



中華民國 110 年版  
衛生福利年報

簡介及有聲書

2021 Taiwan Health and Welfare Report  
Introduction & Audiobooks



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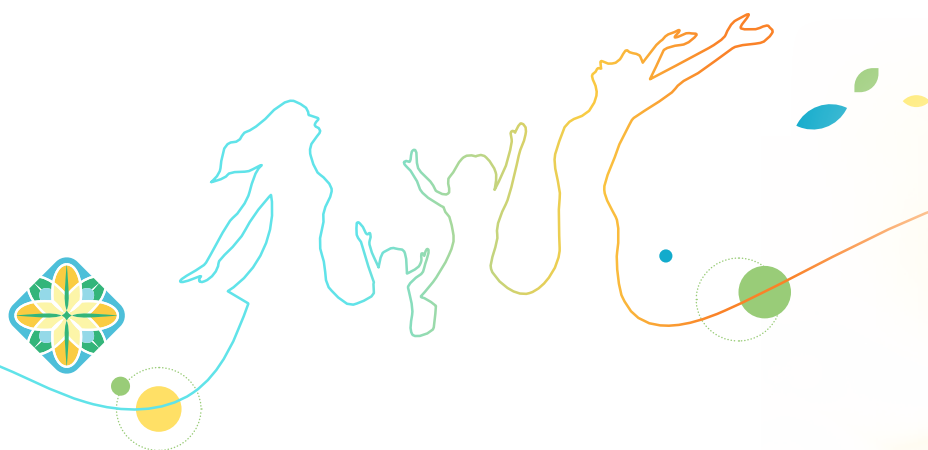


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# 序言

# Preface

COVID-19疫情席捲全球，本部迅即展開防治措施，秉持「最值得民眾信賴的部會」的願景，及「全人全程、衛福守護」「衛福升級、國際同步」的施政主軸，積極落實「促進全民健康與福祉」的使命。

我國出生率持續下降，人口首度呈現負成長，本部廣續營造友善育兒環境，提供孕產婦、嬰幼兒及孩童優質照護，建構兒童醫療照護網絡，增訂維護早產兒、重難罕病兒童生命權益之條款；推動托育公共化及準公共政策，積極布建公共托育資源，並調整育兒津貼、托育補助，以擴大展現政府對育兒家庭的支持。

另一方面，65歲以上高齡人口占比於109年提升至16.1%，逐步邁向超高齡社會，本部廣續改善高齡與失智友善環境，開設長者健康促進課程，補助推廣高齡友善飲食服務，推動延緩失能之長者友善照護模式試辦計畫、長照2.0升級方案，以及「長照經費、照顧家庭、服務項目、日照中心、平價住宿機構」等5個增加措施，109年長照整體服務使用滿意度高達92%。

108年底，本部察覺新興傳染病COVID-19疫情，隨即擬定應變整備計畫，於109年1月20日成立中央流行疫情指揮中心，再於2月27日提升至一級開設，全面整合政府資源。另為補強各項行政作業之法源依據，於2月25日公布「嚴重特殊傳染性肺炎防治及紓困振興特別條例」。

考量國際疫情嚴峻，我國持續強化邊境檢疫管制；運用大數據及智慧科技系統，與地方單位合作串接社區防疫。並建立精準篩檢防疫模式，加速疫苗、藥物、檢驗試劑研發與取得，以資訊公開透明方式促進公眾溝通。

另倡導「防疫新生活運動」，提升多元場域防疫意識，鼓勵國人將防疫作為內化成生活習慣與常規營運模式。

The COVID-19 epidemic has swept the world. Taiwan's Ministry of Health and Welfare (MOHW) immediately launched prevention and control measures. MOHW adheres to the vision of "Becoming the Most Trustworthy Ministry" as well as major policy of "Holistic Throughout, Wellbeing Guarded" and "Wellbeing Upgraded, International Synchronization;" and actively implements the mission of "Promoting Health and Wellbeing for All."

Taiwan's birth rate has continued to decline, and its population has undergone negative growth for the first time. MOHW continues to create a child-friendly environment, provides quality care for pregnant women, infants and children, builds a children's healthcare network, and enhances the protection of the rights/interests of preemies and rare disease children. Taiwan promotes the publicized and quasi-public childcare policy, deploys public childcare resources, and improves the childcare system to demonstrate the government's support for families.

Alternatively, Taiwan's proportion of people over 65 years of age increased to 16.1% in 2020, and it has gradually become super-aged society. MOHW continues to improve care for the age-friendly and dementia-friendly environment. We set up health promotion courses for the elderly and subsidize the promotion of age-friendly dietary services. It pioneers a pilot program for elderly care to delay the onset of disability—the upgraded Long-Term Care Plan 2.0, and 5 additional measures including long-term care funding, family care, service items, daycare centers, affordable residential institutions. In 2020, the overall satisfaction rate for Taiwan's long-term care reached 92%.

At the end of 2019, MOHW became aware of the emerging COVID-19 pandemic, and immediately developed a countermeasure. Taiwan's Central Epidemic Command Center (CECC) was established on January 20, 2020, and then upgraded its COVID-19 task force to Level 1 on February 27, to fully integrate government resources. Additionally, the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens was promulgated on February 25.

In response to the COVID-19 pandemic, Taiwan continues to strengthen border control and quarantine measures using big data and smart technology systems. The central administration cooperates with local governments to connect anti-epidemic resources. Taiwan establishes a precision screening and epidemic prevention model to accelerate the development and acquisition of vaccines, drugs, and test kits to publicize information transparently. Additionally, Taiwan advocates the "New Lifestyle for Epidemic Prevention" to enhance the awareness of epidemic prevention in multiple fields, and encourage people to incorporate anti-epidemic measures as part of their daily routine.



109年我國雖未獲邀參加世界衛生大會，我們則更積極與世界分享防疫經驗，同時援贈防疫物資給美國、歐盟、日本等國家，展現「Taiwan can Help, Taiwan is Helping.」精神，全球有80餘國，超過1,700名國會議員公開表達對我支持，並促成美國衛生部長Alex Azar訪臺，強化臺美醫衛交流，這是臺美斷交以來訪臺層級最高的內閣官員。另本部參與亞太經濟合作（APEC）高階會議，分享我國數位科技防疫，介紹本部建立之「關鍵決策網」，透過分享臺灣模式的防疫經驗，與各國共同度過疫情難關。

在兼顧防疫同時，持續強化社會安全網工作，藉由充實社工人力並改善其勞動條件，使公部門社工人員調整薪資，並提出補助民間單位社工薪資計畫，以利專業久任；另為增加公共衛生人才，109年6月總統公布公共衛生師法，俾建構公衛專業服務體系。

為增加服務可近性，本部積極打造最便捷的服務，例如擴充1922防疫專線量能並啟動進線分流機制、1957福利諮詢專線大幅擴增急難紓困諮詢；強化警政、社工、勞政、教育等跨體系的社會安全網整合，布建多元且在地的服務，包括社福一站式服務、家庭暴力保護一站式服務；以及健康智慧雲端一站式服務，偏鄉醫療照顧提供偏遠地區獲得醫學中心等級之診療資源等，促進民眾獲得更敏捷的服務，也讓我們與民眾間的距離拉得更近。

在疫情持續變化、社交距離仍需堅守之際，我們持續傾聽民意，提供優質服務，開創促進全民健康與福祉的新局。

Although Taiwan was not invited to participate in the World Health Assembly in 2020, we still had actively shared anti-epidemic experience with the world, and simultaneously donated epidemic prevention supplies to the United States, the European Union, Japan and other countries, demonstrating the spirit of "Taiwan Can Help, Taiwan is Helping." Over 1,700 legislators in more than 80 countries have publicly expressed their support for Taiwan; the US Secretary of Health and Human Services Alex Azar also visited Taiwan to strengthen bilateral health exchanges between the two nations. Secretary Azar represented the highest-level cabinet official to visit Taiwan since the cessation of diplomatic relations between Taiwan and the United States. Moreover, MOHW presented Taiwan's digital technology and epidemic prevention know-how, introduced its "Crucial Policies for Combating COVID-19," and shared Taiwan's other epidemic prevention experience at the APEC High Level Meeting on Health and the Economy to encourage global cooperation against this scourge.

Taiwan continues to strengthen the social safety net by improving its social workers' working conditions and salaries. Incidentally, social workers in the private sector also receive MOHW's subsidization for salary adjustment. In June 2020, Taiwan's President introduced the Public Health Specialists Act to buttress a professional public health system.

To increase service accessibility, MOHW has expanded the capacity of the 1922 Hotline, and launched a phone diversion. The 1957 Social Welfare Consultation Hotline has greatly enhanced the capability of emergency relief consultation; strengthened the integration of police, social work, labor management, education and public safety net. Diversified local services include social welfare—a one-stop shop, domestic violence support—a one-stop center; and smart health cloud—a one-stop service. The IDS programs provide healthcare to remote regions, which enables residents in underserved areas to access healthcare from academic medical centers. Overall, MOHW desires to create a more agile healthcare system that quickly responds to people's needs, and brings needed services closer to users.

As the pandemic continues to morph, social distancing still needs to be maintained, we will continue to listen to the public and provide excellent services to create a new situation for the promotion of national health and welfare.

衛生福利部  
部長

Sincerely  
Minister of Health and Welfare

陳時中

謹識

Shih-Chung Chen





## 組織與政策

### Organization and Policy

由部長綜理部務，置政務次長2人、常務次長1人及主任秘書1人，並設9司、6處及45個所屬機關構。

109年度主管決算數共2,310億5,193萬餘元，其中以社會保險支出81.71%占決算比率最高。

本部秉持創新思維，追求全球化、在地化之政策目標，整合社會福利及衛生醫療資源，制定連續性政策，包括健康促進、疫病防治、醫療照護、全民健保、食品藥物管理、福利服務到長期照顧等議題，期提供完善之整合服務，促進全民健康與福祉。

為呼應國際重視性別平等議題之潮流，本部之政策、計畫及措施皆積極融入性別觀點，並落實性別平等政策綱領及CEDAW，期能提升衛生福利各面向之性別平等。

The minister oversees ministry affairs, he is aided by two deputy ministers, one vice minister and one secretary-general. The Ministry of Health and Welfare consists of nine departments, six administrative departments and 45 affiliated agencies.

The ministry's financial statement for 2020 came to a little over 231 billion NTD, with social insurance expenses making up the largest portion at 81.71% of the total budget.

Guided by the policy objectives of pursuit of globalization and localization and innovative thinking, the Ministry integrates social welfare and healthcare resources in order to formulate continuing policies including health promotion, disease prevention, medical care, National Health Insurance, food and drug administration, as well as welfare services and long-term care etc. so that we can deliver comprehensive, integrated services for the health and welfare of the people.

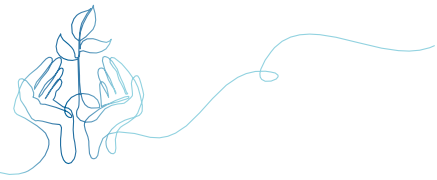
In response to the current international trend of gender equality, we have endeavored to incorporate gender perspective in all our policies, plans and measures. Not only that, the Ministry has also embraced gender equality policies and CEDAW in the hopes of improving gender equality in all aspects of health and welfare.



# 2

## 衛生福利重要指標

### Health and Welfare Indicators



隨著國民所得提高、醫藥衛生進步及醫療保健意識增強，國人平均壽命逐年延長，人口老化衍生的健康與照護議題，影響國民醫療保健支出與資源配置，亦牽動國家整體經濟成長動能，本篇將簡要陳述衛生福利統計相關重要指標。

109年底我國戶籍登記2,356萬人，較去年減1.77%，人口結構續呈幼年人口比率降低，老年人口比率提高之現象；平均壽命逐年延長，109年為81.3歲，女性較男性長壽。109年國人死亡人數17.3萬人，死亡率為每十萬人口733.9人，較去年下降1.3%；前三大死因為癌症、心臟疾病及肺炎，居首之癌症死亡人數5萬人，平均每天有137人死於癌症，即每10分30秒就有1人因癌症死亡，較去年慢3秒。

我國國民醫療保健支出穩定成長，108年達1.2兆元，占GDP比率由98年之6.7%降至6.5%；平均每人醫療保健支出由3萬8千元增至5萬2千元。

109年底納入社會救助保障之低收入戶及中低收入戶共26.1萬戶、62.6萬人。另對低收入戶兒童及弱勢兒少提供53億元生活扶助。

Rising incomes, advances in medicine and health care, and greater health awareness have led to a gradual increase in Taiwan's life expectancy. Nevertheless, relevant issues of health and care that come with an aging population may affect not only national health expenditure (NHE) and resource distributions, but also the rate of economic growth. In this chapter, we will present a summary of key indicators in health and welfare statistics.

At the end of 2020, Taiwan had a registered population of 23.56 million, which is a decrease of 1.77% compared with the previous year. Life expectancy in Taiwan has been increasing over the years and reached 81.3 in 2020. Women live longer than men. In 2020, there were 173 thousand deaths and the crude mortality rate was 733.9 per 100 thousand - a decrease of 1.3% compared to the previous year. The top three leading causes of death were cancer, heart disease and pneumonia. Being the leading cause of death, cancer claimed 50 thousand lives and on average, 137 people were dying of cancer each day. Further calculation indicates that every 10 minutes and 30 seconds, a person would die because of cancer. The duration is 3 seconds longer compared to that from 2019.

Taiwan's National Health Expenditure (NHE) has shown steady growth, the figure has reached NTD 1.2 trillion in 2019. NHE as a share of GDP decreased from 6.7% in 2009 to 6.5% in 2019, while per capita NHE increased from NTD 38,000 to NTD 52,000.

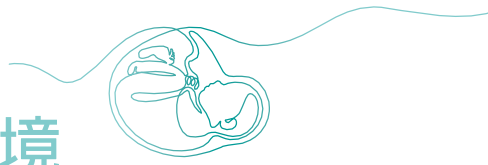
By the end of 2020, there were 261 thousand low-income and middle-to-low-income households, with a total of 626 thousand people. In addition and the government provided 5.3 billion NTD in living subsidy to children from low-income families and children and youths from vulnerable families.





## 健康支持環境

### An Environment Conducive to Health



為達成「全民健康」，本部國民健康署為不同人生階段的國人，由子宮到天堂、從家庭到社區規劃全民健康促進政策，積極建構健康的支持環境。

在健康促進上，積極於各場域推廣健康生活型態，提升民眾健康識能。與教育部、勞動部、22縣市政府等跨部門合作，推行健康促進學校、健康職場、健康醫院及健康城市等計畫，應用渥太華憲章，從政策面、健康環境、社區行動、健康服務到強化個人健康生活型態，引導健康服務體系，以人為中心，系統性減少健康風險因子（菸、酒、不健康飲食、身體活動不足），協助民眾實踐健康生活，截至109年底，共計有4,033家健康促進學校、2萬4,374家健康職場、203家健康醫院，35個社區營養推廣中心，更有12個縣市推動健康城市，讓健康成為縣市首長施政的首選任務。

在健康保護措施上，提供孕婦產前檢查、新生兒聽力篩檢、兒童預防保健及衛教指導、視力保健、成人預防保健服務、癌症篩檢、慢性病防治、多元戒菸服務等，透過各式服務提高早期發現早期照護，以維護國人健康。以四癌篩檢為例，109年共服務454萬人次，發現6.2萬人癌前病變及癌症。

In order to achieve the goal of “Health for All”, the Health Promotion Administration planned health promotion policies to benefit people at different stages of life (i.e. from cradle to paradise), creating an environment that is conducive to health.

In terms of health promotion, we have actively promoted healthy lifestyles in different settings to raise health literacy for the general public. We collaborate with the Ministry of Education, Ministry of Labor and 22 municipal governments across Taiwan to promote various programs for Health Promoting Schools, Healthy Workplace, Healthy Hospitals, Healthy Cities and so forth. Guided by the Ottawa Charter for Health Promotion, we endeavor to build healthy public policy, create supportive environments, strengthen community action, offer health services and enhance personal healthy lifestyles as pillars that steer our system of health services. Our services shall be people-centered and enable the general public to systematically reduce risk factors to health, such as tobacco, alcohol, unhealthy diet, lack of physical activities and so forth, so that people can lead healthier lifestyles. As of the end of 2020, there are 4,033 Health Promoting Schools, 24,374 Healthy Workplaces, 203 Healthy Hospitals and 35 National Community Nutrition Promotion Centers. More importantly, 12 municipalities have committed to the promotion of Health City as a priority in their administration.

With regards to health protection measures, we offer a variety of services including pregnant woman prenatal care, hearing screening for newborns, children's preventive healthcare services and health education guidance services, vision healthcare, adult preventive healthcare services, cancer screening, chronic disease prevention, tobacco hazards prevention and so forth. Through these services, we stand a better chance of early discovery of symptoms, so that preemptive care can be administered to protect the health of the general public. Taking the four-leading cancer screening as an example, we served approximately 4.54 million people in 2020 alone and helped 62,000 people discover precancerous lesions and cancer.



另，因應人口老化，為提升高齡人口生活品質、減緩慢性威脅，推展老人健康促進、預防衰弱、延緩失能及老化，推動高齡友善城市，109年共計161個政府暨民間單位參與高齡友善城市及社區計畫，並有645家照護機構通過高齡友善健康照護機構認證。營造健康老化的尊嚴社會，讓長者能夠在地安養，促進長者健康。

In addition, in light of population aging, we are committed to helping seniors to improve the quality of their lives by mitigating the threat of chronic diseases, promoting better health for seniors, preventing frailty, delaying disability and aging, and promoting age-friendly cities. In 2020, 161 government and civic units took part in our Age-friendly Cities and Communities' programs, with 645 healthcare organizations certified as Age-friendly Healthcare institutions. By transforming our society to respect senior citizens' rights to healthy aging, our senior citizens will be able to age in place and enjoy better health.

## 4 健康照護 Health care



為建構敏捷韌性醫療照護體系，持續推動並規劃下一期醫療網計畫，平衡各區醫院資源，強化緊急救護網，以區域聯防，提升偏遠地區醫療量能，落實在地化醫療，截至109年底計有425家醫院經醫院評鑑合格。為保障病人善終權，2000年施行「安寧緩和醫療條例」，2019年施行亞洲第一部「病人自主權利法」。另，持續推行兒童口腔預防保健，加強身心障礙牙科醫療服務。

To construct an agile and resilient healthcare system, the Ministry has continued to promote and plan the next-stage medical network plan to balance resources available at hospitals in each region, fortifying the network for emergency care through joint regional defense. This will in turn increase the capacity for medical services in remote regions and achieve local healthcare. As of the end of 2020, 425 hospitals had gained hospital accreditation. In addition, in an effort to safeguard patients' rights to a good death, the Hospice Palliative Care Act was promulgated in 2000, followed by "Patient Right to Autonomy Act" in 2019, making Taiwan the first in Asia to legislate such a law. Furthermore, the Ministry continued to provide dental health services to young children along with better dental care for the disabled.

在心理健康方面，提供「心快活」學習平台、24小時1925安心專線心理諮詢，推動心理健康網計畫，辦理自殺個案通報與關懷訪視；補助地方政府辦理精神衛生法定各項業務，提供精神病人社區追蹤保護及強制住院、強制社區治療；持續布建藥癮醫療多元處遇資源及藥酒癮治療補助。

In terms of mental health, "Wellbeing" mental health learning website is launched, the 24-hour 1925 suicide prevention hotline is provided for mental health consulting, and "Mental Health Network Promotion Project" is promoted for suicide reporting cases visiting and caring. In addition, the Ministry subsidized municipal governments to promote several mental health affairs which is stipulated by law, such as paying follow-up visits to psychotic patients in the community and enforcing mandatory hospitalization/community treatment and so on. The Ministry has also continued to provide diverse resources to bolster medical care for drug addicts and subsidies for addiction treatment for patients with drug or alcohol use disorders.

在醫事人力方面，訂定15類醫事人員管理法規，持續辦理各類醫事人員培育、養成計畫及在職訓練、專科醫師甄審領證及畢業後一般醫學訓練計畫，109年醫事人員執業人數共計337,913人。另為保障醫師勞動權益，住院醫師自108年9月1日起適用勞動基準法並同步推動醫療法修正，增訂醫師勞動權益專章草案。此外，為減少醫療糾紛，促進醫病關係和諧，辦理生產事故救濟，109年度審定核予救濟計306件，並積極推動多元化訴訟外處理機制，建置關懷諮詢平台，建立醫法雙調處模式。並為建立中醫師臨床訓練制度，109年共輔導110家院所收訓542位學員進行負責醫師訓練；並擇12家教學醫院試辦中醫專科醫師訓練計畫。

在提升醫療服務品質方面，以病人為中心，推行醫院評鑑制度，頒布醫療品質及病人安全工作年度目標，建置病人安全事件通報機制，辦器官捐贈之推廣，建置器官移植資料，促進捐贈器官有效運用，增進國民健康。另，持續維運電子病歷交換中心，提供醫療院所跨院調閱，減少民眾來回奔波，並推動勞保局、疾管署及本部心口司系統自動介接，提升資訊流通效益。

本部利用遠距視訊科技與補助專業人員技術服務，積極支持位於離島偏遠地區所屬醫院，提升服務品質，落實在地醫療，以維護民眾權益。並秉持「醫師動，病人不動」及「醫

In terms of medical manpower, Taiwan currently has 15 laws and regulations governing the licensing requirements of medical personnel and the Ministry has continued to organize and host talent training, incubation project and OTJ training for different medical personnel, specialist physician certification programs and general post-graduate medical training programs. As of 2020, Taiwan had 337,913 practicing health professionals. In addition, effective from September 1, 2019, resident physicians shall be subject to the Labor Standards Act amendment of the Medical Care Act and has been promoted by adding a draft section on the labor rights of physicians. Also, in an effort to reduce disputes over medical care and harmonize physician-patient relationships, the Ministry has provided relief for childbirth accidents and approved a total of 306 applications in 2020 while actively promoting diverse alternative dispute resolution mechanisms and has established a care consulting platform and built the medical legal department dual investigation model. On top of that, a clinical training system for Chinese medical physicians is going to be established. The program for the Training of Responsible Physicians in Chinese Medical Care Institutions was conducted. Up to 542 Chinese medical physicians participated in training course offered by 110 training hospitals, which were supported by this program and selected 12 teaching hospitals to implement the experimental program for Traditional Chinese Physicians.

With regards to improving the quality of medical care, the Ministry sought to promote a patient-centered hospital accreditation system, annual objectives for healthcare quality and patient safety and a patient safety reporting system. By promoting organ donation and establishing a database for organ transplant data, the Ministry is committed to facilitating effective utilization of donated organs and improving the health of citizens. In addition, the Ministry maintained the operation of EMR Exchange Center to enable inter-institutional exchange of records to spare people from having to go between different hospitals. Furthermore, the Ministry has also pushed for Bureau of Labor Insurance, the Centers for Disease Control and the Ministry's Department of Mental and Oral Health to be automatically connected to the EMR Exchange Center to improve the efficiency of information flow.

MOHW utilizes telemedicine technology and the subsidization of medical specialists services, and has committed to actively supporting hospitals in remote and offshore areas to improve

療不中斷」原則，強化在地醫療功能；並提升資通訊科技及醫療服務應用整合，促進醫療服務可近性及品質，讓偏鄉離島地區民眾健康照護零時差，包括培育在地醫事人才、補助衛生所重建整修及醫事人員開業、推動遠距醫療專科服務、補助民眾就醫交通費與離島緊急護航器駐地備勤機制等。

為促進原住民族健康平等，本部致力於提升原住民族地區保健與醫療照護可近性，包括推動原鄉健康十大行動計畫、提升在地醫療照護量能及強化基層醫療保健服務；依內政部統計，109年原住民族平均餘命與全國平均餘命差距，已由106年8.17歲縮小為7.66歲。

另，為照護國人健康，消弭健康上的差距，提升新住民生育健康，減少因語言隔閡，造成生活適應或就醫障礙；並針對罕見疾病、油症等特殊疾病患者，協助其獲得醫療照護及補助部分就醫費用。

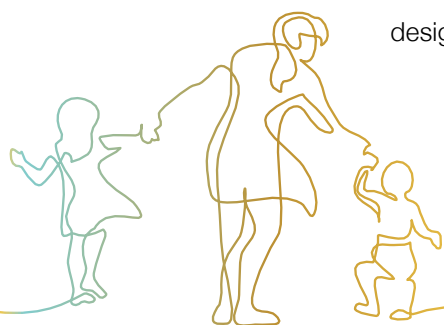
還有針對特殊健康需求，包含漢生病病人與愛滋感染者之人權保障與照護，透過都治或個案計畫，提供指定醫療院所照護服務。

their service quality and promote local medical care to safeguard residents' health rights. The MOHW stands by the principles of “doctors move, patients stay put” and “seamless medical care” enhancing functions of local medical care. Moreover, an effort is made to increase the incorporation of ICT into medical care services and applications, promoting accessibility and quality of medical services with timely access to healthcare for people in remote and offshore areas, including nurturing local medical professionals, subsidizing health centers establishment/reconstruction and clinic subsidization, promoting telemedicine specialty services, subsidizing the transport expense (by plane or boat) of people seeking medical treatment and implementing the “Offshore Island Aircraft on Local Standby Program”.

To facilitate health equality for indigenous people, the MOHW has made a big effort to increase the accessibility of healthcare and medical care in indigenous areas, including “Implementing the 10 Action Projects for Aboriginal Health” to enhance local healthcare capacity and strengthen primary health and medical care services. According to the Ministry of Interior statistics, the gap in life expectancy between the aboriginal and general population has already decreased to 7.66 years in 2020 from 8.17 years in 2017.

In addition, in an effort to safeguard the health of the general public and eradicate the discrepancy in healthcare standards, we have endeavored to improve prenatal health of new immigrants and reduce daily life and medical difficulties caused by language barriers. Not only that, for patients of illnesses such as rare diseases, Yusho Disease and other rare diseases, we have also helped patients receive medical care and subsidized part of medical expenses.

For individuals with special needs, such as patients with Hansen's disease and people infected with HIV, an effort has been made to ensure their rights and privileges to proper care through DOTS or case management that provides the required care and services at designated hospitals.



# 5

## 長期照顧服務

### Long-Term Care Services



臺灣整體人口結構受少子女化及國民平均壽命延長影響，65歲以上人口急遽增加，在我國107年3月底正式進入高齡社會，至114年預計老人人口將占總人口20%，成為超高齡社會。據此，建設健全長期照顧服務體系、發展服務資源及確保服務品質越顯其重要性，故本部於106年1月起實施長照十年計畫2.0（以下稱長照2.0），以推動社區整體照顧服務體系，回應高齡化社會的長照需求。

本部持續發展以社區為基礎的整合式照顧服務模式，以培植社區整合型服務中心（A）、擴充各類長照服務提供單位（B）、廣設巷弄長照站（C）為原則，鼓勵各縣市政府廣結長照、醫療、護理以及社福單位辦理。若民眾有長照需求，得撥打長照服務專線1966，經所在地照管中心派員，並協助後續連結民眾所需之長照服務，109年度長照2.0服務人數357,457人，涵蓋率已超過50%。

長照2.0推動以來，服務資源及人數已大幅成長，未來除將持續拓展居家式及社區式長照服務資源，充實長照服務人力外，亦將布建住宿式機構。長照2.0下一階段的重要任務，從強化地方政府輔導與管理量能、完備長期照顧服務法相關

Taiwan's population structure is affected by low birth rate and an increase in life expectancy. The population aged 65 years and older has been growing rapidly. As of the end of March, 2018, Taiwan officially became an aged society and, by 2025, the population aged 65 and over is expected to reach 20%, consequently making Taiwan a "super-aged" society. In light of this trend, there's greater urgency to establish a sound long-term care system, to develop human resource and facilities, and to ensure service quality. Consequently, the Ministry began its implementation of the MOHW's National Ten-Year Long-Term Plan Care 2.0 (hereafter referred to as "Long-Term Care Plan 2.0) from January, 2017 to promote an integrated Community Care Service Network as a response to the long-term care needs of Taiwan's aging population.

The MOHW has been working to integrate different services into the community-based integrated care service network based on the basic concept of cultivating community integrated service center ("A"), combined service center ("B"), and widely establishing street long-term care stations around the blocks ("C") throughout Taiwan. All municipalities have been encouraged to work with long-term care service providers, medical care and nursing institutions and Non-profit organizations to realize this vision. The Long-Term Care Hotline "1966" offers efficient assistance for those seeking for extra help. The care managers will assess long-term care needs and link people with resources to meet their further needs. In 2020 Long-term Care 2.0 served 357,457 people, with a coverage rate of over 50%.

Since the implementation of Long-term care 2.0 began, service resources and number of people served have grown substantially. In the future, as well as expanding home and community based long-term care service resources and supplementing long-term care service manpower, we will also set up residential institutions. The important missions of the next stage of Long-term Care 2.0 are enhancing the guidance and management capacity of local government, making complete mechanisms stipulated by the Long-Term Care Services Act and establishing service quality open information to ensure and continue to increase the service quality



規範機制以及建立服務品質公開資訊，以確保各類長期照顧服務資源服務品質與持續提升，提供民眾近便、能負擔、有選擇、可安心的長照服務。

of each long-term care service resource and provide people with a choice of more accessible, affordable and reliable long-term care services.



## 傳染病防治

## Communicable Disease Control

傳染病防治為保障全民健康，甚至為維護國家安全重要的一環。《傳染病防治法》及《人類免疫缺乏病毒傳染防治及感染者權益保障條例》為我國執行傳染病防治的兩大重要法規。另針對可以疫苗預防的傳染病，衛福部疾管署持續推行國家預防接種政策，目前幼童免費常規疫苗共10項，可預防15種傳染病，現行兒童預防接種時程可上衛福部疾管署官網（<https://www.cdc.gov.tw/>）查詢。

因應自108年底浮現之新冠肺炎疫情，我國於109年1月15日公告新增「嚴重特殊傳染性肺炎（COVID-19）」為第五類法定傳染病；1月20日起開設「嚴重特殊傳染性肺炎中央流行疫情指揮中心」，統籌各項防疫應變動員工作，包含疫情監測研判、資源設備及人員統合、公眾溝通、邊境管制、社區防疫與國際合作等疫情防治之必要措施。立法院於109年2月25日通過《嚴重特殊傳染性肺炎防治及紓困振興特別條例》，本部並針對流病監視及預警、居家隔離及檢疫補償、

Communicable disease prevention protects people's health and is even an important link in national security. The "Communicable Disease Control Act" and "HIV Infection Control and Patient Rights Protection Act" serve as key regulations governing infectious diseases prevention and control. Also, regarding communicable diseases that can be prevented with a vaccine, the Ministry has continued to promote the national vaccination policy. At present, 10 vaccines are available free of charge to children and can prevent 15 communicable diseases. For the current schedule of vaccination for children, please go to the Taiwan Centers for Disease Control official website (<https://www.cdc.gov.tw/>).

In response to the COVID-19 outbreak that occurred at the end of 2019, Taiwan officially designated COVID-19 as a Category V communicable disease on January 15, 2020. This was followed by the establishment of the Central Epidemic Command Center (CECC) on January 20 to take charge of the mobilization required to meet the emergency. To achieve the goal of epidemic prevention and control, it has taken all necessary measures and coordinated epidemic prevention efforts, such as monitoring and analyzing the epidemic situation, integrating resources/manpower, communicating with the public, enforcing border controls, undertaking preventive measures in communities, and engaging in international cooperation. On February 25, 2020, the Legislative Yuan passed the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens; the Ministry also revised and announced regulations regarding infectious disease monitoring and warning,



集中檢疫場所徵用及人員徵調、指定檢驗網絡、防疫物資之徵用與重要防疫措施，訂修相關法規命令與公告。

本部疾管署透過多元的傳染病監測通報與調查系統及全國傳染病檢驗網絡，及時對新興傳染病進行偵測預警，同時實施邊境嚴管措施，針對入境旅客及病例接觸者落實檢疫隔離14天，降低境外移入及社區傳播風險。另平時即妥善維運「傳染病防治醫療網」，以有效調度緊急應變量能，落實醫療照護機構感染管制。

對於COVID-19疫情之疫苗採購佈局策略則採「國際投資」（COVAX機制）、「國內研製」及「逕洽廠商購買」三個面向同步進行，期以分散風險購得安全有效之疫苗，提升國人群體免疫力。

home isolation and quarantine compensation, expropriation of government quarantine facilities and requisition of personnel, designated testing network, expropriation of epidemic prevention supplies, and important epidemic prevention measures.

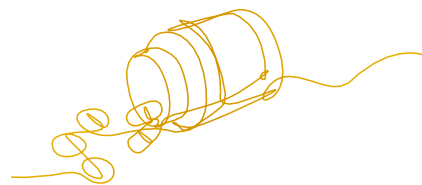
Through diverse communicable disease monitoring and reporting and survey systems and the national communicable disease testing network, the Ministry carries out timely monitoring and issues warnings for new communicable diseases and implements strict border control measures, requiring the arrivals and contacts to undergo the 14-day quarantine to reduce the risk of imported cases and community spread. In ordinary times, the Communicable Disease Control Medical Network is operated to effectively deploy emergency response capabilities and implement healthcare institution infection control.

Taiwan's vaccine procurement has proceeded in three directions, international sponsorship (COVAX mechanism), domestic production, and direct procurement from foreign suppliers with the aim of spreading risk and obtaining safe and effective vaccines to raise the level of herd immunity in Taiwan.



## 食品藥物管理

## Management of Food and Drugs



本部食藥署以「藥求安全有效、食在安心健康」為使命，持續執行「食安五環」政策，從源頭控管、生產管理、市場查驗及全民監督等面向跨域整合，建構完善食品安全防護網，並規劃全國性稽查專案，完成國內業者查核13萬6,374家次，GHP複查合格率達9成以上；抽樣檢驗食品及相關產品45萬件，合格率達99%。

The Taiwan Food and Drug Administration has “Safe and effective drugs, safe and healthy food” as its mission and has therefore continued to implement its “Five-Point Food Safety” policy to achieve inter-domain integration of five major aspects: source management, production management, market inspection, manufacturer’s responsibility and supervision by the citizens in order to create a complete food safety guard net. In addition, TFDA has launched a nation-wide inspection project and audited 136,374 domestic businesses with a GHP repeat inspection passing rate of over 90%. 450,000 samples of food and related products were examined with passing rate of 99%.

積極推動藥政改革，提升藥品查驗登記審查時效，落實藥品源頭管理、品質與安全監測，強化藥品管理體系、管制藥品流向管理及擴大列管品項，提升民眾用藥安全。落實新世代反毒策略，利用新媒體加強藥物濫用防制宣導，並強化進口原料藥查驗，提昇檢驗量能，不法藥物查獲率由99年11.81%大幅下降至109年2.47%。另，發布「中醫藥發展獎勵或補助辦法」及「上市中藥監測辦法」；109年起中藥廠濃縮製劑分階段實施確效作業，並強化中藥材邊境查驗及市售中藥（材）品質監測。

推動落實醫療器材管理法及化粧品衛生安全管理法，接軌國際，保障國人使用醫療器材及化粧品健康安全，並兼顧產業發展。持續確保藥品與醫療器材製造與運銷作業符合國際PIC/S GMP及ISO13485標準、食品業取得食品安全管理驗證，及推動化粧品製造符合國際ISO22716標準。另積極開發各式產品檢驗方法，109年公告或公開檢驗方法達122篇，並參與38場國際檢驗能力比對，獲國際肯定。

持續運用新興媒體FB及TFDA LINE@，即時傳播食藥醫粧知識及政策，提升民眾正確知能。因應嚴重特殊傳染性肺炎疫情，辦理「風險管理及危機處理研討會」及建置「口罩風險分析系統」，精進風險管理及緊急應變能力，維護國人健康。

TFDA actively promotes drug administration reform to improve time effectiveness of drug inspection registration review. In addition, TFDA implements quality and safety monitoring and source management, controlled drug flow management and expanded listing to improve the safety of pharmaceutical use. TFDA utilizes new media to strengthen advocacy for drug abuse prevention and enhanced inspection of imported Active Pharmaceutical Ingredients to increase inspection capacity as part of the new generation anti-drug strategy. The violation rate for illegal drugs has decreased significantly from 11.81% in 2010 to 2.47% in 2020. The Regulations Governing Rewards or Subsidies for Development of Chinese Medicine and Pharmacy and Regulations for the Post-market Monitoring of Chinese Medicine Products were promulgated; in 2020, the mandated validation for the concentrated preparations of Chinese medicine pharmaceutical factory began and border inspections for Chinese medicinal materials and monitoring of Chinese medical products in the market enhanced.

To ensure the health safety for medical devices and cosmetics and facilitate industrial development, TFDA has promoted for the implementation of “Medical Devices Act” and “Cosmetic Hygiene and Safety Act.” TFDA has continued to ensure that all medicine and medical device manufacturing and distribution operations are conducted in accordance with international PIC/S GMP and ISO13485 standards and, food businesses obtain certification of food sanitation and safety management; adhere to the international ISO22716 standard for cosmetics manufacturing is also promoted. Various inspection methods have been actively developed, with 122 announced or publicized in 2020; 38 international inspection ability comparisons were also participated in, receiving international affirmation.

Utilizing new media FB and TFDA LINE@ for real-time dissemination of knowledge and policies on food, medicine, medical device, and cosmetics to give the general public the correct knowledge. In response to COVID-19, the TFDA actively organized “Risk Management and Crisis Handling Workshop” and established the “Facemask Risk Analysis System” to strengthen risk management and emergency response ability, safeguarding the health of the people.





## 全民健保與國民年金

# National Health Insurance and National Pension



全民健保擁有「普及、經濟、便利、滿意度高」等亮點，在國內獲得90.2%的滿意度。截至109年底，總投保人數2,399萬人，納保率達99.93%，全國92.7%醫療院所參與健保特約，就醫可近性相當便利，而健保財務主要來自保險對象、雇主及政府共同分擔的保險費，財務狀況穩定。

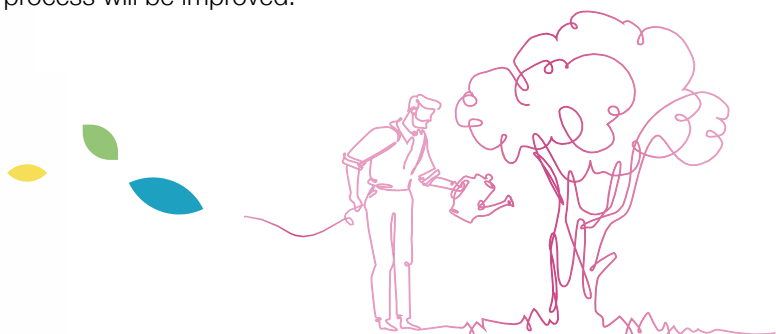
109年平均每人每年門診就醫次數14.30次，住院0.14次，平均日數1.32日。隨著人口老化及醫療科技的進步，本部健保署積極推動分級醫療與醫療體系垂直整合，建置「健保醫療資訊雲端查詢系統」，透過跨機構共享就醫紀錄，有效預防重複用藥及檢驗（查），促進健保永續發展；並於疫情期間該系統新增TOCC提示，避免防疫破口。

為提升民眾對自我健康的掌握，通過身分認證即可於「健康存摺」查詢個人門診、住院、用藥、手術、過敏、檢驗（查）結果、影像等，109年為協助COVID-19防疫，新增口罩資訊，截至109年底已有526萬人下載使用，未來將持續改善操作介面及流程。

Taiwan's National Health Insurance (NHI) is well known for its advantages such as universality, affordability, convenience and high satisfaction. It has maintained a satisfaction rate of 90.2% domestically. By the end of 2020, the total number of insured people came to 23.99 million and the NHI coverage rate achieved 99.93%. 92.70% of the medical institutions in Taiwan have contracted with the National Health Insurance Administration (NHIA) enabling improved healthcare access. Health insurance funding mainly comes from insurance premiums paid by the insured, their employers and the government, and the financial situation is stable.

In 2020, the average number of outpatient visits per person per year was 14.30; the number of hospitalizations per person per year was 0.14 and the average length of hospital stay was 1.32 days. The NHIA has been actively promoting tiered medical care and vertical integration of the healthcare system along with the innovative establishment of "NHI MediCloud System" to achieve cross-medical institutions sharing of medical records. This will effectively prevent duplicated prescriptions and medical examinations and facilitate sustainable development of the NHI. During the pandemic, this system added the TOCC reminder to prevent outbreaks.

To enhance public control over their own health, people can now register with the "My Health Bank" system to look up their personal medical information including outpatient, inpatient, medication, surgery, allergies, medical examination results, medical images and so on. To tackle with COVID-19, face mask information was added in 2020. It had been downloaded and used by 5.26 million people as of the end of 2020. Going forward, the operating interface and process will be improved.



國民年金納保對象為未參加軍、公教、勞、農保的25～64歲國民，109年底國保被保險人310萬餘人、核發給付人數188萬餘人、基金運用規模4,178億元，投資收益率8.76%。本部將持續檢討國保制度以使制度永續發展。

Taiwan's National Pension Insurance (NPI) was established to cover citizens aged between 25 and 64 years old who do not participate in relevant social insurances for military personnel, civil servants and teachers, laborers or farmers. As of the end of 2020, there were more than 3.10 million insured persons and 1.88 million benefit recipients of NPI, which operates at a scale over 417.8 billion NTD. In 2020, the Return on Investment for NPI came to 8.76% and the Ministry will continue to review the NPI schemes to ensure its sustainable development.



## 社會福利服務 Social Welfare



因應少子女化、高齡化趨勢及社會結構家庭功能之改變，為使弱勢者獲得適切照顧，以促進全民福祉與權益為使命，規劃及整合婦女、兒童及少年、老人、身心障礙者福利服務政策，結合家庭與社區資源，期達到保障權益、支持家庭、友善社會及精進品質之願景。

In order to ensure appropriate care for disadvantaged groups, following the trends of low birth rates, population aging and rapid change of social structure and family functions, with promotion of the wellbeing and rights of all citizens as the mission, the government has planned and integrated welfare policies for women, children and youth, the elderly, and people with disabilities. By combining family and community resources, the vision of guaranteed rights, supportive families, a friendly society and quality increase.

本部社會及家庭署規劃以家庭為中心、社區為基礎的服務理念，建立跨專業整合平台，提供社區化、近便性及多元化服務；同時建立政府與家庭共同承擔育兒之協助機制，支持不同家庭之多元需求，落實兒童權利公約，減輕家庭養育負擔，全方位守護兒少福祉；並培力兒少參與公共事務，支持其為自身權益發聲。

The MOHW's Social and Family Affairs Administration operates to provide family-centered and community-based services to establish inter-disciplinary, integrated platform in order to provide community-based, accessible and diversified services. At the same time, the Administration has also created an assistive mechanism involving the government and families working together to shoulder the burdens of childcare, support the different needs of different families, adhere to the Act of the Convention on the Rights of the Child, lighten the burden of childcare on families so as to safeguard the wellbeing of children and youth. Furthermore, the Administration is also committed to empowering children and youth to take part in public affairs by supporting them to speak out for their own rights.

另從婦女觀點出發，以充權婦女能力為主軸，透過各縣市32處婦女福利服務中心提供婦女各項服務，並經營管理台灣國

Also, social services for women are aimed to empower women from their standpoint and the Ministry has been offering diverse

家婦女館，促進國內外婦女組織及公私部門之聯繫互動，創造及增進婦女公平發展的機會。

截至109年底，全國老人人口數達378萬人，占總人口數16.02%，為因應高齡社會趨勢，以經濟安全、健康維護及生活照顧等面向推動老人福利服務，並廣布社區照顧關懷據點，促進老人社會參與，以達成活力老化之目標。

又全國身心障礙者人數達119萬人占總人口數5.08%，透過實踐身心障礙者權利公約，保障身心障礙者經濟安全、多元連續服務措施、無障礙生活環境及促進社會參與等規劃，維護其享有自立生活及社區融合的權利。

services for women through the 32 women's welfare centers around Taiwan. By operating the Taiwan Women's Center as a platform to facilitate interaction and connection between domestic and international women's organizations and between public and private agencies to create and offer more opportunities for equal development for women.

At the end of 2020, the population of aged people in Taiwan came to 3.78 million, which accounted for 16.02% of the total population. In response to the trends towards an aged society, MOHW now seeks to promote a range of senior welfare services by focusing on aspects of economic security, health maintenance, living care and social participation. By expanding the number of community care locations and facilitating social participation for seniors, we aim to accomplish the goal of active aging.

There were 1.19 million people with disabilities which accounts for 5.08% of the population in Taiwan. By implementing the Convention on the Rights of Persons with Disabilities, the Ministry ensures economic security, provides multifaceted and continuous services, improves accessible environments, and enhances social participation for people with disabilities, ensuring their right to independent living and social inclusion.



## 10 社會救助與社會工作 Social Assistance and Social Work

我國社會救助業務，推動各項措施，如低收入戶補助、醫療補助等，並結合就業服務及脫貧方案，以確保其能得到適切的救助。

遊民收容輔導採「緊急服務、過渡服務及穩定服務」三階段式服務，輔導協助遊民生活重建。本部設置1957福利諮詢專線提供民眾免付費、全年無休之社會福利諮詢與通報轉介服務。

The social assistance provided in Taiwan involves the promotion of relevant measures, including life assistance for low-income households, medical subsidies along with employment services and poverty alleviating solutions to ensure that people in need will receive appropriate assistance.

Counseling and Shelter Service for the homeless offers three-stage services including “emergency service, transition service and stabilization service” to help homeless rebuild their lives. The Ministry has established the 1957 Social Welfare Consultation Hotline to provide free consultation and referral services all year round (from 8 am. to 10 pm.) for the public.



本部於災害救助業務主責「災民收容安置」、「民生物資整備」、「災民慰助關懷」等任務，109年各縣市災民收容所設置處所共5,571處，可收容241萬餘人。

為管理公益勸募活動，妥善運用社會資源，95年制定公布《公益勸募條例》，截至109年底本部核可506個團體569件，計募得54億436萬餘元。

為建立社會工作專業服務體系，確保弱勢民眾之福利權利，本部致力於社會工作人力培育及配置，友善其執業環境。

為增進社區民眾福祉，凝聚社區居民意識，本部結合社區發展組織推展福利服務，擴充社區服務能量。

為促進志願服務發展，90年公布《志願服務法》，建置「志願服務資訊整合系統」、「重大災害物資資源及志工人力管理系統」，管理志工資料及協助救災，109年全國志工人數達99萬人。

依社會救助法第21條規定，針對遭逢急難致生活陷困民眾，由直轄市、縣（市）政府、公所及本部核予急難救助，109年計救助4萬餘人次，救助金額3億7,602萬餘元。

The disaster relief services that MOHW provides encompass missions such as “residential relocation for victims”, “material preparation for people’s livelihood” and “consolation and care for victims”. In 2020, there were a total of 5,571 shelters across Taiwan that could accommodate more than 2.41 million people.

In order to manage the behavior of contribution solicitation activities, and to properly utilize social resources, the government issued "Charity Donations Destined For Social Welfare Funds Implementation Regulations" in 2006. As of the end of 2020, the Ministry has approved 569 donations for 506 groups, with a total amount of 5.40436 billion NTD.

In an effort to establish a professional service system of social work and safeguard the welfare and rights of disadvantaged minorities, the Ministry has committed to the training and deployment of social work manpower and created a friendly environment for relevant works to be performed.

The Ministry has also been working with community development organizations to promote relevant welfare services and expand community service capabilities so as to promote community residents’ welfare and foster stronger sense of community affiliation.

To facilitate and encourage the development of volunteer services, the “Volunteer Service Act” enforced in 2001 along with the establishment of the “information integration system for national volunteer services” and “management system of materials and volunteers for major disasters” to manage volunteer data and assist disaster rescue. In 2020, the number of total volunteers in Taiwan has reached 0.99 million.

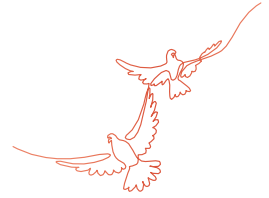
Pursuant to Article 21 of the Public Assistance Act, emergency aid shall be provided by competent authority at the local municipality for under any of the following situations for citizens in need of assistance due to difficult situations. In 2020, the number of beneficiaries who have received relief payment exceeded 40,000, with relief payments reaching 376.02 million NTD.





# 性別暴力防治與保護服務

## Gender-Based Violence Prevention and Protective Services



109年受理通報家庭暴力被害人數11萬4,381人，案件類型以親密關係暴力最多，其中女性被害人占該類案件80%。為增進家庭暴力防治及保護被害人權益，本部推動並督請地方政府積極發展多項被害人保護扶助方案及布建相關服務資源，加強加害人處遇計畫與發展預防性服務方案，並透過教育訓練提升專業知能，另配合強化社會安全網計畫，確認公私部門分工與合作機制，擴大家庭暴力安全防護網功能，以提升案件處理效能及深化服務。

109年受理通報性侵害被害人數9,212人，80%為女性；受理性騷擾申訴調查案件1,219件，成立908件。性侵害及性騷擾易涉及性別不對等、權力控制等議題，且社會大眾常對受害者存在性別偏見迷思，為增進被害人接受服務之意願，除透過提供多元適切之處遇服務，並進行相關防治教育，同時強化網絡人員專業知能與處理技巧，確保服務對象之權益。

109年兒少保護被害人數1萬2,610人，43%為男性，57%為女性，年齡分佈以12-18歲（51%）最高、6-12歲（29%）

In 2020, there were 114,381 domestic violence victims have been reported; among the cases, most of them were intimate violence victims, and 80% were women. In order to promote domestic violence prevention and protect the rights of victims, the Ministry of Health and Welfare (MOHW) has promoted and supervised local governments to actively develop a variety of victim protection and assistance programs along with the establishment of relevant service resources and strengthen offender intervention plans while developing preventive service programs and offer relevant education and training to strengthen the competency of service personnel. In addition, the MOHW has also promoted Strengthening Social Safety Net Program to ensure public and private sector business division and cooperation mechanism in order to enhance the functions of Domestic Violence Safety Network and improve the efficacy of case processing and relevant services.

In 2020, there were 9,212 victims of sexual assault have been reported and 80% were women. The number of sexual harassment complaints came to 1,219 and after investigated 908 cases of them were established. The issues of sexual assault and sexual harassment are related to gender inequality, power control and so forth and the general public tend to have misconception and gender biases towards victims of sexual harassment and assaults. In order to help victims become more willing to receive assistance through our services, in addition to providing diverse and appropriate intervention services and implementing relevant prevention education, the MOHW has also sought to enhance the competence and techniques of service personnel and ensure the rights of service recipients.

In 2020, the total number of child protection victims came to 12,610. Among these victims, 43% were male and 57% were female. In terms of age distribution, the majority (51%) fell in the 12-18 year-old group, followed by the 6-12 year-old group (29%), with 0-6 year-old group (20%) being the least in number. To ensure

次之、0-6歲（20%）最低。為落實保障兒少的安全與福祉，本部配合強化社會安全網計畫，整合兒少保護、高風險家庭通報及相關服務體系，跨部會串接多樣風險資訊，全面評估兒少之保護及風險因子，並建立服務流程、結構化評估工具、時效品質管控機制，落實案件處理，此外，也補助地方政府結合民間團體發展親職教育相關服務資源，並推動成立兒少保護區域醫療整合中心，期完善對兒少的保護。

the safety and welfare of children, the MOHW has integrated child protection and high-risk family reporting and relevant service systems as part of the Strengthening Social Safety Net Program by interconnecting diverse risk information and implementing full-scale assessment of child protective and risk factors. In addition, the relevant service procedures and structuralized assessment tools and quality control mechanisms have also been established to facilitate the handling of relevant cases. Furthermore, the MOHW has also subsidized local governments to collaborate with non-profit organizations (NPO) in the development of resources for parent education services and establishment of integrated centers of regional medical services and child protection in the hopes of strengthening child protection.



## 研究發展與國際合作

### Research, Development and International Cooperation



109年度衛生福利科技研究預算為47.2億元，分別投入三大面向任務導向型的實證研究、創新及轉譯研究與衛福資料統計應用。

In 2020, the Ministry of Health and Welfare had 4.72 million NTD in budget for technological development. It has been spent in three main areas: 1. task-oriented empirical research, 2. development of innovative and translational research and 3. application service of health and welfare research.

任務導向的實證研究面向包括嚴重特殊傳染性肺炎（COVID-19）、民眾健康促進、食品藥物管理、中醫藥研發與推廣、精進醫療照護體系、全方位強化全民健康保險體制、我國6-18歲人口之口腔健康調查、兒虐醫療及建構老人AI預警、完善福利服務體系、強化全國長照資訊平台、新興醫療科技與衛生福利政策效益評估。

Task-oriented empirical research includes COVID-19, people's health promotion, food and drug management, Chinese medicine R&D and promotion, refining the healthcare system, comprehensive enhancement of the national health insurance system, National Oral Health Survey for Children and Adolescents in Taiwan, abused child healthcare and building of an elderly AI warning, complete welfare service system, enhancing the national long-term care information system, new medical technology and health and welfare policy benefit assessment.

創新及轉譯研究面向則分為研發成果的技術移轉、精準醫療與生物資料庫精進、推動癌症轉譯研究及臨床試驗研究。

Innovative and translational research can be divided into R&D result technology transfer, precision medicine and bio-databank refining, cancer translational research and promotion of clinical trials.

至於衛福資料統計應用面向包括應用服務平臺管理、建置社福類主題式資料庫，平臺服務量能成長迅速。為推動以數據為導向之生醫研發，衛福部並進一步進行跨部會（科技部、經濟部及本部）健康大數據永續平台科技政策之規劃合作。

109年因受新冠肺炎疫情影響，各國皆實施邊境管制，國際交流多採網路方式辦理，我國雖未受邀正式出席第73屆世界衛生大會，仍就重要衛生議題與國際專家進行線上交流，包括14國防疫視訊論壇及60國參與之全球健康論壇，分享臺灣醫衛成果及貢獻。

為呼應APEC推動「數位健康大型倡議」，我國倡議並主導「數位健康次級工作小組」。陳部長線上參與APEC第10屆衛生與經濟高階會議，除分享我國運用數位科技防疫外，並介紹本部建立之「關鍵決策網」，以「臺灣模式」提供全球防疫策略參考。

鑒於我國醫衛成就享譽國際，本部與相關部會共同推動新南向政策，打造醫衛產業鏈。我國107至109年前三季對新南向七國整體出口表現衰退，但醫衛產品之出口卻逆勢成長，108年出口醫衛產品至新南向七國之成長率為7.5%，109年前三季成長率達8.2%，另培訓上千名醫事人員，深耕人脈網絡，顯見新南向醫衛合作推動成效。

推展醫療服務國際化方面，輔導醫院開拓創新經營策略，展現我國醫療服務的優勢，帶動生技等產業發展，提升國際競爭力。

As for application service of health and welfare research, this includes management of applications service platform and establishing social welfare thematic databases. The platform's service capacity has grown quickly. To facilitate the data driven biomedical development, the Ministry of Health and Welfare is currently preparing for the cross ministerial top-down project with Ministry of Economic Affairs and Ministry of Science and Technology to promote sustainable platform for big data in health.

Given the ongoing COVID-19 pandemic in 2020, various countries tightened border controls, and international exchange took place mainly online. The 73<sup>rd</sup> WHA convened virtually, without inviting Taiwan. Still, this did not stop Taiwan from sharing its medical and healthcare accomplishments and contributions with international experts. For example, Taiwan hosted a virtual forum on COVID-19 prevention with 14 like-minded countries and the Global Health Forum in Taiwan with 60 participating countries.

In response to the APEC push for digital healthcare, Taiwan proposed forming and leading the Digital Health Sub-Working Group. Minister Chen attended APEC's 10<sup>th</sup> High-Level Meeting on Health and the Economy virtually. While sharing Taiwan's application of digital technology to epidemic prevention/control, Minister Chen highlighted the MOHW's "Crucial Policies for Combating COVID-19" portal, providing the "Taiwan Model" as a guide for global epidemic prevention strategy.

In light of Taiwan's renowned medical achievements worldwide, the Ministry has jointly promoted the New Southbound Policy with related agencies to build a healthcare supply chain. Between 2018 and the first three quarters of 2020, Taiwan saw a decline in its exports to the 7 NSP priority countries, but shipments of healthcare products bucked the trend. In 2019, Taiwan's exports of healthcare products to the aforesaid 7 countries rose 7.5%; during the first three quarters of 2020, the figure reached 8.2%. Besides, over 1000 medical personnel were trained, cultivating deeper connections and showing the effectiveness of promoting the New Southbound medical cooperation.

In terms of promoting medical tourism, guidance is provided for hospitals to develop innovative operating strategies to display the advantages of medical tourism in Taiwan and drive the development of the bio-tech and other industries to increase international competitiveness.







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