Meeting Minutes of the 2nd Meeting of the Office of the President Healthy Taiwan Promotion Committee

Date: Thursday, November 28, 2024, 4:00 p.m.

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

Chair: Convener Lai Ching-te

Recorder: Ministry of Health and Welfare (MOHW)

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

Committee Members: Liu Chin-ching (劉鏡清) (on leave), Cheng Ying-yao (鄭英耀) (on leave), Chen Shih-ann (陳適安), Susan Shur-fen Gau (高淑芬), Chan Ding-cheng (詹鼎正) (on leave), Shen Ching-fen (沈靜芬), Chou Ching-ming (周慶明), Huang Cheng-kuo (黃振國), Ni Yen-hsuan (倪衍玄) (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) (on leave), 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), 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 Lin Ching-yi (林靜儀), MOHW Deputy Minister Chou Jih-haw (周志浩), Ministry of Education (MOE) Deputy Minister Lin Teng-chiao (林騰蛟), MOHW Taiwan Food and Drug Administration Director-General Juang Shin-hun (莊聲宏), MOHW Health Promotion Administration Director-General Wu Chao-chun (吳昭軍).

I. Chair's Remarks

To our Secretary-General to the President Pan Men-an, two deputy conveners, Dr. Chen Jyh-hong, Minister without Portfolio Chen Shih-chung of the Executive Yuan; advisors; committee members; and everyone watching the live broadcast: Good afternoon.

Today is the second meeting of the Healthy Taiwan Promotion Committee. First, I want to thank our two deputy conveners, our advisors and committee members, and our friends online for their enthusiastic participation. I also want to welcome Committee Member Chien Wen-jen, who was on leave for the previous meeting.

I would also like to introduce three new committee members: Let's welcome Committee Member Huang Chin-shun, president of the Federation of Taiwan Pharmacists Associations. During the pandemic, he led the nation's pharmacists in promoting services including name-based distribution systems for masks and rapid-test kits and home delivery of medications. I am sure that he will

be able to provide many valuable views regarding pharmaceutical safety and supply resilience.

Let's also welcome Committee Member Ko Fu-yang. During his time as secretary-general of the National Union of Chinese Medical Doctors' Association, he led the Chinese medicine community in the transition from experience-based medicine to evidence-based medicine, and promoted the modernization of traditional Chinese medicine (TCM). With his participation, the committee will be able to spur research and development in both modern and traditional medicine.

Our third new committee member is Liao Mei-nan, president of the Taiwan Nurses Association, who was unable to be here today. She has long been dedicated to raising the quality of nursing care and actively promoting a high-quality, friendly work environment for nurses. The committee will rely on her experience to strengthen the link between policy and practice in nursing care.

I want to thank all the members of the committee once again for working together with the government. Since the last committee meeting, under the guidance of Minister without Portfolio Chen Shih-chung, the MOHW has implemented various policies. At the beginning of October, for example, three major AI centers were set up to resolve three key AI application issues: implementation, certification, and reimbursement, helping advance Taiwan's smart healthcare ecosystem.

At today's meeting, the MOHW will first deliver a report on the progress of certain items listed in the first committee meeting, followed by a joint report by the MOHW and MOE on bolstering public mental health resilience and a report by the MOHW on enhancing cancer prevention and treatment strategies.

The World Health Organization has affirmed that “there is no health without mental health.” In a fast-changing, fast-paced society, the government should invest more resources in the field of mental health to safeguard the people’s overall health.

We are therefore implementing mental health support programs this year and expanding the range of eligibility, from 15 to 30, to 15 to 45 years old, to provide more support for young and middle-aged people. That policy has served over 20,000 people since it was implemented just over three months ago.

In terms of bolstering mental health resilience, we still have much to do. From the workplace to the campus and every corner of society, our government must lead by example, and the public and private sectors must work together, making every effort to ensure that no one is left behind.

Aside from mental health, in view of cancer being the leading cause of death in Taiwan for 42 consecutive years, our goal is to reduce the standardized cancer mortality rate by one-third by the year 2030.

And so we must expand screening and advance treatment. Last year, the government subsidized screenings for five types of cancer, providing a total of 4.87 million screenings and detecting 11,000 cases of cancer and 52,000 cases of precancerous conditions. We have allocated an additional NT$4 billion beginning next year, bringing the total budget for cancer screening to NT$6.8 billion, to expand the scope of cancer screening eligibility and services.

Plans are also in the works to establish a fund for new cancer drugs. In next year’s general budget, we will allocate NT$5 billion, which will gradually rise to NT$10 billion, to provide

reimbursement funding for a variety of new cancer drugs and reduce the economic burden on patients. These new measures will be reported on in detail moments from now by the MOHW. At the same time, we are also actively promoting genetic testing and precision medicine. Next generation sequencing, for example, has already been included in National Health Insurance (NHI) coverage, which will help provide patients with precise, individualized treatment strategies.

I am confident that expanding preventive screening at the front end and providing advanced treatments at the back end will effectively fight cancer and improve the overall health of our citizens. Today's meeting will help the government understand viewpoints from many perspectives so we can promote policies that more closely meet the public's needs. Let's keep working hard together. Thank you.

II. Confirmation of the Meeting Agenda

Decision: Meeting agenda confirmed.

III. Confirmation of the Meeting Minutes of the 1st Committee Meeting

Decision: Minutes of the first committee meeting confirmed.

IV. Report Items

1. **Report on the implementation status of items presented at the 1st committee meeting** (omitted)

   (Presented by Deputy Executive Secretary Shih Chung-liang)

2. **Report on the enhancement of the resilience of public mental health** (omitted)

   (Presented by MOHW Deputy Minister Lin Ching-yi and MOE Deputy Minister Lin Teng-chiao)

3. **Report on the strengthening of cancer prevention strategies** (omitted)

(Presented by MOHW Deputy Minister Chou Jih-haw)

V. Discussion Items (In Speaking Order)

1. 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, Chen Shih-ann

Forward-looking approaches have already been adopted based on data provided in this report regarding education, cancer, and mental health issues. Although they were not mentioned during this meeting, many medical facilities already include advanced cancer treatments such as radiation therapy, chimeric antigen receptor T-cell (CAR-T) therapy, immunotherapy, and targeted therapy in their treatment guidelines. I suggest focusing more on the aforementioned treatment models to implement the Healthy Taiwan policy and resolve cancer treatment issues.

2. Committee Member, Susan Shur-fen Gau

(1) I hope we will continue to enhance understanding of mental illness among teachers, parents, students, and the general public. By reducing the stigma surrounding mental health, we can make students and their family members more willing to seek and accept treatment, and report their needs to their school. In the United States, for example, students are educated about mental health issues at school, giving them basic knowledge, sensitivity, and correct ideas about treatments. In Taiwan, perhaps the inability to conduct early screening, incorrect ideas about treatments, or fear of stigmatization lead individuals to

undergo non-evidence-based treatments, creating a burden on families.

(2) Studies indicate that mental illness and emotional and behavioral issues among children and young people are difficult to detect, and treatment requires that a parent accompany the patient. It is recommended that epidemiological surveys be conducted regularly, and that effective and feasible treatment models be developed for conditions including internet addiction disorder. I reiterate my suggestion that education be normalized so that physical education, art, and mental health counseling are incorporated into formal learning programs. Teachers should pursue continuing education to acquire heuristic learning techniques that allow students to absorb knowledge about art, culture, and physical and mental illnesses. All prevention strategies, treatments, and teaching methods should be based on empirical research, and models and guidelines should be established.

(3) To address the impact of alcohol addiction on the health of indigenous peoples, I recommend showing indigenous peoples how to build healthy lifestyles to help them discover the benefits and advantages. This will enable diagnostic and treatment teams to detect neurodevelopmental disorders early on, and prevent the premature exposure of children and young people to alcohol and other substances. In addition, more rigorous oversight and restrictions regarding the age at which alcohol can be purchased should be implemented; some countries even restrict the purchase of alcohol to those over the age of 25. Alcohol and controlled drugs in communities must be rigorously managed to strengthen

health awareness among citizens.

(4) Teachers and parents play an equally important role in instructing, guiding, communicating with, and enabling children. Careless remarks can impact a child's mental and spiritual development, and when they suffer from mental illness, children need even more empathy and support. Learning to show respect is a fundamental part of Education for All, and our efforts must continue.

3. Committee Member, Shen Ching-fen

(1) I recommend stepping up efforts to enhance overall physical and mental health. In addition to social and emotional learning (SEL), we should consider ways to make children and the public more knowledgeable about health management and health-related experiences. During the pandemic, for example, people rushed to get vaccinated. But post-pandemic, vaccines receive little attention, and are even stigmatized. This shows that citizens still do not have a firm grasp of health and disease prevention concepts.

(2) The government is currently planning to set up mental health wards for children and adolescents in four medical facilities under the MOHW in northern, central, southern, and eastern Taiwan. However, due to the trend toward centralization of pediatric treatment, few hospitals can treat acute, severe, or rare pediatric illnesses. Some emerging diseases like pediatric autoimmune encephalitis may present as psychiatric symptoms such as involuntary screaming, and may require special medications or immunosuppressants. I therefore recommend that patients' underlying conditions and psychiatric care needs

be considered at the same time, and that good medical care facilities or national-level healthcare units should be established to provide services and meet current needs.

4. Committee Member, Chou Ching-ming

(1) Primary medical care is highly accessible and makes it easy to establish long-term doctor-patient relationships. It also facilitates patient follow-up and helps major hospitals implement government programs such as The Family Doctors' Plan 2.0, Metabolic Syndrome Management (MetS) Program, the 888 Program, as well as the pilot projects in Hospice & Palliative Care and home-based medical care. I therefore recommend that applications for the Healthy Taiwan Cultivation Plan for medical centers and regional hospitals also include primary care clinics; that community healthcare groups be formed through strategic alliances among hospitals and community healthcare clusters; and that regional care networks be set up to provide comprehensive community care. The Taiwan Medical Association and other medical associations can serve as a platform connecting local hospitals, long-term care facilities, and clinics both vertically and horizontally.

(2) Early screening for oral cancer is not yet widely available, and most patients undergoing treatment are terminal. These patients are often young adults who serve as the primary breadwinners and whose illnesses have a huge impact on their dependent families. In practice, experience shows that only a handful of individuals volunteer for cancer screening, despite an increase in overall participation in recent years. I recommend that the government allocate more resources to promote cancer

screening and health education to raise public awareness.

(3) When I previously worked with local government public health bureaus to provide flu vaccines, we simultaneously conducted oral cancer screening for community residents that yielded a significant number of positive results. I hope that the government can further expand the scope of cancer screening by encouraging medical institutions and health professionals to provide community screening services.

5. Committee Member, Huang Cheng-kuo

(1) The NHI Family Doctors Integrated Care Plan (the Family Doctors' Plan) has been implemented for 22 years, and demonstrated its resilience during COVID-19. This year the program was upgraded and renamed The Family Doctors' Plan 2.0, and expanded to provide community care for all while establishing personnel training requirements and relevant benchmarks. We are happy to see cooperation between medical specialists and TCM to provide comprehensive patient care.

(2) Psychologists and social workers are currently the primary source of mental health counseling resources. While the MOE hopes to introduce mental health resources into school campuses, the shortage of psychiatrists in primary care institutions makes that a difficult task. We recommend that primary care institutions use the community healthcare clusters concept from the Family Doctors' Plan to establish shared care networks. Then when children or young people with underlying mental health problems seek medical assistance, family physicians or pediatricians can make

preliminary diagnoses and provide assistance, referring high-risk cases to the relevant specialists, and thereby providing early interventions to achieve policy objectives.

(3) As government budgets are allocated in the previous year, there are often discrepancies between actual healthcare needs and budget estimates. It is therefore essential to establish a fund for new cancer drugs. When a drug, temporarily covered by the NHI program, is proven effective, it should be eligible for NHI coverage the following year without further discussion. Making this a fixed requirement would ensure that treatment is not dependent on budget constraints and that the allocated funds would not impinge on other budget allocations.

6. Committee Member, Lin De-wen

(1) Statistics show that indigenous peoples lag behind on many health indicators. We recommend considering approaches adopted by New Zealand's medical education system, incorporating indigenous cultures into medical education and development and addressing gender issues, with the government creating indigenous-friendly mechanisms and helping society as a whole understand their importance.

(2) Due to limited resources, extending comprehensive mental health support programs to indigenous communities is difficult. We recommend considering international and domestic culture and health stations approaches that promote the cultural security of indigenous communities, selecting key units to provide services. We also recommend alleviating fundamental discrimination problems through education and

communication within society, and continuing to build an indigenous-friendly healthcare system and social environment.

(3) The mortality rate among indigenous peoples for the top ten cancers is higher than for non-indigenous peoples. The mortality rate for lung cancer among indigenous peoples has fallen in recent years but remains high; however, this trend is not reflected in this report. We recommend that a Health Database of Indigenous Peoples be established as required by the Indigenous Peoples Health Act, and that issues regarding indigenous peoples in the Healthy Taiwan policy be explored and analyzed to identify discrepancies and ensure that such policy discrepancies are remedied.

7. Committee Member, Li Yi-heng

(1) The government has established and actively promoted a prevention network to address the “three highs.” (high blood pressure, high cholesterol, and high blood sugar) and kidney disease. The medical community, however, hopes that the scope of reimbursement for chronic disease prevention programs can, as much as possible, be closer to the reimbursement for cancer prevention programs.

(2) Cancer is the leading cause of death among Taiwan citizens, and the government has devoted considerable resources to promoting cancer prevention programs for many years. However, heart and cardiovascular diseases are also among the top ten leading causes of death in Taiwan, and resulting chronic conditions increase the risk of kidney failure, heart failure, and strokes, significantly impacting public health. We hope that the government will

make this a higher priority and adopt cancer prevention practices, using national chronic disease prevention programs to launch drugs for chronic conditions such as diabetes, hyperlipidemia, and kidney disease. The availability of these drugs can delay patients' progression to chronic kidney disease and reduce the incidence of heart disease and heart failure, strengthening chronic disease care.

8. Committee Member, Huang Jian-pei

(1) Regarding efforts to strengthen women's care and mental health support during pregnancy and childbirth, the nation has invested considerable financial resources to care for pediatric health. However, pediatric care should begin during fetal development, which means providing care for women during pregnancy and childbirth. I recommend that the nation allocate suitable resources to the important group of pregnant women and new mothers because their offspring are our nation's next generation.

(2) The MOHW continues to promote pregnancy and prenatal examinations and publish a maternal health education manual for new mothers. However, Taiwan still ranks at the lower end of OECD countries in terms of mortality rate among pregnant women, new mothers, and newborns. This highlights the need for further improvement measures. Gestational diabetes is one of the top two causes of stillbirth. More than a hundred stillbirths are reported each year, with an NT$300,000 payout for each childbirth accident, resulting in tens of millions of NT dollars in losses per year. By providing better care, the currently approved shared care program can reduce childbirth accident payouts. Costs for both programs are

comparable, though shared care goes beyond mere compensation to save a child's life – something we are happy to see.

(3) Although a new edition of the maternal health education manual for expectant and new mothers will be published next year, clinical observations show that most expectant and new mothers listen to explanations by health professionals rather than reading the manual. Since childbirth is not something that can be learned simply through reading, other abilities such as parenting skills should be assessed for inclusion in shared care programs. These programs would involve obstetricians and midwives providing guidance to help expectant mothers develop skills.

(4) Mental health support programs for young and middle-aged people offer three free sessions of psychological counseling. Although 98% of expectant and new mothers fall in that age group, only those who are aware of and acknowledge mental health issues will proactively seek out these services. Research shows that over half of expectant and new mothers experiencing symptoms of emotional distress will not actively seek help, and the percentage who do not seek help may be even higher for those who lead busy lives raising their children. It is recommended that proactive mental health screening be conducted during prenatal check-ups to avoid unfortunate events such as suicide among expectant and new mothers.

(5) Currently, a government program offers mammogram screening every two years for women aged 45 and older. However, only 39% of those eligible get screened, while 61% do not. After discussions, both the Taiwan

Association of Obstetrics and Gynecology and the Taiwan Breast Cancer Society suggest providing breast ultrasound in between, or in place of, biannual mammography procedures. At the very least, this would help prevent late-stage breast cancer diagnoses among those who refuse to have a mammography because they are afraid of pain. This approach could also increase the breast cancer screening rate, leading to early detection of cancer lesions and treatment.

9. Committee Member, Huang Chin-shun

(1) Cancer screening results in early detection, which leads to better treatment outcomes. There are more than 10,000 community-based pharmacies in Taiwan, which makes them easily accessible to the public. If we can leverage the medical expertise and services of community-based pharmacists to identify people experiencing mental distress, and those who smoke or chew betel nut or have a chronic cough, those people can be helped with referrals and undergo preliminary cancer screening.

(2) According to NHI Administration data from 2023, about 1.7 million people in Taiwan were taking antidepressants, while taking such medication without following a doctor's instructions may lead to suicidal thoughts and deviant behavior. If we leverage community-based pharmacies, when pharmacists discover people who feel depressed or have negative thoughts, they can refer them to a psychologist, serving as a suicide prevention unit for their community.

(3) Each year, 1.1 billion sleeping pills and anti-anxiety agents are consumed in Taiwan. One in five adults use

sleeping pills, and 80% of adults aged 40 to 50 suffer from sleep disorders, so it is worth exploring whether this is because sleeping pills are overprescribed, or because Taiwanese are under excessive stress. In addition, long-term dependence on sleeping pills will lead to drug-induced sleep disorders. The competent health authorities should monitor and follow up on this phenomenon.

10. Committee Member, Kuo Su-e

(1) Cancer prevention and chronic disease prevention are closely related. Thirty to fifty percent of cancer causes are subject to preventive measures; low dietary fiber intake and excess consumption of animal fat and sugar among Taiwanese are all clear risk factors.

(2) The World Health Organization (WHO) indicates that ultra-processed foods are strongly linked to cancer and non-communicable diseases. Surveys show that Taiwanese schoolchildren and young people get more than one-third of their daily calories from ultra-processed foods that lack nutritional value and contain excessive salt, sugar, and fat. We recommend that nutrition labels should show not only data, but also incorporate health concepts. To help people understand whether the food they consume is healthy, a food rating system should be established. Currently, the adoption of such food labels is encouraged but not mandatory. Domestic food manufacturers could take the lead in changing their labels, but a consensus on the rating system must be established first. Both the Taiwan Dietitian Association and the Nutrition Society of Taiwan have expressed willingness to offer their assistance in the future.

(3) This year, the government promulgated the Nutrition and Healthy Diet Promotion Act to promote healthy eating, and created a roadmap for future nutrition policy. As eating out is common in Taiwan, people need to take a simple yet effective approach to diet and exercise. We suggest promoting a triple-eight meal plan. The plan (a) limits the number of dishes in a banquet to eight (one main dish, two vegetable dishes, and one dish each of fish, meat, beans, fruits, and dessert); and using this diet program as a guide can help encourage implementation by major restaurants as a priority. It also (b) encourages people to stop eating when they are 80 percent full; and avoid overeating. And finally, it (c) recommends no eating after 8 pm to control calorie intake and help reduce obesity. Although there may be challenges during the initial stage of the plan's promotion, those efforts will have greater appeal if led by influential people.

11. Committee Member, Hung Te-jen

(1) Community participation is crucial across various health initiatives including mental health, long-term care, disaster prevention and relief, and cancer screening. We hope to build a resource system based on people's spheres of daily life, integrating basic resources drawn from district offices and health departments at the township and district levels, as well as from the national level. Using whole-of-society mental health as an example, psychologists employed at schools could extend their services to communities (including community care stations, district offices, community centers, temples, churches, and community pharmacies) to become the core of the mental health network and

assist in education, promotion, and early identification, with community volunteers as gatekeepers.

(2) We previously worked with community schools and a group of mental health professionals to develop a method to identify high-risk indicators. A red warning light would be triggered if a student threatened to harm others, and after identifying a high-risk case, the school nurse would report it immediately and access relevant resources, while a psychologist and psychiatrist would intervene with the high-risk student. We recommend extending this method and its mechanisms from schools to communities to make communities an important line of defense.

(3) Regarding cancer screening, we hope the government will establish incentive mechanisms to encourage local efforts, such as urging local health authorities in Kaohsiung's Namasia District to complete cancer screening before the rainy season, as rain often disrupts traffic. A mechanism was also developed to facilitate an effective cooperation model among Kaohsiung Medical University-affiliated hospitals. Under that model, after members of the public undergo a colonoscopy at a hospital, test results can be delivered to public health centers within 10 days to make follow-up arrangements. This efficient and user-friendly screening model is worthy of recognition.

(4) Two weeks ago, health centers collaborated with Taipei City Hospital to incorporate hepatitis B/C screening into COVID-19 and flu vaccination programs, and on that day, they identified two hepatitis B carriers. We recommend that mechanisms be promoted at the national

level to help front-line health centers and public health centers work with medical institutions to make cancer screening more accessible and effective.

12. Committee Member, Ko Fu-yang

(1) Over five million people in Taiwan currently suffer from chronic diseases, but only three million are members of the chronic disease prevention network, and two million people are not. TCM can help people prevent chronic conditions and manage the relevant risks.

(2) TCM can play an important role in reducing the cancer mortality rate, first by alleviating the side effects of treatments, and second by improving cancer patients' quality of life. The NHI program has an Enhanced Integrated Care Program for Cancer Patients Using TCM. However, because the budget for this program is included in the NHI global budget, major hospitals report an implementation rate exceeding 100%, resulting in a dilution of the point value. TCM is in high demand among cancer patients, and to prevent them from seeking unconventional medical treatments outside the hospital, we suggest providing patients with a wider range of treatment opportunities to help TCM play a greater role in cancer treatment.

(3) The NHI Administration has implemented a global budget system for TCM. However, when hospitals with TCM departments including Chang Gung Memorial Hospital, China Medical University Hospital, and Tzu Chi Hospital submitted fee applications, their fee payments were reduced due to budget constraints. The budget for the entire cancer care program is just over

NT$300 million a year, covering only seven types of cancer. In the future, we hope that it will be expanded to cover twelve types of cancer, benefiting more patients, particularly through complementary medicine such as acupuncture and moxibustion to help manage symptoms after radiation therapy or chemotherapy.

(4) Support teams made an undeniable contribution to Taiwan's victory in the Premier12, and TCM likewise is a major contributor in support of cancer treatments. We hope that the president, advisors, and committee members will provide their support. As the global budget for TCM is only NT$30 billion, with over NT$300 million allocated for cancer treatments, the inclusion of that allocation in the global budget restricts the development of TCM. We hope that the competent authority will provide assistance on this front.

13. Committee Member, Tsai Sen-tien

(1) National compulsory education efforts have already shown significant results in lowering the rate of pediatric obesity. However, obesity is not the only problem that has been identified among primary school students, as there are also students who are underweight, which may be related to family issues, poor eating habits, and even inappropriate aesthetic ideals. Overweight and underweight conditions both deserve attention.

(2) Regarding increasing the number of medical personnel, the National Development Council forecasts that Taiwan's population will decline to 15 million by 2070. A shortage of nursing personnel is thus a matter of concern, and proportionally very few Taiwanese nursing

department graduates currently seek employment in the industry after graduation. We recommend considering introducing international talent, assessing the provision of full scholarships, reviewing subsidy amounts, and determining the required period of service in Taiwan to allow people to come to Taiwan, study Mandarin, and remain in Taiwan after completing their studies, becoming care providers for the nation.

(3) Regarding the issue of cancer screening, I look forward to a budget increase next year. Recent reports show that the target population is not willing to undergo screening. I will gladly work with the MOHW to develop and adopt more proactive approaches to identify high-risk groups early to achieve earlier interventions and better treatment outcomes.

14. Committee Member, Chien Wen-jen

(1) Since it began to be implemented, the Healthy Taiwan policy has produced good results, but we must take care not to overwork civil servants.

(2) We request that the president support the creation of a science, technology, and culture trail and launch a Taiwan sacred pilgrimage tour that includes travel around the island by foot, bicycle, train, and even cruise ship, linking walking trails and bikeways nationwide to attract domestic and foreign travelers. These initiatives will require the coordinated efforts of various agencies including the MOHW, National Science and Technology Council, Ministry of Culture, Ministry of Transportation and Communications, Ministry of Agriculture, Ministry of Economic Affairs, and the Ministry of the Interior.

Walking trails and bikeways should be properly planned to incorporate elements of science, technology, and culture, with videos and a specially designed app so that anyone can enjoy the beauty of Taiwan at any time.

(3) Supply stations, social media check-in points, and testing stations can be set up trailside, with health-related screening services also provided. Those who are found to be potentially at risk will be referred to a local hospital for further examination. Information introducing the geography and history of Taiwan can be provided along the way by trained volunteers, revitalizing and spurring local economic development. We hope to connect every corner of Taiwan by integrating iconic hiking and bike trails, making Taiwan a world-renowned tourist destination.

15. Committee Member, Shan Yan-shen

(1) Cancer treatments require interdisciplinary collaboration across multiple areas and specialties. There is no TCM department at National Cheng Kung University Hospital, but when pancreatic cancer patients I treat at that hospital seek TCM treatments, I refer them to Chi Mei Medical Center. Cancer treatment requires a nutritionist to make nutritional adjustments, a physical therapist to direct strength training, and a psychiatrist to help reduce depression symptoms and enhance patient tolerance of side effects. This shows the importance of collaboration across multiple areas and specialties in cancer treatment.

(2) Addressing cancer requires both screening and treatment. A three-stage, five-level system from cancer prevention to treatment can be established through

collaboration between primary care institutions and medical centers. In this framework, AI technology aids the primary care institution in cancer screening. Test results are then provided to the medical center, which provides treatment. This system makes cancer screening more accessible, and is linked to NHI and the public health and medical care systems. I believe this system will enable us to achieve the goal of reducing the standardized mortality rate for cancer by one-third by 2030.

(3) In response to the shortage of healthcare workers, Japan has launched a research program that provides free tuition for four years for Southeast Asian doctors pursuing doctoral degrees in Japan, helping Japan conduct research and provide medical services. I suggest, in addition to helping Southeast Asian countries cultivate doctors and nurses, that our government consider ways to bring foreign health professionals to Taiwan, such as by providing scholarships, to supplement the nation's primary care workforce.

(4) IAD is now a widespread problem among students. From primary school to university, over 60% of students rarely participate in social and club activities, putting them at risk of developing emotional and psychological issues, including self-harming behaviors. We suggest that the MOE and MOHW formulate strategies to address IAD problems as soon as possible to make the public more aware of how to avoid IAD, and raise the level of concern and coordination between schools and medical institutions.

16. Committee Member, Su Kuan-pin

(1) In just a few months, the public felt the impact of expanded mental health support programs as part of the MOHW action strategy 1, with over 30,000 people benefitting. As the next step, we recommend considering sustainability issues. (One of the reasons for this program's success is that psychologists providing mental health support services are compensated more than physicians providing psychological treatment covered by NHI benefits.) Empowering non-profit organizations (NPOs) and promoting digital therapeutics should contribute to sustainable development. I also suggest establishing indicators (such as referral rate for critical illnesses) to measure the effectiveness of support programs. Regarding action strategy 4, technological applications, we recommend not only relaxing the rules for online consultations, but also considering implementation and accessibility factors for target groups such as young people and those with common physical and mental illnesses. In addition, a key indicator for technological applications should be the implementation of digital therapeutics.

(2) Regarding the whole-of-society mental health resilience program's campus plan that the MOE previously mentioned, I am sure that everyone remembers the recent case in which a civil servant in the Ministry of Labor committed suicide due to prolonged work-related stress. That incident sparked public outrage, and news reports also cited the president's promise to set up a system to fully implement an anti-bullying mechanism. While improving the system to strengthen anti-bullying efforts is urgently needed, in the long run what is really

fundamental is promoting the whole-of-society mental health resilience program.

(3) In modern society, stress and trauma have taken on completely different forms. Earlier, the MOE proposed a very important direction. However, it may be difficult for local authorities and schools to provide enhanced mental health support and counseling while incorporating SEL courses. In fact, given the new workplace pressures and trauma among young people, as well as the negative impact that unhealthy social media use is having on Gen Z in our fast-changing AI society, not to mention the lack of understanding among school teachers and school counselors and lack of familiarity among hospital psychologists and psychiatrists, even experts and scholars in psychiatry and educational psychology are still engaged in research and study to respond to new challenges.

(4) We recommend taking an evidence-based attitude to respond to school counseling and SEL curriculum issues, rather than using "personal discretion" to draft curricula, teach courses, and organize activities. Enthusiastic commitment and careful guidance alone cannot guarantee improvement. Without a rational and evidence-based approach, I am afraid that such efforts may be anti-educational and counterproductive. For example, in clinical practice we have seen that more than a few teachers and parents hold misconceptions about mental illness. They often deny that mental illnesses exist, do not believe in attention deficit hyperactivity disorder (ADHD) or depression, oppose medical diagnoses and treatments, or unconsciously discriminate

against and stigmatize patients for lacking effort, being lazy, or faking illness, all of which constitute implicit forms of bullying against mental illnesses. If in the process of educating their students and children, teachers and parents indoctrinate them with misconceptions about mental illness and brain medicine, their efforts are not only anti-educational and counterproductive, but also hinder the MOE's implementation of the aforementioned policies.

(5) Therefore, it is crucial to integrate the correct scientific, medical, and especially psychiatric concepts into SEL and education. Under the Healthy Taiwan Cultivation Plan call for proposals, we recommend a subsidy program for evidence-based SEL curricula, education about psychiatric and psychological illnesses in schools, and the strengthening of counseling systems. By identifying feasible models with outcome assessment indicators, we can develop clear guidelines and actionable, sustainable frameworks that will help the MOE ensure the effective promotion and implementation of these initiatives across schools and universities.

17. Committee Member, Patrick Ching-ho Hsieh

(1) Although most of our national resources are currently invested in medical care and treatments, preventive and regenerative medicine should be given greater attention. Regenerative medicine can be a form of preventive medicine. Young adults with spinal injuries, for example, recover more quickly if regenerative medicine treatments are introduced early on. Cell therapy in patients with massive myocardial infarction can prevent subsequent problems, including heart failure. As previously

mentioned, the high market value of weight loss drugs and high cost of regenerative medicine treatments also highlight the enormous potential and economic value of regenerative medicine.

(2) Three key factors contribute to the development of regenerative medicine. First, laws and regulations ensure the industry's functionality, specialization, and quality management. Second, cultivating a new pool of young professionals in the regenerative medicine industry drives technological development and innovation. Finally, interdisciplinary collaboration across the government sector, academic communities, and international platforms is imperative. We hope that seminars can be organized to establish consensus and provide specific recommendations.

(3) The short-term objective of regenerative medicine development is to establish a stem cell bank at the national level for storing stem cells from superdonors. This will significantly increase the potential of regenerative medicine applications. Meanwhile, we should increase research and development efforts, particularly in terms of early-phase clinical trials, and expedite regulatory review processes. The MOHW has established three AI centers capable of evaluating applications in regenerative medicine. In the long term, we recommend that regenerative medicine be included in the NHI system, accompanied by the establishment of a national registration system to collect data on treatment efficacy. The income generated can be a source of revenue for the government, and promote innovative development and foster beneficial government, business,

and private sector cooperation. Details can be discussed further and specific plans drafted at other meetings.

18. Committee Member, Ho Mei-shang

(1) I completely agree with the Healthy Taiwan concept. We should explore ways to make a palpable impact on the public, make Healthy Taiwan a model for healthy lifestyles, and encourage active participation in self-health management. The NHI APP is an essential tool for improving people's health management. I recommend designing interactive models incorporating a management-by-objectives approach to provide personalized feedback, and encourage exercise based on the health status of different individuals to achieve better prevention results.

(2) Diet is an essential component of a healthy lifestyle. More people in Taiwan across various age groups are dining out, which directly impacts their health. Although it is difficult for the government to directly control what the food industry can sell, it can join forces with the private sector, such as non-government organizations (NGOs), to advocate a healthy diet. Encouraging merchants to opt for healthier ingredients not only increases nutritional value, but can also improve the public's eating habits. Government support and advocacy, and even backing by the president himself, could make these measures even more impactful.

(3) Healthy diet promotion policies should be consistent nationwide. For example, the rice policy promoted by the Ministry of Agriculture should emphasize brown rice instead of white rice. Analyses show a link between diet

and disease, and a diet lacking whole grains and dietary fiber may lead to cardiovascular disease and diabetes. Therefore, the public should be encouraged to make healthier food choices from the source.

(4) A health promotion policy should not just be concerned with making sick people well, but should focus on ways to get unhealthy people to start adopting healthy lifestyles, thereby becoming healthy people while delaying the onset of illnesses, harnessing nationwide efforts to create an atmosphere of healthy living.

(2) Committee Member Remarks (Government Representatives)

1.MOHW Minister and Executive Secretary, Chiu Tai-yuan

The MOHW has played a role in the health of Taiwanese people at every stage of their lives, from infancy to end of life, espousing a holistic approach to the care of individuals and the entire family. I would like to thank the Executive Yuan for allocating more budget to implement policy. Regarding the comments made by everyone here today, Deputy Minister Lin Ching-yi will speak first, and Deputy Minister Chou Jih-haw will provide more information.

2. MOHW Deputy Minister, Lin Ching-yi

(1) Taiwan has adopted health technology assessment (HTA) for new drugs and new technologies. Once it matures, this mechanism will help expedite the NHI review process. Review of new drugs or technologies used to be conducted by the Food and Drug Administration (FDA) first, then the NHI Administration. Now it is done by the two concurrently, coupled with expert assessments to speed up the process. Medications for cancer and cardiac treatments

are also reviewed through this method. Regarding the effects of NHI reimbursement on doctors' prescription of specific drugs, drug utilization evaluation should still adhere to global treatment guidelines and reimbursements should be issued based on budgetary constraints.

(2) With respect to mental health treatments, we will continue to collect relevant experiential data throughout the policy implementation process. Budget has been allocated for it thanks to the Executive Yuan. We also hope that first-line clinicians will continue to offer their expertise. The MOHW will keep working with research institutions to develop treatment models that are suitable for the society and culture of Taiwan.

(3) Concerning patients in child psychiatry wards, comorbidity issues will definitely put more pressure on medical treatment teams, as they will have to engage with not only psychiatrists but also other specialists. In the future, we will evaluate the feasibility of establishing medical centers in addition to MOHW-affiliated sanatoriums. The MOHW will be fully committed to providing necessary assistance.

(4) The MOHW has convened multiple meetings to discuss the Healthy Taiwan Cultivation Plan. The budget and funds necessary for its operation will be carefully deliberated upon in order to prevent the project from becoming one that only large hospitals and medical centers can compete in. The MOHW will also join forces with community healthcare clusters to develop integrated, innovative service models.

(5) Regarding primary care for adolescents and the provision of pediatric care with the assistance of community

healthcare clusters in The Family Doctors' Plan 2.0, pediatric physicians will take on more clients and increase their sensitivity towards the intellectual development of children through continued service.

(6) Both family physicians and community pharmacists are gatekeepers of potential cancer screening and adolescents who have mental health needs, and issue warnings when necessary. The MOHW will evaluate different aspects of cancer screening to make these procedures more widespread. In the past, hospitals had to undertake a large volume of cancer screening tests. This is no longer the case, thanks to the concerted efforts of community healthcare groups and local health authorities. The MOHW will continue to engage with local health authorities and, with primary care clinics, distribute resources accordingly to promote cancer screening efforts among community healthcare clusters.

(7) Concerning NHI coverage, discussions about postnatal diabetes control, in addition to gestational diabetes screening, are underway. With regard to postpartum depression (PPD), while new mothers usually do not actively seek psychological counseling, they may be receptive to mental health services when they return for postpartum checkups. We ask that the Health Promotion Administration (HPA) consider providing NHI coverage for such services during postpartum checkups.

(8) Regarding the use of sleeping pills, the MOHW and MOE will collaborate to enhance children's mental resilience, and provide easier access to mental health resources across Taiwan. Our goal is to reduce dependency on sleep-inducing drugs. Hospitals impose very strict control on the

use of sleeping pills. The abuse of sleeping pills should be uncommon since patients cannot purchase these drugs out of pocket.

(9) In terms of food safety and health, the FDA is responsible for ensuring food safety. However, it needs the support of communities to promote healthy eating habits. Maintaining a healthy body weight and healthy eating habits during childhood lowers the risk of chronic diseases and cancer in adulthood, making it a critical starting point for health promotion efforts.

(10) On the subject of IAD, the MOHW has held discussions with Asia University on its definition, criteria, and evaluation. It will also continue to consult academic experts on matters concerning the evaluation methods used in the field and the feasibility of addiction treatments.

3.NHI Administration Director General and Deputy Executive Secretary, Shih Chung-liang

(1) For precision cancer medicine, we adopt international guidelines, aligning as much as possible with the guidelines of the National Comprehensive Cancer Network (NCCN) in the US and the HTA reports of CAD (Canada's Drug Agency), NICE (National Institute for Health and Care Excellence, UK), and PBAC (Pharmaceutical Benefits Advisory Committee, Australia), which are provided for panel discussions. An expert panel has been established to develop individual treatment plans for specific cancers, which will then be evaluated for inclusion in the NHI system. Concerning the role of proton and heavy ion therapies in cancer treatment, an HTA is being conducted to determine the effectiveness

of these therapies for the treatment of cancer in children. Once results are published, we will assess their inclusion in the NHI system.

(2) There is no analysis focused specifically on cancer in indigenous populations. The NHI Administration can utilize big data and collaborate with the Council of Indigenous Peoples. Special prevention strategies will be established if special circumstances demand.

(3) The purpose of TCM used alongside cancer treatment is to alleviate the side effects and complications of cancer treatments and to improve the quality of life and care for patients. The NHI Administration will review the budget constraints that are affecting this treatment program. We will also consult with palliative care associations to discuss the implementation of hospice palliative care as an early medical intervention.

(4) Concerning prevention and treatment of the three highs and kidney disease, we have established care guidelines and are now in the process of discussing payment standards. As new drugs for diabetes and hyperlipidemia are very expensive and frequently prescribed, they should not be used alone but in conjunction with a shared care network as well as lifestyle interventions, rather than relying solely on medication. The NHI Administration is drafting a pay-for-performance (P4P) plan, which is set to be launched next year. We are also planning to use AI to classify patients into risk categories and adopt a management mechanism for high-risk cases.

(5) Both the UK and Germany have apps offering depression and mental health treatments covered by health insurance (i.e., digital therapeutics). For Taiwan, we can conduct

HTAs during front-end procedures and then adopt a sandbox approach. For example, this year, digital diabetes care has been tested in a sandbox, using software programs to help manage blood sugar levels. We will assess its effectiveness before considering whether to include it in NHI coverage.

4. MOHW Deputy Minister, Chou Jih-haw

(1) Several committee members are especially concerned about oral cancer. In fact, there should be more proactive screening measures in place for any type of cancer, not just oral cancer. The MOHW is planning to incorporate cancer screening into labor health examinations, so that laborers can receive government-funded testing if they meet the criteria, and medical teams will be compensated. Additionally, the MOHW will provide cancer screening services for high-risk workplaces, while borrowing the strengths of community pharmacies and primary care clinics to unite efforts in cancer screening.

(2) Regarding the cultural security of indigenous peoples, the MOHW has created a committee on health policy for indigenous peoples to discuss issues concerning their health. As for aligning policy with the cultural security of indigenous peoples and implementing it accordingly, we will confer with the committee members.

(3) Regarding the suggestions made by committee members about healthy diet issues, the MOHW will take it into consideration for current community-based food and nutrition activities or programs.

5.MOE Deputy Minister, Lin Teng-chiao

(1) To improve schoolteachers' understanding of mental

illnesses, high school study centers and guidance groups will organize teacher education and training programs on physical and mental health and mental illness prevention, simultaneously providing lesson plans for teachers. The Health Promoting School program also features workshops and engagement activities to enhance teachers' knowledge of mental health disorders. Regarding SEL guidelines, we will incorporate the committee members' opinions and discuss it further.

(2) Regarding friendly campus initiatives, the MOE has established policies for promoting campus programs. Anti-bullying campus learning activities are held each semester to improve faculty competency, and Friendly Campus Week activities are also organized. Reported and suspected cases of campus bullying are handled in accordance with campus bullying regulations. If need be, counseling and interventions are adopted to actively promote a friendly and positive campus environment. This is the long-term policy promoted by the MOE.

(3) Concerning the shortage of psychiatrists, since high schools, colleges, and universities are launching programs to promote mental health at school, funds will be provided, if necessary, to pay psychiatrists an hourly fee for services rendered on campus. As for junior high and primary schools, we recommend a three-level counseling mechanism, where at the third level, a psychologist and social worker will counsel students requiring a high degree of attention. If a student is at high risk and exhibits concerning behaviors, the student will be referred to specialists through the MOHW's healthcare system.

(4) Concerning integration of social workers and

psychologists from schools into communities, the current approach involves inviting students and parents to participate in gatekeeper training for suicide prevention as part of the Health Promoting School program. During the training, they gain knowledge about mental health and engage in peer-to-peer guidance activities. As for whether social workers, psychologists, and community connections will be included, we will devise relevant plans with due consideration given to the committee members' opinions.

(5) Regarding the integration of evidence-based science and medicine in SEL, the MOE will discuss it with the MOHW.

(3) Advisor Remarks

1. Advisor, Lin Shinn-zong

(1) We appreciate the MOHW and its teams for their contribution in the area of human resources. Examination pass rates have increased, addressing the shortage of healthcare workers. Meanwhile, we should continue to enforce the standard of specified nurse-patient ratios across all three shifts to improve the operation of district hospitals and medical institutions in rural areas. More suggestions will be provided in the future for reference.

(2) Concerning cancer prevention and treatment, precision medicine in Western medicine is effective; however, it requires long-term clinical studies and huge investments. As for the application of precision medicine in TCM, Hualien Tzu Chi Hospital has found effective Chinese herbal medicines by utilizing gene technology in recent years. Chinese angelica root, for example, has been

proven in U.S. FDA clinical trials to be not only effective in patients, but also an effective solution in regard to drug resistance, and it is more affordable than Western medicine. Moreover, the revitalization of local Chinese herbal medicines is also imperative. The use of modern technology has enhanced the active ingredients of local Chinese herbal medicines.

2. Advisor, Wu Ming-shiang

(1) Regarding cancer prevention and treatment, it is believed that the 2030 goal can be achieved by expanding the scope of screening and next-generation sequencing (NGS), among other new cancer drug strategies. However, to surpass the goal, we should monitor the relationship between cancer and chronic diseases in terms of comorbidity. For example, effective diabetes management can help reduce the risk of cancer. Since some new drugs often show less effectiveness in real-world use compared to clinical trial results, we can consider whether to avoid limiting their use in second- or third-line therapy, as they may be more effective in first-line therapy. We should consider allocating the relevant resources.

(2) In terms of mental health, manpower is the biggest problem. Given the difficulty of recruiting more psychiatrists in a short period, primary care institutions, front-line physicians, and community-based pharmacists should be equipped with the skills to conduct preliminary screenings for mental health issues. They should also be able to refer high-risk individuals promptly to ensure they seek medical assistance before their conditions worsen.

(3) Government resources are limited. Policy implementation

requires strategic decisions, which will affect the distribution of physical resources and transfer of human resources. In the case of health professional shortages, if hospitals offer high pay to attract medical residents, young doctors may be enticed to choose less demanding jobs, which could worsen the labor shortage in critical care and rare diseases. The MOHW is advised to prepare early training plans for the medical field. In sum, the promotion of a Healthy Taiwan requires extensive planning in the areas of resource distribution, healthcare workforce, and strategic decisions. Everyone here has offered invaluable suggestions, but the most important of all is putting them into action.

3. Advisor, Chen Wei-ming

(1) Recently, the country celebrated its victory in a world baseball tournament. The president held a grand reception to honor the athletes. This triumph has generated a positive effect among young people in Taiwan, inspiring them to be more actively involved in sports. Sports can improve mental health, build teamwork, and reduce the risk of IAD. The MOE should urge principals of junior high schools and primary schools to invest more in sports and physical education.

(2) Regarding the shortage of healthcare workers, despite government efforts to reform the NHI system, recruiting healthcare workers in internal medicine, surgery, gynecology, and pediatrics remains a significant challenge. We suggest that the NHI Administration provide more support to these branches of medicine and increase health insurance reimbursements for offshore islands and rural areas or encourage retired physicians

from public hospitals to serve in Hualien, Taitung, Kinmen, and other areas.

(3) Hospital accreditation is another burden that the medical community has to shoulder. To meet workforce requirements, some hospitals will offer high pay to poach employees from other hospitals, which affects the mobility and stability of the workforce and causes a waste of resources. Therefore, we suggest prolonging the validity of accreditation from four years to six years to free up more time for health professionals to concentrate on treating and caring for patients.

(4) It is hoped that the government will provide funds for hospitals to purchase equipment to ease staff workload. For example, National Cheng Kung University Hospital has adopted an automated pharmacy system, National Taiwan University Hospital has a medical record system that automatically imports International Classification of Diseases 10th edition (ICD-10) codes, and registered nurses manage patient records with natural language technology to reduce repetitive tasks. We suggest that a portion of the budget for the Healthy Taiwan Cultivation Plan be diverted to support hospitals' digital transformation. This will benefit all hospitals in Taiwan.

4. Advisor, Cherng Wen-jin

(1) To enhance mental health resilience, especially as Taiwan transitions into a super-aged society next year, we recommend implementing the following measures to improve and promote the health of elderly populations:

- Recruit more community-based care providers to support public health nurses and work with local village

chiefs to expand elderly care services, especially for older people who live alone or are economically vulnerable, while also promoting depression screening.

- Mental health support is provided through long-term care services. Since frontline care attendants are very familiar with those they serve, it is recommended that they assist in mental health screening services, using the Brief Symptom Rating Scale (BSRS-5) to identify those with high suicide risk.
- Expand the scope of mental health support programs for young adults to include senior citizens.

(2) The fields of forensic psychiatry and addiction medicine both require interdisciplinary collaboration. We should provide greater support for interdepartmental operations and professional training programs, and make changes to NHI reimbursement standards for addiction diagnosis and treatments.

(3) It is advisable to cultivate mental health literacy in childhood to reduce health inequalities. Mental health screening and mindfulness-based stress reduction exercises can be included in national health promotion events, while free or affordable mental health services be provided to vulnerable groups.

(4) Suggestions for strengthening cancer prevention and treatment strategies:

- Increase mental health support for cancer patients and their family members, set up a nationwide mental health support network consisting of community-based and non-profit organizations, and help cancer patients recuperate and reintegrate into society.

- Expand the range of cancer screening tests, for example, by including the prostate-specific antigen (PSA) test, which is inexpensive and extremely effective, and liver ultrasound for early hepatitis B/C detection in NHI coverage – all of these are conducive to treating cancer.
- Increase cancer screening resources in rural areas, such as providing cancer screening through home care services, decreasing the number of patients who are not screened due to being unable to travel or facing financial difficulties and thereby reducing the urban–rural gap.
- Promoting cancer prevention education is important and should begin as early as possible, especially in light of the difficulty of reducing tobacco and alcohol use in adults.
- Regarding temporary payment for new cancer drugs, due to the small number of patients, more information is required to support decision-making. It is recommended that health technology reassessment (HTR) be conducted on data collected over a period of 5 years, instead of the original 2–3 years. In addition to including HTR in clinical treatment guidelines, healthcare-related economic indicators should be considered in the analysis to achieve a comprehensive evaluation of drug efficacy and economic benefits.

5. Advisor, Yu Ming-lung

(1) Reducing childhood obesity has been included as one of the important objectives of the children's health care improvement program. However, the HPA has only published adult obesity guidelines. There should be a

separate guideline for adolescents.

(2) In Taiwan, 70% of deaths are caused by chronic non-communicable diseases. One of the key risk factors is metabolic syndrome, which is strongly correlated to obesity. We should consider obesity a major national health concern and establish specific improvement indicators for it.

(3) Regarding cancer prevention, it is advisable to enhance the control and management of risk factors for cancer by, for example, reducing air pollution, alcohol consumption, and tobacco use, all of which are risk factors proven to be closely associated with breast cancer, colorectal cancer, and liver cancer.

(4) Over the past few decades, Taiwan has achieved significant results in hepatitis B prevention, achieving a significant reduction in incidence rates. However, the mortality rate for hepatitis B remains high, implying that some patients lack illness awareness and fail to return for follow-ups and treatments, which affect the stage of diagnosis. We should improve people's understanding of this disease, expand the scope of inclusion criteria, and increase financial incentives for virus screening to increase detection and follow-up rates and reduce terminal liver cancer cases.

6. Advisor, Chen Mu-kuan

(1) Taiwan has the second highest oral cancer incidence and mortality rate in the world. In Taiwan, the age of onset (around 52 years old) is younger than that for other cancers. Predominantly affecting working-age individuals, it is linked to betel nut chewing. Oral cancer

is prevalent in Changhua, Yunlin, and Nantou. The survival rate for stage-four oral cancer is only about 35%, which implies that prevention and treatment measures are urgently needed in Taiwan. We call on all sectors to raise awareness of this issue and explore new ways to prevent and treat oral cancer.

(2) I have proposed an action plan to launch one-stop screening and treatment services for rural areas in central Taiwan and other high-risk areas. This plan has been integrated into health examination and screening programs for rural areas, thanks to the financial support of the Ministry of Economic Affairs.

(3) In addition, we need to destigmatize the disorders associated with betel nut chewing. For many, betel nut chewing is viewed as a subculture, while some indigenous groups regard it as a luxury. When I was running a large free clinic in Papua New Guinea, our research proved that communication and education can effectively drive behavior change. The results have been published in an SCI journal.

(4) Lastly, we are planning to launch an AI-driven mobile screening service, which will quickly deliver test results to hospitals for further handling. We hope that this can be used as a demonstration case for the World Health Organization.

7. Advisor, Chiu Kuan-ming

(1) First, I would like to thank the MOHW and MOE for their hard work. After one session, relevant policies have been put in place. Implementing, revising, refining, and collecting results will require time.

(2) Health is the greatest wealth for both individuals and families. Perhaps we can consider investing more resources, in addition to urging government and professional bodies for increased efforts, to encourage individuals and families to take responsibility for their health and share knowledge through various channels to promote well-being. When we all work toward a common goal, we can do more with less.

(3) It is easier to take an inventory of costs and set budgets in expanding cancer screening. However, when developing specifications, we must assess the available manpower, including the number of counselors, psychologists, and social workers that can be mobilized or trained, and develop corresponding strategies. Likewise, expanding the scope of long-term care results in a shift in the nursing workforce and may inadvertently lead to unintended scarcities and changes in other areas.

(4) In the areas of internal medicine, surgery, gynecology, and pediatrics where recruitment has been challenging, shortage remains persistent. Resilience is not only unsustainable over the long term, but it is also difficult to reject applications from foreign medical students who have passed the national examination of the Examination Yuan. A review of government-backed measures shows that tax exemptions and subsidies are effective tools for supporting the industry. Is it possible for ministries to work together to draft a tax exemption plan for hospital divisions that are struggling with recruitment, especially for weekend and night shifts? We hope to increase pay, reduce taxes, and create a positive work environment to improve the current predicaments and live up to the

expectations of employed physicians regarding their labor rights.

(4) Deputy Convener Remarks

1. Deputy Convener, Chen Shih-chung

(1) For the application of AI technology for mucosal lesions in oral cancer, we can consider building an image interpretation center and setting up comprehensive systems, which may enhance efficacy.

(2) Mental health leave policy is intended to help people. However, caution is advised, especially in junior high and primary schools, where students may face bullying or exclusion for requesting mental health leave, potentially exacerbating their conditions. Therefore, the policy must be enforced with the utmost care to prevent students from being too afraid to apply for mental health leave, even when it is needed, which could lead to hidden problems or side effects.

(3) Regarding health promotion, everyone agrees that health literacy and changes in attitude are crucial. However, the key to promoting health is translating knowledge into actual healthy behaviors and designing policies that encourage and incentivize people to do so. I have two specific suggestions on practicing and understanding health-promoting behaviors:

- Adopt AI business models: For those committed to maintaining a healthy lifestyle, appropriate health management tools can be provided to support their efforts to be healthy.
- Government-designed incentives: Incentives such as lower NHI premiums can be introduced to encourage

healthy behaviors among the general public, thereby fostering a society where people take responsibility for their own health.

2. Deputy Convener, Chen Jyh-hong

(1) I would like to thank the Office of the President and Executive Yuan for responding to the expectations of society. Over the past six months, feasible plans have been proposed for the Healthy Taiwan initiative. The workloads involved have increased considerably for the executive teams and staff members. The MOHW, for example, had to deal with implementing new policies for Healthy Taiwan on top of other routine tasks that keep piling up. Supervisors must therefore think of ways to streamline routine tasks in order to make work less stressful for their colleagues.

(2) Discussions about Healthy Taiwan should be professional and evidence-based to facilitate the promotion of work. For example, while more drugs are now added to the NHI, the ineffective ones are very rarely excluded from the system. We should actively take an inventory of NHI-covered drugs and be more decisive in removing those drugs and medical devices that are no longer effective or no longer in compliance with current health regulations to ensure policy compliance and effectiveness.

(3) To achieve the goal of reducing the cancer mortality rate by one-third by 2030, we must overcome the limitations of current measures through innovative ideas to further enhance the health of the Taiwanese population.

(5) Convener, Lai Ching-te

Thank you to everyone for your constructive advice. I would also like to thank the MOHW and MOE for their detailed reports on the progress of certain items listed in the first committee meeting, bolstering public mental health resilience, and enhancing cancer prevention and treatment strategies. And once again, thank you to the committee members, advisors, and deputy conveners for your invaluable suggestions.

I will now make a consolidated directive on the reports.

First, concerning the items listed in the first committee meeting, the MOHW has begun planning and promotion, specifically pertaining to 11 sub-items of the first report. Multiple inter-ministerial cooperation projects have been launched under the coordination of the Executive Yuan. While the ministries continue their work, I also ask the MOHW and its staff to continue reviewing the valuable suggestions provided by the advisors and committee members, and I ask the Executive Yuan to monitor oversight and assessment. The results should be reported to the people of Taiwan at an appropriate time to ensure that our Healthy Taiwan Promotion Committee can continue its important work.

Meanwhile, we must expedite the following two tasks:

The first task is bolstering society's mental health resilience. It is clear from today's reports that the government not only cares deeply for the mental health of adults, but has continued to lay a foundation in care for all ages with its

campus-based psychological counseling services for adolescents.

As we proceed, the ministries must collaborate closely to integrate mental health into all policies, and to introduce a wider range of programs based on the public health concepts in the three-stage, five-level system. At the same time, evidence-based scientific methods from SEL must be adopted to give a scientific basis to enhancing society's mental health resilience.

The second task is actively promoting cancer prevention and treatment work. Our goal is to reduce the standardized cancer mortality rate by one-third by the year 2030, not as a reflection of my own ambition, but as a testament to my confidence in all of you. I believe that everyone here today, each in your respective field, brings a wealth of experience and professional knowledge as well as a passionate commitment to making contributions to the country, society, and the people.

Interdisciplinary integration was rare in the past. But today, the Healthy Taiwan Promotion Committee is one such platform, uniting our strengths for greater impact. Our national baseball team won the world championship. If they can reach their goal, we can live up to the expectations of the people.

Addressing cancer screening, I ask that each ministry proactively participate in cancer prevention and treatment work, including expanding screenings to more age groups,

adding more screening items, and increasing workplace screening rates. As mentioned by the committee members, screening efforts should focus on high-risk populations. Offering incentives could be an effective means of increasing screening rates; providing health tests for free is also a good option. Since some industries are high-risk in this regard, I believe that regular promotion is necessary.

Addressing cancer treatment, particularly advanced screening and treatment, it was reported today that while the incidence did not decrease, the mortality rate has increased. This highlights the importance of screening. Screening requires not only effective methods but also widespread implementation. Treatments should follow international practices. Artificial intelligence, for example, can effectively detect oral cancer and thus could be beneficial for the health of the general public. I therefore ask that the MOHW expand the scope of NHI coverage to include genetic testing for cancer, use the test results to build a sustainable national genomic database, and commit to promoting precision medicine to increase the success rate of cancer treatments in clinical practice.

To promote the digital transformation of genetic test results, I ask that the MOHW prepare reports on NGS testing for cancer and take progressive steps to adopt international medical data standards to enhance data interoperability, thereby reducing the administrative workloads of medical institutions while accelerating data exchange for more effective data integration across disciplines.

We must also establish a national HTA center as an independent administrative agency as soon as possible to increase Taiwan's HTA competency and capacity. New drugs that have passed three clinical trial phases and are proven to be beneficial will be given priority for inclusion in NHI coverage as we continue to work for the health of patients.

Summarizing the comments made by the committee members today, I believe that we must step up our prevention efforts. Since we are promoting a Healthy Taiwan, we should promote healthy lifestyles that resonate with the people of Taiwan – such as the triple-eight meal plan proposed by Committee Member Kuo Su-e, enhancing the 888 Program for chronic disease prevention, as well as mental health support and mental health care. Future committee meetings can focus on discussing healthy lifestyle practices, encouraging citizens to adopt them until they find a lifestyle that suits both themselves and their family members, and appointing the right individuals to promote these practices. With the government leading, medical communities collaborating, and individuals and families participating, everyone can live healthier lives.

Regarding the establishment of a national-level superdonor stem cell bank, I request that the MOHW bring it into discussion. Along with smart medicine and precision medicine, regenerative medicine is equally important and should be actively developed.

Next year marks the 30th anniversary of the NHI system. The message we want to deliver to the medical community and society encompasses not only the achievements of NHI over the past three decades but also our ability to overcome many challenges over the past 30 years. We want to inspire greater confidence in both the medical community and the public regarding our ability to improve over the next 30 years by creating better service spaces for healthcare professionals and providing better services for the people – all for the betterment of our country and society. Regarding labor shortages, specifically the recruitment problems in internal medicine, surgery, gynecology, and pediatrics, we will keep searching for solutions.

Lastly, regarding the payment disparity issue in the context of NHI coverage, we need to proceed with careful deliberation. Higher payout for specific treatment categories should be considered. The NHI system, including its payment methods and amount, should be reexamined to achieve sustainability.

VI. Extempore Motions: None.

VII. Chair's Closing Statement

I would like to once again thank everyone for your attendance. I will conclude today with three remarks.

First, the implementation of items listed in the previous committee meeting is in progress and there are specific plans. I ask that the ministries continue to monitor progress and incorporate the advisors' and committee members' valuable suggestions into policy implementation.

Second, mental health is a cornerstone of a Healthy Taiwan. We must continue to increase investment in mental health facilities and build a comprehensive mental health service system.

To create friendly and safe workplace environments, the government must lead by example and encourage inter-ministerial collaboration with public-private cooperation to enhance mental health resilience in the workplace.

While the Executive Yuan guides the MOHW and relevant agencies through the process of incorporating mental health leave for civil servants, the government must also propose other proactive measures, including setting up a reporting platform at the Executive Yuan level. I also ask that the Executive Yuan work closely with Examination Yuan to ramp up efforts to prevent workplace bullying through regulations and supporting measures.

Third, to enhance cancer prevention and treatment, we will proceed by taking the following three actions: increase early cancer screenings, establish a NT$10 billion fund for new cancer drugs, and focus on genetic testing and precision medicine.

We have worked hard on carrying out screenings and treatments for several major cancers. However, common cancers, namely colorectal cancer and breast cancer, have mortality rates that remain high. We must propose different strategies for different cancers to truly beat cancer and safeguard the health of the people.

Regarding screening and treatments for lung cancer, colorectal cancer, and breast cancer, a follow-up management mechanism

for people with abnormal test results has been established to increase the follow-up rate for individuals with positive screening results; we have also incorporated NCCN guidelines and expanded the scope of NHI coverage to bridge treatment gaps by including effective drugs, which helps improve late-stage cancer survival rates and slow the increase in mortality rates.

Also, we must improve overall care for hepatitis and liver cancer. The proportion of hepatitis C patients receiving treatment has now exceeded 95%. We must continue our efforts to achieve the milestone of eliminating hepatitis C by 2025.

Through our concerted efforts, we hope to steadily achieve the goal of reducing the standardized cancer mortality rate by one-third by the year 2030.

Finally, health is a fundamental human right and a key indicator of national progress. Starting from this meeting, we are recruiting members from the pharmaceutical, TCM, and nursing communities to pool our strengths for building a Healthy Taiwan. I also look forward to more views and exchanges as we work together toward our shared goals. Thank you.

VIII. Meeting End Time: 8:10 p.m.