 8:35 p.m.