

2024



Taiwan Health and Welfare Report

HEALTH • HAPPINESS • FAIRNESS • SUSTAINABILITY

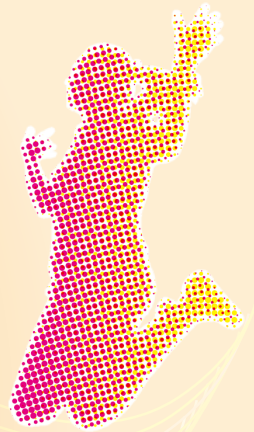
Ministry of
Health and Welfare

2024



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Preface

As Taiwan transitions from the nationwide COVID-19 response, the Ministry of Health and Welfare (MOHW) continues to enhance its healthcare and social welfare services, focusing on two key policy pillars: "lifelong comprehensive care" and "globally synchronized health and welfare improvements." These initiatives aim to build a society rooted in mutual support and inclusivity, creating a supportive environment for both physical and mental health.

In response to the challenges of an aging society and declining birth rates, related issues and policies have received significant attention. To address the increasing trend of solitary elderly individuals, MOHW has launched the "Enhanced Care Service Plan for the Solitary Elderly," encouraging local governments to integrate community resources to improve home safety and strengthen social connections for elderly individuals living alone. Additionally, we promote elderly functional assessment services to detect early signs of functional decline and intervene promptly with exercises, nutrition, and other measures to prevent and delay disability onset. To address declining birth rates, MOHW continues to expand subsidies for infertility treatments to alleviate the financial burden on couples. We are increasing childcare allowances, enhancing subsidies, promoting public childcare services, and creating a child-friendly environment. Furthermore, we are optimizing the pediatric healthcare system, expanding perinatal care networks, and establishing collaborative mechanisms for children with rare and severe medical conditions. Since 2023, newborns have been included in the Project of Holistic Physicians for Young Children, ensuring comprehensive and integrated care for children's healthy development in Taiwan.

To foster a supportive healthcare environment, MOHW has enacted the Indigenous Peoples Health Act, convened the "Health Policy Conference of Indigenous Peoples," and established the National Indigenous Peoples Health Research Center to advance health equality for Indigenous peoples. We have also revised the Tobacco Hazards Prevention Act to impose a comprehensively ban on imitation tobacco products, such as electronic cigarettes, and to tighten regulations on new tobacco products. Our Five-Point Food Safety Policy continues bolstering food safety measures, and the implementation of the Regulations on Good Practices for Drug Dispensation aims to enhance the quality of domestic pharmaceutical services and ensure patient medication safety. In response to the 2023 local dengue fever outbreak, we mobilized a Dengue Fever Mobile Epidemic Prevention Team to oversee local governments' efforts in epidemic prevention and to curb the spread of diseases.

MOHW is committed to creating a supportive work environment, implementing 12 strategies under the Nursing Workforce Preparation Plan (2023-2030). This initiative involves inter-ministerial collaboration to address the current nursing workforce shortage and improve working conditions and benefits. We are establishing a dedicated platform for friendly nursing workplaces, encouraging hospitals to publicly share information on nursing labor conditions for a positive practice environment. We are also strengthening non-litigation medical dispute resolution mechanisms by piloting the "Diverse Two-Way Medical Dispute Resolution Mechanism" to reduce

medical disputes and promote harmonious doctor-patient relationships. Furthermore, we are restructuring the salary system for social workers in private institutions to retain frontline professionals, strengthen public-private partnerships, and implement the concept of a robust social safety net.

In light of the rise in sexual harassment cases and the "#MeToo" movement that gained momentum in Taiwan in 2023, the MOHW worked closely with the Executive Yuan to comprehensively review the three gender equality laws and amend the Sexual Harassment Prevention Act. Through amending and strengthening laws and mechanisms, we aim to create a gender-friendly environment. To further enhance the protection service system, MOHW has established the "Sexual Image Abuse Reporting Center," which provides immediate assistance to minors, adults, and victims facing threats or the dissemination of sexual images, swiftly removing such images to prevent secondary harm.

The 76th World Health Assembly (WHA) was held in Geneva, Switzerland, in May 2023, marking the first post-pandemic era participation by MOHW's former Minister Jui-Yuan Hsueh, leading the "WHO Action Team" to engage in medical and health cooperation exchanges. We sought bilateral meetings with key countries and international health organizations, hosted professional forums and international press conferences, and actively participated in professional meetings on the sidelines of WHA, demonstrating Taiwan's determination and commitment to contributing to global health affairs.

With the dissolution of the Central Epidemic Command Center for COVID-19 on May 1, 2023, Taiwan officially entered the post-pandemic era. MOHW will continue to monitor the pandemic, support vulnerable groups, strengthen social safety nets, enhance long-term care services, safeguard individuals' medical rights, improve the medical environment, ensure food and drug safety, and expand international exchanges and cooperation to promote the health and well-being of all citizens. Our mission is to be the most trustworthy ministry in Taiwan by continuously investing in public health initiatives and realizing the vision of a "Healthy Taiwan."



Scan to view video of preface

Sincerely

Minister of Health and Welfare

Tai-Yuan Chin



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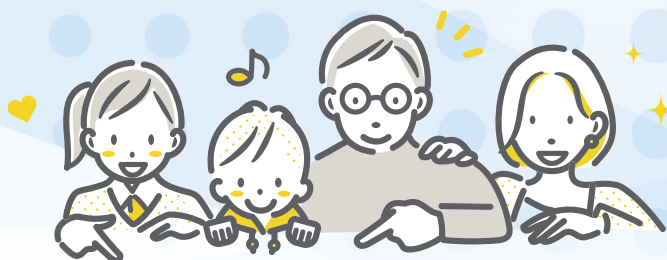
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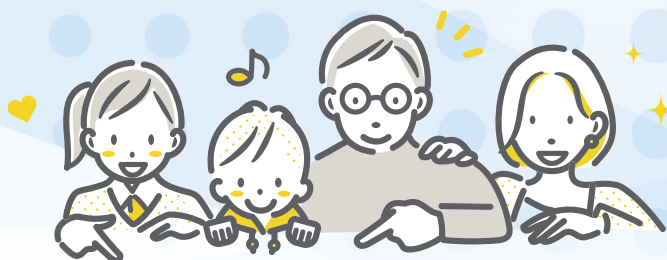
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01

Organization and Policy

Chapter 1 Organizational Structure

Chapter 2 Expenditure

Chapter 3 Administrative Goals



In accordance with the organizational restructuring of the Executive Yuan, the Ministry of Health and Welfare (hereinafter referred to as the "MOHW") was established in 2013, by integrating 21 divisions and task forces of the former Department of Health, five subordinate authorities, the Ministry of the Interior's Department of Social Affairs, Child Welfare Bureau, Domestic Violence and Sexual Assault Prevention Committee, National Pension Supervisory Committee, and the Ministry of Education's National Research Institute of Chinese Medicine. A humancentric health and welfare network was thus formed to improve the people's health and well-being.

Guided by our mission of "promoting the health and well-being for all citizens" and our vision of "becoming the most trusted government agency," the Ministry will adhere to global and innovative thinking with localized strategies to integrate social welfare and healthcare resources as we diligently plan

administrative measures and integrated, consistent public policies so that we can deliver comprehensive, one-stop services that will enable all citizens to lead more joyful and healthier lives.

Chapter 1 Organizational Structure

The Ministry of Health and Welfare (MOHW) is headed by the Minister and assisted by two deputy ministers, one vice minister, and one secretary general. The MOHW consists of ten departments, six offices, seven permanent task forces, and six subordinate tertiary institutions. Additionally, there are 26 medical institutions and 13 social welfare institutions under the Ministry, as shown in Figure 1-1. The MOHW's responsibilities encompass health promotion, disease prevention and control, medical care, long-term care, food and drug management, social insurance, social welfare, social assistance, and protective services.

Figure 1-1 Organization of the Ministry of Health and Welfare (MOHW)



Note: The establishment of Bureau of National Pension has been put on hold; pursuant to the Organic Act for Ministry of Health and Welfare, affairs relating to the national pension may be entrusted to relevant agencies (organization) for implementation.

Chapter 2 Expenditure

The Ministry's financial statement for 2023 came to NTD 363.55 billion, wherein the expenditures and their respective proportions in the financial allocation are shown in Figure 1-2.

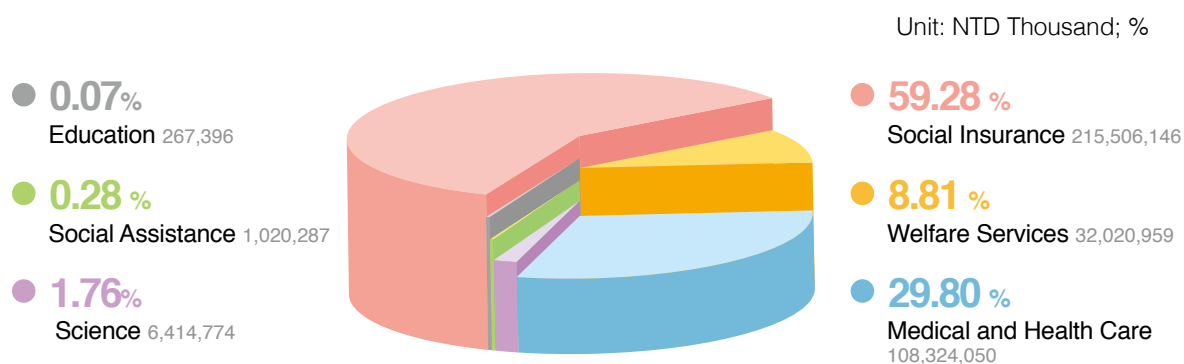
Chapter 3 Administrative Goals

Section 1 Annual Objectives

Annual Objectives The Ministry has prepared its policy plan objectives for 2023 as shown in Figure 1-3 in accordance with the 2023 Executive Yuan's policies and approved budgets. The key strategies are summarized as follows:

1. Reinforcing the welfare service system and giving priority to care for vulnerable groups
 - (1) Promoting the Convention on the Rights of the Child; improving childcare management laws, providing child-raising allowances, and alleviating the financial burden on families.
 - (2) Promoting the Convention on the Rights of Persons with Disabilities by improving the care service capacity and quality.
 - (3) Strengthening the Social Safety Net, enhancing children and youth protection; raising the level of drug addiction treatment, suicide and mental illness cases service effectiveness.
 - (4) Promoting intergenerational harmony and inclusiveness, establishing an age-friendly and secure environment for the elderly.
2. Setting up a high-quality long-term care system and preparing holistic long-term care service resources
 - (1) Establishing a well-rounded long-term care system; enhancing long-term care service efficiency and capacity.
 - (2) Popularizing a comprehensive community care service system by integrating long-term care institutions and enhancing human resources in the field of long-term care.
 - (3) Promoting dementia community care services, enhancing dementia care resources.
3. Creating a mutual assistance society and improving the protective services system
 - (1) Developing diverse strategies for different protective cases and promoting a variety of integrated, family-centered service programs.
 - (2) Safeguarding economic means of disadvantaged groups and promoting the "Savings Accounts for Future Education and Development of Children and Youth."
 - (3) Setting up a professional system for social workers to enhance service quality and capacity.
 - (4) Empowering communities to create mutual assistance networks, thereby increasing their volunteer capacity.
4. Expanding current systems of healthcare and safeguarding people's right to seek medical assistance
 - (1) Establishing a pediatric healthcare network to enhance the well-being of children.

Figure 1-2 Distribution of 2023 Health and Welfare Final Accounts



- (2) Ensuring the comprehensive emergency medical and critical care network, enhancing local emergency response capabilities, and improving the proximity and accessibility of healthcare services.
 - (3) Enhancing the non-litigation mechanism for medical dispute resolution, promoting harmonious doctor-patient relationships.
 - (4) Improving the practice environment for medical professionals to attract and retain nursing staff.
 - (5) Enhancing the training system for traditional Chinese medicine clinical practice and improving regulatory frameworks for folk therapy professions.
 - (6) Strengthening global exchanges and cooperation and getting involved in international health and welfare organizations.
5. Establishing an excellent epidemic prevention system and consolidating national epidemic prevention security
- (1) Reviewing the comprehensive framework and regulations for preventing and controlling infectious diseases, thereby enhancing the national epidemic resilience.
 - (2) Consistently promoting vaccine policies and maintaining a high vaccination completion rate.
 - (3) Strengthening quarantine monitoring and regional collaboration to prevent the transmission of infectious diseases from overseas.
 - (4) Proactively identifying tuberculosis infections, reducing HIV transmissibility, and expanding pre-exposure prophylaxis medication programs.
6. Optimizing a safe environment for food and drugs, protecting the health and safety of the general public
- (1) Ensuring the food production and sales network, drugs, medical equipment and cosmetics whole-life cycle management.
 - (2) Enhancing the resilience and responsiveness of key pharmaceuticals and medical supplies.
 - (3) Refining the Chinese medicine (materials) quality management system, increasing Chinese medicine industry capacity.
 - (4) Raising the level of research and development capability, promoting the development of the biomedical industry.

Figure 1-3 Administrative Goals of the MOHW, 2023



7. Constructing a healthy and supportive environment to facilitate holistic health

- (1) Nurturing healthy lifestyles by creating a smoke and betel-nut free supportive environment.
- (2) Establishing a comprehensive healthcare environment for women, children, and reproductive health, and expanding the subsidies for assisted reproductive technologies.
- (3) Building an age-friendly and dementia-friendly environment, bolstering the prevention for chronic diseases and cancer.
- (4) Strengthening techniques and methodological innovations in health monitoring data collection, enhancing data integration and application, and promoting forensic psychiatric care and treatment for special populations.
- (5) Promoting diverse approaches to mental health promotion, strengthening the capacity for mental illness prevention and treatment, and enhancing drug addiction treatment capabilities.
- (6) Advocating for national oral health, and increasing resources for preventive oral healthcare.

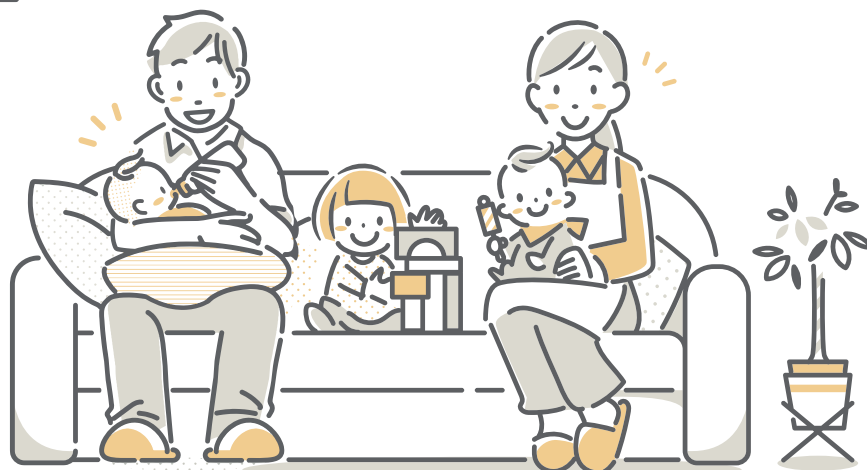
8. Reforming National Health Insurance system to ensure the integrity of social insurance

- (1) Implementing tiered healthcare, enhancing the efficiency of National Health Insurance benefits, and improving resource allocation.
- (2) Utilizing smart cloud technologies to innovate National Health Insurance services.
- (3) Refining the National Pension System to enhance basic economic security for the public.

Section 2 Policies for Gender Equality

To promote gender equality and respect for diversity, echoing the international trend of valuing gender equality issues and aligning with our country's gender equality policies, our department incorporates gender equality perspectives and gender mainstreaming awareness in formulating policies and measures. This is to implement the spirit of the "Gender Equality Policy Guidelines" and the "Convention on the Elimination of All Forms of Discrimination Against Women" (CEDAW), and to continuously enhance gender equality in the dimensions of health, medical care, and social welfare. We aim to create a friendly societal environment that respects diversity and ensures gender equality.

In 2023, the Ministry will continue to promote the implementation of the "Ministry of Health and Welfare Gender Equality Promotion Program (2022-2025)." This program includes six institutional-level issues and seven ministerial-level issues, each with specific practices and performance indicators. The Ministry



actively integrates the concept of gender equality into relevant significant policies and planning, taking a gender equality-oriented approach. It employs gender mainstreaming tools to ensure the implementation of various gender equality-related initiatives. The Ministry also periodically publishes the outcomes of these endeavors in the dedicated Gender Equality section on official website.

To showcase our dedication to women's rights, the Social and Family Affairs Administration, MOHW, organized the International Women's Day celebration on March 8, 2023, with the theme "2023 NEXT ROUND Our Next Round." Through a series of activities, including the release of women's images, themed exhibitions, and the "Tour of Taiwanese Women's Footprint," the event aimed to help the public understand the historical development of women's rights in Taiwan. The goal was to continue improving related measures and policies to create a friendly environment that provides more opportunities for every Taiwanese woman to realize her potential. In response to the spirit of Taiwan Girls' Day, the Ministry focused on "Girls' Participation in Public Affairs" and launched the "Super Girl Power and Positive Energy – 2023 Taiwan Girls' Day Online Thematic Film Exhibition." This festival featured 13 selected films from home and abroad across three main themes: "Gender

Equality for a Better Life (Gender Equality)," "Dreams and Reality in Campus Memories (Campus Life)," and "The Power of Girls Is Greater Than You Think (Girl Power Era)." Through films depicting the situations of women in different countries, the festival aimed to convey the concept of gender equality, encouraging both Taiwanese girls and boys to embrace their unique selves, courageously pursue their dreams, and seek diverse development. It also called on the public to collectively build a society of mutual understanding and support, where every girl can enjoy the opportunity to develop freely and realize her potential in a gender-equal environment.



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Health and Welfare Indicators

Chapter 1 Population Indicators

Chapter 2 Vital Indicators

Chapter 3 National Health Expenditure

Chapter 4 Social Welfare Indicators

Chapter 5 International Comparisons



Rising incomes, improved living environment and nutrition, advances in medicine and health care, and greater health awareness have led to a gradual increase in Taiwan's life expectancy. As baby boomers become older, and the birth rate declines, one must pay greater attention to the health needs of an aging population. The changing demographics may affect not only national health expenditure (NHE) and resource distributions, but also the rate of economic growth. In this section, we address these topics by examining important health and welfare indicators, including population indicators, vital indicators, NHE, social welfare indicators, and international comparisons.

Chapter 1 Population Indicators

At the end of 2023, Taiwan had a registered population of 23.42 million, an increase of 6.70 ‰ from 2022. There were 11.55 million males, an increase of 4.71 ‰, and 11.87 million females, an increase of 8.64 ‰. The sex ratio (the ratio of males to females in a population) decreased to 97.35.

At the end of 2023, there were 647 people per square kilometer, slightly higher than the previous year. The densest city was Taipei, at 9,242 people. The least

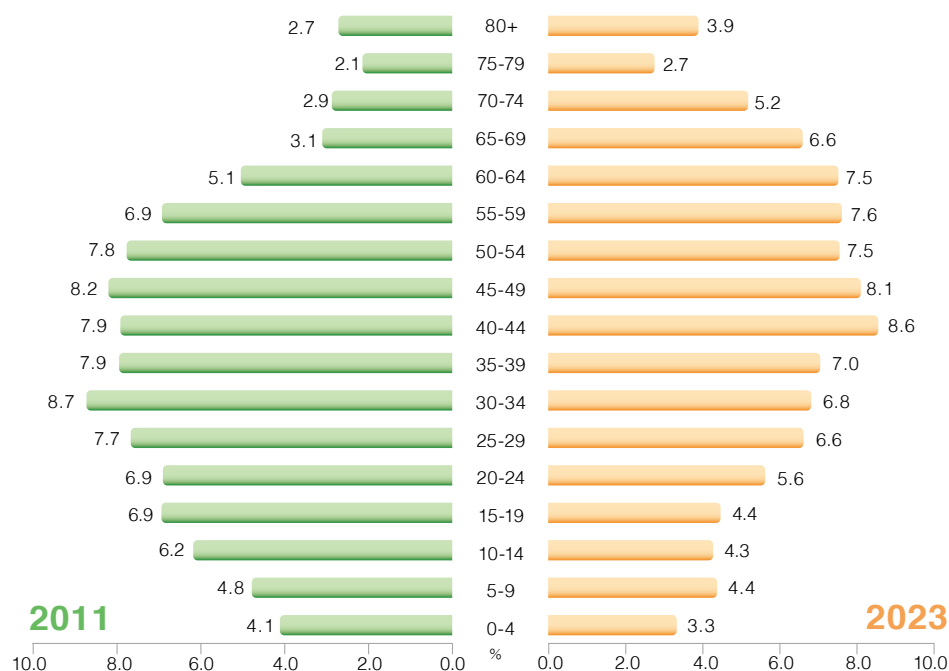
dense area was Taitung, at 60 people, followed by Hualien, at 69 people.

Section 1 Population Age Structure

The declining birth rate and the rising life expectancy at birth have reduced the proportion of young population, and conversely increased the proportion of the elderlies. Between 2011 and 2023, the proportion of the population aged 0-14 dropped from 15.1% to 12.0%, while the proportion of the population at 65 years old or over has exceeded 7.0% as of 1993. Taiwan has entered a transitional phase towards an aging society continuing to rise ever since. The figure rose to 10.9% in 2011, rising to 14.6% in 2018 and we officially became an aged society. The percentage continued to rise to 18.4% in 2023 as shown in Figure 2-1.

Regarding gender differences, females accounted for a greater proportion of aging population than the males. In 2023, females accounted for higher proportion 19.8% of elderlies than males which accounted for 16.8%. On the other hand, females accounted for lower proportion 11.3% of young population than males which accounted for 12.5%.

Figure 2-1 Population Age Structure

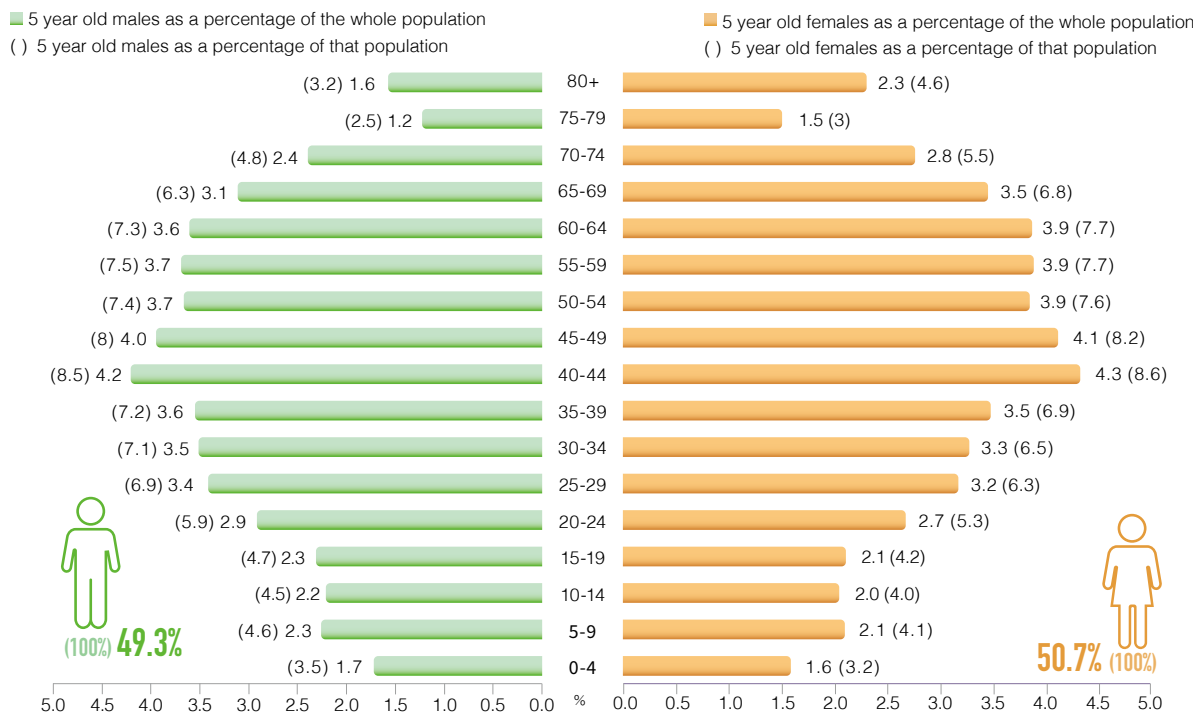


Source: Ministry of the Interior, R.O.C. (Taiwan)

(Figure 2-2). Comparing historical gender population structure, the proportion of total population accounted for by both sexes for 0-14 year old shows a decrease, with males 1.2~1.3% higher than females; the proportion of total population accounted for by both

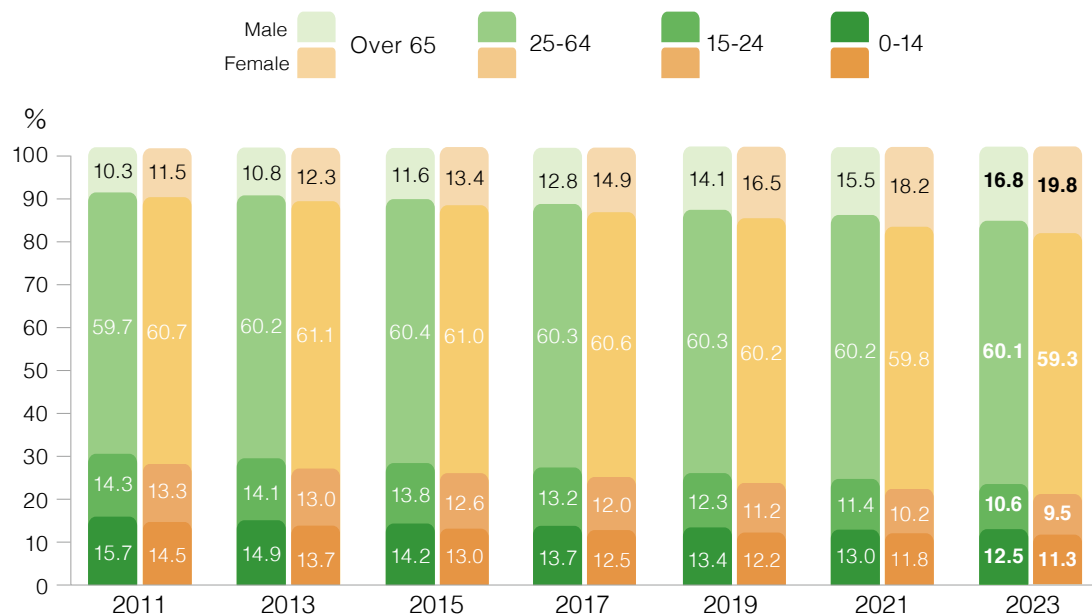
sexes for people aged over 65 years of age shows an increase trend, and the gap is increasing. In 2011 women were 1.2% higher than men; by 2023 this had increased to 3%. (Figure 2-2-1)

Figure 2-2 2023 Population Age Structure, by Gender



Source: Ministry of the Interior, R.O.C. (Taiwan)

Figure 2-2-1 Population Age Structure, by Gender

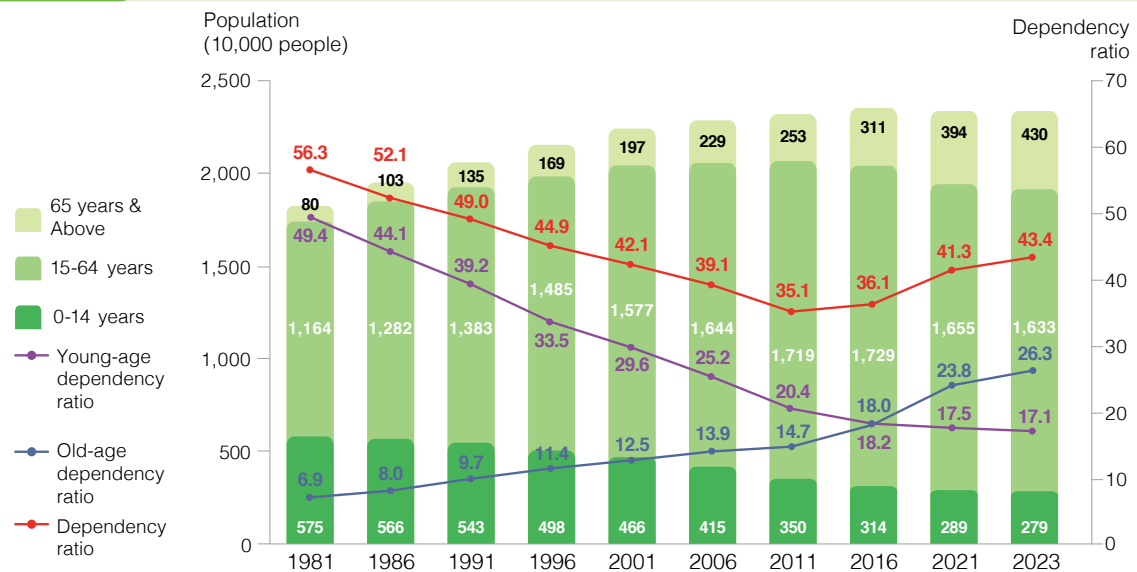


Source: Ministry of the Interior, R.O.C. (Taiwan)

The dependency ratio [(population aged 0-14 + population aged 65 and above) / population aged 15-64 x 100] fell from 56.3 in 1981 to 43.4 in 2023. This was primarily due to the rapid decrease in the young-age dependency ratio [population aged 0-14 /

population aged 15-64 x 100] from 49.4 to 17.1, and the steady increase in the old-age dependency ratio [population aged 65 and above/population aged 15-64 x 100] from 6.9 to 26.3 (Figure 2-3).

Figure 2-3 Population Age Structure and Dependency Ratio, by Year



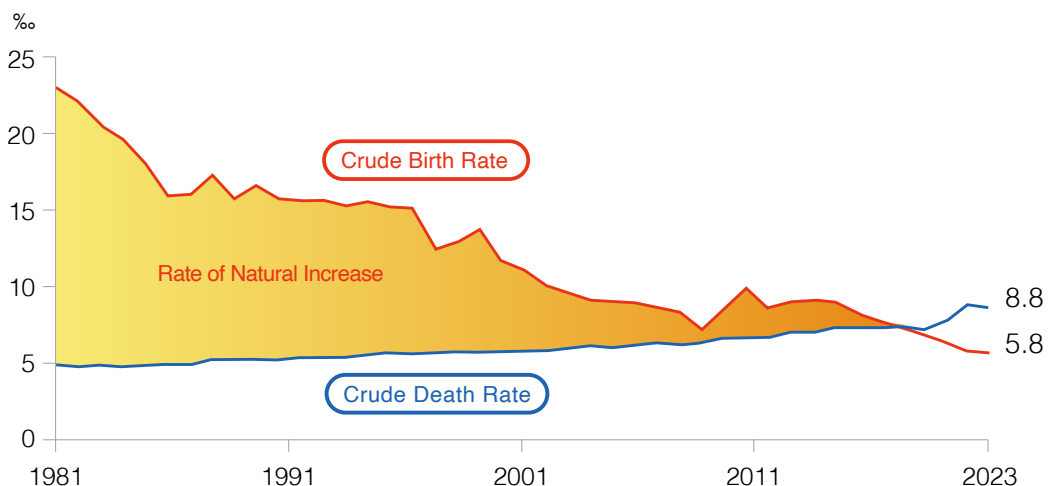
Source: Ministry of the Interior, R.O.C. (Taiwan)

Section 2 Birth and Death

With the evolving social and economic landscape, the fertility rate among the population of Taiwan has been on a long-term decline. The crude birth rate (births/mid-year population x 1,000) fell from over 20‰ in the early 1980s to below 10‰ in 2000s, and to 5.8‰ in 2023. Conversely, the crude mortality rate (deaths/mid-year population x 1,000), influenced by the increasing

proportion of elderly population, rose from 5‰ in the 1980s to 8.8‰ in 2023. As a result, the natural population growth rate (crude birth rate minus crude mortality rate), has decreased from over 10‰ in the 1980s to about 0.1‰ in 2019 and -0.3‰ in 2020, the first time the population experienced negative growth. In 2023, the rate was -3‰, as shown in Figure 2-4.

Figure 2-4 Crude Birth Rate, Crude Death Rate, and Rate of Natural Increase, by Year



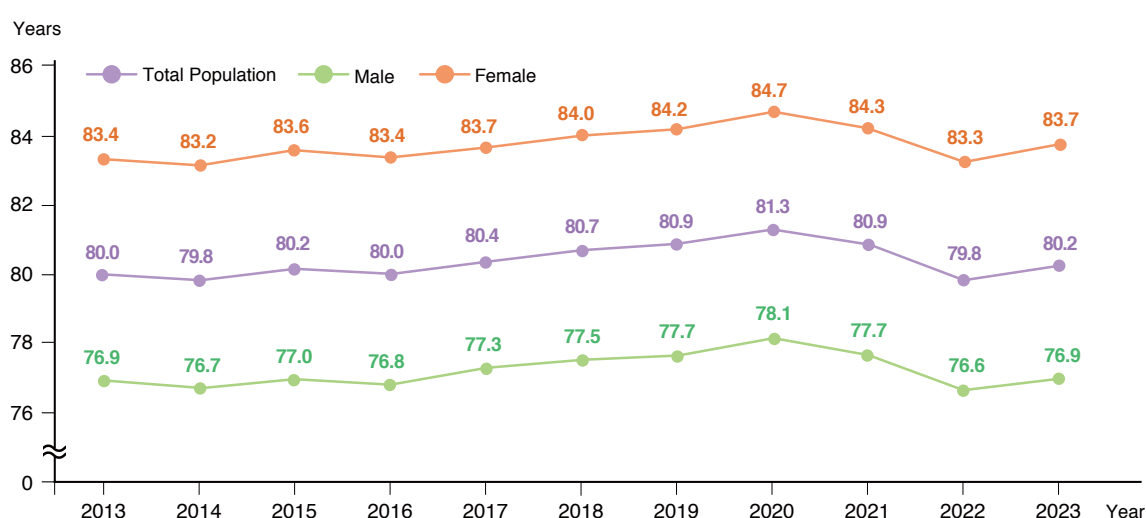
Source: Ministry of the Interior, R.O.C. (Taiwan)

Section 3 Life Expectancy

In 2023, Taiwan's life expectancy at birth came in at 80.2 years, representing an increase of 0.4 years from 79.8 years in 2022 and an increase of 0.2 years from 80.0 years in 2013. The male life expectancy was 76.9 years, and the female life expectancy was 83.7

years. Over the last 10 years, it has remained at the same level for males and has increased by 0.3 year for females, the gender gap in life expectancy was between 6.4 and 6.8 years. (Figure 2-5 and Table 2, Appendix 1).

Figure 2-5 Life Expectancy at Birth, by Year



Source: Ministry of the Interior, R.O.C. (Taiwan)

Chapter 2 Vital Indicators

Section 1 Ten Leading Causes of Death

Economic transformation, better quality of life, and improved health care have led to changes in the leading causes of death. In 1952, acute and communicable diseases took the most lives in Taiwan; today, malignant neoplasms (cancer), accidents, and chronic diseases such as cardiovascular diseases represent the main causes.

Selecting the underlying cause of death has followed ICD-10 version 2016 since 2019, the mortality rates for causes reflected greater differential compared to those from 2018. In order to facilitate better comparison of data for different years, the mortality data for 2018 has been recalculated based on ICD-10 version 2016 and the ratio between the old

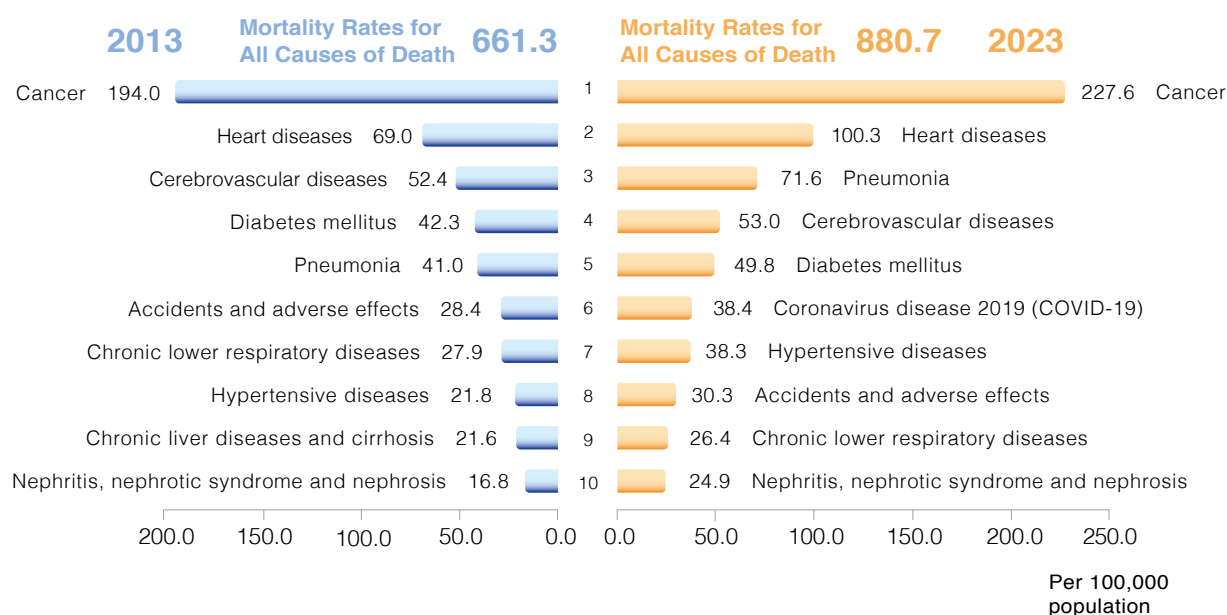
and new data has been referred to as the "conversion ratio." The past decade data multiplied by "conversion ratio" has been referred to as the "value adjusted by conversion ratio" which is a separate item from the original releases of statistical data. For all analyses presented in this report, the data from previous years before 2018 are all "value adjusted by conversion ratio."

In 2023, there were 205,575 deaths and the crude mortality rate was 880.7 per 100,000 population, a decrease of 1.5% compared to 2022 and an increase of 33.2% compared to 2013. The standardized mortality rate [based on the WHO standard world population age structure for 2000] was 429.6 per 100,000 population, a decrease of 3.2% compared to 2022 and a decrease of 1.3% compared to 2013.

In 2023, the top ten causes of death accounted for 75.0% of all deaths, primarily due to chronic diseases. The leading causes of death by mortality rate are: (1) malignant neoplasms (cancer); (2) heart diseases; (3) pneumonia; (4) cerebrovascular diseases; (5) diabetes mellitus; (6) coronavirus disease 2019 (COVID-19); (7) hypertensive diseases; (8) accidents and adverse effects; (9) chronic lower respiratory diseases; and (10) nephritis, nephrotic syndrome,

and nephrosis. Compared to 2013, cancer and heart diseases remain the top two causes of death. COVID-19, a new addition, ranks 6th. Notable changes include increased rankings for pneumonia and hypertensive diseases, and decreased rankings for cerebrovascular diseases, diabetes mellitus, accidents and adverse effects, and chronic lower respiratory diseases, as shown in Figure 2-6.

Figure 2-6 Changes in the Ten Leading Causes of Death



Section 2 Cancer Incidence and Causes of Cancer Death

1. Cancer Incidence

According to cancer registration statistics for 2021, the crude cancer incidence rates for males and females were 550.4 and 492.0 per 100,000 population, respectively. When adjusted for age using the WHO 2000 standard population, the standardized incidence rates for males and females were 330.8 and 288.4 per 100,000 population, respectively. The top 10 cancers in males and females are presented in Table 2-1.



Table 2-1 Incidence of Ten Leading Cancers, 2021

Male				Female			
Rank	Cancer Site	No. of Cases	Age-Standardized Incidence Rate (Per 100,000 Population)	Rank	Cancer Site	No. of Cases	Age-Standardized Incidence Rate (Per 100,000 Population)
1	Colon, rectum and anus	9,297	47.1	1	Female Breast	15,448	82.5
2	Lungs, Trachea, and Bronchus	8,961	44.5	2	Lungs, Trachea, and Bronchus	7,919	36.0
3	Oral Cavity, Opharynx, and Hypopharynx	7,387	40.4	3	Colon, rectum and anus	6,941	30.7
4	Liver and Intrahepatic Bile Ducts	7,448	37.6	4	Thyroid Gland	3,497	22.1
5	Prostate Gland	7,481	35.3	5	Uterus	3,181	17.0
6	Esophagus	2,614	13.7	6	Liver and Intrahepatic Bile Ducts	3,327	13.6
7	Stomach	2,413 (2,053)	11.8 (10.0)	7	Ovary, Fallopian Tube, and Broad Ligament	1,793	10.2
8	Skin	2,127	10.3	8	Skin	1,827	7.3
9	Leukemia	1,588	10.0	9	Stomach	1,647 (1,253)	7.2 (5.4)
10	Non-Hodgkin lymphoma (NHL)	1,727	9.4	10	Non-Hodgkin lymphoma (NHL)	1,438	7.1
	Total	63,723	330.8		Total	58,039	288.4

Source: Department of Health Promotion Administration, MOHW, R.O.C. (Taiwan)

Notes: 1. Cancer registry data excludes carcinoma in situ.

2. Ranked from highest to lowest by age-standardized incidence rate (per 100,000 population).

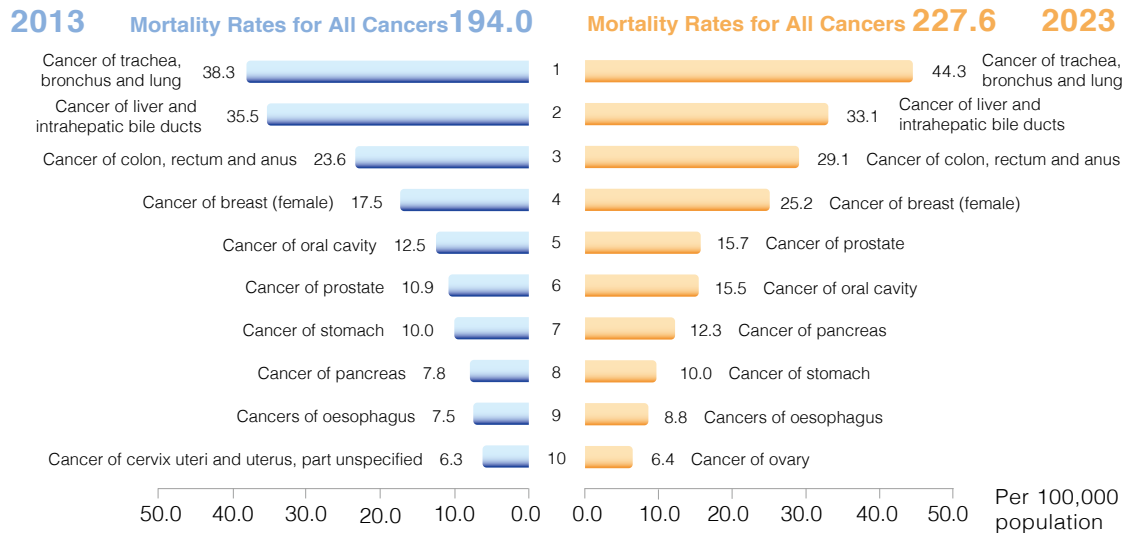
3. The age-standardized incidence rate is based on the standard world population age structure in 2000. Formula: $\sum(\text{Age-Specific Incidence Rate} \times \text{Standard Age-Specific Population}) / \text{Standard Total Population}$.

4. Cases of gastrointestinal stromal tumors (GIST) associated with gastric cancer have been considered as malignant tumor reports since the diagnosis year 2020 (including High Risk GIST only before the diagnosis year 2019 required reporting). Hence, the number of cases and standardized incidence rates for gastric cancer in the parentheses below do not include GIST cases.

2. Causes of Cancer Death

In 2023, there were 53,126 deaths due to malignant neoplasms accounting for 25.8% of total deaths and a crude mortality rate of 227.6 per 100,000 population. This represented an increase of 2.2% compared to the previous year and an increase of 17.3% compared to 2013. The standardized cancer mortality rate in 2023 was 115.4 per 100,000 population, a decrease of 0.5% compared to 2022 and a decrease of 12.4% compared to 2013.

The ten leading causes of cancer death in 2023 were cancers of the (1) trachea, bronchus and lung; (2) liver and intrahepatic bile ducts; (3) colon, rectum and anus; (4) breast (female); (5) prostate; (6) oral cavity; (7) pancreas; (8) stomach; (9) oesophagus; (10) ovary. Compared to 2013, cancers of the prostate, pancreas, and ovary rose in the rankings, while cancers of the oral cavity, stomach fell. (Figure 2-7).

Figure 2-7 Changes in the Ten Leading Causes of Cancer Death

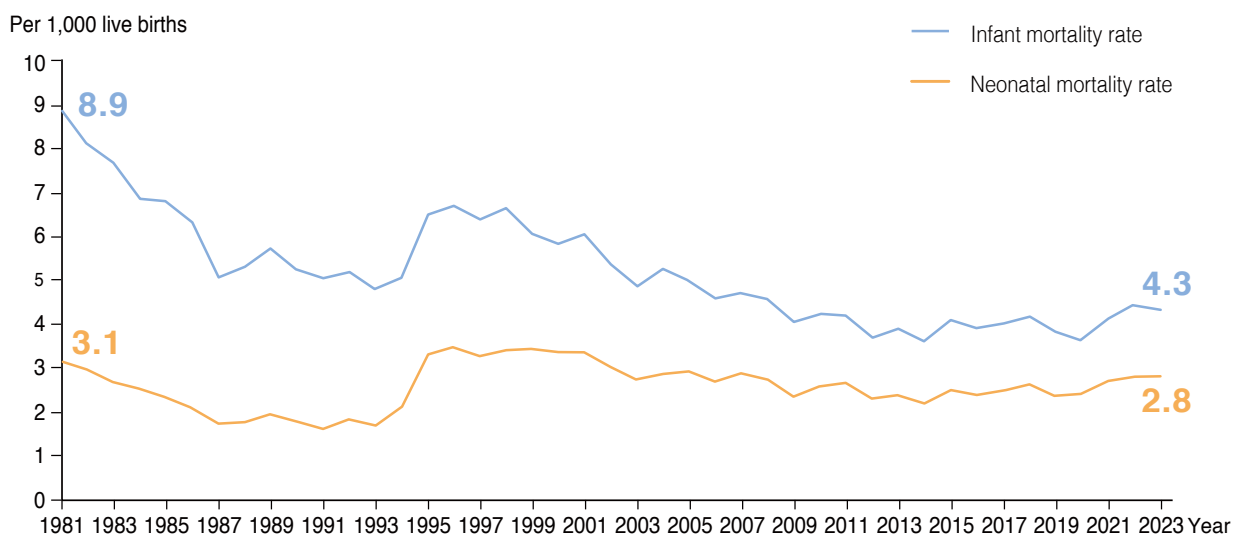
Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Note: The data for 2013 is the "value adjusted by conversion ratio" and not the original releases of statistical data.

Section 3 Infant and Neonatal Mortality Rates

With advancements in public health, both the infant mortality rate [number of deaths under 1 year of age / number of live births * 1,000] and the neonatal mortality rate [number of deaths under 4 weeks of age / number of live births * 1,000] have generally declined, although there was a slight increase following the

implementation of birth reporting in 1995. The infant mortality rate decreased from 8.9 per 1,000 live births in 1981 to 4.3 per 1,000 live births in 2023, while the neonatal mortality rate fell from 3.1 per 1,000 live births to 2.8 per 1,000 live births during the same period, as shown in Figure 2-8.

Figure 2-8 Infant and Neonatal Mortality Rates, by Year

Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Note: The birth reporting system was launched on Mar. 1995.

Chapter 3 National Health Expenditure

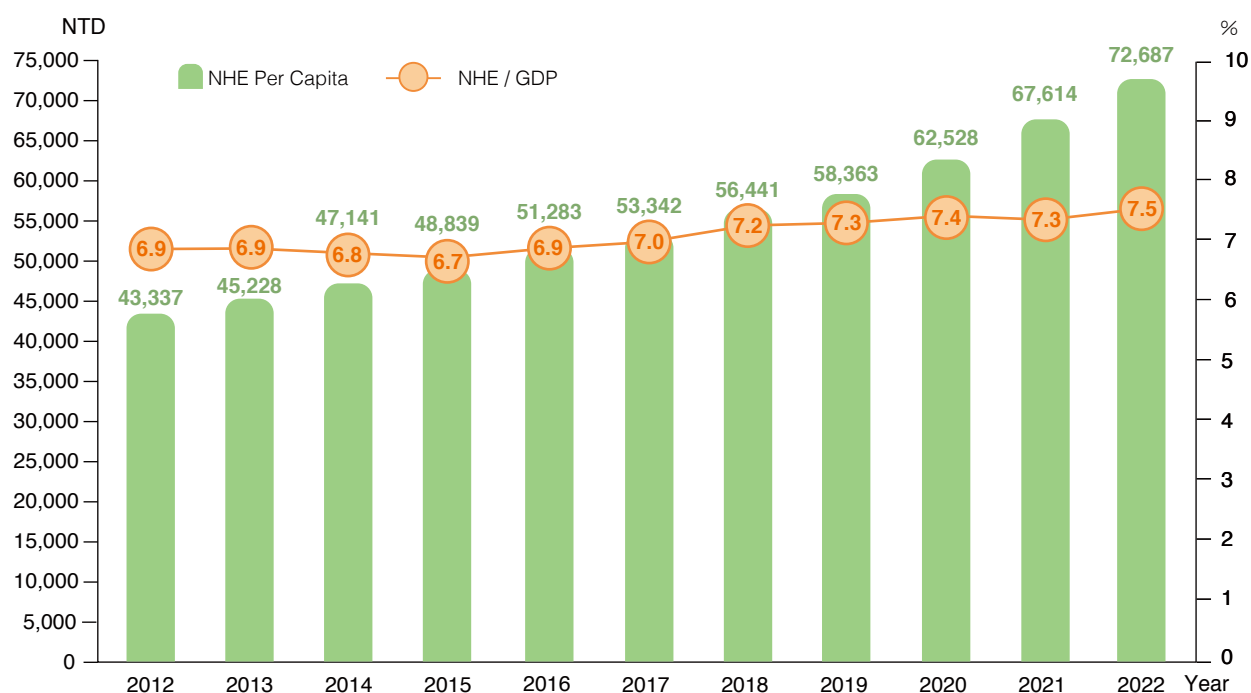
Receiving adequate health care is not only a fundamental need for the citizens, but also a crucial indicator to measure the progress of a nation.

Taiwan's National Health Expenditure (NHE), in line with the latest international version of the System of Health Accounts (SHA), expanded its statistical scope from 'medical care' to include the 'healthcare services' domain, incorporating long-term care

service expenses starting from the year 2022. It also retroactively revised data from the years 2007 to 2021. The NHE for 2022 was NTD 1.6951 trillion, an increase of 6.8% from the 2021.

NHE as a share of GDP increased from 6.9% in 2012 to 7.5% in 2022. The average per capita NHE rose from NTD 43,337 in 2012 to NTD 72,687 in 2022, with an average annual growth rate of 5.0 % (Figure 2-9).

Figure 2-9 NHE/ GDP Ratios and NHE Per Capita, by Year



Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Chapter 4 Social Welfare Indicators

Section 1 Low-Income and Middle- Low-Income Households

To ensure that the impoverished, the sick, the lonely, or those facing urgent hardships receive care at the level of the national basic standard of living, the government implements various social assistance measures. The goal is to assist them in achieving self-reliance and to help them escape poverty at the earliest opportunity. As of the end of 2023, there were 252,332 households classified as low-income and

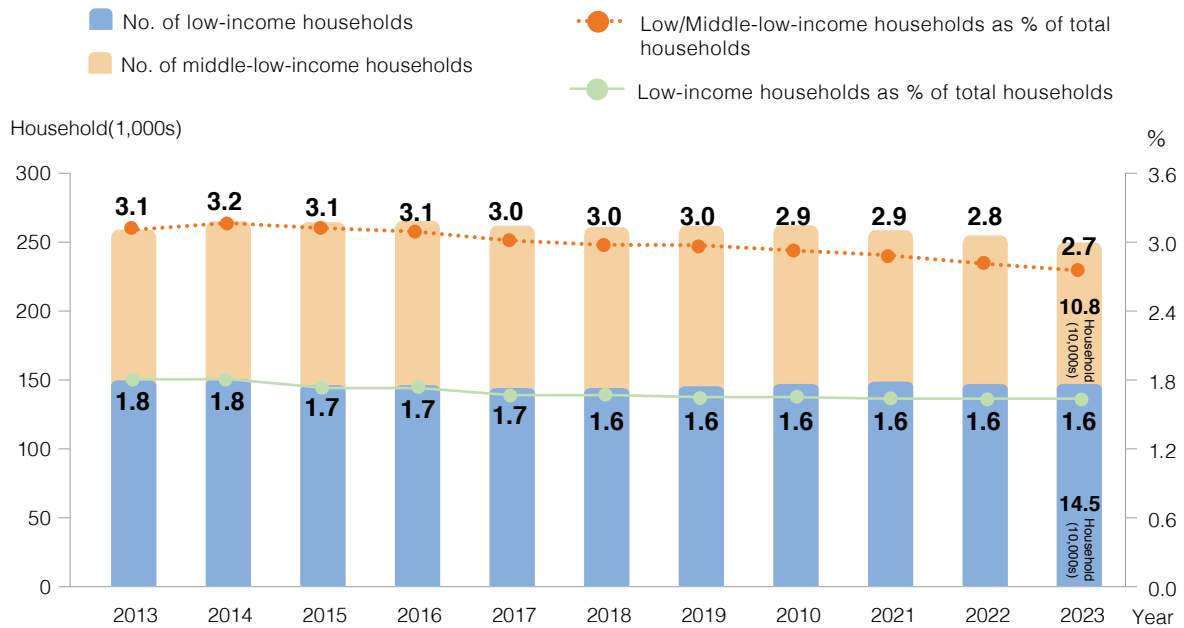
middle-low-income households (144,668 and 107,664 households, respectively), with a population of 564,081 individuals (277,364 and 286,717, respectively). These figures represent approximately 2.7% of the total number of households in the country and 2.4% of the total population (Figure 2-10).

When examining the data by gender, within the population of low-income and middle-low-income households, there were 292,321 males and 271,760 females. The number of males exceeded that of females by a factor of 1.08 (compared to the national ration of 0.97). When examining by age, the population

aged 65 and above totals 64,740 people, accounting for approximately 11.5% of the total population of low-income and middle-low-income households (compared

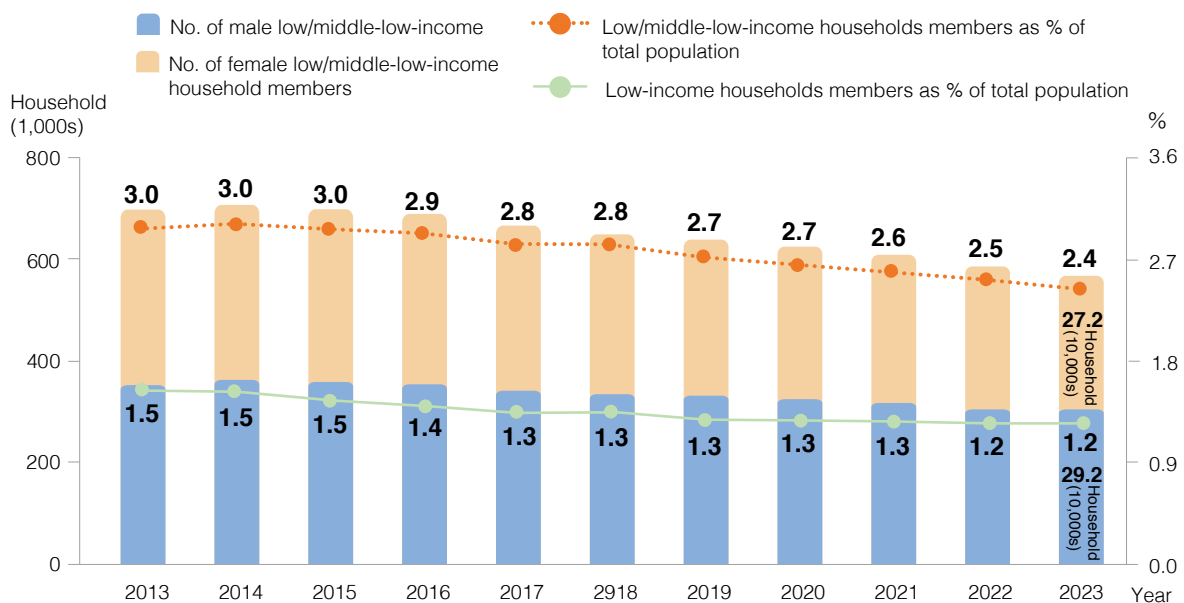
to approximately 18.3% nationwide), marking a 7.1 % increase from ten years ago, as shown in Figures 2-11 and 2-12.

Figure 2-10 Low-Income and Middle-Low-Income Households, by Year



Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

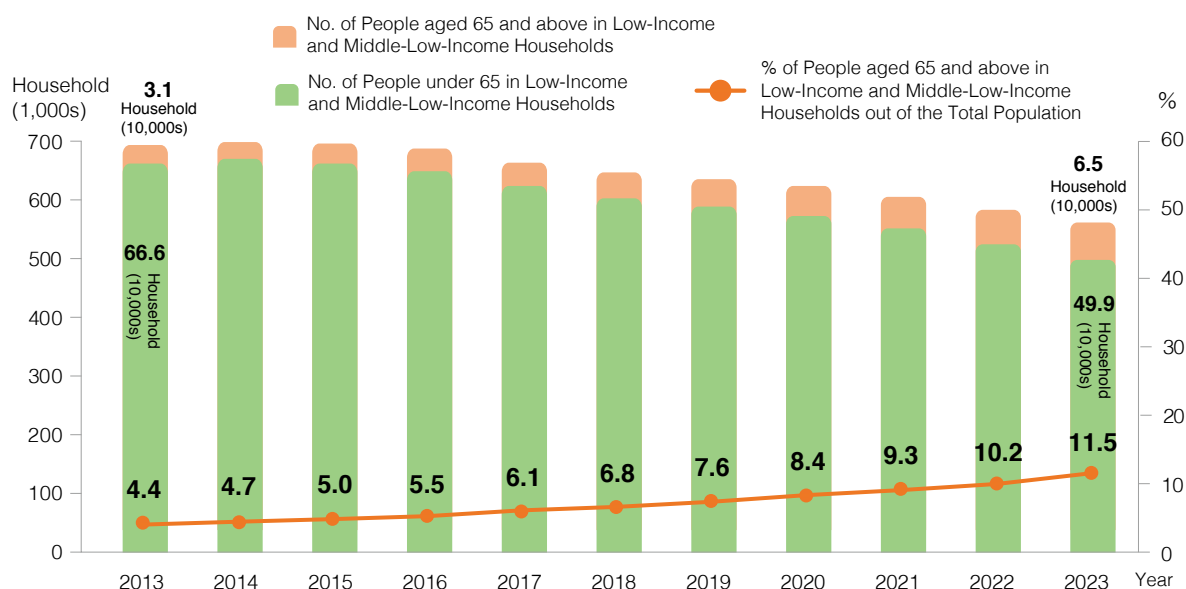
Figure 2-11 Low-Income and Middle-Low-Income Household Members, by Year



Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Figure 2-12

Low-Income and Middle-Low-Income Household Members, by Year and Age Group



Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Section 2 Disabilities

At the end of 2023, the total number of individuals holding disability certificates reached 1,214,668, accounting for 5.2% of the total population. Among them, there were 669,360 males (55.1%) and 545,308 females (44.9%).

Compared to 2013, the number of individuals with disabilities has increased by 89,555 or 8.0%. This increase can be attributed mainly to the extended lifespan, with a more significant growth observed among the elderly population with disabilities. In 2023, there was a decrease of 9.3% in the number of individuals with disabilities aged 0 to 17, and a 9.1% decrease among those aged 18 to 64, in comparison to the 2013. However, there was a notable increase of 36.4% among individuals aged 65 and above. Further examination of the types of disabilities among those

aged 65 and above shows that "physical disabilities" are the most prevalent, accounting for 29.8%, as indicated in Table 2-2 and Figure 2-13.

Section 3 Domestic Violence

In recent years, the government has intensified its efforts to raise awareness and promote primary prevention of domestic violence in communities. It has strengthened reporting networks and support measures. The number of reported domestic violence victims have shown a steady increase, rising from 110,103 individuals in 2013 to 132,147 individuals in 2023. When calculated as the reported victim rate per 100,000 population, it amounts to 566 individuals in 2023. Among them, there were 424 males and 704 females, with females being 1.7 times more likely to be victims compared to males, as shown in Figure 2-14.

Table 2-2 Annual Disability Statistics Compendium, by Gender and Age

Year (End)	Total (Persons)	Gender (Persons)		Age group (Persons)			As % of total population (%)
		Male	Female	0-17 Years	18-64 Years	65 Years & Above	
2013	1,125,113	639,969	485,144	59,570	643,185	422,358	4.8
2014	1,141,677	648,807	492,870	58,737	646,992	435,948	4.9
2015	1,155,650	655,444	500,206	56,885	648,486	450,279	4.9
2016	1,170,199	662,800	507,399	55,702	645,588	468,909	5.0
2017	1,167,450	658,682	508,768	54,051	637,568	475,831	5.0
2018	1,173,978	658,673	515,305	52,119	629,460	492,399	5.0
2019	1,186,740	661,690	525,050	51,844	621,581	513,315	5.0
2020	1,197,939	665,776	532,163	51,601	614,099	532,239	5.1
2021	1,203,756	667,926	535,830	52,143	605,080	546,533	5.2
2022	1,196,654	662,250	534,404	51,943	592,555	552,156	5.1
2023	1,214,668	669,360	545,308	54,052	584,396	576,220	5.2

Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

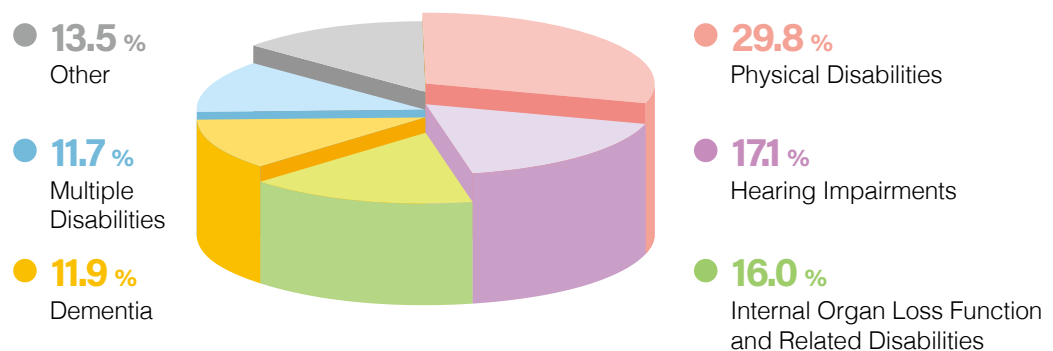
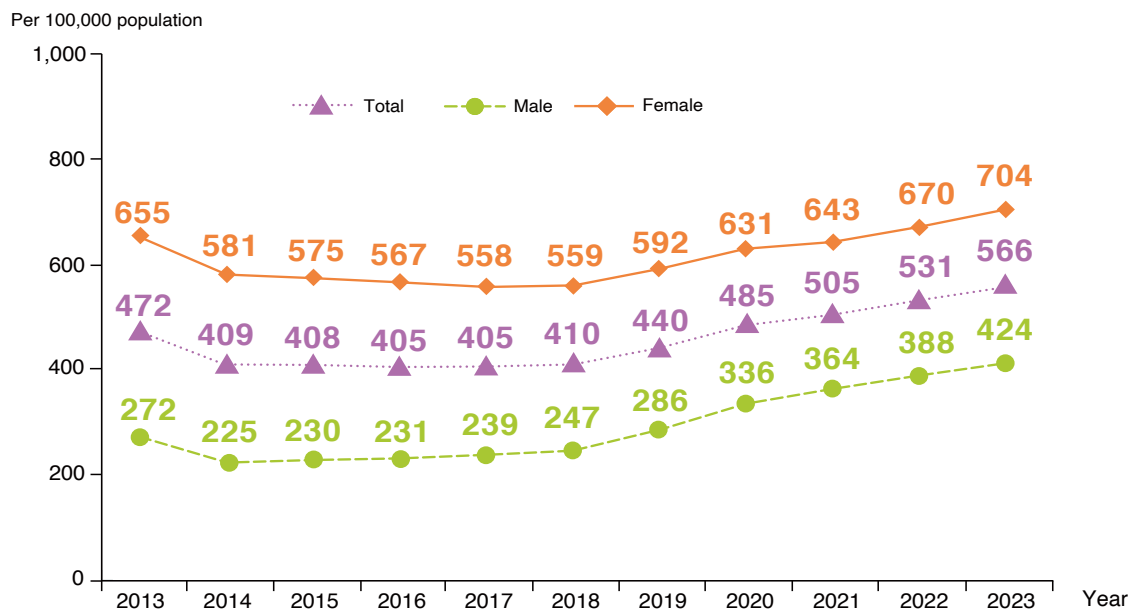
Figure 2-13 Categories of Disabilities for Individuals Aged 65 and Above in 2023

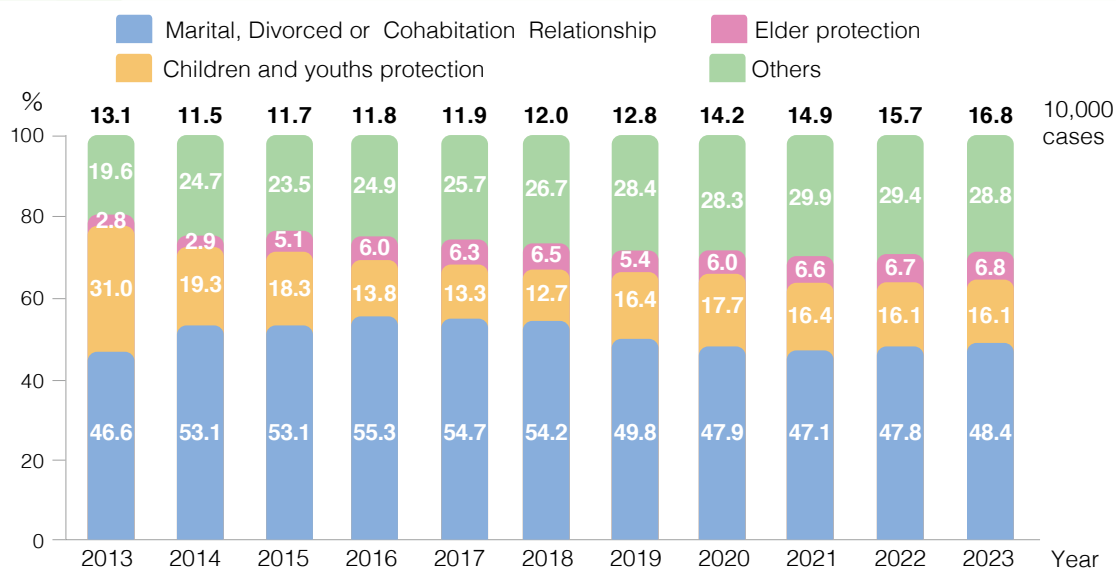
Figure 2-14 Victims of Domestic Violence Rate, by Year

Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Note: Victims of Domestic Violence Rate=Reported victims/mid-year population x 100,000

In terms of reported case types, in 2023 there were 168,000 cases, with the highest proportion (48.4%) attributed to "Marital, Divorced or Cohabitation Relationship." "Children and Youth Protection" accounted for 16.1% of the cases, while "Elderly Protection" accounted for 6.8%. Over the years, the

predominant case type has consistently been "Marital, Divorced or Cohabitation Relationship," as shown in Fig. 2-15. For more information on the handling of domestic violence, refer to Sections 2 and 3 under Chapter 2 of Part 11.

Figure 2-15 Domestic Violence Reported Cases by Type and Year

Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Note: 1. In order to clearly define the scope of domestic violence, the number of notifications since 2014 did not include "strangers" and "family members other than fourth degree of kinship."

2. The case type "others" mainly includes "violence between other family members" and "abuse of lineal ascendants under the age of 65 by lineal blood/ marriage descendants."

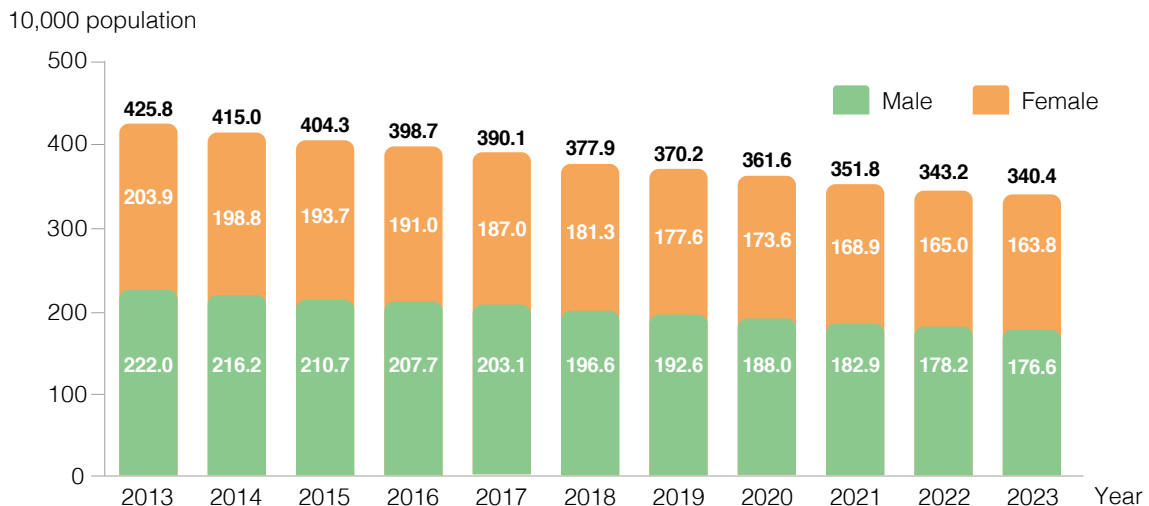
Section 4 Economic Security of Children and Youth

Due to the impact of declining birth rates, the population of children and youth has been decreasing year by year. As of the end of 2023, the population of individuals under 18 in our country was 3.404 million, a decrease of 854,000 compared to 2013, representing a decline of 20.1% over the past decade. In terms of gender, there was a decrease of 20.4% for males and 19.7% for females compared to the end of 2013.

To ensure the economic security of children and youth, local governments provide living subsidies

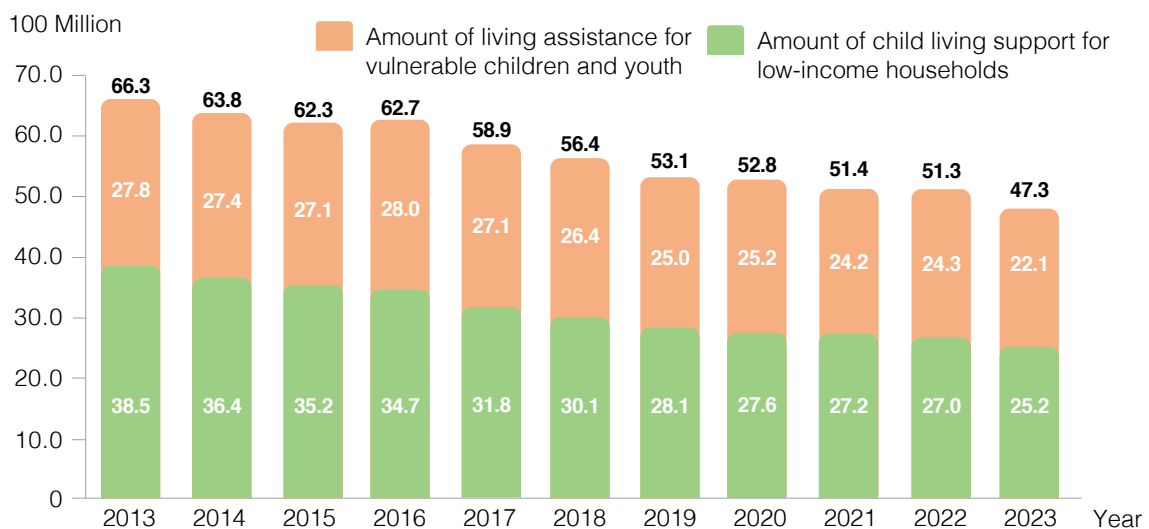
(livelihood assistance) to children from low-income households, as well as support for vulnerable children and youth who may face difficulties despite not being from low-income households. These measures aim to help them overcome challenging circumstances. Over the past decade, the amount of living assistance for children from low-income households and support for vulnerable children and youth has gradually decreased due to the decline in the number of children and youth. It went from NTD 6.63 billion in 2013 to NTD 4.73 billion in 2023. (Figures 2-16, 2-17).

Figure 2-16 Population of Children and Youth under 18 Years Old



Source: Ministry of the Interior, R.O.C. (Taiwan)

Figure 2-17 Amount of Subsidies (Assistance) for Children and Youth



Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Chapter 5 International Comparisons

Section 1 Life Expectancy

In Taiwan, life expectancy at birth in 2022 was 79.8 years. If ranked among the Organization for Economic Co-operation and Development (OECD) member states, Taiwan would have been 28th. Taiwan's life expectancy was lower than the OECD median of 81.4 years. Male life expectancy at birth in OECD member states was highest in Switzerland at 81.8 years; in Taiwan, male life expectancy was 76.6 years. Female life expectancy at birth was highest in Japan at 87.1 years; in Taiwan, female life expectancy was 83.3 years (Table 2-3).

Section 2 Rate of Natural Increase

The rate of natural increase in Taiwan in 2023 was -2.99‰, ranking 27th among OECD member states and lower than the OECD median of 0‰. Due to the recent tendency toward late marriage and delayed childbearing, Taiwan's total fertility rate (the average number of live births for a woman over her lifetime) has been decreasing and reached 0.90 in 2023, compared to other OECD members, Taiwan's fertility rate is only higher than South Korea. This rate in all OECD member states, excluding Israel was lower than the replacement level of 2.1. For the same period, Taiwan's crude birth rate was 5.8‰ and the death rate was 8.8‰, ranking 37th and 23rd among OECD member states, respectively and lower than the respective OECD medians of 9‰ and 10‰. Generally, demographic structures in OECD member states were trending toward low birth rates (Table 2-4).

Section 3 Dependency Ratio

In terms of dependency ratio among the OECD member countries, Japan ranked top at 68 in 2023, followed by Israel at 66. Our dependency ratio was at 43.

In 2023, the old-age dependency ratio (population aged 65 and above / population aged 15-64 x 100) in Taiwan was 26. If ranked among OECD member states, Taiwan would have been 27th. Taiwan's old-age dependency ratio was higher than that in Israel, New Zealand, Ireland, Iceland, Mexico, Colombia, Türkiye, Chile, Costa Rica, and Luxembourg. There was 1 elderly person per 4 young and mid-year population in Taiwan. The aging index (population aged 65 and above / population aged 0-14 x 100) of Taiwan was 154. If ranked among OECD member states, Taiwan would have been 7th. In comparison to OECD member states, the ratio of elderly people in Taiwan was not high, whereas its ratio of population aged 0-14 years old was slightly lower. As a result, the aging index of Taiwan was higher than most OECD member states (Table 2-5).



Table 2-3 Life Expectancy at Birth in Taiwan and OECD Member States, 2022

Ranking	Country- Ranked by Life Expectancy at Birth	Total (years)	Male (years)	Female (years)
OECD Median		81.4	79.0	83.7
1	Japan	84.1	81.1	87.1
2	Switzerland	83.7	81.8	85.5
3	Korea	83.6	80.6	86.6
4	Australia	83.2	81.2	85.3
4	Spain	83.2	80.5	85.9
6	Sweden	83.1	81.4	84.8
7	Luxembourg	83.0	80.8	85.2
8	Israel	82.8	80.7	84.8
8	Italy	82.8	80.7	84.8
10	Ireland	82.6	80.9	84.2
10	Norway	82.6	81.0	84.2
12	France	82.3	79.3	85.1
12	New Zealand	82.3	80.5	84.0
14	Iceland	82.1	80.9	83.4
15	Belgium	81.8	79.7	83.9
15	Portugal	81.8	78.9	84.5
17	Netherlands	81.7	80.2	83.1
18	Canada	81.6	79.3	84.0
19	Austria	81.4	79.1	83.6
20	Denmark	81.3	79.5	83.2
20	Slovenia	81.3	78.6	84.1
22	Chile	81.2	78.5	84.0
22	Finland	81.2	78.7	83.8
24	Costa Rica	80.9	78.3	83.5
25	Greece	80.8	78.3	83.4
26	Germany	80.7	78.3	83.0
27	United Kingdom	80.4	78.4	82.4
28	R.O.C. (Taiwan)	79.8	76.6	83.3
29	Czechia	79.0	76.1	81.9
30	Estonia	78.1	73.6	82.3
31	Türkiye	77.5	74.8	80.3
32	Poland	77.2	73.4	81.1
33	Slovak Republic	77.0	73.6	80.5
34	Colombia	76.9	73.8	80.1
35	United States	76.4	73.5	79.3
36	Hungary	76.0	72.6	79.3
37	Lithuania	75.8	71.4	80.1
38	Mexico	75.4	72.5	78.2
39	Latvia	74.5	69.4	79.4

Source: Ministry of the Interior, R.O.C. (Taiwan); OECD Health Statistics

Note: If the data for a specific year are not available, the latest available data are used instead.

Table 2-4

Population Status of Taiwan and OECD Member States, 2023

Ranking	Country – Ranked by rate of natural increase	Mid-year population (Millions)	Population (Millions)		Multiple ratio of population	Total fertility rate(Per Woman)	Crude birth rate (‰)	Crude death rate (‰)	Rate of natural increase (‰)
		2023	2035	2050	2050 vs 2023	2023	2023	2023	2023
	Global	8009	8896	9783	1.2	2.2	17	8	9
	OECD Median	10.6	11.2	11.8	1.1	1.5	9.0	10.0	0
1	Israel	9.8	12.1	15.7	1.6	2.8	19	5	14
2	Columbia	52.2	56.0	57.7	1.1	1.7	14	7	7
3	Türkiye	85.6	96.0	103.2	1.2	1.6	12	6	6
3	Mexico	131.0	138.2	143.8	1.1	1.8	15	9	6
5	Costa Rica	5.3	5.7	6.1	1.2	1.3	10	6	5
6	Iceland	0.4	0.4	0.5	1.3	1.6	11	7	4
6	Australia	26.6	31.9	37.6	1.4	1.6	11	7	4
6	Ireland	5.2	5.6	5.9	1.1	1.7	11	7	4
6	New Zealand	5.2	5.7	6.2	1.2	1.6	11	7	4
10	Luxembourg	0.7	0.7	0.8	1.1	1.3	10	7	3
11	Chile	20.0	21.1	21.6	1.1	1.2	9	7	2
12	Norway	5.5	5.8	6.1	1.1	1.4	9	8	1
12	Canada	40.1	45.7	50.9	1.3	1.4	9	8	1
12	Sweden	10.5	11.2	11.8	1.1	1.5	10	9	1
12	Switzerland	8.8	9.7	10.4	1.2	1.4	9	8	1
12	France	65.9	66.3	66.4	1.0	1.8	11	10	1
12	United States	335.0	359.9	383.6	1.1	1.7	11	10	1
18	Denmark	5.9	6.1	6.3	1.1	1.6	10	10	0
18	Netherlands	17.9	18.8	19.5	1.1	1.5	9	10	0
18	Belgium	11.8	12.2	12.6	1.1	1.5	10	10	0
18	United Kingdom	68.1	70.1	71.7	1.1	1.5	10	10	0
22	Austria	9.2	9.5	9.9	1.1	1.4	9	10	-1
22	Slovak Republic	5.4	5.1	4.9	0.9	1.6	10	11	-1
24	Korea	51.4	50.7	47.2	0.9	0.8	5	7	-2
24	Slovenia	2.1	2.1	2.1	1.0	1.6	8	11	-2
24	Czech Republic	10.9	10.9	10.9	1.0	1.6	9	11	-2
27	Finland	5.6	5.6	5.5	1.0	1.3	8	11	-3
27	R.O.C. (Taiwan)	23.3	22.8	20.9	0.9	0.9	6	9	-3
29	Spain	48.3	51.8	53.4	1.1	1.1	7	11	-4
29	Germany	84.9	87.6	89.2	1.1	1.5	9	13	-4
29	Estonia	1.4	1.3	1.3	0.9	1.4	9	13	-4
29	Portugal	10.5	10.1	9.4	0.9	1.4	8	12	-4
29	Poland	37.7	36.2	33.2	0.9	1.2	8	11	-4
34	Italy	58.8	57.1	54.1	0.9	1.2	7	12	-5
34	Hungary	9.6	8.9	8.3	0.9	1.5	9	14	-5
36	Greece	10.6	10.1	9.5	0.9	1.5	8	14	-6
37	Japan	124.5	115.2	101.8	0.8	1.3	6	13	-7
37	Lithuania	2.9	2.6	2.3	0.8	1.3	8	15	-7
39	Latvia	1.9	1.7	1.5	0.8	1.5	8	16	-8

Source: Ministry of the Interior, R.O.C. (Taiwan); 2023 World Population Data Sheet, Population Reference Bureau

Note: Rate of natural increase=Crude birth rate-Crude death rate

Table 2-5 Dependency Ratio in Taiwan and OECD Member States, 2023

Ranking	Country-ranked by dependency ratio	Population structure			Dependency ratio	Young-age dependency ratio	Old-age dependency ratio	Aging index
		0-14 years (%)	15-64 years (%)	65 years and above (%)				
	OECD Median	16	65	20	54	25	30	123
1	Japan	12	59	29	68	20	49	250
2	Israel	27	60	13	66	44	22	48
3	France	17	62	21	63	28	34	123
4	Finland	15	62	23	62	25	38	154
5	Sweden	17	62	20	61	28	33	117
6	Latvia	16	63	21	59	25	33	131
7	Portugal	13	63	24	58	20	38	186
8	Estonia	16	63	20	58	26	32	123
9	Czech Republic	16	63	20	58	25	32	126
10	Italy	12	64	24	57	20	38	193
11	Slovenia	15	64	21	57	24	34	143
12	Denmark	16	64	20	57	25	32	128
13	Greece	13	64	23	57	21	36	172
14	Germany	14	64	22	57	22	35	156
15	Belgium	17	64	20	57	26	31	119
16	United Kingdom	17	64	19	56	27	29	110
17	Netherlands	15	64	20	55	24	31	132
18	Poland	15	65	20	55	24	31	129
19	Norway	17	65	18	54	26	28	110
20	United States	18	64	17	54	28	26	92
21	New Zealand	19	65	17	54	29	25	89
22	Australia	18	65	17	54	28	26	95
23	Hungary	15	65	21	54	22	32	142
24	Lithuania	15	65	20	54	23	31	134
25	Ireland	19	65	15	53	30	23	79
26	Canada	15	66	19	52	24	29	122
27	Switzerland	15	66	19	52	23	29	128
28	Iceland	19	66	16	52	28	24	83
29	Austria	14	66	20	52	22	30	135
30	Slovak Republic	16	66	18	51	24	27	111
31	Spain	14	66	20	51	21	30	148
32	Mexico	24	67	9	49	36	13	36
33	Colombia	23	67	10	49	34	15	45
34	Chile	19	68	13	47	27	20	72
35	Türkiye	22	68	10	47	32	15	45
36	Costa Rica	21	69	10	45	31	14	48
37	Luxembourg	16	69	15	44	23	21	94
38	Taiwan	12	70	18	43	17	26	154
39	Korea	11	70	19	43	16	27	172

Source: Ministry of the Interior, R.O.C. (Taiwan); 2023 World Population Data Sheet, Population Reference Bureau

Notes: 1. Dependency ratio = (Population aged 0-14+ Population aged 65 and above) / Population aged 15-64 x 100

2. Young-age dependency ratio= (Population aged 0-14)/ Population aged 15-64 x 100

3. Old-age dependency ratio= (Population aged 65 and above) / Population aged 15-64 x 100

4. Aging index = (Population aged 65 and above) / Population aged 0-14 x 100

Section 4 Mortality Rates

According to the latest OECD data, in 2021, among developed countries Republic of Korea had the lowest standardized mortality rate for malignant neoplasms at 160.2 deaths per 100,000 population, compared to a rate of 217.6 deaths in Taiwan. For transport accidents the United Kingdom was the lowest at 2.1 deaths per 100,000 population, compared to a rate of 12.8 deaths in Taiwan. The

United Kingdom also had the lowest suicide rate, at 8.4 deaths per 100,000 population, compared to a rate of 14.5 deaths in Taiwan. In 2022 Japan led in neonatal mortality rate, with 0.8 deaths per 1,000 live births, compared to a rate of 2.8 deaths in Taiwan. Since 2011, the suicide rates decreased in all countries apart from the United States, the United Kingdom, Australia, New Zealand (Table 2-6).

Table 2-6 Standardized Mortality Rates of Major Countries

	Malignant neoplasms (per 100,000 population)		Transport accidents (per 100,000 population)		Suicide (per 100,000 population)		Neonatal mortality (per 1,000 live births)	
	2011	2021	2011	2021	2011	2021	2012	2022
R.O.C. (Taiwan)	241.9	217.6	17.5	12.8	15.8	14.5	2.3	2.8
Japan	200.0	174.8	4.6	2.4	21.4	15.4	1.0	0.8
Republic of Korea	200.8	160.2	14.5	7.5	34.7	24.1	1.7	1.3
United States	211.1	182.2	12.5	13.8	13.0	14.1	4.1	3.6
Canada	226.8	200.3	7.2	4.7	10.9	10.5	3.6	3.5
United Kingdom	244.8	221.8	3.2	2.1	7.0	8.4	2.9	2.9
Germany	222.7	206.2	5.1	3.4	11.2	9.7	2.2	2.3
France	220.6	209.5	6.2	4.5	16.2	12.3	2.4	2.8
Australia	216.9	190.6	7.2	5.4	10.9	12.4	2.3	2.3
New Zealand	234.5	221.2	8.7	9.1	11.2	12.1	3.1	3.0

Source: Department of Statistics, MOHW, R.O.C. (Taiwan); OECD Health Statistics

Notes: 1. The data for 2011 is the "value adjusted by conversion ratio" and not the original releases of statistical data.

2. If the data for a specific year are not available, the latest available data are used instead.

3. The standardized mortality rates for malignant neoplasms, transport accidents, and suicide were calculated based on the 2015 OECD standards for calculating population.

Section 5 Health Expenditure

In 2022, the United States saw its current health expenditure (CHE) account for 16.6% of GDP, the highest among OECD countries. Taiwan's current health expenditure as a percentage of its GDP came in at 7.0%, slightly lower than the OECD's average

of 9.2%. Compared with 2012, South Korea's level recorded an increase of 3.7 percentage points, higher than any other OECD country, and Taiwan's 2022 level increased by 0.5 percentage points (Table 2-7).

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Table 2-7 CHE / GDP Proportion

Country	CHE / GDP (%)		Increase / Decrease in 2022 compared to 2012
	2012	2022	
OECD mean	8.7	9.2	0.5
United States	16.1	16.6	0.5
Germany	10.9	12.7	1.8
France	11.3	12.1	0.8
Japan	10.7	11.5	0.8
Austria	10.2	11.4	1.2
United Kingdom	9.8	11.3	1.5
Switzerland	10.1	11.3	1.2
New Zealand	9.7	11.2	1.5
Canada	10.5	11.2	0.7
Belgium	10.5	10.9	0.4
Sweden	10.7	10.7	0.0
Portugal	9.7	10.6	0.9
Spain	9.2	10.4	1.2
Netherlands	10.5	10.2	-0.3
Finland	9.6	10.0	0.4
Korea	6.0	9.7	3.7
Australia	8.7	9.6	0.9
Denmark	10.5	9.5	-1.0
Czech Republic	7.6	9.1	1.5
Chile	7.0	9.0	2.0
Italy	8.8	9.0	0.2
Slovenia	8.7	8.8	0.1
Latvia	5.4	8.8	3.4
Greece	8.9	8.6	-0.3
Iceland	8.2	8.6	0.4
Colombia	6.7	8.1	1.4
Norway	8.7	7.9	-0.8
Slovak Republic	7.5	7.8	0.3
Lithuania	6.3	7.5	1.2
Israel	7.0	7.4	0.4
Costa Rica	7.8	7.2	-0.6
R.O.C.(Taiwan)	6.5	7.0	0.5
Estonia	6.1	6.9	0.8
Hungary	7.4	6.7	-0.7
Poland	6.3	6.7	0.4
Ireland	10.6	6.1	-4.5
Mexico	5.7	5.5	-0.2
Luxembourg	5.3	5.5	0.2
Türkiye	4.4	4.3	-0.1

Source: Department of Statistics, MOHW, R.O.C (Taiwan); OECD Health Statistics

03

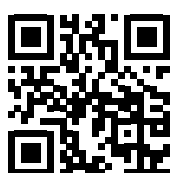
An Environment Conducive to Health

Chapter 1 Healthy Childbirth and Growth

Chapter 2 Unhealthy Habits

Chapter 3 Active Aging and Prevention of
Noncommunicable Diseases

Chapter 4 Health Communication and Health Surveillance

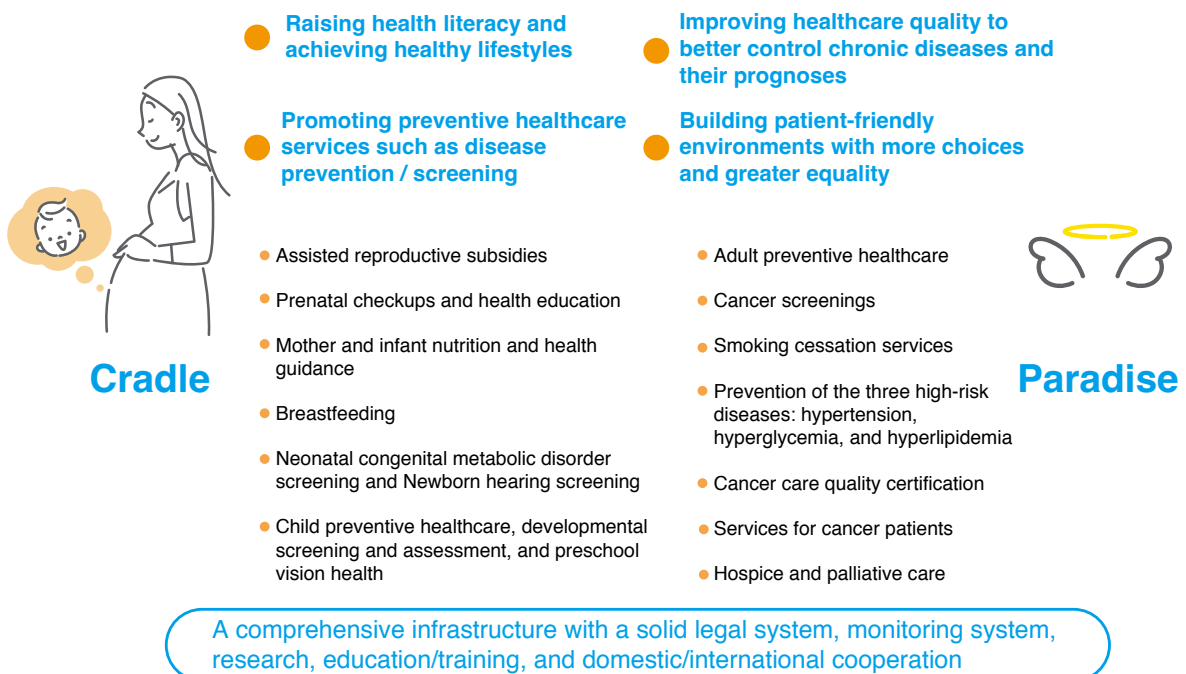


Children Development Screening

To realize "Health for All" as advocated by the WHO, the MOHW has developed health promotion policies targeting individuals at various life stages (Figure 3-1). These efforts align with the "Health in All Policies" initiative and the United Nations Sustainable Development Goals (SDGs). By integrating health considerations into cross-departmental public decisions, policymakers aim to enhance accountability and improve health outcomes through a comprehensive approach to decision-making.

The MOHW actively endeavors to establish a human-centered approach to healthcare services. Following the WHO's "25 by 25" target (to reduce premature mortality from non-communicable diseases by 25% by 2025), we integrate health issues into various policy goals and governance. Through a comprehensive "whole-of-government" and "whole-of-society" approach, we formulate and promote various public health policies, aiming to enhance the well-being of our nation's citizens.

Figure 3-1 A Cradle-to-Paradise, Community-Based Approach to Promote



Chapter 1 Healthy Childbirth and Growth

In order to promote healthy growth of children, the MOHW actively promotes health among pregnant women, infants, children, and adolescents.

Section 1 Maternal Health

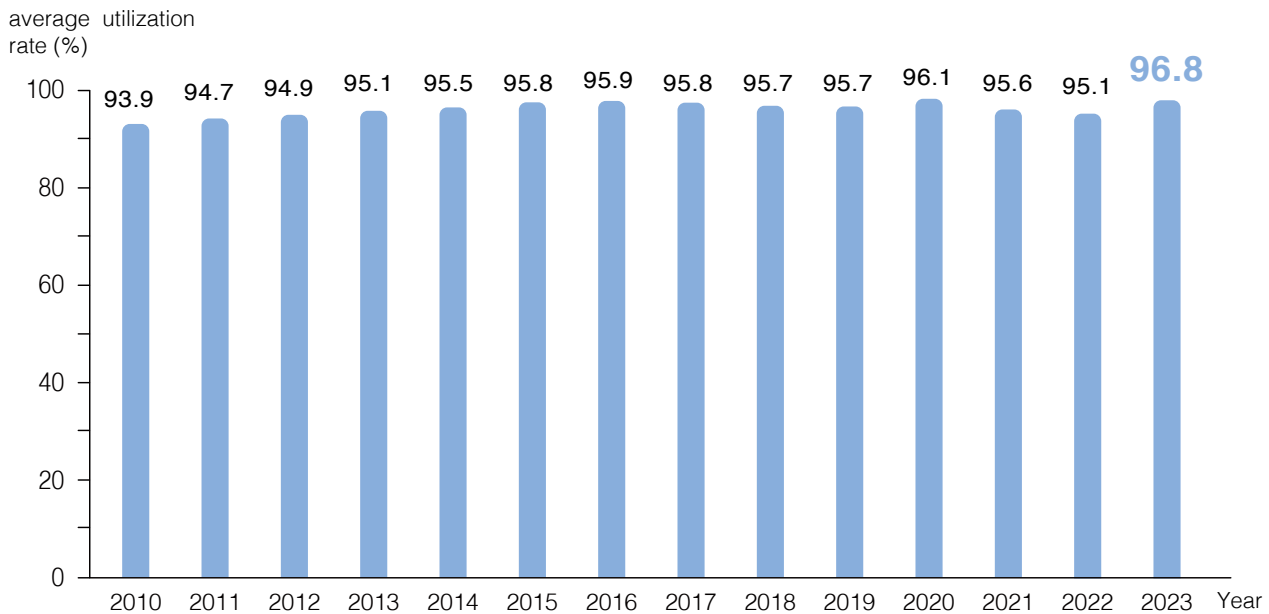
1. Prenatal Care

(1) Starting from July 1, 2021, the Ministry has increased the number of prenatal examinations for pregnant women to 14 times (previously 10 times). Additionally, the Ministry has introduced

screenings for gestational diabetes and anemia, along with an increase in the number of routine ultrasound examinations to 3 times. In 2023, there were a total of 1,505,433 prenatal care visits, indicating an average utilization rate of 96.8% (Figure 3-2).

(2) Financial assistance was provided for the "Group B Streptococcus (GBS) Screening" for expectant mothers. In 2023, a total of 118,639 cases were screened, with a screening rate of 87.3%.

Figure 3-2 Average Utilization Rate of Prenatal Checkups over the Years



Source: MOHW, R.O.C. (Taiwan)

- (3) Financial assistance was provided for prenatal genetic diagnostic testing for high-risk groups of pregnant women with hereditary diseases. In 2023, a total of 32,474 cases were granted subsidy, and 1,085 abnormal cases were identified, all of which received subsequent counseling.
2. A toll-free pregnancy and childbirth consultation hotline (0800-870-870) and a caring website was established. In 2023, a total of 16,259 consultations were provided, the website was visited by 3,328,606 individuals.
3. The revised "Public Breastfeeding Act" was announced in 2019. In 2023, a total of 2,643 public locations were required to have breastfeeding rooms or areas, while 1,365 locations voluntarily established such facilities.
4. Efforts were made to promote the certification of breastfeeding-friendly healthcare facilities for mothers and infants. In 2023, a total of 138 establishments were certified, covering 65.8% of newborn babies nationwide.
5. The promotion of the concept of gender equality through diverse channels, the sex ratio at birth in Taiwan has decreased from 1.090 in 2010 to 1.078 in 2023.
6. Starting from July 1, 2021, the subsidy for infertility treatments (IVF) has been expanded. Eligibility has been extended from low-income and lower-middle-income households to include couples where one partner has Taiwanese nationality and has completed marriage registration with a household registration office in Taiwan, provided that the wife is under 45 years of age. In 2023, a total of 27,564 cases were approved.

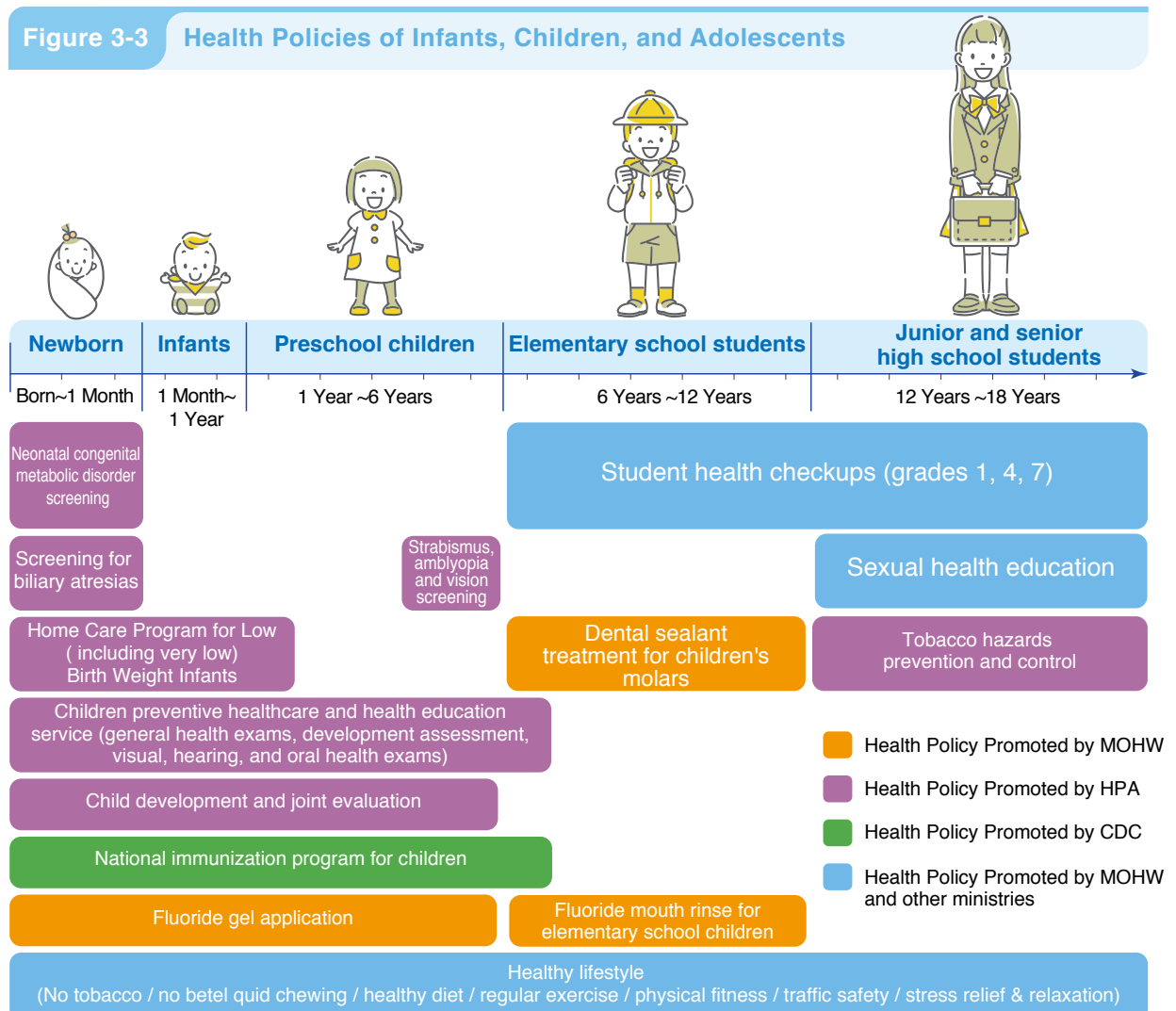
Section 2 Health for Infants, Children and Adolescents

Services provided include newborn screening for congenital metabolic disorders, hearing screening, child preventive healthcare, and health education (including infant feeding, accident and injury prevention, and sudden infant death prevention), as well as vision care. Additionally, efforts are made to promote adolescent health (see Figure 3-3).

1. Provided subsidies for newborn's screening for congenital metabolic disorders, encompassing 21 screening items. In 2023, the screening reached a total of 134,183 individuals, with a screening rate exceeding 99%. Abnormal cases were followed up with referrals, confirmation, and appropriate treatment.

2. Subsidized hearing screening for newborns with Taiwan nationality within the first three months of birth. In 2023, the screening covered 134,082 individuals, achieving a screening rate of 98.9%.
3. Offered 7 preventive healthcare and health education services to children below 7 years of age. In 2023, the preventive healthcare service for children reached 876,088 individuals, with an average utilization rate of 84.23%, while the children's health education reached 784,391 individuals, with an average utilization rate of 75.42%.

Figure 3-3 Health Policies of Infants, Children, and Adolescents



4. Provided guidance for the establishment of one to five Child Development and Joint Evaluation Centers in each county and city. In 2023, a total of 75 centers were established nationwide, offering collaborative assessment services to approximately 28,000 individuals, with a positive diagnosis rate of 95.7%.
5. Continuously promoted the "Preschool Children's Vision Screening Program" for children aged 4 and 5. In 2023, the screening rate reached 100%, with a referral rate of 97.5% for abnormal cases.
6. Implemented the "Home Care Program for Low (including very Low) Birth Weight Infants." In 2023, this program was conducted in 81 hospitals nationwide, with a total enrollment of 2,857 individuals (including 2,091 very low birth weight infants and 766 low birth weight infants). Additionally, a total of 985 home visits, 13,157 phone calls, and 2,449 video visits.
7. Organized training courses for healthcare personnel in adolescent health, with a total of 204 participants. Developed digital courses on adolescent-friendly healthcare knowledge and skills, with 896 individuals completing the learning in 2023.
8. Achievements in tobacco hazards prevention among adolescents.
 - (1) Collaborated with the Department of Health to conduct inspections of tobacco sales by businesses. In 2023, more than 310,000 inspections were conducted, leading to 117 instances of tobacco sales to individuals under the age of 20 (previously under 18 before the law change), resulting in fines totaling NTD 1,075,000. Furthermore, for individuals under 20 who were caught smoking (previously under 18 before the law change), there were over 370,000 inspections, 1,743 instances of disciplinary action, and 1,657 sessions of smoking cessation education completed.
 - (2) The disguise test revealed that 29% of tobacco retailers violated regulations by selling tobacco to minors under the age of 20. Among them, convenience stores, betel nut stalls, and general stores had violation rates of 22.8%, 43.2%, and 32.6%, respectively. Local governments

have been requested to enhance guidance and inspections.

- (3) Strengthened the promotion of tobacco and e-cigarette harm prevention on Yahoo "Breathing Clean Air, Avoiding E-cigarettes and Heated Tobacco" themed section. Created animations on the "Harm of Heated Tobacco" and "Legislation on E-cigarettes," along with two posters highlighting the harm of heated tobacco. Additionally, produced two Line anti-smoking stickers and a video prohibiting the sale and use of unapproved heated tobacco and its accessories. Collaborated with 7 groups of internet celebrities to promote key legislative highlights, including comprehensive e-cigarette bans. This effort was combined with diverse channels and outlets for broadcasting, expanding outreach to adolescents and young adults.

- (4) Achievements in Preventing Tobacco Harm Among Adolescents

Continued collaboration with the Ministry of Education to promote tobacco harm prevention efforts on campuses. Enhancing awareness among adolescents regarding anti-smoking and media literacy through the integration of media channels and interdepartmental cooperation.

Chapter 2 Unhealthy Habits

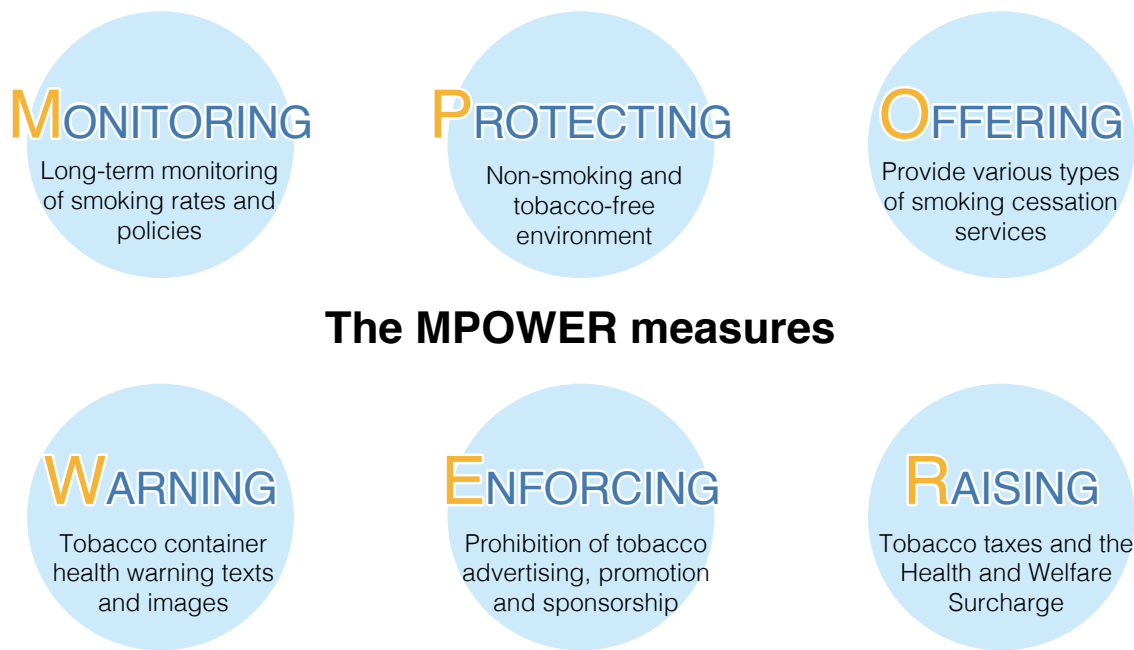
In 2018, the WHO listed unhealthy behaviors (such as smoking and betel nut chewing), the harmful use of alcohol, unhealthy diet, physical inactivity, and air pollution as the leading risk factors for noncommunicable diseases. To ensure a healthy population and reduce everyday hazards, the MOHW has committed itself to promoting healthy lifestyles in different settings, preventing and controlling tobacco hazards, advising against betel nut chewing, publicizing the hazards of alcohol, and fighting air pollution.

Section 1 Tobaccos and Betel Quid

1. Tobacco Control

- (1) Advocating for the Amendment of Tobacco Hazards Prevention Act and Creating a Tobacco-Free Environment

Since the implementation of the amended Tobacco Hazards Prevention Act in 2009,



in line with international standards and the implementation of the "Framework Convention on Tobacco Control" and the "MPOWER" strategy, the smoking rates among adults, junior high school students, and senior high school and vocational students have been decreasing year by year. The rates have decreased from 21.9% in 2008 to 14.0% in 2022 for adults, from 7.8% in 2008 to 2.2% in 2021 for junior high school students, and from 14.8% in 2007 to 7.2% in 2021 for senior high school and vocational students. Furthermore, the exposure rate to secondhand smoke in public non-smoking areas has decreased from 23.7% in 2008 to 4.0% in 2022.

The usage rates of e-cigarettes among junior high school, senior high school and vocational students have notably increased from 1.9% and 3.4% in 2018 to 3.9% and 8.8% in 2021, respectively. Within a short span of three years, they have experienced rapid doubling, indicating the growing threat of e-cigarettes to the health of adolescents. In order to strengthen the protection of children and youth at various stages of development, the

Ministry initiated an amendment to the Tobacco Hazards Prevention Act, which was approved by presidential decree on February 15, 2023, and the Executive Yuan announcement of its implementation from March 22, 2023. The key amendments include a comprehensive ban on the manufacturing, importation, sale, supply, display, advertising, and use of all types of imitation tobacco products, including e-cigarettes; the requirement for health risk assessment review and approval for designated tobacco products (including heated tobacco products) and their essential components before manufacturing, importation, or sale; expansion of smoke-free indoor and outdoor public places, including universities, kindergartens, childcare centers, and family childcare service facilities; prohibition of smoking in bars and nightclubs except in designated indoor smoking rooms with independent air conditioning systems and separate compartment; raising the minimum smoking age for tobacco use to 20 years old; increasing the size of health warning texts and images on tobacco product containers to 50%; prohibiting the use of additives announced by

the central competent authority; and imposing stricter penalties.

Furthermore, local government health bureaus have tailored their actions to the specific characteristics of their jurisdictions, taking into account factors such as the ventilation features or premises, the number of people entering and exiting, and the duration of stay. They have legally designated and announced tobacco-free areas, with over 30,000 locations having been announced as such. In 2023, the number of inspection cases nationwide exceed 560,000 cases, including 2,538 penalties amounting to more than NTD 4.68 million.

In order to align with international standards, Taiwan has already seen 218 hospitals join the global network of tobacco-free healthcare services, with 40 hospitals receiving prestigious international awards. Taiwan has the highest number of award-winning hospitals among all the countries in the global network.

(2) Providing Diverse Smoking Cessation Programs

A. To help more people quit smoking, subsidies are provided for smoking cessation services, including examination fees, dispensing fees, health education fees, and case tracking fees. Starting from May 15, 2022, the co-payment for smoking cessation auxiliary medication has been waived. As of December 2023, there are 3,503 contracted institutions for smoking cessation services, 1,376 contracted pharmacies for dispensing medications, and 12,818 contracted healthcare professionals for smoking cessation. In 2023, a total of 107,424 individuals (383,235 instances of service) were served from January to December, achieving a smoking cessation success rate of 31.3% for the first six months of the year, potentially assisting approximately 33,000 individuals in quitting smoking. In the short term, it is projected to save approximately NTD 180 million in national health insurance medical expenditure, while in the long term, it can generate an economic benefit of NTD 14.1 billion.

B. Provided toll-free telephone smoking cessation consultations (0800-636-363), serving a cumulative total of 1,622,761 individuals as of the end of 2023.

2. Betel Quid Health Hazards Prevention Program

Focused on workplaces with high betel quid chewing rates, the program promoted a supportive environment for betel quid-free practices, and offers on-site oral cancer screening services and betel nut health hazard awareness campaigns. In 2023, 184 events were held, with more than 5,000 individuals receiving oral cancer screenings.

Section 2 Nutrition and Healthy Bodyweight Management

To enhance the public's nutritional knowledge, maintain a healthy body weight, and promote physical, mental, and social well-being, as well as to prevent chronic diseases.

1. The MOHW has enforced "Nutrition and Healthy Diet Promotion Act" legislation as a way to improve people's diet and nutritional literacy by constructing a supporting environment for healthy eating.
2. Promoted the establishment of "Community Nutrition Promotion Centers" to 43 locations in various cities and counties, and with established 43 centers, remote areas were also encouraged setting subsidiary centers tailored to local conditions to help increase community capacities for nutrition care. In 2023, these centers served more than 75,000 elderly individuals, and provided guidance to 1,500 elderly meal-sharing locations or community food service providers to offer age-friendly and healthy diets.



3. Continuously promoting the "My Plate" balanced diet initiative by developing various media materials, and collaborating with farmers' associations, the food and beverage industries, and workplaces to develop and promote balanced dietary patterns. This initiative was jointly advocated by health bureaus and community nutrition promotion centers.
4. Promoting age-friendly dining environments involves various aspects such as dining environment, service procedures, meals, packaging, etc. A validation process was conducted in 60 venues to provide suitable meals and environments for the elderly, establishing a guidance model for age-friendly dining environments in our country.
5. In the years 2017 to 2020, the prevalence of overweight and obesity in adults was 50.3%, while for primary and junior high school students in the 2022 academic year, the rates were 26.4% and 30.2%, respectively. Drawing reference from the WHO's strategy to end childhood obesity, the Ministry has developed service procedures tailored to different life stages and fields, incorporating early interventions in collaboration with primary medical institutions and relevant entities. Additionally, following the WHO's guidelines on physical activity and sedentary behavior, individuals are encouraged to engage in 150 minutes of moderate physical activity per week to cultivate a dynamic lifestyle.
6. The MOHW will continue to monitor the nutrition status for the general public, establish relevant public health policies and construct diverse channels to disseminate important nutritional information to advocate for the importance of healthy diet so as to bolster the general public's health and prevent chronic diseases.

Section 3 Maintain Healthy Bodyweight

1. Advocating for physical activity among people of all ages by encouraging the use of spare time for physical activities. The "Walk and Seek Adventure, Nationwide Step Challenge" was held as an online competition, blending walking with virtual treasure hunts to motivate people from diverse backgrounds to step outdoors. In 2023, 278,522 individuals participated.

2. Co-organized the 2023 "Sport and Health for Sustainable Taiwan" International Symposium on Sports and Health Policies with the Ministry of Education. Invited domestic and international experts and scholars to share insights on international physical activities and health policies, as well as promoting lifelong physical activities and health. Approximately 200 people participated in the event.

Section 4 Self-protection against Ambient Air Pollution Advocacy

Due to the presence of wind fields in winter, air pollutants are more likely to accumulate. Based on the air quality forecasts by the Ministry of Environment, the MOHW publishes press releases, Facebook and LINE social media posts when deemed necessary to remind the general public to protect themselves against air pollutants at certain times. In addition, through various broadcasting media, the MOHW reminds vulnerable groups to avoid outdoor activities when the ambient air quality is poor.

A dedicated section titled "Self-Protection Against Air Pollution" was also established on the official website of the Health Promotion Administration, serving as a reminder for the public to keep a lookout for air pollution.

Section 5 Healthy Environments

In accordance with the WHO's 1997 Jakarta Declaration, 2018 Shanghai Declaration on Health Promotion, MOHW uses public and private resources to help cultivate greater health awareness among the general public. It intends to build friendly, supportive environments to better societal health and wellbeing.

1. Healthy Cities, Communities, Schools, and Workplaces

(1) Healthy City and Community

Continuously guiding local governments to integrate cross-sector resources and propose age-friendly city and community projects with local characteristics, in preparation for the upcoming super-aging society. To encourage local governments to adopt collaborative approaches across departments and leverage local resources for distinctive and sustainable

initiatives, an annual "Taiwan Healthy and Age-Friendly City Awards" event was held. It guided counties and cities in sustainable promotion and showcased their achievements. In 2023, a total of 342 entries were submitted for the competition, with 43 projects receiving awards.

(2) Health-Promoting Schools

Since 2002, the MOHW has been jointly promoting Health Promoting Schools with the Ministry of Education. As of 2023, there are a total of 4,040 Health Promoting Schools nationwide. The "Health Promoting School Excellence Awards Program" has awarded 27 schools with the Outstanding Award (3 Gold Awards, 5 Silver Awards, 14 Bronze Awards, and 5 Promotion Awards), and 20 schools with the Special Award, totaling 47 schools. The MOHW continues to advance school health promotion based on the Global Standards for Health Promoting Schools proposed by the WHO and UNESCO in 2021.

(3) Workplace Health Promotion

The MOHW encourages workplaces to implement various health promotion initiatives, including physical activity, healthy eating, tobacco and betel nut control, weight management, four-cancer screenings, adult preventive health services, chronic disease management, women's occupational health, mental health promotion, "My Health Bank" utilization, health protection for middle-aged and older workers, and COVID-19 pandemic management. From 2007 to 2023, a total of 31,236 workplaces have been certified as healthy workplaces. In 2023, 30 outstanding healthy workplaces and 3 exemplary promoters were recognized.

2. Healthy Hospitals

- (1) To promote the health of patients, families, and staff in hospitals, prevent risk factors, and provide preventive healthcare services, the Ministry has established "Healthy Hospital." As of 2023, a total of 203 hospitals have joined in the efforts.
- (2) In 2023, subsidies were provided to all health bureaus in Taiwan and recruited 136 healthcare institutions under their jurisdiction to implement

the "Integrated Program for Chronic Disease Prevention and Health Promotion." This program aimed to offer preventive healthcare services to the public and promote chronic disease management plans.

Chapter 3 Active Aging and Prevention of Noncommunicable Diseases

Taiwan has become an aged society by 2018. An aging population, a sedentary lifestyle and Western diets have increased the number of people suffering from chronic illness. To raise the quality of life of elderlies, the MOHW promotes health awareness among elderly persons, develops age-friendly cities, and encourages the prevention of major chronic diseases and cancer.

Section 1 Health Promotion for Middle-Aged and Older People

1. In order to achieve detect and intervene early for control and treatment, the Ministry implemented a nationwide integrated screening service through medical institutions and community organizations. This service provided preventive healthcare services for adults aged 40-64 every three years, and for those aged 65 and over, annually. In 2023, over 2.154 million individuals received these services.
2. To implement our country's "Dementia Prevention and Care Policy Guidelines and Action Plan 2.0" in the seven major action areas, the Ministry places focus on enhancing public awareness and friendly attitudes towards dementia, as well as reducing the risk of developing dementia through efforts in dementia prevention in dementia-friendly communities.
 - (1) In 2023, the Ministry provided funding to 22 county health departments to implement dementia-friendly community projects in 169 townships and urban areas. By 2023, over 534,000 dementia-friendly ambassadors (residents) were recruited and 15,000 dementia-friendly organizations were established, forming a community network.

- (2) In 2023, the Ministry conducted over 3,100 health education courses and activities nationwide. Since 2018, dementia awareness activities have reached over 3.83 million people, accounting for approximately 16.4% of the total population. The Ministry continues to enhance the public's accurate understanding of dementia across Taiwan.
3. Continued to organize the "National Folk Dance Championship" event to provide an opportunity for community organizations and senior groups to participate. Through practice and physical activities, we aimed to prevent and delay disability, foster interaction among team members, enhance interpersonal and social engagement, and promote local aging and active aging. In 2023, a total of 302 teams, consisting of 9,584 seniors with an average age of 68, participated from 22 counties and cities. By 2023, the cumulative participation reached 590,000 individuals.
4. Furthermore, we promoted the "Age-Friendly City and Community Program" by providing funding to encourage local governments to serve as integrated platforms across departments. This initiative aimed to gradually improve the physical and social infrastructure, reduce obstacles for elderly people in community living, and enhance their social participation. In 2023, we provided funding to 22 county health departments and 239 age-friendly communities, achieving a coverage rate of 65% for age-friendly communities.
5. In 2021, we developed a self-assessment for clinics to promote age-friendly health based on the WHO's principles of age-friendly care. We continue to optimize the certification process for health centers. As of 2023, a total of 372 health centers (99%) have passed the assessment, and 515 clinics have completed the self-assessment.
6. To prevent and postpone disability among the elderly, the Ministry conducted a trial program to provide functional assessment services focusing on "cognition, mobility, nutrition, hearing, vision, and depression" for individuals aged 65 and above. In 2023, approximately 227,000 individuals received these services, and around 66,000 individuals were identified to have functional impairments. Additionally, in 2021, the "Forward-looking Infrastructure Development Program- Urban-Rural Construction 2.0 Public Service Location Preparation- Silver Fitness Clubs Subsidy" program was implemented. This program provided funding to local governments to set up fitness clubs for the elderly in currently underutilized or vacant public spaces, thereby enhancing the accessibility of exercise for the elderly. As of 2023, a total of 128 locations had been established in 21 counties and cities.
7. To reduce the risk of frailty and disability among the elderly, we continue to develop and optimize integrated, evidence-based "prevention and delay of disability care service programs" to provide services tailored to the needs of elderly community members. As of 2023, a total of 238 programs are available for selection at community centers.

Section 2 Control of Major Chronic Diseases

1. Control of Major Chronic Diseases

- (1) The Ministry promoted the Diabetes Shared Care Network, establishing accreditation criteria for healthcare professionals and cultivating specialized diabetes care providers. In addition, fostered self-management skills among diabetes patients through 356 diabetes health promotion organizations and 295 diabetes support groups.



- (2) Promoted the "Metabolic Syndrome Management Program," utilizing primary care clinics to manage risk factors such as smoking, betel nut chewing, unhealthy diet, and lack of physical activity. Early intervention aimed to reduce the incidence of subsequent chronic diseases like diabetes, hypertension, and Hyperlipidemia. In 2023, nearly 2,400 clinics and 3,900 physicians participated in the program, serving approximately 120,000 individuals.

2. Menopause Health

The Health Promotion Administration, MOHW, has updated its materials and information on menopause. Menopause health promotion information is provided through various channels, and training for healthcare professionals is conducted to enhance the knowledge and skills of both healthcare providers and the public in menopause care.

Section 3 Cancer Prevention

Starting from 2019, the MOHW has launched the 4th Phase National Cancer Prevention and Control Program, with emphasis on the construction of a sustainable cancer prevention and control system, bolstering health literacy on cancer prevention of the general public and the quality of services, continual promotion for cancer screening, development of individualized cancer precision preventive healthcare

services, closing the gap in different aspects of cancer prevention and the application of data and empirical evidence to boost the effectiveness of cancer prevention and control.

1. Cancer Screening

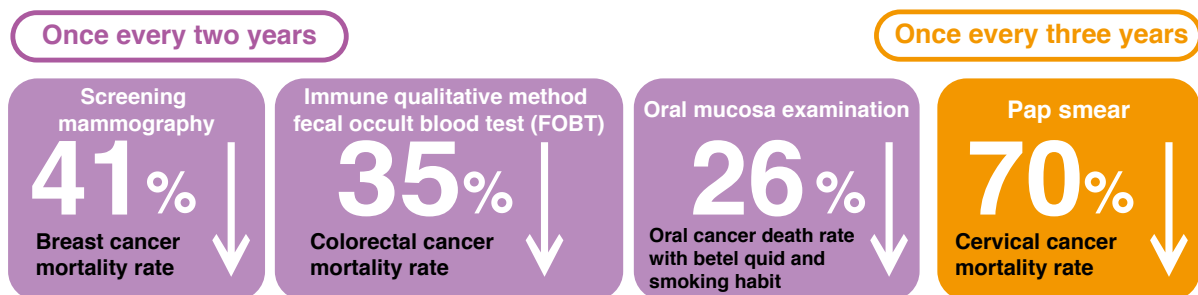
- (1) Since 2010, comprehensive screening for cervical, oral, colorectal, and breast cancers has been implemented, with lung cancer screening added in 2022. In 2023, 4.873 million screening services were provided, detecting nearly 52,000 cases of precancerous lesions and 11,000 cases of cancer (Figure 3-4; Tables 3-1 to 3-3).

- (2) In 2023, a total of 231 medical institutions implemented the "Enhancement Program for Cancer Prevention and Treatment Quality" or the "Comprehensive Program for Cancer Prevention and Treatment Advancement." They also established outpatient screening prompt systems and a centralized referral system for positive cases.

- (3) In order to enhance the quality of cancer screenings, officials conducted qualifications assessments for cervical cytopathology diagnostic units, medial organization for mammography, and fecal occult blood test healthcare institutions. By the end of 2023, 126 units, 223 units, and 153 units, respectively, had successfully passed the assessments.

Figure 3-4 Cancer Screening Can Effectively Lower The Cancer Death Rate

Data from a study commissioned by the Health Promotion Administration, the MOHW, shows:



Note: Since 2022, the Ministry has been promoting lung cancer screening services. According to international research, low-dose chest CT scans can reduce lung cancer mortality by 20% among heavy smokers.

Table 3-1

Screening Volume and Rate, Number of Precancerous Lesions, Number of Cancer Cases, and Follow-up Rates for Positive Screenings for Five Major Types of Cancer, 2023

Cancer Type	Screening Volume (Ten Thousands)	Screening Rate (%)	Precancerous Lesions	Cancer Cases	Follow-up Rate for Positive Screenings (%)
Cervical Cancer	214.8	45.3	12,337 (including carcinoma in situ)	1,262	92.8
Breast Cancer	92.3	39.3	-	5,392	92.59
Colorectal Cancer	129.3	32.3	36,512	2,909	79.62
Oral Cancer	45.4	-	3,568	1,116	81.45
Lung Cancer	5.5	-	-	724	76.5
Total	487.3		52,417	11,403	

- Notes: 1. Cervical cancer screening rate: the rate of women aged 30 and above who have received a screening for cervical cancer within the past three years.
2. Breast cancer screening rate: the rate of women aged 45-69 who have received a screening for breast cancer within the past two years.
3. Colorectal cancer screening rate: the rate of people aged 50-74 who have received a screening for colorectal cancer within the past two years.
4. Oral cancer screening rate: since the screening for oral cancer focus primarily on smokers and betel quid chewers (including those who quit) and the denominator already covers those with the habit of smoking and betel nut chewing, and as such, this data will no longer be included starting from 2017 onward.
5. Lung cancer screening rate: the screening rate for lung cancer could not be estimated due to the unavailability of the population base, thus no screening rate data is available.
6. Precancerous lesion: is a kind of benign (non-malignant) change in tissue type, however, the change has relatively high risk of malignant disorder.

Table 3-2

Detection Status for Five Major Types of Cancer in 2023

Cancer Type	Cancer detection rate (Estimates based on 100% follow-up of positive cases)		
	Precancerous Lesions	Cancer	Total
Cervical Cancer	1/88	1/1232	1/82
Breast Cancer	-	1/169	1/169
Colorectal Cancer	1/31	1/358	1/28
Oral Cancer	1/103	1/335	1/79
Lung Cancer	-	1/76	1/76

- Note: 1. Precancerous Lesion Detection Rate (Based on 100% follow up): defined as precancerous lesion cases/number of screenings
2. Cancer Detection Rate (based on 100% follow up): cancer cases/number of screenings
3. Overall Detection Rate (based on 100% Follow up): (precancerous lesions + cancer cases)/number of screenings
4. 1/Detection Rate = number of people who must be screened on average to detect one positive case

Table 3-3 Relative Survival Rates for Five Major Types of Cancer Over 5-Year Period

Stage	Breast Cancer (%)	Cervical Cancer (%)	Colorectal Cancer (%)	Oral Cancer (including oropharynx and hypopharynx) (%)	Lung Cancer (%)
Stage 0	>99.9	99.6	93.4	76.0	>99.9
Stage 1	>99.9	91.5	92.7	85.3	94.6
Stage 2	95.6	73.6	83.3	75.2	62.1
Stage 3	80.5	55.4	71.1	61.3	33.2
Stage 4	39.4	22.5	15.4	38.3	13.1

Source: Taiwan Cancer Registry database (includes carcinoma in situ)

Notes: 1. The hospital-reported data on five-year survival rates for five major types of cancer reported by hospitals from 2017 to 2021 (followed up until 2022) were analyzed.

2. According to the screening data and five-year survival rates for patients diagnosed with stages 0 and 1 oral cavity cancer by MOHW, approximately 65% of the stage 0 cases have been classified under "precancerous lesions" in actual practice. Consequently, the number of stage 0 cases (306 entries) has significantly less compared to that of stage 1 cases (7,906 entries). This in turn has caused significant fluctuations in the data for survival rate.

3. Relative 5-year survival rate: the corrected competing risk survival rate would be the survival rate from the cancer. Relative survival rate = Observed survival rate / Expected survival rate x100%.

2. Improving the Quality of Cancer Care

Certification of the cancer care quality for hospitals began in 2008, with a total of 67 hospitals certified by 2023; more than 85% of cancer patients are treated in these hospitals.

Chapter 4 Health Communication and Health Surveillance

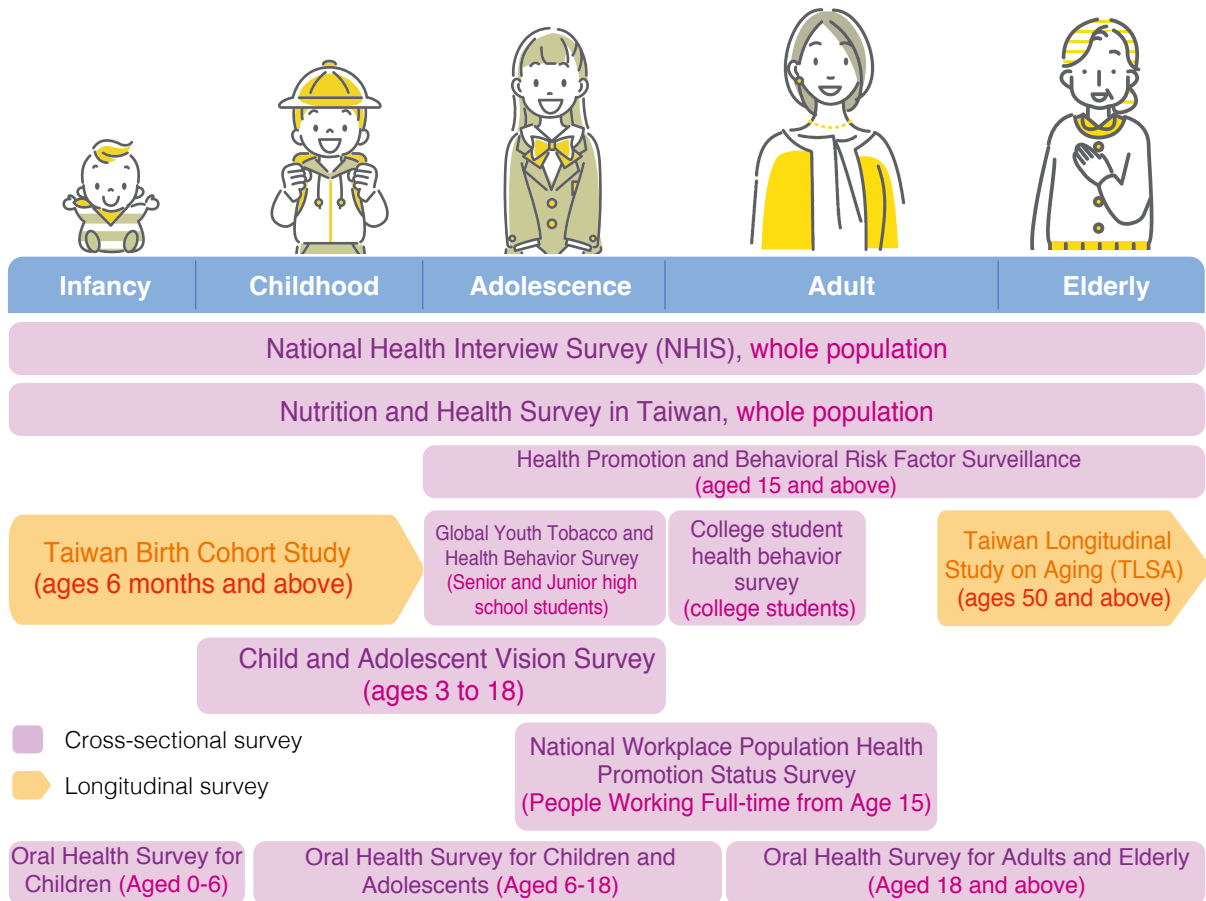
Section 1 Health Communication

Promoted diverse dissemination of health information, enhanced public health literacy, and delivered health information and educational materials through the "Health 99 Plus" website, with an average monthly visitation of 630,000 individuals. Health information is spread through Facebook fan pages, LINE@, and Instagram official accounts, with an average monthly reach of 1.25 million people on Facebook fan pages.

Section 2 Health Surveillance

Continued to advance health surveillance surveys for population at all stages of the lifespan, collected and utilized comprehensive monitoring data for the life course health promotion, diets and nutrition, and prevention and control of non-communicable disease (Figure 3-5).

Figure 3-5 Health Promotion Monitoring and Survey Across Life Cycles



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04

Health Care

- Chapter 1 Healthcare Systems
- Chapter 2 Mental Health and Psychiatric Care
- Chapter 3 Medical and Public Health Manpower
- Chapter 4 Health Care Quality
- Chapter 5 Health Care in Remote Areas
- Chapter 6 Health Care for Specially Targeted Groups



Following the enactment of the Medical Care Act in 1985, the government implemented a medical care network, whereby Taiwan was divided into healthcare regions. Planning was undertaken for the equitable allocation of medical manpower and facilities to each region to ensure the quality of medical care in each region. The "Building the agile and resilient medical care system" project was implemented from 2021-2024 to develop an integrated, sustainable public health and medical service network that is rooted in the local community.

Chapter 1 Healthcare Systems

Section 1 Medical Care Resources

Aiming to promote balanced distribution of medical care resources, the Ministry of Health and

Welfare (MOHW) has established a regional medical care system in accordance with the Medical Care Act and the Medical Care Network plan. Using regional guidance and the operation of related organizations, the MOHW assessed the health needs of each area, and implemented various projects to ensure the equitable allocation of healthcare resources between regions and to ensure the quality of care everywhere. The main results achieved in 2023 are shown below:

1. Current status of medical institutions: Table 4-1.
2. Current Status of Hospital Beds:

The total number of hospital beds (including general and special beds, excluding licensed beds) amount to 138,661. The general hospital beds include acute beds (acute general beds and acute psychiatric beds), chronic beds (chronic general beds, chronic

Table 4-1 Status of Medical Institutions, 2023

Type of Medical Institution		No. of Institutions
Medical Care Institutions	Hospital	476
	Clinics	23,420
Pharmacies		8,887
Nursing Institutions	General Nursing Homes	520
	Psychiatric Nursing Homes	46
	Home Nursing Practices	746
	Post-Natal Nursing Institutions	265
Blood Donation Institutions	Blood Donation Centers	4
	Blood Donation Stations	14
Pathology Institutions		11
Other Medical Institutions	Midwifery Practices	21
	Medical Examination Clinics	345
	Medical Care Radiological Clinics	45
	Physical Therapy Practices	452
	Occupational Therapy Practices	145
	Mental Counseling Clinics	236
	Psychotherapy Clinics	139
	Speech Therapy Clinics	119
	Dental Technology Centers	1,032
	Hearing Clinics	34
	Home Respiratory Care Units	18
	Optometry Practices	3,271
	Nutrition Counselling Institutions	41

Source: Department of Statistics, MOHW, Medical institution service volume statistical year book

psychiatric beds, chronic tuberculosis beds and leprosy beds). Refer to Figure 4-1.

Section 2 Emergency Medical Services

MOHW continued to reinforce the emergency medical services and to promote the comprehensive contingency mechanism:

1. Emergency responsibility hospitals until the end of 2023 were listed and stratified according to grades in Table 4-2. There have been 52 medical sub-regions, with 46 advanced first-aid responsibility hospitals, 77 intermediate ones and 83 general ones established.
2. In 2023, 20 projects were rewarded for implementing "Improvement Plan for Areas with Insufficient Medical Resources." We aimed to establish four models, including "emergency medical stations in tourist areas," "First aid Stations during Nights and Holidays," and "Enhancement of Capabilities of the Emergency Department Capabilities in Regions with Insufficient Emergency Medical Resources," "Reinforcement of the 24-hour emergency department capacity in regions with inadequate medical resources."

3. From 2020 to 2023, the "Incentive Program for Medical Centers or Major Emergency Care Hospitals to Support Emergency Medical Services in Remote Islands and Areas with Insufficient Medical Resources" was continuously implemented. The program aimed to enhance the manpower of specialist physicians and to ensure uninterrupted medical care in remote areas. In 2023, a total of 139 specialist physicians from 30 medical centers or advanced emergency responsibility hospital supported 29 hospitals in remote islands and areas with insufficient medical resources.
4. As of the end of 2023, there were approximately 13,899 automated external defibrillators (AEDs) in Taiwan, equivalent to 60.4 AEDs for every 100,000 people. A total of 3,794 places have been certified as "safe locations" which means that AEDs were installed indoor, and at least 70% of employees have completed CPR and AED training.

Section 3 Children's Medical Care

Launched in 2021, the Program for Excellence in Child Health Care aims to invest in child health by improving perinatal and critical medical care and strengthening primary care and health management.

Figure 4-1 Status of Hospital Beds in Medical Care Institutions, 2023



Source: Department of Statistics, MOHW, Medical institution service volume statistical year book

Note: Special beds include intensive care beds, burn beds, burn intensive care beds, infant beds, emergency observation beds, palliative care beds, chronic respiratory care beds, subacute respiratory care beds, psychiatric intensive care beds, general isolation beds, positive pressure isolation beds, negative pressure isolation beds, bone marrow transplant beds, beds for compulsory treatment of sexual offenders, acute post-acute care beds, integrated medicine emergency transfer beds, surgical recovery beds, infant beds, hemodialysis beds, peritoneal dialysis beds, custody beds, and others.

Table 4-2 Number of Emergency Responsibility Hospital in 2023, by Grade

Emergency Treatment Grade	Advanced	Intermediate	General	Total
Number of Institutions	46	77	83	206

Source: Department of Medical Affairs, MOHW, R.O.C. (Taiwan)

Starting in 2023, the program has been expanded to further its objectives.

1. Implemented the "Core Hospital Program," with a total of 8 core hospitals established as of 2023. These hospitals provided medical care for 12 categories of rare and severe diseases in children. Additionally, 3 specialized teams for pediatric critical care transport were formed, covering 90% of cities and counties nationwide, and completing 318 pediatric critical care transfers. Furthermore, a platform for challenging pediatric diagnoses was established, with 10 teleconsultation sites (including remote islands), assisting in diagnosing complex cases where routine examinations do not provide a clear diagnosis, planning treatment for complex cases involving multiple medical disciplines, and critically ill patients in intensive care units, with a total of 32 children receiving clinical evaluations and guidance on diagnosis and treatment directions.
2. Implemented in 2023, the "Perinatal Care Network Program" provided subsidies to 9 hospitals and established regional perinatal care networks, including core hospitals, extending coverage to 18 counties and cities. These networks offered emergency blood dispatch, intensive care for high-risk pregnancies, and critical care for newborns. By the end of 2023, they completed 345 referrals for high-risk pregnancies and 581 neonatal transfers. Additionally, three hospitals adopted an open hospital model, facilitating collaborative care between hospital and primary care clinic physicians for 88 pregnant women, ensuring smooth deliveries.
3. The "Enhancement of Pediatric Emergency Medical Care Quality and Resource Integration Program" was continued in 2023. It provided subsidies to moderate to high-level responsibility hospitals in remote counties and cities to offer 24-hour medical services for pediatric patients with injuries and illnesses. This program was integrated with the "Perinatal Care Network Program," ensuring that each county and city in the country had at least one hospital capable of providing 24-hour medical services for pediatric patients. A total of 16 hospitals in 16 counties and cities implemented this program.

4. The "Project of Holistic Physicians for Young Children" expanded to include participation from 22 counties and cities across Taiwan in 2023. Pediatricians and family medicine doctors serve as dedicated healthcare providers for children under three years old. The project also includes professional education and certification for these specialized physicians, integrating specialists from other areas with insufficient pediatric and family medicine resources to balance childcare resources in rural areas. This initiative offers primary care and health management services such as preventive healthcare, vaccinations, home visits, screening, and referrals. In 2023, a total of 1,048 medical institutions (with 1,880 physicians) participated, caring for 195,552 individuals and achieving a national coverage rate of 43.09%.
5. Dispatch Center for Essential Drugs and Medical Supplies hard to access for children was established. The expert advisory committee confirmed the list, which includes 34 drugs and 18 medical supplies in 2023. By the end of 2023, a total of 16 medications and medical supplies were successfully procured through joint bidding. Additionally, assistance was provided for the importation or special manufacturing application of 12 specific projects.

Section 4 Hospice and Palliative Care and Patient Autonomy

1. Beginning in 2006, a special project has been urging medical care institutions and the general public to participate in hospice and palliative care, while encouraging NHI Enrolled persons to record consent on their NHI IC cards. As of the end of 2023, a total of 913,775 people, accounting for 3.9% of the total population, documented their willingness to receive hospice and palliative care, along with their wishes concerning life-sustaining treatment. Each person's choice was recorded on his/her NHI IC card.
2. In an effort to safeguard patients' dignity and rights to a good death, the "Patient Right to Autonomy," the first specialized in Asia, was officially implemented on January 6, 2019. This law allows mentally capable individuals to exercise their autonomy by making choices regarding medical care through "advance care planning" and prepare his advance decision

in the form of a prior written and signed statement, thereby ensuring his rights to a good death. As of the end of 2023, a total of 68,165 declarants have signed their advance decision and registered their decision on their NHI IC cards.

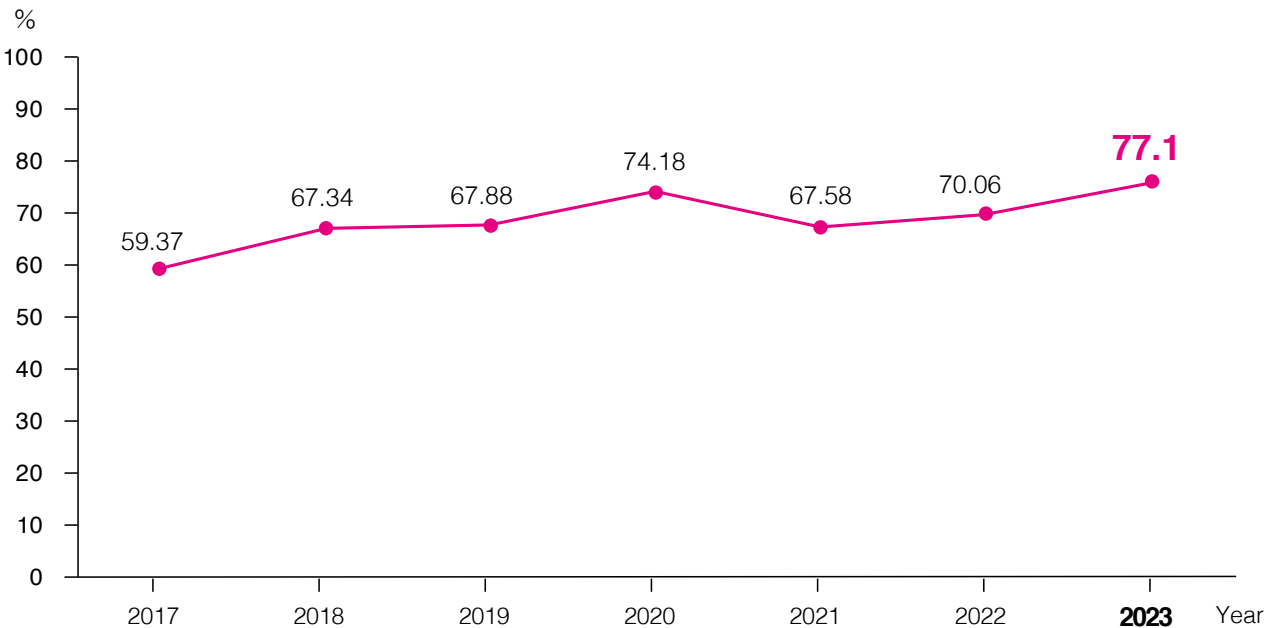
Section 5 Oral Health Care

- 1. Promoting Oral Healthcare Throughout Various Life Stages
 - (1) Providing free fluoride varnish applications for children under 6 years old once every six months, and for children under 12 from low-income households, those with disabilities, in indigenous areas, and in remote and outlying areas once every three months. Approximately 1.19 million service instances were provided. The utilization rate for at least one fluoride application among children under 6 years old reached 77.1%, as shown in Figure 4-2. Additionally, 23 sessions of fluoride application service quality monitoring were conducted.
 - (2) Considering the variation in eruption time of permanent teeth among children, in 2022, the age limit for sealant services for permanent first molars were expanded to include children up to 12 years old. This service provided sealants

and examinations for the first permanent molars, specifically the largest molar, to children between the ages of 6 and 12. In 2023, approximately 876,000 individuals were served through this initiative.

- (3) Implemented the fluoride mouthwash program for elementary school children. In 2023, the participation rate of over 95% was achieved, with approximately 1.22 million students involved.
- (4) Multiple channels were used to promote periodontal disease prevention among various ethnic groups, including encouraging fluoride use and preventive measures for dental caries in children and adolescents. Different educational materials like the "Adult Oral Health" manual, "Institutional Oral Care" guidelines, and "Oral Health Care for Patients with Oral Mucosal Abnormalities" were created and employed. These materials were distributed through partnerships with schools, health departments, medical institutions, and organizations. Outreach services for oral health care were carried out in 204 sessions at welfare institutions for individuals with disabilities, special education institutions or classes, and interdisciplinary assessment centers.

Figure 4-2 The utilization rate for at least one fluoride application among age under 6 years old children, 2017-2023



Source: Department of Oral and Dental Health, Ministry of Health and Welfare

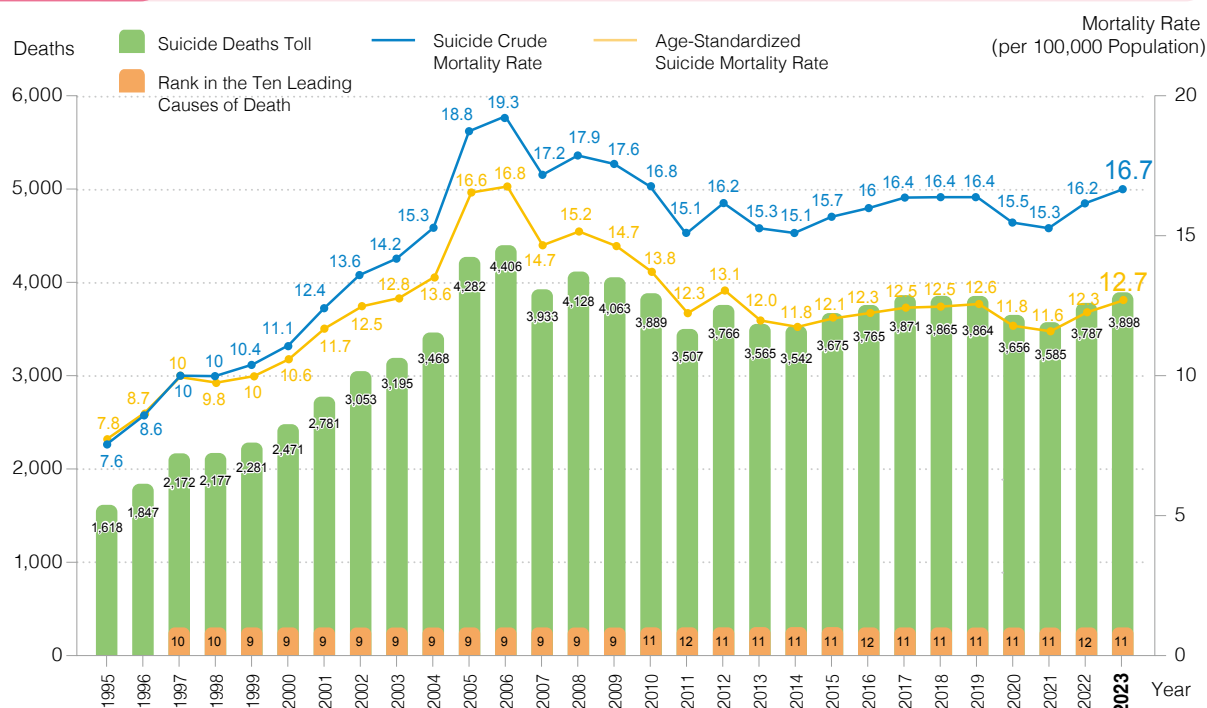
- (5) To ensure equitable oral health care for the entire population, a national oral health monitoring survey was conducted. The caries prevalence among 5-year-old children decreased from 79.32% in 2011 to 65.43% in 2018. The decayed, missing, and filled permanent teeth index among 12-year-old students decreased from 3.31 in 2000 to 2.01 in 2020.
2. Enhancing Dental Services and Care for Person with Special Needs
 - (1) The Integrated Dental Care Program for People with Special Needs was conducted, with seven demonstration centers (including National Taiwan University Hospital, Shuang Ho Hospital, Chung Shan Medical University Hospital, National Cheng Kung University Hospital, Kaohsiung Medical University Chung-Ho Memorial Hospital, National Yang Ming Chiao Tung University Hospital, Mennonite Christian Hospital,) and 25 hospitals were subsidized in 2023, with an average of approximately 4,695 patients served each month.
 - (2) Throughout the nation, 94 designated hospitals were appointed to provide special dental outpatient clinics for individuals with disabilities, in accordance with the "Regulations on the Management of Special Clinics for Persons with Disabilities."
 - (3) To integrate oral care services for patients with conditions such as stroke, tracheostomy, nasogastric tube or head and neck surgery, whereby 5 hospitals were guided to include oral care assessment in their discharge preparations. This initiative aimed to enhance the patients' ability to practice oral care and skills upon back to the community. Additionally, 5 hospitals established comprehensive care teams for oral cancer patients, developing quality indicators and care standard operating procedures to enhance the integrity of professional care.
 - (4) In 2023, a study was conducted to assess the oral health status of residents in our country's residential facilities. The study aimed to explore their oral care needs and the level of oral health knowledge among caregivers. During the

year, oral health surveys were completed for 6 residential facilities, and oral care counseling sessions were provided to 108 facilities.

Chapter 2 Mental Health and Psychiatric Care

Section 1 Mental Health Promotion

1. MOHW's "Wellbeing" mental health learning platform is a source of related learning resources and contains information on professional mental health counseling services across Taiwan. In 2023, the website received a total of 432,565 visitors.
2. To facilitate better wellbeing and mental health for the public, in 2023, the MOHW collaborated with 22 local departments of health to provide psychological counseling for 31,266 callers.
3. The 1925 hotline (homonymous with "still love me" in Chinese) offers 24-hour free psychological counseling services. In 2023, it assisted a total of 114,138 individuals, providing psychological support and the necessary mental health resources to 19,597 individuals with suicidal thoughts. It also successfully intervened in 1,066 cases involving individuals preparing or attempting suicide.
4. The MOHW continued to implement reporting of all suicide-related cases, arranged outreach visits, helped people with risk of suicide. In 2023, a total 47,733 reports were received, and caring visits were conducted for 327,209 individuals.
5. In 2023, the number of suicide deaths was 3,898, with a standardized mortality rate of 12.7 per 100,000 population, as shown in Figure 4-3. The long-term trend has been declining since the peak in 2006, and it has been out of the top ten leading causes of death for 14 consecutive years since 2010. Overall, the standardized suicide rate in Taiwan has decreased from over 13 per 100,000 population, which indicated a high prevalence region, to a moderately high prevalence region. We will continue to strengthen the preventive policies, such as enhancing the social safety net.
6. According to the United Nations' "2024 World Happiness Report," which assesses various indicators such as life evaluations, positive

Figure 4-3 Taiwan's Suicide Deaths and Suicide Mortality Rate, 1995-2023

Source: Department of Mental Health, MOHW

emotions, negative emotions among nationals of different countries, our country ranked 31st, placing first in East Asia. This demonstrates that the aforementioned mental health promotion has had a certain effectiveness.

- In 2023, the Mental Health Month event was held, with 9 press conferences and 14 large-scale promotions organized across various counties and cities. A total of 28,526 individuals participated in these events. Additionally, 82 promotional activities were conducted, with a total of 1,541,024 participants.

Section 2 Psychiatric Health Services

- The MOHW continued to utilize the seven regional psychiatric care networks. Within these networks, designated core hospitals promote mental health within the region, develop the regional psychiatric care network.
- In 2023, there were 598 psychiatric care institutions in Taiwan (203 hospitals and 395 clinics), with a combined total of 20,797 beds available (including 7,425 beds for general acute psychiatric care and 13,372 beds for general chronic psychiatric care, averaging approximately 9.02 beds for every

10,000 people.) There were 96 daytime psychiatric rehabilitation institutions (with an admission capacity of 4,352 individuals), 175 residential psychiatric rehabilitation institutions (with 7,478 beds), 6,047 individuals in psychiatric day care centers, and 46 psychiatric nursing homes (with a total of 4,893 beds).

- The MOHW subsidized local governments to recruit 596 outreach community care visitors and supervisors. In 2023, 98,592 outreach visits were made to an accumulated total of 773,796 psychiatric patients.
- In accordance with the "Mental Health Act," the process of reviewing and handling cases involving mandatory hospitalization and mandatory community treatment for severely mentally ill patients were carried out. In 2023, there were 570 applications, including 528 applications for mandatory hospitalization and 42 applications for mandatory community treatment. (Table 4-3)
- In 2023, 3 psychiatric hospitals, 79 psychiatric rehabilitation institutions (including 24 day-care facilities and 55 residential facilities), and 3 mental nursing homes completed evaluations.

Table 4-3

Review Cases for Mandatory Hospitalization and Mandatory Community Treatment by the Review Board from 2018 to 2023

Date	Case review	Mandatory hospitalization			Mandatory community treatment		
		Mandatory Hospitalization cases reviewed	Mandatory Hospitalization cases approved	Mandatory Hospitalization approval rate	Mandatory community treatment cases	Mandatory community treatment cases approved	Mandatory community treatment approval rate
Jan. - Dec. 2018	690	642	592	92.21%	48	46	95.83%
Jan. - Dec. 2019	725	683	629	92.09%	42	41	97.62%
Jan. - Dec. 2020	656	604	545	90.2%	52	52	100%
Jan. - Dec. 2021	574	534	502	94.0%	40	40	100%
Jan. - Dec. 2022	504	469	432	92.1%	35	34	97.1%
Jan. - Dec. 2023	570	528	504	95.45%	42	41	97.62%

Section 3 Forensic Psychiatry

1. To make Taiwan's forensic psychiatry system complete, on February 17, 2021, the MOHW established the Forensic Psychiatry Section, to actively promote mental health services and assist offenders with mental disorders in gradual return to society.
2. The Taiwan Academy of Psychiatry and the Law began holding selection operations for forensic psychiatric doctors in 2020. As of the end of 2023, 88 doctors had passed selection and been willingly announced, the name list was provided to district persecutors offices and courts for reference.
3. To enhance the quality and capacity of forensic psychiatric assessment services, the Taiwan Academy of Psychiatry and the Law was commissioned to develop the "Forensic Psychiatry Assessment - Basic Training Course Material" in 2023.
4. Since the announcement of establishing forensic psychiatric wards in 2021, until the end of 2023, a total of 183 beds have been configured in 4 medical facilities under special reimbursement.

Section 4 Control of Drug Addiction

1. By the end of 2023, the MOHW designated 163 drug addiction treatment institutions and another

188 institutions for alternative therapy. Subsidized alternative therapy was first made available to opioid addicts in 2006. As of the end of 2023, 47,344 were treated, and 7,180 still in treatment. In addition, a total of 88 training sessions for drug addiction treatment personnel had been conducted, with 5,240 individuals trained.

2. In 2006, the MOHW began to subsidize alternative treatment of opioid addiction. This was followed by the introduction of across-the-board subsidies for treating narcotics addiction in May 2019. 13,939 people benefited from such subsidies in 2023.
3. Since 2006, MOHW's Tsaotun Psychiatric Center has been receiving funding to establish a therapeutic community for drug addicts which were expanded to 6 private facilities in 2019. There were a total of 358 beds in 2023. In 2023 (from January to December), 424 people obtained assistance in settlement with 96,125 in-patient days. In addition, the Ministry also subsidized 19 NGOs to carry out the "Drug Addict Community Rehabilitation Scheme Deployment and Service Quality Upgrading Program." Under this program, 253 people obtained assistance in settlement; 33,462 people received various psychological social treatment (such as

health education courses, vocational training and employment matching), total 20,920 people.

4. Since September 2014, medical institutions have been subsidized to provide alcohol and drug addiction services in correctional institutions and number of subsidized medical institutions is being gradually expanded. In 2023, the MOHW funded for 13 medical institutions at 15 correctional facilities. They provided addiction treatment clinics 752 times in 2023 that served 2,957 individuals (people), health education for 16,749 individuals, psychological therapy for 7,547 individuals, 825 individuals of release referrals and 3,991 follow-ups.
5. The MOHW has continued to implement the "Alcohol Addiction Treatment Plan" from 2006 and subsidies were provided to help 3,675 people in 2023. Moreover, since September 2015, the MOHW has been implementing the "Pilot Project for the Establishment of a Treatment and Social Rehabilitation Service Model for Problem Drinkers and Alcohol Addicts," to establish across-network referral mechanism, to promote early treatment of alcohol addiction cases. The Ministry provided subsidies to 15 institutions in 2023, helping 1,478 individuals.
6. To enhance public awareness regarding alcohol consumption and alcohol use disorder, and to facilitate the early identification and treatment of individuals with potential drinking problems, the "Taiwan Alcohol Abstinence and Addiction Prevention Center" was established on November 24, 2023. The center offers counseling for alcohol abstinence, family support, health education and promotion, as well as referrals for alcohol use disorder treatment. As of the end of 2023, the center had provided counseling services to 127 individuals and referred 21 people for alcoholism treatment.
7. Starting from 2018 onward, the MOHW took over the duty of supervising all Drug Abuse Prevention Centers in Taiwan from the Ministry of Justice, and has increased subsidized case management manpower and anti-drug business funds. In 2023, 698 case managers (including supervision) were subsidized to assist in relevant case management to improve the quality of follow-up and counseling for communities involved in

cases of drug use. The MOHW also subsidized to set up 6 Substance Treatment and Research Centers, and 118 hospitals, clinics, offices of psychotherapy, psychological counselling and social work offices were connected to develop diverse treatment models and intervention solutions that are empirically proven to be effective.

8. The MOHW actively promotes online addiction prevention services. The "Integrated Mental Health Work Plan for 2023" fostered collaboration between county and city health bureaus and education departments to promote the "Internet Usage Habit Scale." Furthermore, professional training and intervention model development for Internet addiction treatment were continued, resulting in 453 individuals being trained and the organization of 2 sessions of online addiction parent-child camps. These sessions served a total of 45 youth and 39 parents, with an effectiveness rate of over 95% in improving online addiction behaviors.

Chapter 3 Medical and Public Health Manpower

Section 1 Current Status of Medical Manpower

1. Taiwan has 15 laws and regulations governing the licensing requirements of medical personnel: the "Physicians Act," the "Pharmacists Act," the "Midwifery Personnel Act," the "Dietitians Act," the "Nursing Personnel Act," the "Physical Therapists Act," the "Occupational Therapists Act," the "Medical Technologists Act," the "Medical Radiation Technologists Act," the "Psychologists Act," the "Respiratory Therapists Act," the "Hearing Specialists Act," the "Speech Therapists Act," the "Dental Technicians Act," and the "Optometric Personnel Act."
2. Former President Ing-Wen Tsai promulgated the Public Health Specialists Act on June 3, 2020. Starting from 2021, Taiwan has increased the number of public health professionals through specialized exams, aiming to establish a comprehensive public health service system and promote public health. As of 2022, there are 261 certified public health specialists.
3. As of 2023, the total number of healthcare professionals in various categories was 359,954.

Among them, there were 78,184 physicians (including Western medicine doctors, traditional Chinese medical doctors, and dentists), 36,726 pharmacists, 10,491 medical laboratory technicians, 7,541 radiology technicians, 187,725 nurses, 208 midwives, and 3,662 dietitians.

Section 2 Training Health Professionals

In order to ensure the professional competence of medical workforce, the government has adopted regulatory measures on medical education and training. The results attained are as follows:

1. According to Taiwan's "Diplomate Specialization and Examination Regulations" there are 23 medical specialties. Until the end of 2023, 59,863 physicians received their medical specialty licenses in Taiwan.
2. To enhance the specialization of dental healthcare professionals, the "Dental Specialization and Examination Regulations" were issued on October 5, 2018, and later revised on May 2, 2023. The categories of dental specialist increased from 3 to 11. As of the end of December 2023, a total of 5,896 dental specialist certification had been issued by the competent authority, as depicted in Figure 4-4.
3. Post-graduated year training is conducted to strengthen the concept and ability of holistic care. In 2023, there were 40 teaching hospitals and 112 collaborating hospitals joining post-graduated year (PGY) training programs. 2,643 post-graduated doctors accepted PGY training under this scheme. (1,362 in the first PGY year, and 1,281 in the second PGY year.)
4. To enhance the quality of oral healthcare, postgraduate clinical training programs for dentists are actively promoted. In 2023, a total of 629 training institutions were approved, including 94 hospitals and 535 clinics, to carry out two-year postgraduate general medical training programs for dentists. A total of 895 dentists received training in 2023, including 421 in PGY1 and 474 in PGY2.
5. To enhance the professional competence of nursing staff and improve care quality, the nurse specialist practitioner system was initiated in 2006. As of the end of 2023, a total of 14,383 nurse practitioners had been certified, as detailed in Table 4-4. To address community healthcare needs based on population demographics, the Ministry amended and issued the "Nurse Specialist Practitioner Subdivision and Evaluation Measures" on June 26, 2023, adding the "Family Health" specialization. This expansion enhances the professional competence of nursing staff and improves care quality, expanding the healthcare capacity of nurse specialists to provide care in households within the community. They collaborate with physicians as a cohesive team to enhance integrated care quality in the community across all age groups, through advanced medical treatments and advanced nursing care.
6. Since 2007, the MOHW launched the "Clinical Practitioner Training Program." In 2023, 1,151 individual training programs at 149 participating hospitals were approved by MOHW. 25,268 health workers were trained through these programs; 88.95% of health professionals received this training within four years of gaining a license.

Figure 4-4 Number of Officially Certified Specialist Dentists from 1999-2023

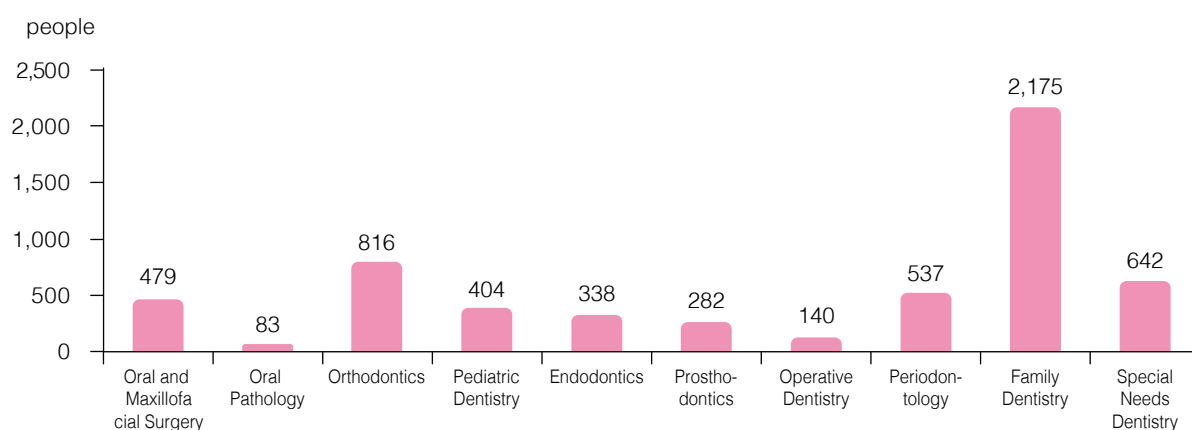


Table 4-4 Number of Certificated Nurse Practitioners from 2006-2023

Specialization	No. of people
Internal medicine	5,232
Psychiatrics	212
Pediatrics	250
Surgery	4,695
Obstetrics and gynecology	162
Anesthesia	3,832
Total	14,383

Source: Department of Nursing and Health Care, MOHW, R.O.C. (Taiwan)

7. In order to establish a clinical training system for traditional Chinese medicine (TCM) practitioners and cultivate TCM practitioners with comprehensive medical abilities, the "Training Program for Responsible Physicians in Traditional Chinese Medicine Medical Care Institutions" was implemented. In 2023, a total of 130 training institutions were supervised, and 782 newly recruited TCM practitioners underwent a training program. To further cultivate Chinese-Western medicine treatment and evidence-based research in TCM, and to strengthen specialized training in TCM subspecialties, the MOHW drew up the "Subspecialty Classification and Qualification Examination Measures for TCM Specialists" and the training standards. In 2023, 19 training facilities were approved, and 68 trainees participated in the pilot program for TCM subspecialty training. The teaching capabilities were evaluated, and the regulations were adjusted and revised accordingly. By the end of 2023, 95 trainees had successfully completed the training and passed the assessment, effectively enhancing their clinical expertise.

Section 3 Creating Medical Personnel-Friendly Work Environments

1. In an effort to safeguard physicians' rights and patient safety, effective from September 1, 2019, resident physicians hired by the medical, healthcare and care-giving industries shall be applicable to the Labor Standards Act. Due to considerations such as their high degree of autonomy, diverse work patterns, and complex determination of

work hours, the MOHW is concurrently promoting the amendment of medical laws to include a dedicated chapter on safeguarding the labor rights of physicians. This will incorporate matters such as their employment contracts, occupational accident compensation, and retirement security into the regulations.

2. To reduce medical disputes and foster harmonious physician-patient relationship, the MOHW has been implementing childbirth accident emergency relief and strengthening "Alternative Medical Dispute Resolution" simultaneously, their results are outlined below.

(1) Since the implementation (June 30 2016) of the Childbirth Accident Emergency Relief Act and up to December 31 2023, 2,233 applications were received. In 2023, a total of 12 times of Review Committee were held to review a total of 335 applications, with 306 applications were approved. A total of NTD 179.6 million in relief funding has been granted.

(2) Actively promoting alternative dispute resolution mechanisms:

A. The "Pilot Program for Diverse and Two-way Resolution of Medical Disputes" was implemented to establish a dual-track mediation model in medical law. In the 2023 fiscal year, a total of 22 counties and cities participated in the program, and 689 mediation cases were accepted. The success rate of mediation was 42.3%. (The statistical data covers the period from January 1, 2023, to December 31, 2023.)

- B. Advanced the legislation of the "Medical Accident Prevention and Dispute Resolution Act," which was passed by the Legislative Yuan after three readings on May 30th, 2022 and promulgated by the President on June 22nd, 2022. It is scheduled to be implemented in January 1, 2024, with related measures and the "Major Medical Incident Reporting Platform" also established in the same year.
3. In an effort to improve the workplace environment of nursing personnel, the Department of Nursing and Health Care has been actively promoting relevant reforms, with the purpose of facilitate the retention as well as encouraging nurses who left the professional field to return. The following outcomes have been achieved in 2023:
- (1) The overall number of nursing professionals in practice has been steadily increasing over the years. However, due to the impact of the pandemic, both the total turnover rate and vacancy rate have shown an upward trend. As of the end of 2023, there were a total of 190,024 nursing professionals in practice, marking an increase of approximately 53,609 compared to 2012. The pandemic led to an increase in the total turnover rate from 10.13% in 2021 to 11.73% in 2022, and the total vacancy rate rose from 4.7% in 2021 to 6.53%.
 - (2) Reducing Workloads and Improving Nurse-Patient Ratios and Work Conditions
 - A. In 2015, nurse-patient ratio became a hospital evaluation item. The evaluation criteria is the "all-day average nurse patient ratio for hospital acute ordinary beds": Medical centers: ≤ 9 people with day shift average nurse-patient ratio of ≤ 7 people, regional hospitals: ≤ 12 people, and local hospitals: ≤ 15 .
 - B. Tie-in of nurse-patient ratio to hospitalization insurance bonus: starting from 2018 onward, the bonus bracket has been expanded once more to 2-20% as a way to encourage hospitals to achieve the necessary threshold for nurse-patient ratio.
 - C. Promotion of the legislation of nurse-patient ratio: Amendments to the nurse-patient ratio were published on February 1, 2019 in the "Establishment Standards for Medical Institutions" (Medical centers $\leq 1:9$, regional hospitals $\leq 1:12$ and local hospitals $\leq 1:15$). The amendments became effective on May 1 of the same year.
 - D. On February 1, 2018, the "Nursing Workplace Dispute Reporting Platform" was launched as an anonymous reporting channel for nursing personnel. By the end of 2023, a total of 2,662 cases had been processed through the platform. Each case underwent thorough investigation, and outcomes were published monthly, resulting in an enforcement rate of around 17%. Concurrently, the "E-Nursing Aid" website integrated information on nursing practice and professional development. Through transparent information and policy discussions, it aided nursing personnel in addressing practice challenges and participating in public nursing matters. Additionally, in 2023, a dedicated section was established on the platform to foster a supportive nursing workplace environment. This encouraged hospitals to publicly disclose labor conditions, including salary benefits, talent retention strategies, and career development opportunities, empowering nursing professionals to make informed decisions and promote a positive nursing environment.
 - E. To bolster the healthcare system's workforce, the Ministry initiated a pilot project for integrated inpatient care services under the National Health Insurance in 2022. This initiative involved nurse aides assuming non-technical care tasks, enabling nursing professionals to concentrate on specialized duties and reduce their workload. In 2023, this project expanded to encompass 84 hospitals and 4,414 beds.
 - (3) Nursing Salary Survey

According to a survey by the Ministry of Labor in July 2022, the average monthly salary for nursing

personnel was NTD 47,716, with an average annual salary of NTD 699,000 for the previous year (from August 2021 to July 2022).

- (4) Since 2017, various mechanisms have been implemented to support nursing professionals in engaging in innovative community care, establishing local home nursing care brands and models. These mechanisms include evaluation systems, guidance for establishment, evidence-based training, technological applications, incentive programs, transitional education, training bases, and public funding for master's degrees. The number of home nursing clinic has increased from 538 in 2017 to 720 in 2023, a 33.8% increase. These efforts aim to meet the demands for care services, provide diverse employment models, extend the professional lifespan of nurses, and increase their practice rates.

- (5) Implementing the "Twelve Strategies of the Nursing Workforce Preparation Plan (2023-2030)"

To enhance the working conditions, salaries, and benefits of nursing personnel, the Executive Yuan approved the Twelve Strategies of the Nursing Workforce Preparation Plan on September 28, 2023. This plan integrates the efforts of five ministries: the Ministry of Health and Welfare, the Ministry of Education, the Ministry of Examination, the Ministry of National Defense, and the Veterans Affairs Council. Its objective is to alleviate the current shortage of nursing personnel and meet the increased demand for nurses in Taiwan until 2030. The strategies encompass initiatives for nursing personnel training by the Ministry of Education, increases in the number of national nursing examinations by the Ministry of Examination, reduction of exam questions, collaboration between education and examination systems, and retention strategies for nursing personnel by the Ministry of Health and Welfare. The plan includes:

- A. Salary improvement: Incentives for night shift nursing personnel on three-shift rotations, rewards for hospitals meeting nurse-to-patient ratio standards on three-shift

rotations, and an expansion of public nursing positions.

- B. Workplace enhancement: Reporting of nurse-to-patient ratios on three-shift rotations (effective from August 1, 2023), establishment of standards for nurse-to-patient ratios on three-shift rotations, incentives for nursing-friendly workplaces, expansion of integrated care plans for inpatients, utilization of smart technology to reduce nursing workload, and implementation of a system for novice clinical nursing instructors. Continuous monitoring of nursing workforce and promotion of these enhancements will be conducted to offer nursing personnel in hospitals diverse options based on their career stages and to demonstrate the value of nursing, thereby retaining nursing workforce.

Chapter 4 Health Care Quality

Section 1 Patient Safety and Quality of Medical Care

The MOHW has aimed to improve the quality of patient-centered services and establish a hospital evaluation/accreditation system, annual objectives for healthcare quality and patient safety, and a patient safety reporting system. Significant achievements in 2023 are as follows:

1. The MOHW drew up the "2022-2023 Taiwan Patient Safety Goals for Hospitals and Clinics" (Table 4-5).
2. The Taiwan Patient Safety Reporting System (TPR) has been used to effect a patient safety culture. In 2023, 17,732 healthcare organizations participated in the TPR, and preliminary statistics indicate that around 92,353 cases were reported.
3. As of 2023, the "Taiwan Patient Safety Net" includes a total of 52 decision support tools within their shared decision-making platform for healthcare professionals. In 2023, there were 102 hospitals actively participating in the practice of shared decision-making between healthcare providers and patients. These efforts aim to enhance patient safety and improve the quality of healthcare decision-making.

Table 4-5 2022-2023 Taiwan Patient Safety Goals for Hospitals and Clinics

No.	Taiwan Patient Safety Goals for Hospitals
1	Improve teamwork and communication among healthcare professionals
2	Create a Culture of Safety, Healthcare organizations resilience, and implementing adverse event management
3	Improve surgical safety
4	Prevention falls and reduce patient harm resulting from falls
5	Improve medication safety
6	Implement infection control
7	Enhance the safety of medical catheters/tubing use
8	Encourage patients and families engagement in healthcare safety
9	Safe maternal and newborn care
No.	Taiwan Patient Safety Goals for Clinics
1	Improve effective communication
2	Improve medication safety
3	Improve surgical safety
4	Prevent falls
5	Implement infection control
6	Safe maternal and newborn care

Source: Taiwan Patient Safety Net, Department of Medical Affairs, MOHW, R.O.C. (Taiwan)

Section 2 Reforming the Hospital Accreditation System

The MOHW is reforming the hospital accreditation system with patient safety and quality of medical care as its core concerns. The reform aims to improve the specificity of accreditation standards, strengthen the linkage between accreditation standards and continuous monitoring indicators, and align with international accreditation systems and trends.

2020-2022, hospital and teaching hospital evaluations were suspended; validity of accreditation of hospitals accredited 2016-2019 was extended by three years. In 2023, a total of 157 hospitals passed the hospital accreditation, and 61 hospitals passed the teaching hospital accreditation.

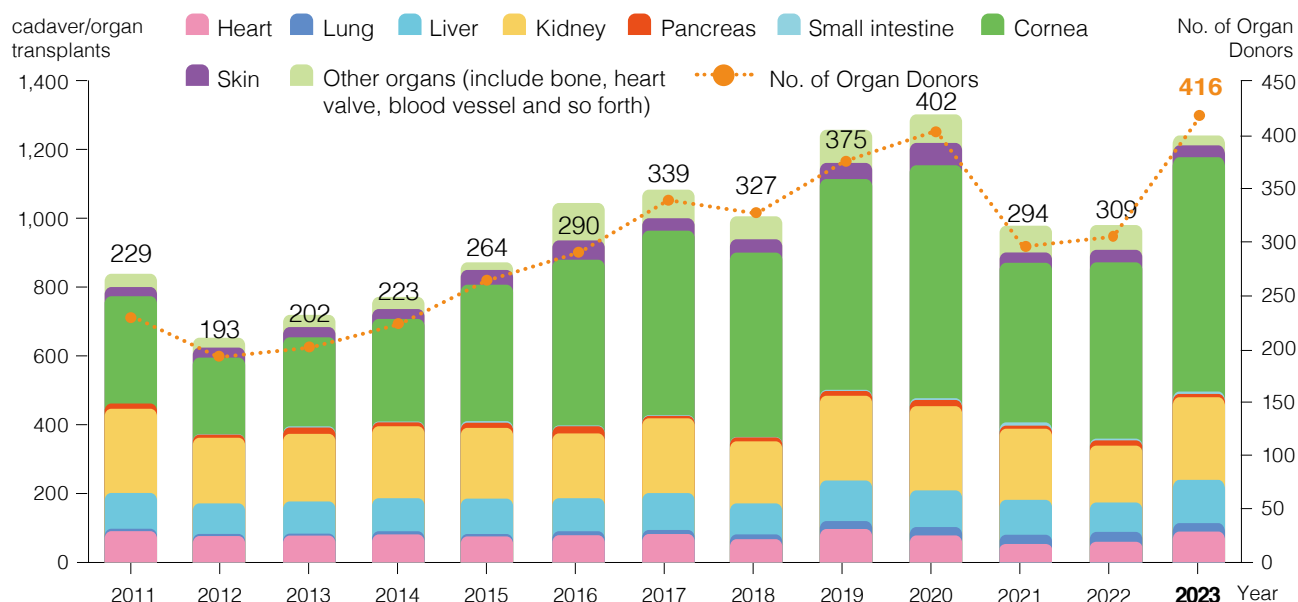
Section 3 Organ Donations and Transplantations

The imbalance between organ supply and demand remains a common challenge faced by

countries worldwide. In 2002, the MOHW established the "Taiwan Organ Sharing Registry and Patient Autonomy Promotion Center" to promote organ donation and allocation. As of the end of 2023, there have been a total of 11,142 individuals on the waiting list for organ transplantation in Taiwan. However, only about 1,000 peoples are fortunate enough to receive organ transplants each year on average, as show in Figure 4-5. Efforts have been made to encourage people to sign organ donation consent forms during their lifetime. In 2023, a total of 27,821 organ donation consent forms were completed, bringing the cumulative total to 558,137 forms.

Section 4 Promoting Electronic Medical Records (EMR) Adoption

In 2023, six types of electronic medical record exchange forms were planned for conversion to the Fast Healthcare Interoperability Resources (FHIR) international standard. Taiwan's core implementation guide (TW Core

Figure 4-5 Organ Transplant Donors and Recipients in Taiwan, 2011-2023

Source: Department of Medical Affairs, MOHW, R.O.C. (Taiwan)

IG) was established as the interoperability baseline. The FHIR format for electronic prescriptions and dispensing records was completed, and field verification was conducted. Additionally, 39 regional and higher-level hospitals were assisted in certifying their key personnel through international FHIR courses. By the end of 2023, 51 hospitals had implemented the use of mobile certificates for medical personnel.

Chapter 5 Health Care in Remote Areas

Section 1 Localized Health Care and Telemedicine

To uphold the quality of medical care and the right to health for people in remote and offshore areas, the MOHW stands by the principles of "relocating doctors instead of patients" and "health cannot wait" with strengthening functions of local health care. Moreover, incorporating Information and Communication Technology (ICT) into medical care services and applications is increasingly the norm during the internet Age. On May 11, 2018, the MOHW implemented the "Rules of Medical Diagnosis and Treatment by Telecommunications." The rules were revised and reissued on January 22, 2024, to promote telehealth

services and improve resource allocation, thereby making sure that people in remote and offshore areas have timely access to health services. No one is to be left behind as distance no longer affects the delivery of medical care services by optimizing medical system in the aforesaid areas. Measures on this front include:

1. The MOHW Penghu Hospital's Cardiovascular Care Center has been officially operating since December 4 2013. By December 2023, the Center had provided treatment to 1,696 people. The Center helps to improve the quality of treatment for patients with cardiovascular diseases and tailor care to local needs.
2. The MOHW Penghu Hospital's Chemotherapy Center was established in October 2015. By December 2023, the Center had completed treatment of 7,443 people to provide convenient, timely and appropriate treatment and care for cancer patients, relieve Penghu residents from the necessity to travel to Taiwan increasing localization of medical care.
3. The MOHW Kinmen Hospital's Cardiovascular Care Center was established in October 2015 and by December 2023, the Center had provided treatment to 2,364 people. The Center has improved local emergency care capacities and reduced the frequency of emergency evacuation by the means

of air transport. The Center offers first-line treatment for acute myocardial infarction and acute coronary syndrome, providing people in Kinmen with safe comprehensive medical care.

4. To effectively provide non-urgent but much needed outpatient services in remote areas, in 2018 Chenggong Branch of Taitung Hospital has utilized cutting-edge ICT technologies to construct its "Telemedicine Outpatient System" by collaborating with Kaohsiung Chang Gung Memorial Hospital to engage specialist physicians to provide diagnosis and treatment. The Fengbin Branch of MOHW Hua- Lien Hospital, Hengchun Tourism Hospital and MOHW Penghu Hospital provided outpatient specialty medical services since 2020, MOHW Yuli Hospital also began providing services in 2021; hopefully this system will enable remote areas to benefit from diagnosis and treatment resources at medical center level so that Health Care relevant resources. This will enable us to achieve local medical services whereby patients can stay put to save the residents from the hassle of traveling back and forth.
5. The Plan for Strengthening Efficacy of Hospitals in Remote Areas and Regions with Insufficient Medical Resources was implemented since 2016. In 2023, the Fengbin Branch of MOHW Hua-Lien Hospital, Chenggong Branch of MOHW Taitung Hospital and MOHW Hengchun Tourism Hospital to hire more specialist physicians to offer relevant medical care services.
6. Implemented the "Supplementing Medical Personnel in Remote and Island Areas Plan" by requesting physicians or other medical personnel from other hospitals to provide medical services according to the actual demand for specialized manpower. In 2023, the MOHW Hengchun Tourism Hospital was subsidized by providing 441 outpatient services, 4,353 patients, and 702 emergency visits.
7. "Improvement Plan for Areas with Insufficient Emergency Medical Resources" was implemented with four improved models: "Ambulance Stations during Night and Holiday," "Emergency Medical Stations in Tourist Areas," "Enhancement of the Emergency Department Capabilities in Regions with Insufficient Emergency Medical Resources," and "Reinforcement of the 24-hour emergency department capacity in regions with inadequate medical resources." These initiatives aim to ensure uninterrupted emergency medical services. Additionally, since 2021, the "Telemedicine Infrastructure Construction Project for Remote Areas" has been initiated, with 14 major responsibility hospitals or higher serving as base hospitals. They provide emergency teleconsultations for medical institutions and emergency medical stations with insufficient emergency medical resources within the network. They provide telemedicine consultations for four major emergency conditions (emergency trauma, emergency medicine, coronary heart disease, and stroke). As of 2023, a total of 119 medical institutions across Taiwan have participated, with over 600 teleconsultations conducted cumulatively.
8. Construct networks of intelligence in medicine and health care for indigenous communities and offshore areas
 - (1) Upgrading the medical informationization capacity for health centers in indigenous communities and offshore areas: Health Information Systems (HIS) had been established for 73 health centers in indigenous communities and offshore areas, and the system served 1.205298 million outpatients in 2023; Picture Archiving and Communication Systems (PACS) have been established at 45 locations of health centers (rooms). The MOHW Taoyuan General Hospital assisting in interpreting medical image cases to raise the level of medical service efficiency and quality with a total of 26,302 cases in 2023.
 - (2) Established remote specialist outpatient services to supplement the specialized medical resources in remote indigenous and island areas. Through the integration of medical technology and service applications, the Ministry promoted the establishment of telemedicine specialist outpatient services in ophthalmology, otolaryngology, and other fields at indigenous and island health clinics. By 2023, a total of 47 facilities were established, serving a cumulative total of 12,958 individuals. This initiative aimed to enhance accessibility to healthcare and strengthen local medical service capacity.

9. Subsidization of establishing medical facilities: To enhance local medical services, medical personnel are encouraged to set up medical institutions in remote indigenous and island areas, with a maximum of NTD 500,000 provided for each institution. In 2023, 3 medical institutions were established after receiving the subsidy.
10. Improving medical equipment and resources for health centers (rooms) in remote indigenous and island areas. In 2023, subsidies were provided for the replacement of 65 medical equipment and the renewal of mobile medical vehicles (motorcycles). In addition, subsidies were provided for the construction of 2 new health centers, and the renovation of 2 existing spaces.
11. Transport subsidization for taking medical treatment: To reduce the financial burden for people seeking medical assistance, the cost of flight (boat) for severe injuries/ illnesses patients out of pocket were partially subsidized in offshore areas, with a total of 21,748 people served in 2023. In addition, the transport fees for referral of indigenous people, major or urgent injuries/illnesses patients going for medical treatment were subsidized. From 2019, a new subsidy for transportation expenses related to prenatal check-ups and childbirth in indigenous areas was introduced, aiming to enhance the utilization of prenatal examinations and promote maternal and infant health. In 2023, a total of 21,357 people received these subsidies.

Section 2 Emergency Medical Transport

To enhance the timeliness of emergency medical assistance in offshore and indigenous areas, our department has been promoting a policy that prioritizes local medical care and utilizes emergency air medical transport (EAMT) as a supplementary measure. This policy aims to uplift the quality of healthcare services in offshore and indigenous areas.

1. Enhanced EAMT services: Established a 24-hour National Aeromedical Approval Center (NAAC), which provides 24-hour acceptance of applications, evaluation, coordination and consultations required for EAMT. In 2019, the "Aeromedical Transport and Teleconsultation Platform(ATTTP)" was established and activated to facilitate offshore consultations for

EAMT in offshore areas. This platform integrates decision-making among the "Transport," "Review," and "Receive" in EAMT, effectively improving administrative efficiency and enhancing professional communication. In 2023, a total of 330 cases were submitted for application, with 319 cases approved, achieving a 97% approval rate.

2. Base for Air Ambulances: In August 2018, the MOHW launched the "Kinmen, Lienchiang, and Penghu Base of Ambulance Aircrafts Service Project", enhancing timeliness and safe transport. In 2023, a total of 243 EAMT missions were carried out.
3. Enhanced Emergency Medical Transport for People in Offshore Areas - Education & Training: In order to fortify the expertise of emergency medical personnel in offshore areas for transport and care, educational training programs for emergency care were conducted. In 2023, a total of 21 training courses were held, training 611 individuals.

Section 3 Training and Employment Retention

1. The purpose of cultivating publicly funded physicians is to strengthen manpower in grassroots and remote areas. Since 2016, the Ministry has reinstated the "Key Specialty Cultivation Program for Publicly Funded Physicians," aiming to recruit approximately 100-150 publicly funded physicians annually. Specialized training is limited to five major specialties: internal medicine, surgery, obstetrics and gynecology, pediatrics, and emergency medicine. Service placements primarily focus on hospitals in remote areas. As of 2023, a total of 916 publicly funded medical students have been recruited. Additionally, the Ministry encourages these physicians to continue serving in rural hospitals or clinics after completing their service term, offering salary bonuses or guarantees.
2. Implementation of the "Indigenous People and Offshore Areas Medical Personnel Nurturing Plan": To enhance medical manpower in outlying islands and indigenous areas and promote local services provided by local people, the Ministry has trained a total of 1,473 medical personnel as of 2023. This includes 732 doctors (344 indigenous, 368

offshore areas, and 20 from rural areas) and 741 other medical personnel. The retention rate after completing the service term is approximately 70%.

3. Remote Areas Nurse Nurturing Plan: With 200 nursing students were nurtured by government funding during 2015 to 2018, 185 graduates were distributed to rural hospitals until 2023.

Chapter 6 Health Care for Specially Targeted Groups

Section 1 Health Care for Indigenous People

Based on the statistics from the Council of Indigenous People, as of the end of December 2023, there were 589,038 indigenous people in Taiwan, accounting for 2.52% of the total population in our country. In order to enhance the accessibility of health and medical care in indigenous areas, the strategies and outcomes of the relevant plans promoted by the Ministry in 2023 are as follows:

1. Enhancing primary healthcare services:

- (1) Enhancing and improving the service quality and medical equipment of indigenous areas offshore islands: subsidies were provided to local governments for the construction, renovation, and repair of 4 health clinic buildings, as well as for the update of 65 items of medical equipment and mobile medical vehicles (motorcycles).

- (2) The broadband speed of health centers and touring medical points in indigenous areas was continuously maintained and upgraded to 100Mbps at a total of 340 locations.

2. Enhancing local capacities for medical care:

- (1) A total of 33 telemedicine specialty clinics for ENT and dermatology have been established in rural areas, and medical personnel are continually encouraged to set up practices in these regions.

- (2) Subsidies for transportation costs were provided to indigenous people for referrals, major or emergency medical treatment, prenatal check-ups, deliveries, and the use of social welfare resources, benefiting 21,357 individuals.

- (3) A total of 712 indigenous state-funded students have been trained, including 344 doctors, 90 dentists, 203 nurses, and 75 other medical personnel.

- (4) A total of 53 tribal health promotion centers have been established, conducting health literacy courses with approximately 38,144 participants. Additionally, family health care reached 12,971 individuals.

3. Evaluation of the 10 major indigenous community health action plan:

The Ministry initiated the "Indigenous Health Inequality Improvement Strategy Action Plan" in May 2018. This plan is based on strategies such as identifying targets through data, finding talent locally, and developing methods from cultural insights. It analyzes controllable factors affecting the health of indigenous peoples and formulates health care strategies. The results are as follows:

- (1) In the trial area, Hualien Tzu Chi Hospital in Sioulin Township, Hualien County, implemented a trial program related to indigenous healthcare, including aspects like compensation or incentives. In 2023, the program served 27,949 individuals. The utilization rate of at least 4 prenatal check-ups by high-risk pregnant women increased from 87.4% (in 2017) to 98.1% (in 2022). Additionally, the accident and injury mortality rate decreased from 56.4% to 46%. Furthermore, in 2023, there were 5,315 cases of digestive cancer diagnosed, with a positive rate of 39%. Positive cases received eradication treatment. The cumulative voluntary screening rate for certain individuals aged 35 to 64 in mountainous areas increased from 53% (2018-2020) to 57% (2021-2023). For certain individuals aged 65 and above in mountainous areas, the annual voluntary screening rate was 58%.

- (2) According to statistics from the Ministry of the Interior, in 2022, the average life expectancy of indigenous people at birth was 73.65 years. The gap between their average life expectancy and the national average life expectancy at birth has narrowed from 8.17 years in 2017 to 6.19 years (about 2 years).

4. Completion of the "Indigenous Peoples Health Act" Legislation:

In respecting the wishes of indigenous peoples and their spirit of autonomous development, and to promote the development of indigenous peoples'

health, the "Indigenous Peoples Health Act" was announced by the President on June 21, 2023. Following the law, the Ministry established the "Health Policy Conference of Indigenous Peoples" and held a meeting on September 8th. Additionally, on December 29th, the "National Indigenous Peoples Health Research Center" was inaugurated at the National Health Research Institutes to strengthen evidence-based investigation and research on indigenous peoples' health.

Section 2 Health Care for New Immigrants

The MOHW has promoted the following policies to improve the reproductive health of new immigrants before their inclusion in the national healthcare insurance system, and to reduce the barriers caused by language, which hinder their adaptation to life or access to medical care:

1. Since 2011, new immigrant pregnant women whose spouses are ROC citizens have been entitled to the same prenatal care benefits as Taiwanese nationals. As of July 1, 2021, the number of prenatal examinations for pregnant women has increased from 10 to 14, and the number of routine ultrasound examinations has increased from 1 to 3. Additionally, screening for gestational diabetes and anemia has been newly introduced. As of 2023, a total of 3,514 cases have been subsidized.
2. To provide new immigrant pregnant women with reproductive guidance and health education counselling, check if cases receiving regular checks and is referred to relevant resources. From 2021 the comprehensive health plan for local subsidy was included, handling the "New Immigrant Pregnant Woman Reproduction Guidance" evaluation indicators. The achievement rate in 2023 was 98%.
3. To reduce new immigrants' treatment difficulties caused by the language barrier, local health bureaus have applied for the "Interpreter Training Program among New Immigrants" with the Ministry of the Interior's "New Immigrants Development Fund" since 2011. Local health bureaus have promoted training of interpreters among new immigrants who have lived in Taiwan for many years, so that they can assist the health departments' personnel in visiting new immigrants and providing them with outpatient service and prenatal health guidance. In 2023, 15 counties and cities applied for the program.

Section 3 Health Care for Rare Disease Patients and Groups with Special Health Needs

1. In order to prevent and encourage early diagnosis and treatment of rare diseases, as well as to assist patients in obtaining orphan drugs and special nutritional foods essential for the maintenance of life, in 2000, Taiwan promulgated the Rare Disease and Orphan Drug Act, becoming the fifth nation in the world to introduce legislation specifically designed to protect the rights and interests of rare disease patients. Since then, the Act has been amended three times. As of the end of 2023, a total of 20,916 rare diseases cases had been reported. The MOHW has constructed a comprehensive medical service network for rare diseases, thus helping patients to secure the care and subsidies they need. The outcomes achieved for rare disease services for 2023 is shown in Figure 4-6.
2. Health care for Yu Cheng Patients
 - (1) To protect the healthcare rights and interests of Yu Cheng patients, the "Yu Cheng Patients Health Care Services Act" was enacted on February 4, 2015, and amended on November 16, 2016, specifically revising Articles 4 and 12. This legislation offers various services, including emergency care under National Health Insurance (NHI), complimentary health screenings, dedicated clinics for Yu Cheng patients, and partial coverage of hospitalization expenses for first-generation Yu Cheng patients. Moreover, it eased the criteria for identifying Yu Cheng patients, established the Yu Cheng Patients Health Care Promotion Council, and provided compensation to the families of these patients. On September 5, 2022, revised guidelines on "The Standard of Criterion for Polychlorinated Biphenyls (PCBs) and Polychlorinated Dibenzofuran (PCDF) Concentrations in Blood" to safeguard the rights of suspected Yu Cheng patients.
 - (2) As of the end of 2023, there were a total of 1,884 registered Yu Cheng patients, including

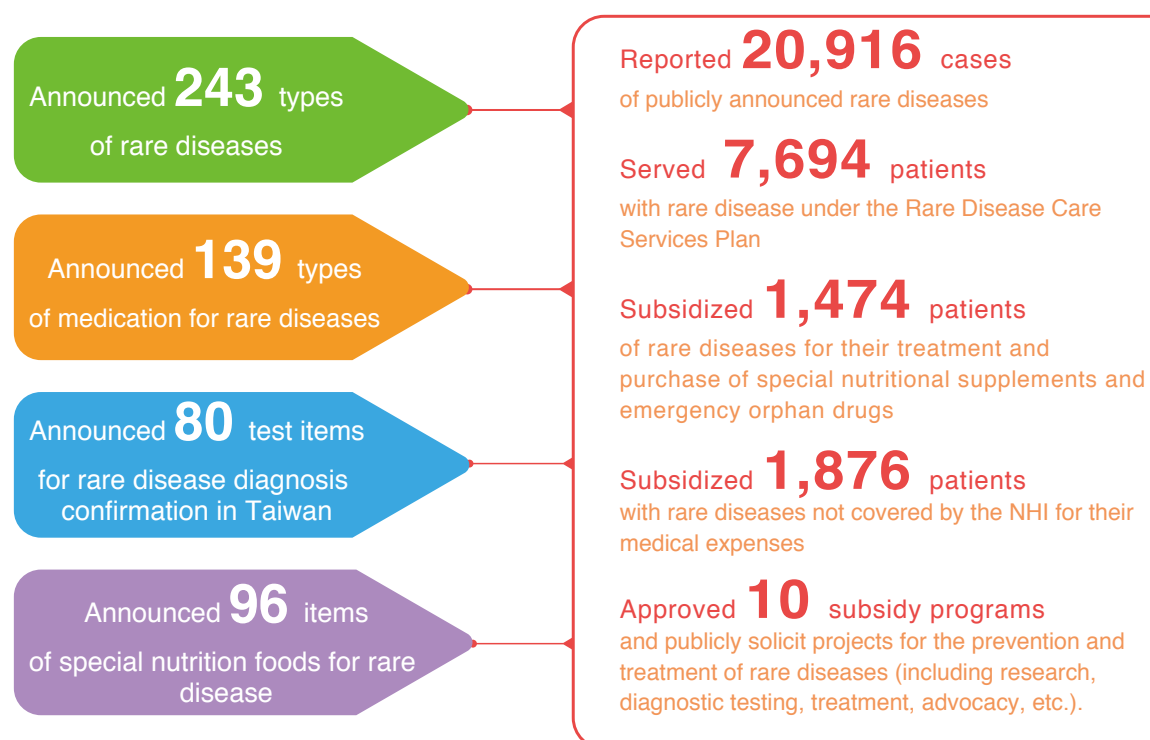
1,197 first generation patients and 687 second generation patients. A total of 18,786 Yu Cheng patients received subsidy for outpatient (and emergency) service copayments, 74 received subsidy for their hospitalization, and 562 received free health examination. To date, 272 applications of solatium payments for surviving family members have been approved.

Section 4 Prevention and Control of HCV infection

The Ministry has put forward the "2018-2025 National Policy Framework for Hepatitis C Elimination" with three key policy directions: "Therapy Spear-heads Prevention", "Screening Supports Therapy", and "Prevention Secures Outcomes". The aim is to achieve the WHO's objective to eliminate hepatitis C by 2025, with targets including diagnosing 90% of chronic hepatitis C patients and treating 80% of them, thus reducing their impact as a major public health burden.

Given the global absence of a hepatitis C vaccine, treating hepatitis C patients is the best means of saving lives and reducing transmission. Since 2017, we have provided full oral antiviral therapy to hepatitis C patients, reducing their economic burden, alleviating treatment pain, and achieving a higher cure rate. As of December 2023, this new therapy has treated around 160,000 patients, with a success rate of nearly 99%. The Health Promotion Administration of the Ministry of Health and Welfare began offering free hepatitis C screening for individuals born in 1966 or later and aged 45 and above in August 2011. In June 2019, this was expanded to include free screening for indigenous peoples aged 40 to 60, and in September 2020, it was further extended to include free screening for the general population aged 45 to 79 (indigenous peoples aged 40 to 79). According to the National Hepatitis C Elimination Progress Monitoring Information Network (TWNHCP-MIN), as of December 2023, the number of screenings for people aged 45 to 79 has reached 5.91 million.

Figure 4-6 Outcome of Rare Disease Care in 2023



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Long-Term Care Services

Chapter 1 Long-Term Care Regulations and Systems

Chapter 2 The Long-Term Care Resource Development

Chapter 3 Long-Term Care Manpower

Chapter 4 Long-Term Care Services Quality



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Taiwan officially entered an aged society as of the end of March 2018, with the population of individuals aged 65 and above accounting for 14% of the total population. It is projected that by the year 2026, this percentage will rise to 21%, indicating the transition into a super-aged society. Based on this, the importance of establishing a comprehensive long-term care service system, developing long-term service resources, and ensuring service quality becomes increasingly evident. Therefore, starting from January 2017, the MOHW implemented the Long-term Care 10-year Plan 2.0 (hereafter referred to as LTC Plan 2.0), promoting an integrated community care service system and responding to the long-term care needs arising from the aged society.

Improving upon the contents of its predecessor, LTC Plan 2.0 has increased the number of care recipients and service items. The plan has been extended to prevent disability and delay its onset. Not only that, it has also integrated home hospice care and home-based medical care with the purpose of achieving the vision of "aging in place" to meet the growing demand for seniors' services. The plan therefore called for establishing a community-based care service system that would support diversified services in a home-based, community-based and residential cares that are closely knit in order to create a long-term care service system that is premium in quality, affordable and easily available to all.

Chapter 1 Long-Term Care Regulations and Systems

Section 1 The Long-Term Care Services Act

1. In order to create a sound foundation for our long-term care services system by ensuring care and supporting service quality as we develop accessible, diverse and affordable services while safeguarding the dignity and rights of both care givers and care receivers, the Long-Term Care Services Act has been legislated for promulgation on June 3, 2017. The act was last amended on June 9, 2021 and the amendment focused on key aspects include clarifying related regulation authorization and

defining all kinds of violations and fines, so the Act fulfills practical needs, and legalizes the related authorization of contract, benefits and payment audit system.

2. To implement and clarify the definitions and implementation methods of the Long-Term Care Services Act (LTCSA), nine subsidiary regulations have been established under the Act's authorization. These include the Enforcement Rules of Long-Term Care Services Act and Criteria for Establishing Long-term care services Institutions. Additionally, in accordance with the LTCSA, the Institutional Long-Term Care Juridical Entities Act has been enacted. In total, there is one primary law (Institutional Long-Term Care Juridical Entities Act) and nine subsidiary regulations, including the Establishment Standards for Long-Term Care Service Institutions, Regulations for the Establishment, Approval and Management of Long-Term Care Institutions, the Establishment Standards for Long-Term Care Institutions, and for the purpose of establishing long-term care institutions on public non-public real estate, Regulations for review of special project application for renting of public real estate that is not publicly used by long-term care services institutions, Regulations for the Training, Certification, Continuous Education Program and Registration Conditions for Long-term Care Personnel, and Regulations Governing Subsidies and Rewards for Long-term Care Services Resource Development to provide various incentives and methods for developing long-term care service resources, prioritizing assistance for offshore islands, remote areas, indigenous communities, and other areas lacking long-term care resources. Based on the principle of rational utilization of long-term care resources and considering the equity of long-term care service benefits, as well as regulating contracted service units and subsequent service fee payments, Regulations on Application and Payment for Long-Term Care Services and the Regulations on Long-Term Care Contract Administration have been formulated, along with the Regulations for the supplementary training of foreigners engaged in in-home care work.

Section 2 Long-term Care Benefits and Payments System

1. From 2018 onwards, the promotion of a new system for long-term care benefits and payments has been initiated to meet the diverse needs of individuals. The goal is to encourage service providers to enhance their capacity and quality of services by defining the items, content, and payment prices for long-term care services. In alignment with the amendment to Article 8-1, paragraph 4 of the Long-Term Care Services Act, promulgated on June 9, 2021, the new system for long-term care benefits and payments has been elevated in legal status. The "Regulations on Application and Payment for Long-Term Care Services" and the "Regulations on Long-Term Care Contracted Management" were established, effective from February 1, 2022, and October 6, 2023, respectively.
2. Individuals who meet the eligibility criteria for long-term care benefits and payments, and are assessed by care managers as falling within Long-Term Care Case-Mix System(CMS) Levels 2 to 8, are entitled to have a care plan developed by case managers at Community Integrated Service Centers (A-level institutions). These centers coordinate with contracted long-term care providers to deliver services such as care and professional services, transportation services, assistive devices services, home barrier-free environment improvement services, and respite care.
3. Once the contracted long-term care providers have fully provided the services, they can apply to the local government for cost reimbursement. Considering the limited service resources and transportation difficulties in indigenous areas and offshore islands, a payment price that is 20% higher than that in general areas is provided. However, the payment is still calculated based on the prices in general areas, and the additional payment amount is borne by the government. To prevent cases with challenging care needs or special service time requirements from being rejected, an additional payment amount is provided for difficult care cases or services provided during special time periods,

such as evenings or nights. This aims to encourage the strengthening of care for difficult cases and the provision of services during special time periods in line with the policy.

Chapter 2 The Long-Term Care Resource Development

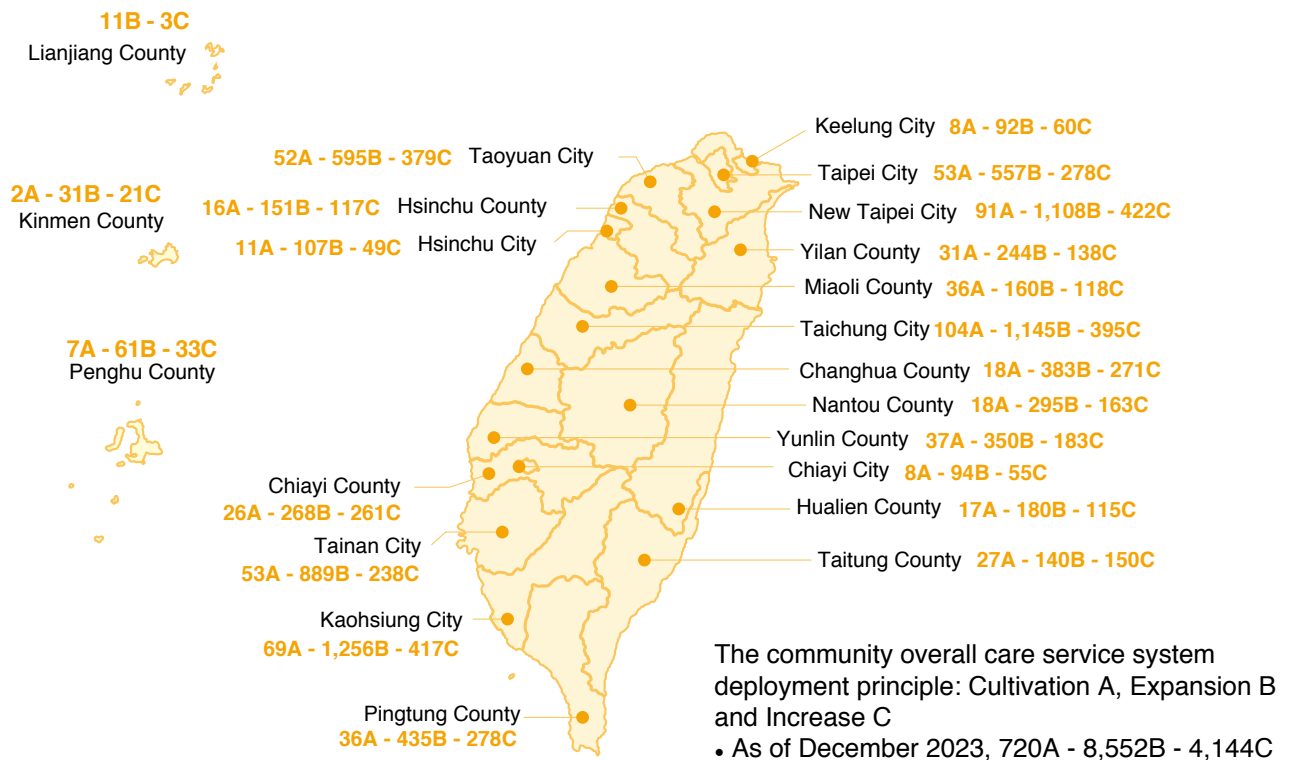
Section 1 Service System and Resource Integrated Development

1. Community care service networks

To develop a community-based integrated care service model, Long-term Care 2.0 promotes the community overall care system with cultivating community integrated services centers (A) expanding combined service center (B) and widely establishing LTC stations around the blocks (C) as the principle. City / county governments have been encouraged to work with long-term care, medical care, nursing and social welfare units. The MOHW plans to establish 469 integrated service centers, 829 combined service centers and 2,529 LTC stations around the blocks in four years (between 2017- 2020) (469A-829B-2,529C). As of the end of 2023, the progress thus far was (720A-8,552B-4,144C), with the following deployment in various municipalities as shown in Figure 5-1.

2. Development and Deployment of Service Resources:

- (1) Increase in Long-Term Care Service Usage: By the end of 2023, Long-Term Care benefits and payments have subsidized 505,020 people. The most used service item was care services, which increased by approximately 14.68% compared to 2022, as shown in Table 5-1.
- (2) Speeding up deployment of long-term care: In 2023, the number of specially engaged service units for various of Long-Term Care 2.0 reached 8,858. This represents a 1.22-fold increase compared to 2022. Among these services, transportation services showed the most significant growth, as seen in Table 5-2.

Figure 5-1 Integrated Community Care Service Networks in Counties and Cities of Taiwan

Source: Department of Long-Term Care had been deployed

Table 5-1 Number of Persons Receiving Long-Term Care Services from 2018 to 2023

unit: people

Item	2018	2019	2020	2021	2022	2023
Care services	130,214	177,741	230,243	266,860	316,127	359,891
Professional services	49,234	84,794	87,351	57,507	71,499	91,354
Transportation services	66,440	105,538	130,325	144,521	204,364	245,656
Assistive devices and home barrier-free environment improvement	20,841	75,442	106,391	105,088	87,822	89,874
Respite care services	49,053	71,286	93,445	121,890	144,899	176,519
Total number of people served (adjusted)	180,660	284,208	357,457	388,866	440,381	505,020

Source: Department of Long-Term Care

Note: Starting 2022, the provision of assistive devices and home barrier-free environment improvement services is counted based on the number of individuals served.

Table 5-2 Number of Institutions Providing Long-Term Care Services from 2018 to 2023

unit: units

Item	2018	2019	2020	2021	2022	2023
Home care	420	688	1,046	1,428	1,696	2,002
Day care (Including small-size multifunction services)	355	423	547	731	868	1,004
Adult foster care	104	164	239	268	290	319
Professional services	1,255	1,681	1,734	1,590	906	1,283
Transportation services	112	184	246	316	328	677
Respite care services	1,673	1,979	2,133	3,089	3,159	3,573
Total	3,919	5,119	5,945	7,422	7,247	8,858

Source: Care Services Management Information System and Long-Term Care Institution & Long-Term Care Personnel Related Management Information System

Notes: 1. This table is made according to the contract service units according to Regulations on Long-Term Care contract Management. The same unit and contracted parties in different cities/counties are listed separately.

2. The number of households providing home care services, day care services (including small-size multifunctional services), adult foster care, professional services, and respite care services are as follows: From 2018-2020, the data is presented based on the contracted resources reported by county and city governments, from 2021, the data is presented based on the total number of contracted resources, and for 2022 and 2023, the data is presented based on the number of institutions (units) that have obtained establishment permits.

3. Construction of Long-term Services Related Information System

(1) Care Service Management Information System

Starting from April 2017, a standardized Long-Term Care Case-Mix System(CMS) has been implemented to assess the long-term care needs for different recipients. This assessment scale is used to determine the disability level and subsidy amount for long-term care services, in line with the expansion of recipients and service items under the Long-term Care 2.0 program. The assessment process is carried out using mobile devices, allowing for automated determination of the care needs level for each case. The assessment data and service records are managed through the Care Service Management Information System (hereafter referred to as "Care Platform"). The Care Platform facilitates various processes, including service referrals, and integrates with other systems such as the National Physical/Mental Disability Welfare Information Integrated Platform, Social Welfare Data Matching System, Foreign Labor Searching System. By integrating data from these databases, it enhances the availability and presentation of data required for healthcare and social welfare purposes.

(2) Long-Term Care 2.0 Service Payment Audit System

Starting from October 2019, the "Long-Term Care 2.0 Service Payment Audit System" was implemented. The system integrates the declaration data from the care management platform and conduct computerized checks on the fee operations to enhance the efficiency of expense verification. Additionally, an analysis function was also established to serve as a reference for local governments in providing guidance and conducting audits on key cases.

(3) Long-Term Care Institution & Long-Term Care Personnel Related Management Information System

In order to enhance the integrity and accuracy of the long-term care institutions and personnel information, a Long-term Care Institution and Long-term Care Personnel Management Information System was established in September 2018. The system facilitates the addition or maintenance of institution data and the verification of certification qualifications for long-term care personnel. Moreover, the system establishes a connection between institutions

and personnel through a code linkage, thereby enabling the registration of long-term care personnel under the management of long-term care institutions.

Section 2 Diverse Innovative Service

1. Care Services for People with Dementia

Long-term Care 2.0 includes people with dementia over the age of 50 as eligible care recipients. In an effort to strengthen community-based service capacity for people with dementia, the MOHW has also established more Support Center for People with Dementia and their Families (SPDF) while taking various measures such as awareness promotion, dementia alleviation, courses on adult foster care, and family support groups. In addition, the MOHW has established Integrated Dementia Care Center (IDCC) in municipalities across Taiwan in the hopes of providing proper guidance/assistance as well as information services, referrals and other supporting services. These centers will help to coordinate medical resources, and arrange the provision of relevant care services. As of 2023, the MOHW has established a total of 533 SPDFs and 116 IDCCs.

2. Indigenous Area Long-Term Care Services Trial Program

In an effort to deliver long-term care to indigenous communities and achieve the goal of localized aging for tribal elders, the President has instructed the establishment of cultural health stations. It encourages local governments to assist local indigenous tribe in setting up day care centers as a step towards providing multi-level long-term care services, including day care service, temporary overnight lodging, transportation services, respite services, and outreach home care. This initiative also aims to cultivate local care workers and establish comprehensive long-term care services in indigenous communities.

As a result of intensive cross-agency communication and close collaboration with local government, the pilot program for long-term care services in indigenous areas has successfully established of 9 day care centers as of the end of 2023.

3. Support services for family caregivers

(1) Provision of Support Services and Relevant Information for Family Caregivers

Since 2018, subsidies have been provided to local governments to implement the "Innovative Program for Supportive Services for Family Caregivers". By the end of 2023, a cumulative total of 123 family caregiving support service centers had been established.

To expedite the provision of relevant services to high-burden family caregivers, the MOHW issued a letter on May 10, 2021, containing the "Preliminary Screening Indicators for High-Burden Family Caregivers in Long-term Care" and the "Referral and Service Process for High-Burden Family Caregivers in Long-term Care." These initiatives aimed to enhance the sensitivity of network members in identifying high-burden family caregivers and establish effective cross-agency referral and resource coordination. Moreover, to ensure that services effectively respond to the demands of family caregivers, indicators related to interdepartmental collaboration and public-private cooperation mechanisms were included in the local health authority's business evaluation for 2022. Local governments were required to establish capacity-building and supervision mechanisms for service units serving family caregivers within their jurisdictions, promoting quality improvement in case management through horizontal collaboration.

(2) Long-term care for Families with Foreign In-home Caregivers

The care recipients who were attended by foreign domestic caregivers (hereinafter referred to as "foreign caregivers") and assessed as requiring level 2 or above of long-term care needs, were eligible to apply for professional services, transportation services, assistive devices and home barrier-free environment improvements, mobile bathing services, and respite care services. They could also avail themselves of community-based transportation services to be transported to LTC stations around the blocks (C stations) or participate in activities and services aimed at preventing or delaying disability

(dementia). In the case of individuals assessed as having dementia but not disabled, they could also utilize SPDF and IDCC. Additionally, family members with caregiver support service needs could utilize support services for family caregivers bases for assistance. Statistics show that as of 2023, 88,592 families employing foreign domestic caregivers utilized long-term care services, a 1.33-fold increase from the same period in 2022 (66,440). Among the services used, transportation was the most common with 53,153 users, followed by respite care with 45,591 users, and professional services with 25,424 users.

4. Family Physician Care Program for Home-Based Disabled Case

To establish integration between home-based care and long-term care services models so as to prevent clients of chronic diseases from deterioration and worsening in disability, the MOHW has implemented its "Family Physician Care Program for Home-Based Disabled Case" from July 19, 2019 onward. The Program involves dispatching medical staff to the homes of disabled cases in nearby communities and perform health and chronic illness management, issue LTC physician's opinion and special precautions for service personnel intending to care recipients and so forth as the basis for the formulation of care plans. As of the end of 2023, a total of 862 clinics / health centers took part in the project, and 231, 181 people received case assignments.

5. Long-Term Care 2.0 Link Up Discharge Preparation Plan

In order to facilitate timely access to long-term care services for hospitalized clients after their discharge from the hospital, the MOHW has implemented the "Incentive program for Long-term Care 2.0 link up discharge preparation plan." This program integrates assessment tools, personnel training, information systems, and evaluation processes. The previous procedure of conducting assessments only after clients submit their applications upon discharge has been improved, with the process being 3 days prior to discharge, and individuals can obtain long-term care services within 7 days after being discharged.

In light of the intensive reablement services needs of clients after discharge, the MOHW has strengthened the coordination between medical care and long-term care services and increased the capacity for discharge preparation services. It has actively promoted specialized reablement services to seize the golden recovery period within 3 months after discharge, assisting in independent living training. In 2023, a total of 237 hospitals have participated in the program, and 45,403 people have undergone assessment during the year.

6. Minimizing Outpatient Visits by Institutional Residents Plan

Since 2020, the "Minimizing Outpatient Visits by Institutional Residents Plan" has been implemented. It provides incentives to medical and care institutions that meet criteria such as signing exclusive management contracts, reducing average medical visits, managing chronic diseases, and providing nutritional care. In 2023, to address resident needs and increase institutional participation, indicators related to promoting in-facility hospice care were added, and incentive amounts for existing indicators were increased. From 2023, medical and care institutions can receive up to NTD 144,000 and NTD 71,000 in incentives every six months, respectively. In the second half of 2023, approximately 1,053 care facilities and 399 medical institutions applied to participate, benefiting around 77,000 individuals.

Chapter 3 Long-Term Care Manpower

Section 1 Care Worker Workforce

In order to enhance the manpower in caregiving services and improve retention, the MOHW has actively worked towards improving labor conditions and increasing employment incentives. As of the end of 2023, the number of active care service workers in long-term care services reached 97,178, an increase of 71,984 from 25,194 at the end of 2016 (during the Long-Term Care 1.0 period), representing a 3.9-fold growth. Related measures include:

1. Improve salary income: Promoted a benefits and payments system by transitioning from the previous subsidy-based "hourly" pay model to a calculation based on the care package (i.e. service items), while providing additional compensation for

challenging cases. This approach not only offers diversified services to the public, but also eliminates the negative stereotype associated with "hourly workers," elevating the professional image of care services and allowing service providers to allocate sufficient costs for care worker salary adjustments.

2. Strengthen care worker development: Care workers with certain years of experience according to related regulations could be service supervisors or heads of long-term care institutions, to promote a rise to managerial level or encourage enterprise start-up.
3. Expanding manpower nurturing: In order to incentivize schools and long-term care institutions to cultivate and train care workers, informational sessions were conducted in collaboration with the MOHW of Education's "Vocational School Caregiving Cultivation Plan." Encouraging long-term care institutions to provide scholarships and collaborate with schools, these initiatives aimed to nurture students' professional caregiving skills, thereby facilitating the employment of qualified individuals within the institutions and reduce the gap between theory and practice. Furthermore, to broaden the source of personnel, in coordination with the Ministry of Education's promotion of New Southbound Policy international programs for industry-academia cooperation, the MOHW launched a pilot program at the end of 2023. This "Pilot Program for Talent Recruitment and Retention in Residential Long-Term Care Institutions through International Industry-Academia Cooperation" aims to recruit overseas Chinese and foreign students to study in long-term care related departments in Taiwan. It guides schools and residential care institution operators in industry-academia cooperation, using the concept of specialized training programs. The plan is designed for graduates of these specialized programs to commit to working in residential care institutions for at least three years after graduation.
4. Upgrade professional images: promotional videos for care workers were shoot, Facebook and Line as means of promotion, to enhance people's knowledge of care workers, and upgrade their professional images.

5. Enhancing Institutional Careworker Workforce: Through the "Residential Institution Caregiver Advanced Training Incentive Program", residential institutions recommend outstanding local caregivers with certain qualifications to participate in advanced training courses set by the Ministry. Those who pass the exam and obtain a completion certificate will receive a monthly incentive of NTD 5,000 for four years starting from 2024. This aims to attract and retain advanced personnel and ensure each institution has advanced caregivers to improve service quality.

Section 2 Social Workers and Medical Professional Workforce

In an effort to boost the capacity of professional long-term care workforce and address their training needs, various levels of long-term care professional training courses (Level I - Level III) were planned and implemented in 2010. Additionally, to achieve the goal of enhancing the outcome of training, the MOHW established a digital learning platform for professional long-term care workers, which was officially launched in March 2017. This platform facilitated the digitalization of Level I courses, providing convenient and accessible learning opportunities for long-term care professionals. As of 2023, over 50,000 long-term care medical and social work personnel had been certified.

Chapter 4 Long-Term Care Services Quality

Section 1 Strengthening the Role and Functions of Care Management Personnel and Ensuring the Service Quality

1. To enhance the public's professional trust in government of long-term care services and ensure stability and clear role positioning for care management personnel (hereinafter referred to as "care managers"). In addition to adjusting the remuneration for military and public servants in 2023, has also obtained the approval of the Executive Yuan to employ care managers in long-term care management centers of local governments on a contract basis from 2023.

Considering the difficulties in attracting and retaining talent in remote areas and offshore islands, local governments may increase salary points within the basic standard range of regional allowances to stabilize the care management workforce and encourage long-term service in line with the official letter Ren-Zheng-Si-Zi 53044 of 1990 from the Executive Yuan.

2. The responsibilities of care managers include specialized tasks such as assessing the disability levels in long-term care (including initial and follow-up assessments), collaborating with Case Managers from Unit A to develop and review care plans, coordinating and linking resources across units, conducting inspections and audits to ensure the quality of post-case services, and performing audits of service units.

Section 2 Mechanisms for Enhancing the Quality of Long-Term Care Services

1. To maintain long-term care service quality and effectively manage personnel, the Regulations for the Training, Certification, Continuous Education and Registration for Long-term Care Personnel stipulate that from September 2, 2022, long-term care personnel can only register with one long-term care service unit. However, considering the different work nature of careworkers in home-based services compared to those in community-based or residential facilities, and the lack of specified careworker-to-resident ratios for home-based care institutions, from October 13, 2023, institution directors cannot refuse home careworkers' requests to support up to two additional institutions to protect their work rights.
2. Since the launch of the Long-term Care 10-year Plan 2.0 in 2017, there has been significant progress in the development of long-term care service resources and the expansion of the service workforce. In addition to the growth in service capacity, the MOHW has actively promoted various measures to enhance and maintain the quality of long-term care services. These measures include:

- (1) Regularly conducting institutional evaluations to establish a comprehensive monitoring mechanism:

A. For various long-term care institutions established in accordance with the Long-Term Care Services Act, they are subject to evaluation every four years in accordance with the Long-Term Care Act and Establishment Standards for Long-Term Care Institutions. The evaluation results should be publicly announced by local governments to facilitate service users in making informed choices regarding long-term care services. In cases where the evaluation results are deemed unsatisfactory, the institutions are required to make improvements within a specified period. Depending on the specific improvement progress, penalties, temporary closure, or revocation of their establishment permits may be imposed.

B. In accordance with the Long-Term Care Services Act and its related subsidiary regulations, local authorities were required to diligently implement the management of long-term care institutions and personnel. It was obligatory for them to conduct unannounced inspections at least once a year.

- (2) Implementing contractor management and an exit mechanism

The "Regulations on Long-Term Care Contracted Management", effective October 6, 2023, addresses issues encountered by local authorities in managing long-term care contracts. It strengthens contract management mechanisms, including requiring local authorities to define and announce service areas, specifying grounds for contract rejection, implementing a point deduction system for violations, reducing or suspending case assignments based on contract violations, establishing criteria for contract termination or dissolution, and requiring local authorities to conduct at least one audit of reported cases during the contract period. Violations may result in non-payment of fees and recovery of penalties, implementing management and exit mechanisms for underperforming contracted units.

(3) Improving Service Quality and Keep Up Management:

- A. Appropriately utilize the long-term care payment audit system declaration data: Local governments are urged to regularly compare the declaration data with the service records of long-term care institutions and the registration status of long-term care personnel. In addition, proactive investigations and assessments should be conducted regarding any abnormal declarations, with the aim of understanding the situation and providing guidance for improvement.
- B. response to the linkage of long-term care services, it is necessary to establish case management quality assessment and management mechanisms. This includes incorporating management assessment mechanisms and abnormal indicator investigations into health administration evaluation indicators to supervise and guide county and city governments in actively implementing supportive management measures.
- C. Evaluation indicators guide the refinement of service quality: The health administration evaluation indicators have incorporated "home care quality management" and "adult foster care quality management mechanisms of local government". Community-based long-term care institutions are guided to provide extended care and other diverse services. Regularly selected cases were visited and assessed to understand the service situation, maintaining detailed records. Analytical assessments, reviews, and improvement strategies were proposed based on the examination results and any anomalies detected. In 2023, all 22 counties and cities established quality management mechanisms according to evaluation indicators.

3. Program for Attaining Service Excellence at Long-term Care Institutions

To address the uneven quality of residential service institutions and the issue of limited availability, the Program for Attaining Service Excellence at Long-term Care Institutions has been implemented since 2020. It focuses on five types of residential service institutions: elderly welfare institutions (excluding nursing beds), accommodation institutions for persons with disabilities (excluding early intervention), general nursing homes, psychiatric nursing homes, and residential long-term care institutions established under the Long-term Care Services Act. Four categories of quality indicators have been established, including "compliance with reporting system data," "improvement of public safety," "provision of adequate daily living spaces," and "enhancement of care quality." Institutions that achieve all indicators in a given year are rewarded. In 2023, a total of 1,479 institutions were participated.

4. Residential Institution Infection Control Enhancement Incentive Program

To implement institutional infection control operations, infection control indicators have been established, and comprehensive emergency preparedness plans and related drills for residential institutions have been developed. Institutions are awarded annual incentives ranging from NTD 180,000 to NTD 760,000 based on their bed capacity and achievement of indicators. In 2023, 1,308 institutions participated in this program.

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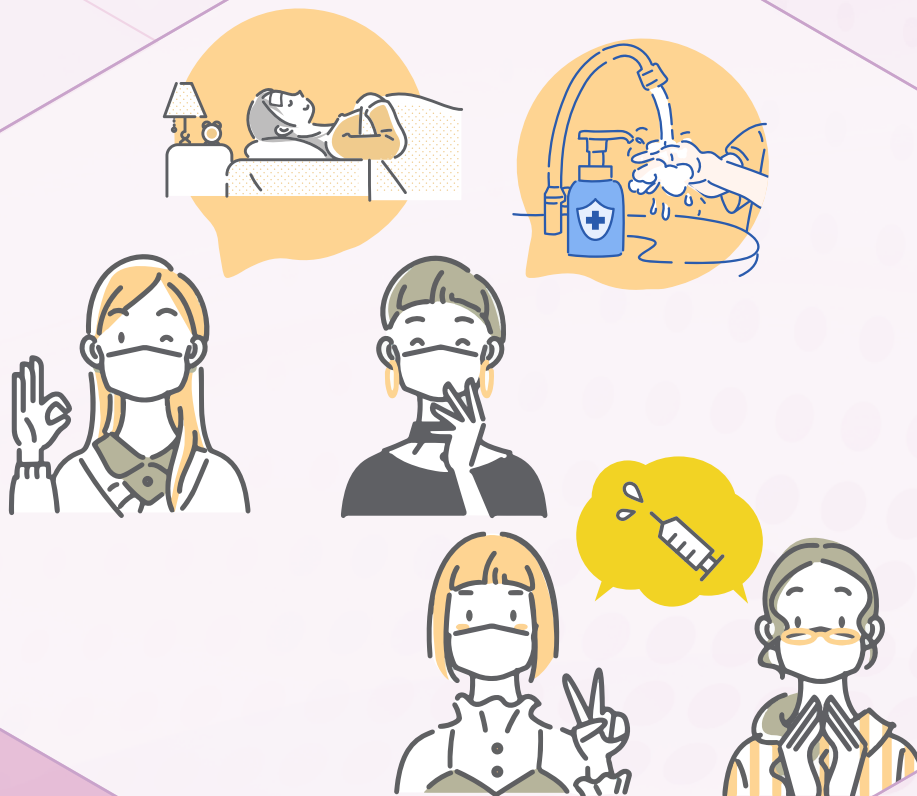
Communicable Disease Control

Chapter 1 Communicable Disease Control Regulations and System

Chapter 2 Prevention and Control of Major/Emerging Communicable Diseases

Chapter 3 Communicable Disease Preparedness and Response, and Infection Control

Chapter 4 Immunization



Managing communicable diseases requires disease surveillance, outbreak investigation, preparedness, research, and proper immunization. Additionally, relevant regulations must keep pace with global trends and changing health needs to construct a solid framework that can ensure the health and wellbeing of the people.

Chapter 1 Communicable Disease Control Regulations and System

In order to prevent the incidence and prevalence of communicable diseases, Taiwan has enacted the Communicable Disease Control Act and related regulations. The Act specifies the obligations and rights associated with the control of communicable diseases among government agencies, medical institutions, healthcare workers, and the general public. It also formalizes the roles of healthcare workers in dealing with an epidemic.

Section 1 Regulations and Framework for Communicable Disease Control

1. Laws and Regulations Governing Communicable Disease Prevention

The "Communicable Disease Control Act" and the "HIV Infection Control and Patient Rights Protection

Act" are two major sets of regulations governing communicable disease prevention and control. In response to the Severe Special Infectious Pneumonia (COVID-19) prevention needs, the Legislative Yuan passed the third reading of the "Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens" on February 25, 2020, which was then promulgated by the President. On May 31, 2021, the Legislative Yuan amended the aforementioned Act to raise the special budget cap to NTD 840 billion and extend its implementation period to June 30, 2022. Considering the rapid changes in the COVID-19 situation, the Legislative Yuan further agreed on May 27, 2022, to extend the implementation period of the Act and its special budget to June 30, 2023, which was not extended further upon expiration. To address the expiration of the Act, to ensure the continued processing of applications and payment of epidemic prevention compensation after the expiration of the Special Act, and to protect the communicable disease surveillance and early warning system as part of the national critical infrastructure, Articles 74-1, 61-1, and 61-2 were added to the "Communicable Disease Control Act" and promulgated on June 21 and 28, 2023, respectively. Additionally, to meet the needs of epidemic prevention work, important regulatory amendments made in 2024 are shown in Table 6-1.

Table 6-1 List of Communicable Disease Regulations Revised and Issued in 2023

Name of Regulation / Legal Order	Date of Amendment	Objective of Revision
Regulations Governing Immunization Procedure, Review of Children's Immunization Record, and Catch-up Immunization	March 27	In response to changes in routine vaccine items and schedules for young children, the appendix of Article 6 of these regulations has been amended, revising the vaccine items and schedules for elementary school students, preschoolers, children in nursery centers, and infants in the attached table.
Regulations Governing Laboratory Testing for Communicable Diseases and Management of Laboratory Testing	May 1	Paragraph 3 of Article 8, has been amended to allow medical institutions using approved or specially approved in vitro diagnostic reagents to be qualified testing institutions designated by the central competent authority.
Categories of Communicable Diseases and Preventive Measures for Category IV and V Communicable Diseases	May 1 May 31	1. "Severe Special Infectious Pneumonia" has been reclassified from a Category V to a Category IV communicable disease, with corresponding adjustments made to prevention and control measures. 2. The reporting deadline for "Severe Special Infectious Pneumonia" has been amended to 72 hours.
Regulations Governing Collection and Review of Vaccine Injury Compensation Fund	December 29	Paragraph 3 of Article 3, regarding the collection of funds for Severe Special Infectious Pneumonia (COVID-19) vaccines and the BCG vaccine, has been amended to align with the principles of budget balance and risk sharing.

Source: Taiwan Centers for Disease Control

2. Administrative Framework for Communicable Disease Control

The Taiwan Centers for Disease Control (Taiwan CDC), MOHW is responsible for the formulation and review of communicable disease control policy and supervises six regional control centers that provide local authorities with guidance regarding disease control and quarantine operations. Local authorities are responsible for formulating and implementing disease control plans.

3. Laboratory Testing Framework

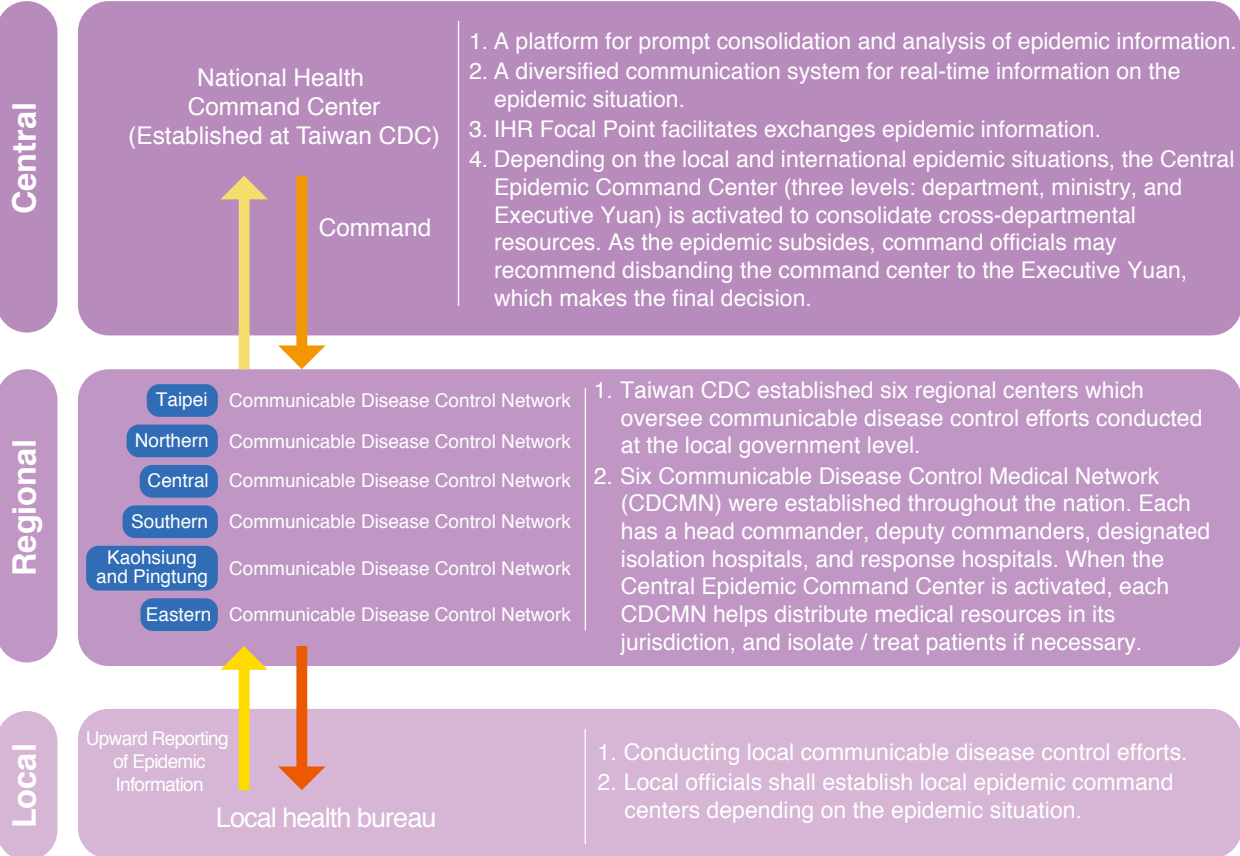
Taiwan CDC is responsible for laboratory testing and research of communicable diseases with a comprehensive testing network. Besides the 12 Taiwan CDC laboratories, there are 347 legally accredited testing institutions (including the original 268 designated COVID-19 testing institutions, all of which were converted to accredited testing institutions when COVID-19 was reclassified as a Category IV Communicable disease). This network

also includes 11 designated testing institutions for novel influenza A, 10 contracted tuberculosis laboratories, 8 contracted enterovirus and influenza virus laboratories, and 1 institution for testing high-risk pathogens and controlled toxins.

4. National Response Framework for Communicable Disease Control

To respond to communicable disease emergencies, the National Health Command Center (NHCC) was established in 2005. The NHCC was established by combining the functions of the Central Epidemic Command Center, Biological Pathogen Disaster Command Center, the Counter-Bioterrorism Command Center and the Central Medical Emergency Operations Center. This joint framework serves as a comprehensive disaster prevention mechanism. The NHCC operates at the central, regional, and local government levels. The overall command structure is shown in Figure 6-1. In normal operating times, the International

Figure 6-1 Command Structure of Communicable Disease Command Center



Source: Taiwan Centers for Disease Control

Health Regulations Focal Point remains operational to facilitate reporting of cases and response to an important epidemic and public health emergency in normal times.

Section 2 Disease Surveillance and Investigation Mechanisms

Disease surveillance aims to quickly detect the incidence of diseases and to establish a pattern of progression so policymakers can arrive at a sound decision. Taiwan CDC has established a diverse communicable disease surveillance system. The integration and analysis of surveillance data forms the empirical foundation that supports pandemic prevention command and policy evaluation. The number of notifiable disease cases in 2023 is shown in Appendix II.

The goal of epidemiological investigations is to immediately grasp the development of epidemics as well as learn about modes of transmission and sources. These processes aim to identify the cause of disease spread soon as possible and formulate response strategies, in order to effectively prevent epidemics from spreading. In 2023, there were 1,771 suspected clusters.

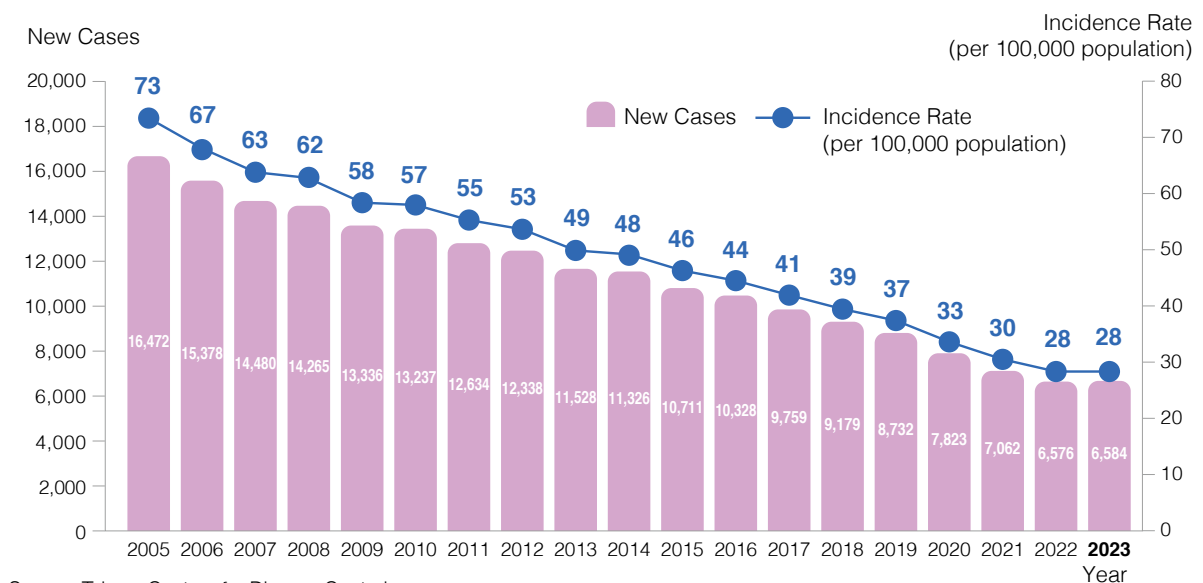
Chapter 2 Prevention and Control of Major / Emerging Communicable Diseases

Section 1 Tuberculosis

For the prevention strategies of tuberculosis, besides reinforcing the checkups of contacts and reported cases, the MOHW has promoted new diagnostic techniques and introduced new medicine in order to shorten the tuberculosis diagnosis and treatment period and raise the treatment coverage of latent tuberculosis infection. The outcomes achieved in 2023 are as follow:

1. It is estimated that there will be 6,584 new cases of TB in 2023, with a projected national incidence rate of 28 cases per 100,000 population. Since 2005, Taiwan has achieved a cumulative reduction of 62% in the TB incidence rate (Figure 6-2), indicating the effectiveness of our prevention and control strategies.
2. The Directly Observed Treatment Short Course (DOTs) program was implemented. In 2023, 7,079 individuals on anti-tuberculosis medication participated in this program, achieving a 99% implementation rate. The program effectively prevented the development of drug resistance or relapse.

Figure 6-2 Annual Tuberculosis Incidence Trends



3. The "Taiwan MDR-TB Consortium" continues to be promoted. For cases notified in 2021, the 24-month cohort treatment success rate was 76.1%.
4. Expanded the "Latent Tuberculosis Infection Treatment Program" to provide testing services to 100,101 individuals, with 11,345 people receiving treatment. 98% of these people participated in the DOTs, effectively reducing the future risk of disease among high-risk populations.
5. Strengthened implementation of contact investigations, with an average of 12 contacts traced and examined per index tuberculosis case, to reduce the risk of further tuberculosis transmission. Additionally, 286 cases were detected through active screening using chest X-rays.

Section 2 Communicable Disease of the Enteric Tract

1. Enterovirus

In 2023, there were a total of 11 confirmed cases of severe enterovirus, with 1 fatality. Starting 2020, due to public adherence to COVID-19 prevention measures, the number of enterovirus diagnoses and medical visits had significantly decreased, resulting in an increase in the susceptible population. However, with the gradual reopening of borders and relaxation of domestic community prevention measures in the second half of 2022, the risk of enterovirus outbreaks increased. Key prevention strategies included ongoing vigilant monitoring and prevention, collaboration with local governments to deepen community health education and strengthen prevention and control inspections, and establishing an enterovirus severe case medical network with designated responsible hospitals to enhance response capabilities and improve medical care quality for severe cases.

2. Acute Hepatitis A

In 2023, there were 85 confirmed cases of acute viral hepatitis A (78 domestic cases and 7 imported cases). During the year, an incident occurred in Taiwan where hepatitis A virus was detected in imported frozen berries through random testing by the Taiwan Food and Drug Administration. Taiwan CDC conducted enhanced epidemiological

investigations and surveillance for hepatitis A-related cases from April 28 to June 30. All reported cases were found to have no association with the consumption of imported frozen berries.

Section 3 Vector-Borne Communicable Diseases

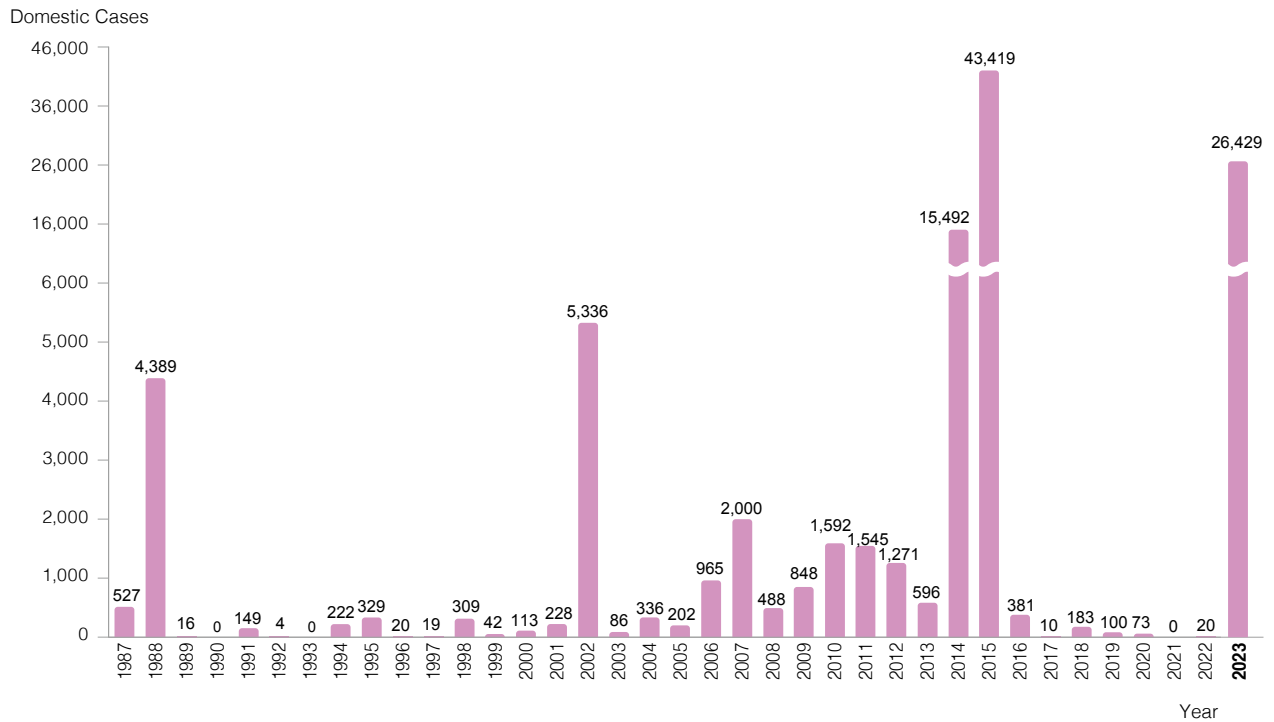
1. Dengue Fever

In 2023, there were 26,706 confirmed dengue fever cases (277 imported cases, 26,429 domestic cases), with a cumulative total of 60 fatalities. In 2023, due to the severe epidemic situation in Southeast Asia, relaxation of COVID-19 border control measures, hot climate, and frequent rainfall, the risk of domestic dengue fever transmission increased. The number of domestic cases was the second highest in the past 10 years. Figures 6-3 and 6-4 show the number of confirmed dengue fever cases over the years.

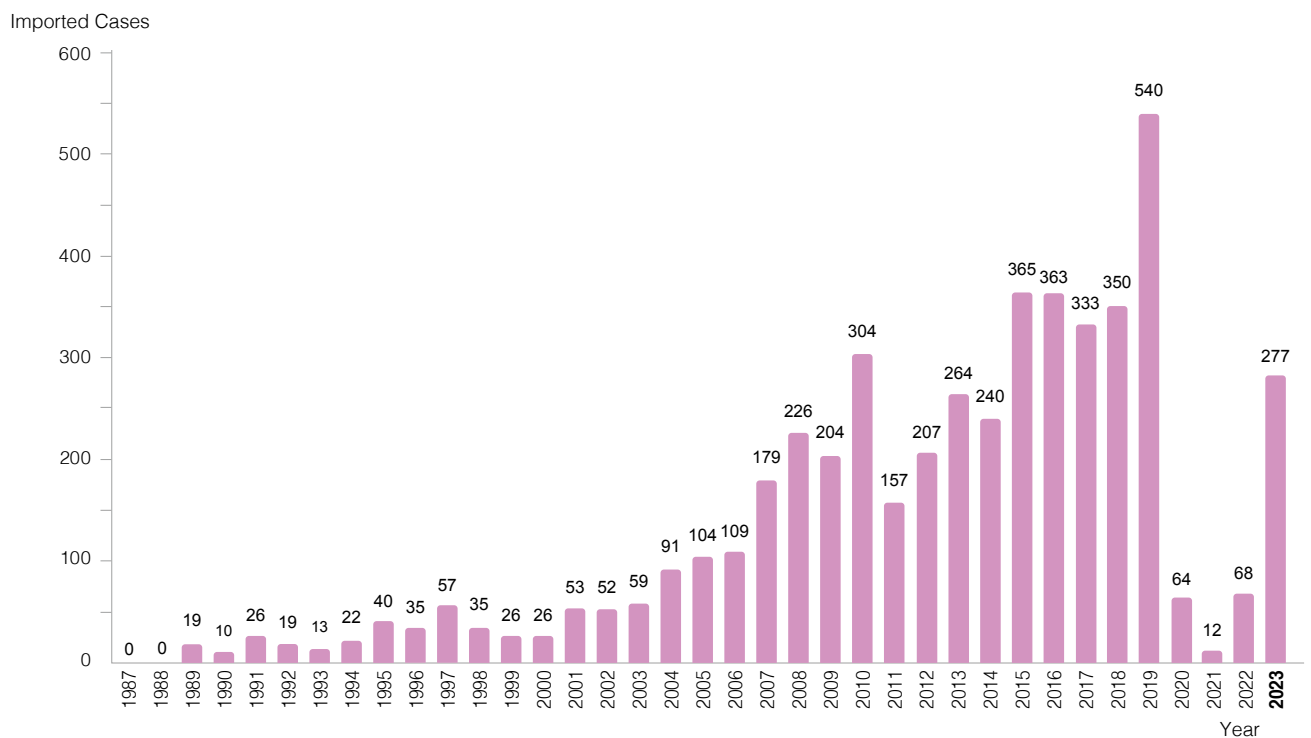
In response to the 2023 domestic outbreak of dengue fever, Taiwan CDC established a "Dengue Fever Mobile Prevention Team" on June 26 to supervise community diagnoses, risk assessments, and chemical control measures conducted by local government. Simultaneously, a "Dengue Fever Response Working Group" was formed, meeting weekly to discuss response measures. As the domestic outbreak continued, a "Dengue Fever Incident Response Team" was established, led by Taiwan CDC Deputy Director-General Lo Yi-Chun, and stationed in Tainan City to strengthen epidemic prevention efforts. The response team was operational from September 18 to November 20. Taiwan CDC also continued to use the "Executive Yuan Important Mosquito-Borne Disease Prevention and Control Liaison Meeting" platform to adjust meeting frequency as needed and strengthen communication and coordination of prevention efforts between central and local authorities.

2. Zika Virus

In 2023, Taiwan reported 3 imported cases of Zika virus infection, the first cases since 2021. From 2016 to 2023, a total of 29 cases were reported, all of which were imported. As Zika virus infection during pregnancy may lead to microcephaly or fetal

Figure 6-3 Number of Confirmed Dengue Fever Cases, by Year (domestic cases)

Source: Taiwan Centers for Disease Control

Figure 6-4 Confirmed Cases of Dengue Fever, by Year (Imported cases)

Source: Taiwan Centers for Disease Control

death, pregnant women are advised to postpone travel to Zika-affected areas. Those who need to travel to these areas should take strict precautions against mosquito bites.

Section 4 Communicable Diseases Transmitted by Blood or Body Fluids

1. HIV infection

From 1984 till the end of 2023, there were a cumulative total of 44,259 reported cases of HIV among Taiwanese nationals. Of those infected, 21,584 developed full-blown AIDS, which led to 8,628 deaths. In 2023, there were 940 new reported cases. Compared to 2022, there had been a decline of 12%; the male-to-female ratio for those infected is 26:1. Among the newly infected, 94% of them had contracted the disease through unsafe sex, particularly unsafe homosexual sex. These constituted 83% of all contracted cases for the year. The outcome of disease prevention in 2023 is as follows:

(1) Four gender diversity-friendly community health centers were established to provide HIV consultations, outpatient care, and health education, offering screening services to approximately 10,000 people.

(2) The "Harm Reduction Program" remained in place. Newly reported cases of substance abuse had fallen from 72% in 2005 to 2% in 2023.

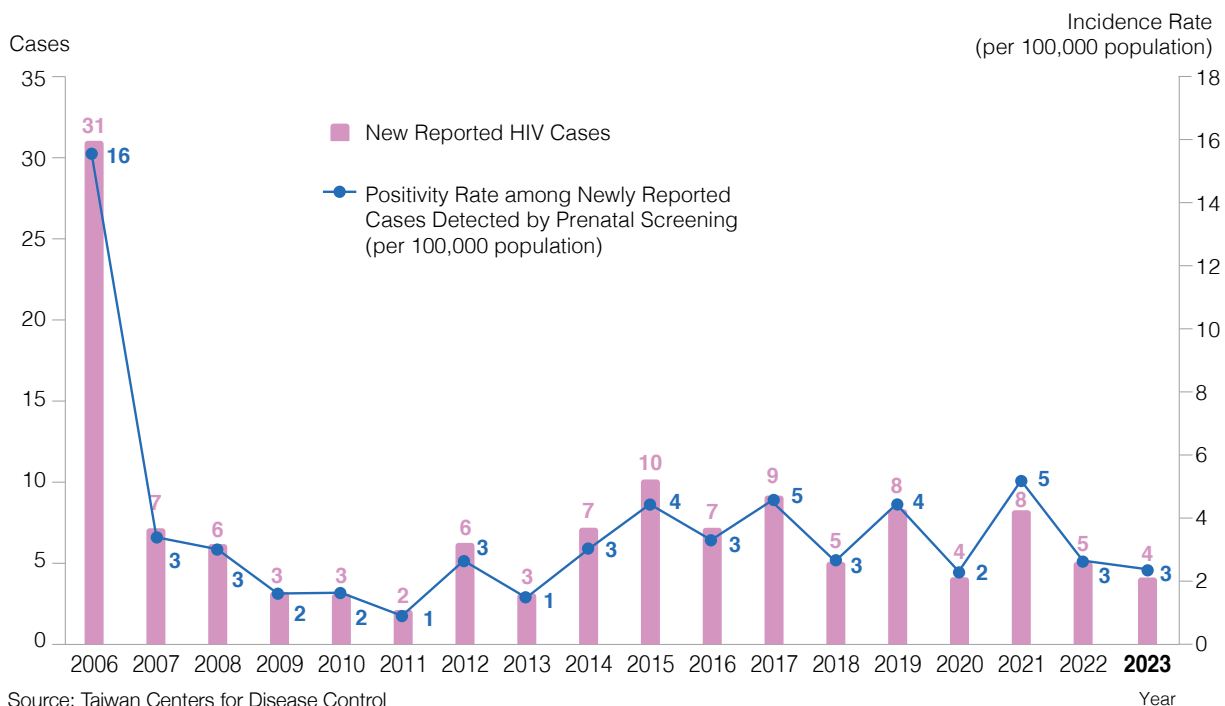
(3) For privacy concerns and convenience purposes, the MOHW has offered HIV screening consultation and referral services through its Free HIV Anonymous Screening and Consultation Project to approximately 38,968 people. The MOHW also supplied self-screening kits for AIDS through manual distribution, automatic kiosks, and convenient store pickups for online orders. More than 79,851 people have benefitted from this service.

(4) The Pre-Exposure Prophylaxis (PrEP) program continued to be implemented. Together with local health bureaus and 63 executing agencies, as of 2023, 5,797 people had received holistic integrated care services.

(5) The MOHW implemented a universal HIV screening among pregnant women. In 2023, 4 new cases were found through the screening of pregnant woman. But, thanks to the preventive measures, there was only one case of vertical transmission. (Figure 6-5)

(6) There were 90 designated medical institutions and 108 community drug stores that provide

Figure 6-5 New HIV Cases and Positive Incidence Rate under the Universal Screening Program



medical services for HIV/AIDS patients. The Plan for Service Quality Improvement in Hospitals Designated for Treatment of HIV/AIDS was launched. 96% of HIV patients received medication, and 95% of those receiving medication had an undetectable viral load.

- (7) Local health departments (health centers) were instructed to ensure that patients received medical assistance regularly and reinforce consultation services and follow-ups for their partners. Subsidies were also provided to NGOs that assist with patient care as halfway houses or offer treatment arrangements, emergency accommodation, and case management services. Placement was offered in 794 cases, and case management services were provided to 3,478 patients.

2. Acute viral hepatitis B and C

In 2023, there were 132 confirmed cases of acute viral hepatitis B and 501 cases of hepatitis C. The risk of transmission has been reduced through prenatal hepatitis B screening for pregnant women and hepatitis B vaccination for newborns. The carrier rate among 6-year-old children in Taiwan has decreased from 10.5% before the implementation of newborn vaccination (1989 survey) to approximately 0.8% (2007 survey). According to a 2019 survey, the carrier rate in the vaccinated generation decreased to 0.64%. To reduce the probability of hepatitis B incidence in children born to hepatitis B carrier (HBsAg positive) mothers, the "Follow-up

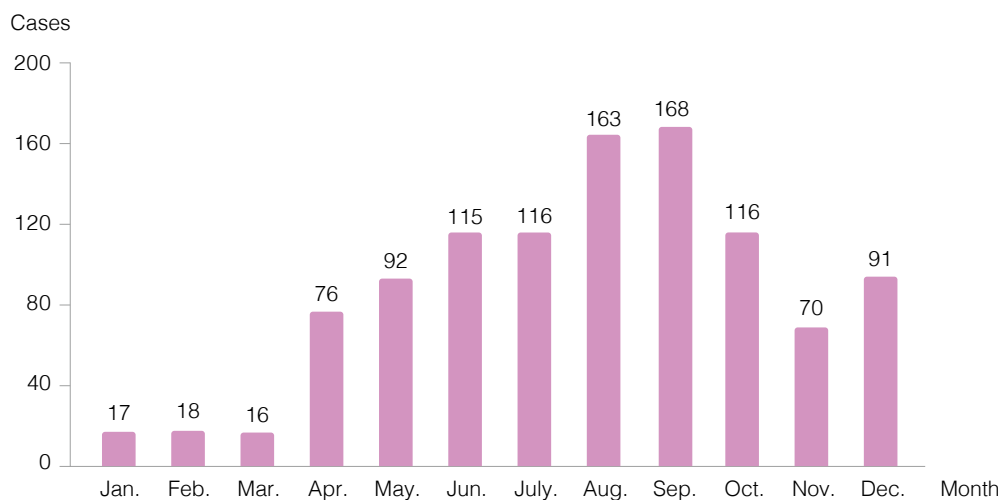
Examination and Additional Vaccination Program for Children at High Risk of Hepatitis B" continues to be promoted. The follow-up examination rate increased from less than 60% in 2021 to 83.9% in 2023. There is no vaccine available to prevent hepatitis C infection. Groups at higher risk of infection include intravenous drug users, HIV-infected individuals, those undergoing blood dialysis, and the sexual partners and children of individuals infected with hepatitis C. In addition to providing health education to high-risk groups and confirmed hepatitis C cases, follow-up care and referrals for treatment are conducted six months after a patient's diagnosis.

Section 5 Influenza Control

1. Seasonal influenza

- (1) In 2023, there were a total of 1,058 confirmed cases of influenza with severe complications, including 248 fatalities, resulting in a mortality rate of 23.4%, as shown in Figure 6-6.
- (2) The MOHW launched the "Influenza Vaccine Immunization Program" in October 2023. As of May 13, 2024, a total of over 6,560,000 immunizations were administered.
- (3) The MOHW rigorously monitored influenza activity, strengthened the quality of medical care available for acute cases, and the allocation of resources. The MOHW set up approximately 4,300 locations to dispense subsidized influenza antivirals.

Figure 6-6 Confirmed Cases of Severe Influenza Complications in 2023



Source: Taiwan Centers for Disease Control

2. Novel Influenza A Virus Infections (Flu Pandemic)

- (1) Information on the avian influenza epidemic was exchanged through an interagency communication platform to ensure stringent surveillance of avian influenza variants and the risk of their spreading to humans. Health monitoring took place among frontline workers handling the slaughter of poultry and cleaning and disinfection of poultry farms. A total of 1,523 individuals were monitored in 2023, and no human infection with avian influenza was detected.
- (2) Surveillance of the antigenicity, drug resistance, and genetic changes of flu viruses as well as emergence of novel flus continued. With international norms / rules considered, the establishment of the Advance Purchase Agreement (APA) mechanism was proposed. The MOHW has reserved influenza antiviral drugs sufficient for 10-15% of the population.

Section 6 Prevention and Control of COVID-19

In response to the COVID-19 pandemic, 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. On May 1, 2023, considering the trend of milder COVID-19 and increased protection due to widespread vaccination, COVID-19 was reclassified as a Category IV Communicable Disease. The CECC was deactivated on the same day, with the Ministry of Health and Welfare establishing an inter-agency prevention and control liaison committee to continue COVID-19 preparedness and response work.

1. Overview

The end of 2023, COVID-19 continued to affect the world, with at least 780 million confirmed cases and over 7.01 million deaths globally. WHO indicated that the virus continues to mutate, posing an ongoing health threat. Domestically, there have been a cumulative total of 1,0269,349 confirmed cases (including cases redefined since March 20, 2023), with 10,210,842 domestic cases, 58,464 imported

cases, 36 cases from the Navy's Friendship Flotilla, 3 aircraft infections, and 4 cases of unknown origin.

2. Border Quarantine

- (1) With the downgrading of COVID-19 prevention measures, border quarantine policies have been steadily relaxed and opened, including the removal of requirements for PCR test reports before arrival, on-arrival saliva PCR tests, entry quarantine, and self-health management. Airport and seaport quarantine operations have returned to normal, with continued health assessments and necessary measures for symptomatic arrivals.
- (2) Regarding border traffic and related industries such as aircraft and various types of vessels (commercial ships, offshore wind power vessels, distant-water fishing boats, etc.), the competent authority of each targeted industry has already reviewed, integrated, and discontinued the implementation of special pandemic prevention plans formulated during COVID-19. Furthermore, supervision was conducted to ensure that industries incorporated self-initiated prevention measures into their ongoing Business Continuity Planning (BCP).
- (3) To protect the health and safety of frontline personnel at international and "Mini Three Links" ports, guidelines for personnel health management and environmental cleaning and disinfection have been established. On-site units use these to develop epidemic prevention management plans, implementing and internalizing various infection control measures.

3. Community Quarantine

- (1) After evaluating disease trends, domestic medical capacity and consulting international policies and experts, the case definition was adjusted from March 20, 2023. Only complicated (moderate to severe) cases meeting clinical and laboratory criteria needed to be reported. Asymptomatic or mildly symptomatic cases with positive rapid tests were no longer required to be reported or isolated, but needed to practice "0+n self-health management". After assessing domestic and international situations, virus mutations, vaccination rates, and herd immunity,

the self-health management period was reduced from 10 to 5 days on August 15, 2023. Mask regulations were relaxed, with mandatory mask wearing remaining effective in hospitals, clinics, general nursing homes, and elderly welfare institutions. Other medical institutions changed to recommend mask-wearing.

(2) Vaccine Preparation and Vaccination

To obtain safe and effective vaccines, Taiwan pursued both international procurement and domestic development. A cumulative total of 68.41 million COVID-19 vaccine doses were procured, including about 4.76 million doses through COVAX, 10 million doses of AstraZeneca, 41.05 million doses of Moderna, 7.6 million doses of BNT, and 5 million doses of domestic vaccines.

To achieve stable reopening and return to normal life, a "2023 National COVID-19 Vaccination Campaign" was launched from March 6 to April 30, 2023. The "Vaccine Plus One. Easing Restriction Safely." campaign was also implemented to encourage the bivalent vaccine uptake. From March 22, 2021, to September 30, 2023, approximately 68.16 million doses of the original and bivalent vaccines were administered.

In response to COVID-19 virus mutations and to enhance immunity against dominant strains, XBB vaccines were offered from September 26, 2023. By December 31, 2023, about 965,000 XBB vaccine doses had been administered, with a national coverage rate of 3.64%.

4. Medical Response and Medical Supplies Preparedness

(1) Continued to adapt to changes in the epidemic, continually refining infection control measures in healthcare facilities and laboratory biosafety policies, preparing contingency strategies and guidelines, gradually easing COVID-19 prevention measures, and returning to normal management of healthcare facilities.

(2) Continued to establish government quarantine facilities to accommodate individuals undergoing isolation / quarantine, as well as mild cases in accordance with the CECC's principle for admitting and treating confirmed COVID-19

cases based on severity. Cumulatively, nearly 130,000 individuals were admitted.

(3) To further increase the country's testing capacity, the MOHW expanded a nationwide network of 268 designated testing institutions with a maximum daily testing of 238,781 specimens as of 2023.

(4) Researched and evaluated SARS-CoV-2 detection methods and reagents, including virus culture, nucleic acid, antigen, and antibody tests. Developed and transferred the technology of SARS-CoV-2 antibody and antigen diagnostic reagents to assist in the development of domestic testing reagents. Viral strains were sent to relevant institutions to facilitate the operation of the "COVID-19 viral screening and analysis support platform" to support research and development in academia, industry, and research institutions.

5. Disseminating Information and Uncovering Disinformation

(1) From the establishment of the CECC until the end of 2023, a total of 960 press conferences were held, issue 2,199 press releases, 50 clarifications, 84 letters to the medical community, and producing 7,001 educational leaflets on key topics. These were used to release important epidemic information, policies, and measures to the public. Additionally, educational videos for epidemic prevention were produced and translated into multiple foreign languages. Various media platforms, including broadcasting, online media, and the public warning service, were expropriated and utilized to disseminate real-time and transparent domestic and international epidemic information, as well as various epidemic prevention decisions and measures.

(2) Taiwan CDC expanded the capacity of its "1922 Hotline," and additional features such as automated SMS replies and voice message capabilities were introduced to ensure efficient call diversion. These measures aimed to ensure that inquiring individuals could promptly access the information they needed. When the Central

Epidemic Command Center was in operation, the cumulative number of COVID-19-related incoming calls exceeded 12.842 million.

- (3) The MOHW has actively taken action against disinformation and immediately investigated and prosecuted cases according to applicable laws and regulations. Immediate action was also taken to investigate violations of epidemic prevention and related measures.

6. Smart Pandemic Prevention

- (1) Optimized smart technology to develop smart epidemic prevention systems. As Taiwan entered the community transmission stage, the "Contact Tracing Self-reporting System for Confirmed Cases" was launched on May 1, 2022. This system streamlined the local government's epidemiological investigations and reduced paper notifications, reducing the workload on health units. Until the self-reporting system's termination on March 27, 2023, approximately 10 million SMS messages were sent to confirmed cases, with about 8.224 million self-reports returned.
- (2) The "Taiwan Digital COVID-19 Certificate" system was in operation from December 28, 2021, to May 31, 2023. A cumulative total of 23,754,972, successful applications for digital vaccine certificates were processed.
- (3) The "Taiwan Social Distancing App" allowed the public to estimate social interactions using their smartphone's Bluetooth function, understanding potential contact risks with confirmed cases. During the widespread Omicron variant outbreak in April 2022, the app replaced SMS and paper-based contact tracing to facilitate the public's compliance with self-prevention measures. From March 27, 2023, in line with the policy that no reporting or isolation was required for asymptomatic or mildly symptomatic cases with positive rapid tests, the app's original function was discontinued and repurposed for notifying epidemic prevention information and clarifying misinformation. The service was terminated on December 31.

Chapter 3 Communicable Disease Preparedness and Response, and Infection Control

Section 1 Preparedness and Response to Emerging and Reemerging Infectious Diseases

1. International Port Quarantine: Through active reporting and screening mechanisms for travelers with suspected infectious disease symptoms upon entry, 109 imported dengue fever cases and 5 imported chikungunya cases were intercepted in 2023, preventing community introduction and reducing disease burden and transmission risk.
2. To safeguard the health of Taiwanese people traveling abroad, 32 contracted hospitals were commissioned to provide integrated international travel medicine services. In addition, a Travel Medicine Education and Training Center was established. In 2023, a total of 20 training courses were conducted for medical personnel and travel service providers to deepen the awareness of epidemic prevention during travel for the Taiwanese population.
3. In response to monkeypox, which has been officially classified as a Category II Communicable Disease, measures were actively implemented in 2023. These included closely monitoring domestic and international outbreaks, enhancing international port quarantine measures, healthcare facility reporting, case management, public risk communication and health education promotion, vaccination campaigns, and procurement and distribution of antiviral drugs and monkeypox vaccines. Vaccination for high-risk groups began on March 22, 2023, with 117,566 doses administered by December 31, 2023, to increase vaccine coverage and protection among risk groups. To address the epidemic and prevention objectives, liaison meetings were held with relevant experts, NGOs, cooperating medical institutions, and county/city health bureaus. To strengthen the dissemination of prevention messages through community networks, collaboration with NGOs and communities was enhanced, utilizing peer influence

to jointly promote prevention efforts, effectively controlling the monkeypox epidemic in Taiwan.

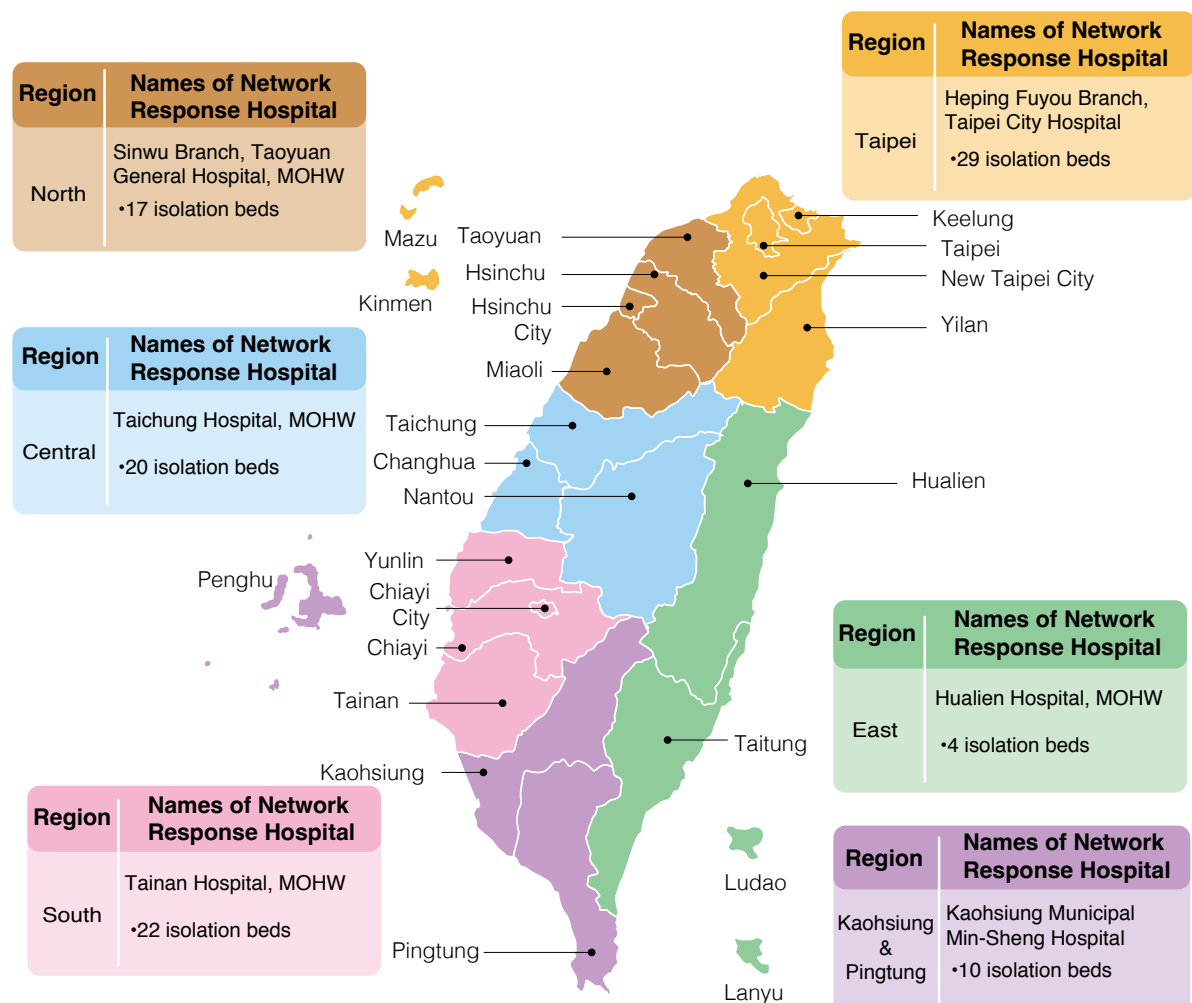
4. The Communicable Disease Prevention and Control Medical Network continues to be operational, as seen in Figure 6-7. In 2023, there were a total of 142 designated isolation hospitals. Each network zone designated one regional response hospital and one cooperation hospital. In addition to regular testing and inspections of negative pressure isolation wards in response hospitals, relevant drills and trainings were conducted to enhance the emergency response capacity and plans, aiming to maximize the effectiveness of regional joint defense mechanisms.
5. Continued to strengthen the stockpiling and management mechanism of epidemic prevention supplies, optimized the intelligent management systems for epidemic prevention supplies, and

improved distribution efficiency to maintain the protective equipment distribution and exchange mechanism and ensure safe stockpile levels.

Section 2 Healthcare-associated Infection Control and Laboratory Biosafety Management

1. Conducted infection control inspections in healthcare institutions, strengthening implementation of infection control measures through external audits. 238 hospitals and 510 long-term care facilities (including 434 elderly welfare institutions, 31 long-term care service institutions, and 45 disability welfare institutions) were inspected. Inspection results showed 1 district hospital and 3 institutions failed to pass, all of which have been placed under enhanced guidance and improvement tracking by local governments.

Figure 6-7 Communicable Disease Prevention and Control Medical Network



Source: Taiwan Centers for Disease Control

2. To effectively monitor antibiotic resistance and improve infection control and antibiotic management quality, 234 hospitals nationwide participated in the Taiwan Healthcare-associated infection and Antimicrobial resistance Surveillance System (THAS) antibiotic resistance monitoring module reporting, with 122 (52%) using automated reporting methods and the remainder using manual reporting.
3. Laboratory biosafety management
 - (1) Implemented laboratory biosafety inspections at domestic high-containment laboratories and installation units with highly dangerous pathogens and toxin use/storage. In 2023, the document inspections of security management were completed at 16 biological laboratories.
 - (2) In 2023, a total of 10 domestic laboratories conducting research on antimicrobial resistance were provided guidance and established the Laboratory Biosafety Management Manual. As of 2023, 165 laboratories of various biosafety levels had implemented or operated management systems. These laboratories were used as demo labs for the government's promotion of self-management capabilities at labs.
 - (3) In 2023, a total of 623 entities in the country that possessed, stored, and used pathogens and biological toxins in Risk Group 2 (RG2) or higher. The types and numbers of these entities are shown in Table 6-2.

Section 3 Research and Laboratory Testing

1. In 2023, a total of 189,976 specimens were tested, of which, 31,438 were found to contain a pathogen or tested positive for a related antibody, yielding a positivity rate of 16.5%.
2. Continued screening for novel coronavirus variants to monitor community transmission changes; monitored drug-resistant tuberculosis and zoonotic bovine tuberculosis, and utilized an automated strain genotype matching system in case management to enhance real-time monitoring of tuberculosis transmission.

3. Applied nanopore sequencing technology for rapid and accurate detection and surveillance of emerging diarrheal pathogens, epidemic strains, genotypes, and pathogen variations, providing diagnostic information for physicians and more precise and effective methods for infectious disease prevention and control.

Chapter 4 Immunization

Section 1 Current Immunization Status and Trends

Taiwan's Vaccine Fund was established in 2010, and new vaccine policies have been implemented each year since then. Currently, there are 9 free routine vaccines for children and influenza vaccines, preventing 15 infectious diseases. In 2023, pneumococcal vaccination for people aged 65 and above was expanded, implemented in three phases starting October 2. As of December 31, 2023, the cumulative vaccination reached 632,000 doses.

A "National Immunization Information System" was established by Taiwan CDC to monitor and track the immunization status of young children. Children's routine vaccination coverage rate has been maintained, as shown in Figure 6-8. To deal with the side effects of immunizations, the MOHW has established the "Vaccine Injury Compensation Program (VICP)" to enable victims to receive the assistance they are legally entitled to.

Section 2 Development and Manufacture of Antiserums/vaccines

In addition to commissioning the National Health Research Institutes' Biologics Manufacturing Plant to produce BCG vaccines, the Taiwan Centers for Disease Control (CDC) also independently produces anti-snake venom plasma raw materials. The CDC then commissions the same plant to process this plasma into anti-snake venom serum products. In 2023, a total of 330.2 kilograms of anti-snake venom plasma was produced. This resulted in the manufacture of 3,915 doses of anti-snake venom serum products, with 3,429 doses supplied. Additionally, 480,000 doses of BCG vaccine were manufactured.

Table 6-2

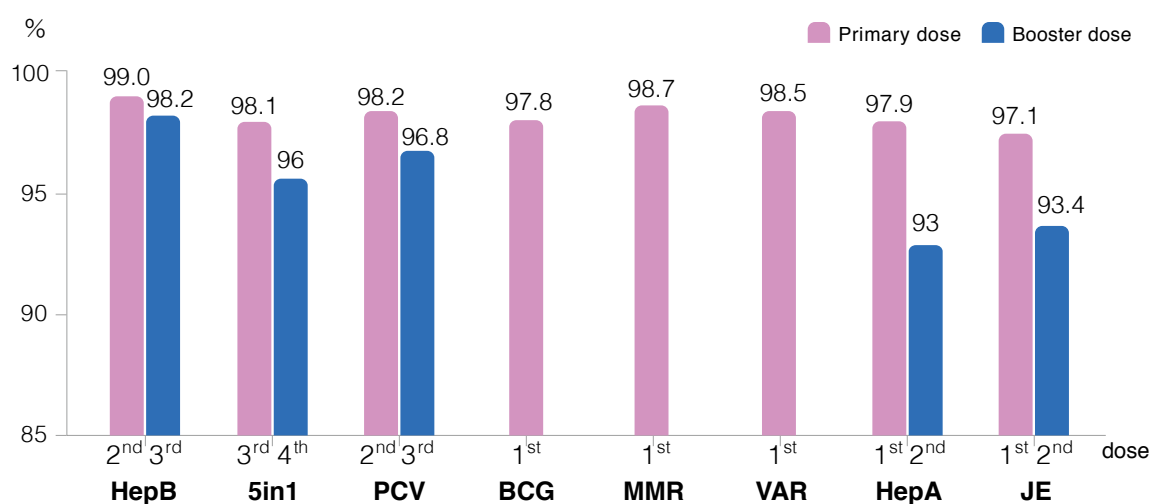
Numbers of Entity Types by Laboratory Biosafety Management Organizations in 2023

Types \ Category	Government Agency	Medical Institution	Academic Research Institution	Other	Subtotal	Total
Biosafety Supervisors and Biosafety Committees	22	159	58	249	488	623
Biosafety Supervisor	3	12	2	118	135	

Source: Taiwan Centers for Disease Control

Figure 6-8

Immunization Coverage Rate among Children in 2023



*HepB: Hepatitis B vaccine

*5in1: Diphtheria, tetanus, acellular pertussis, inactivated polio and Haemophilus influenza type b conjugate vaccine

*PCV: Pneumococcal 13-valent conjugate vaccine

*VAR: Varicella vaccine

*BCG: Bacille Calmette-Guérin vaccine

*HepA: Hepatitis A vaccine

*MMR: Measles, mumps and rubella combined vaccine

*JE: Japanese encephalitis vaccine

Source: Taiwan Centers for Disease Control

Statistical period: until the end of December 2023

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Management of Food and Drug

Chapter 1 Management of Food

Chapter 2 Management of Medicinal Products

Chapter 3 Management of Medical Devices and Cosmetics

Chapter 4 National Laboratories and Risk Management

Chapter 5 Food and Drug Information, Communication, and Dissemination



Taiwan Food and Drug Administration (hereafter referred to as TFDA) spares no efforts in workings to protect the health of consumers. To achieve this core value, the key working points of the agency in 2023 focus on: bolstering legal standards and register mechanisms; solidifying food businesses supervisions; establishing a detailed supply chain monitoring system; improving national laboratory capacity and capability; setting up risk precautionary and management mechanisms; and proactively bolstering public communications and advocates, so as to provide an environment ensuring drug safety and effectiveness, as well as food safety and health to our consumers.

Chapter 1 Management of Food

TFDA continues to implement its "Five-Point Food Safety" policy to achieve inter-domain integration of five major aspects: source control management, production management, market inspection, manufacturers and vendors liability, and supervision by the citizens in order to create a comprehensive network of food safety.

Section 1 Food Regulatory Standards and Product Reviews and Registration

1. Regulatory Standards

In 2023, 29 regulations were amended or revised, including the announcement of amendments to the "Sanitation Standard for Food Utensils, Containers

and Packages," "Efficacy Assessment Method of Health Food for Dental Care," and "Regulation of Imported Beef and Beef Products from the United States and Canada," among others, to strengthen Taiwan's food management regulations.

2. Product Reviews and Registration

In 2023, TFDA registered the specific foods and food additives as shown in Table 7-1.

Section 2 Food Management at the Source

1. Expand the scope of inspection items

Systematic inspection were completed for fishery products from Indonesia, pork from Japan, beef from Lithuania, lamb from the United Kingdom, dairy products from Australia, beef from all ages of cattle from Canada, and fishery products from Vietnam. Products from the aforementioned countries that meet the designated import conditions, originate from approved production facilities, and are accompanied by the specified certification documents can apply for import inspection at the Taiwan Food and Drug Administration.

2. Strengthen Border Control

(1) In 2023, TFDA revised the inspection requirements for imported goods. As a result, a total of 2,765 CCC Codes (Commodities Classification of the Republic of China) for imported products were required to undergo border inspections before they were allowed to enter the country.

Table 7-1 Number of Registered Specific Foods and Food Additives, 2023

Categories of food that should be registered		Number of valid permit document
Imported food in tablet or capsule form		7,684
Health food		421
Genetically modified food raw materials		160
Specific dietary foods	Formula for certain disease	348
	Infant and follow-up formula	142
Domestic capsule and tablet vitamin products		1,480
Vacuum- packaged ready-to-eat soybean food		37
Food additives		6,054
Total		16,326

Source: Taiwan Food and Drug Administration

(2) In 2023, 735,763 batches of food and related products were inspected. Non-compliant products were handled through re-export or destruction in accordance with food safety regulations.

3. Provide Assistance to Businesses in Expanding Presence in Overseas Markets

In 2023, TFDA continued to assist food industry operators in exporting their products to foreign markets. TFDA facilitated the submission of application documents on behalf of the operators, according to the designated products and application procedures specified by the importing countries. This assistance extended to countries such as China, Saudi Arabia, Singapore, and others. Once the importing countries reviewed and approved the applications, the products were eligible for export. Additionally, our country's Official Biosecurity Program of processed (heat-treated) meat products was also approved by New Zealand.

Section 3 Monitoring the Food Safety Chain

1. TFDA has been implementing post-market monitoring plan with the results shown in Table 7-2.
2. Inspection of Sampling Test Project

Food safety and public health are closely intertwined. In line with the five-point food safety policy and considering the diverse dietary habits of the Taiwanese people, inspection and sampling projects were planned and implemented, focusing on high-violation, high-concern, and high-risk items to strengthen the monitoring of the food production

and distribution chain. In 2023, 43 food inspection projects were completed. Domestic businesses underwent 138,788 inspections, with a compliance rate of 99.9% for the Regulations on Good Hygiene Practice for Food (GHP). A total of 520,000 food and related products were inspected and sampled, with a compliance rate of 99.6%.

3. In order to increase the safety of imported food, border import inspection control and post-market enhanced inspection of imported products of agricultural, poultry, livestock and aquatic products is carried out. Monitoring was enhanced for products with high non-compliance rate, ensuring food safety, with a compliance rate of 98.3% in 2023.

Section 4 Food Safety and Sanitation Management

1. Aligning our laws and standards with international standards

To safeguard the dietary safety of our citizens, active efforts have been made to continuously revise and update relevant standards, taking into account scientific evidence and international benchmarks. By 2023, a total of 7,771 pesticide residue limits in foods, 458 pesticide residue limits in animal products, 1,551 veterinary drug residue limits in foods, 17 sanitation standards, 40 restrictions on food raw materials, and 797 positive listings of food additives have been established. These standards include provisions for usage scope, quantity limits, and specifications, ensuring the safety and quality of our food supply.

Table 7-2 Results of Post-Market Surveillance of Food, 2023

Surveillance Items	Results		
	Samples Taken	Conforming Cases	Compliance (%)
Pesticide residues	4,731	4,258	90.0
Veterinary drug residues	8,045	8,013	99.6
Mycotoxins	676	633	93.6
Heavy metals	600	585	97.5

Source: Taiwan Food and Drug Administration

2. The Registration of Food Businesses

As of the end of 2023, approximately 652,069 food businesses have registered as shown in Figure 7-1.

3. Food Labeling Regulations

(1) Establishment of "Regulations Governing the Labeling of Prepackaged Honey and its Syrup Products," to strengthen the management of product names and labeling for packaged honey and honey syrup products, starting from July 1, 2023 (based on the product manufacturing date), these products must label their product names according to their honey content. Only products containing solely honey can use the name "Honey," "Pure Honey," or "100% Honey." Products with a honey content of 60% or higher, if sugar (syrup) is added, must include the phrase "Sugar Added Honey" in the product name. If other ingredients besides sugar (syrup) are added, the product name should be labeled as "With OO (name of non-honey material) Honey" or "Blended Honey." Products with a honey content below 60% must be labeled as "Honey Flavor" or equivalent words. Packaged syrup products without any added honey cannot use the word "Honey" in their product names. Additionally, if honey from different origins is blended in honey and honey syrup products, the countries of origin for the honey ingredients must be listed in descending order of honey content.

(2) Amendment to the "Regulation for the Labeling of Freshly Mode Beverages in Chain Drink Stores, Convenience Stores, and Fast Food Restaurants," to enhance the disclosure of information on labels for freshly made beverages

available in the market, the Ministry of Health and Welfare announced amendments to the "Regulation for the Labeling of Freshly Made Beverages in Chain Drink Stores, Convenience Stores, and Fast Food Restaurants" on June 7, 2022. Effective from January 1, 2023, the scope of products required to list their total caffeine content was expanded. Any freshly made beverages containing caffeine, such as black tea, green tea, cocoa beverages, etc., must list the caffeine content on the label to facilitate consumer choice. Furthermore, to provide diverse labeling options, QR codes or other electronic means were introduced as acceptable labeling methods starting in 2023.

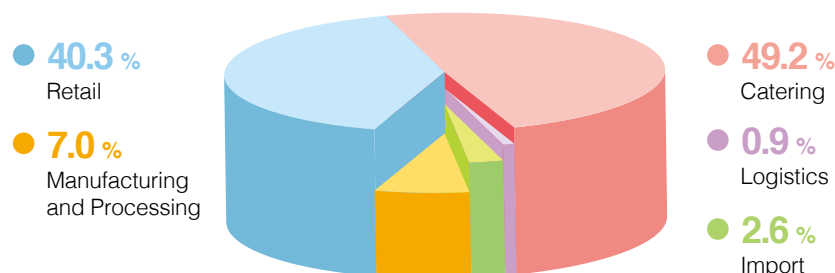
Section 5 Certification of Food Sanitation and Safety Management Systems

The 10 categories of food businesses that shall obtain the certification of sanitation and safety management systems, in a public announcement. In 2023, the passing rate had reached 92.81% as shown in Figure 7-2.

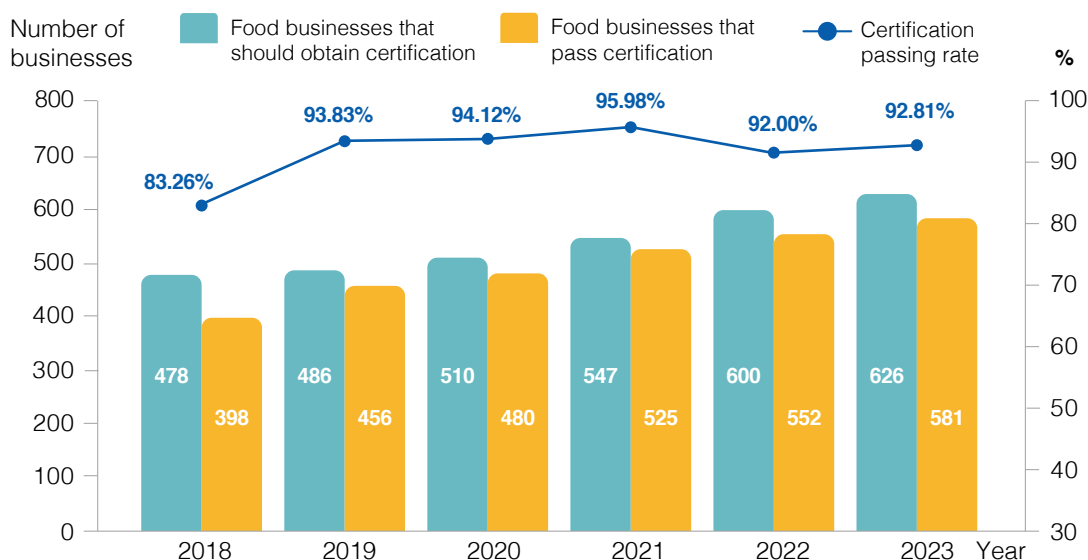
Chapter 2 Management of Medicinal Products

TFDA actively promotes the regulations and reviewing the process of medicinal products, also assists the development and the strength of the domestic pharmaceutical industry as well as takes efforts in the source management of medicinal product, prohibits illegal drugs. TFDA provides comprehensive management of medicinal products to ensure the public to have a safe environment for drug usages.

Figure 7-1 Results of Food Business Registration as of the end of 2023



Source: Taiwan Food and Drug Administration

Figure 7-2 Result of Certification of the Food Sanitation and Safety Management Systems by Years**Second tier quality control certification results**

Source: Taiwan Food and Drug Administration

Section 1 Drug Regulatory Standards & Product Approval

1. TFDA continues enhancing the current regulations of medicinal products, significant amendments for pharmaceutical-related regulations in 2023 are shown in Table 7-3.

2. Management for Registration of Medicinal Products:
In 2023, there were 372 IND applications, 244 clinical trial reports, 180 generic drug applications and 101 applications for the approval of new drugs, new dosage forms, new administration doses, and new unit strengths approved by TFDA.

Table 7-3 Major Additions and Amendments to Regulations or Guidance for Drug in 2023

Date	Title
February 24	Revised the "Good Manufacturing Practice (GMP) Regulations for Western Medicines (Part 1, Annexes)" - Annex 13 "Manufacture of Investigational Medicinal Products" and added Annex 16 "Qualified Person Certification and Batch Release"
April 27	Amended the "Regulations of Bioavailability and Bioequivalence Studies"
May 30	Updated the "The list of ICH (The International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use) guidelines adopted"
June 12	Announced the "Guideline on the Implementation of Decentralized Elements in Clinical Trials with Medicinal Products"
June 14	Revised the "GMP Regulations for Western Medicines (Part 1, Annexes)" - Annex 1 "Manufacture of Sterile Medicinal Products"
June 15	Established the "Regulations for Application and Review Committee Deliberation Process of Drug Injury Relief"
October 20	Amended the "Regulations for Drug Recall"
November 1	Revised the "Essential Drug List According to Article 27-2 of Pharmaceutical Affairs Act"

Source: Taiwan Food and Drug Administration

Section 2 Source Management for Medicinal Products

1. As of the end of 2023, the numbers of domestic and imported drug product manufacturers and active pharmaceutical ingredient manufacturers in compliance with the GMP regulations formulated in accordance with PIC/S (Pharmaceutical Inspection Cooperation Scheme) standards are detailed in Table 7-4.
2. As of the end of 2023, a total of 1,010 manufacturers and distributors have obtained GDP (Good Distribution Practice) permits for distribution operations in compliance with GDP regulations.

Section 3 Supply Chain Monitoring for Drugs

1. Drug Quality Monitoring
 - (1) In 2023, TFDA received 935 reports of alleged quality defects in total, out of which 26 cases have been chosen for recall (including voluntary notifications from manufacturers). Additionally, TFDA has actively monitored 1,368 foreign drug quality alerts and selected 39 relevant alerts to be published under the "Notification and Safety Watch Section" of the TFDA's website.
 - (2) In 2023, 583 batches of biologics, a total of 27,846,492 doses were inspected and sealed. TFDA rejected 4 batches comprising 8,506

doses transported under temperature out of approved range.

- (3) The results of the pharmaceutical quality investigation and monitoring for 2023 are shown in Table 7-5.
2. Since its establishment in 2010, the task force for combating counterfeit and substandard drugs has witnessed a significant decrease in the annual average seizure rate, dropping from the initial rate of 11.81% to 1.60% in 2023, as shown in Figure 7-3. In 2023, the health authorities handled a total of 10,525 cases of non-compliant advertisements related to food, drugs and cosmetics. The total amount of fines imposed amounted to NTD 432 million. The violation rate in advertisements for 2023 was 9.19%, as shown in Figure 7-4.

Section 4 Management of Drug Safety

1. Pharmaceutical Safety Monitoring in 2023: Received 13,357 domestic adverse drug reaction (ADR) reports, monitored 95 domestic and international drug safety alerts and 9 COVID-19 vaccine safety alerts, conducted safety re-evaluation of 53 new medicinal products after five years post-market safety monitoring and issued 11 drug safety communications to provide information to patients and health care professionals about new safety issues.

Table 7-4 Number of Manufacturers that Obtained the Approval Letter of PIC/S GMP

Category	Domestic					Overseas	
	Manufacturers of western pharmaceutical products	Manufacturers of APIs	Logistics Plants	Pilot Plants	Manufacturers of medicinal gases	Manufacturers of western pharmaceutical products	Manufacturers of APIs
Numbers	144	29	26	9	31	958	887

Source: Taiwan Food and Drug Administration

Table 7-5 Results of Drug Quality Monitoring in 2023

Tested Items	No. of reported case	Compliant cases	Compliance rate (%)
Quality monitoring (including nitrosamine impurities) for oral tablet formulations containing Chlorpheniramine maleate and 7 other ingredients.	54	54	100%

Source: Taiwan Food and Drug Administration

Figure 7-3 Seizure Rate of Illegal Drugs 2010-2023

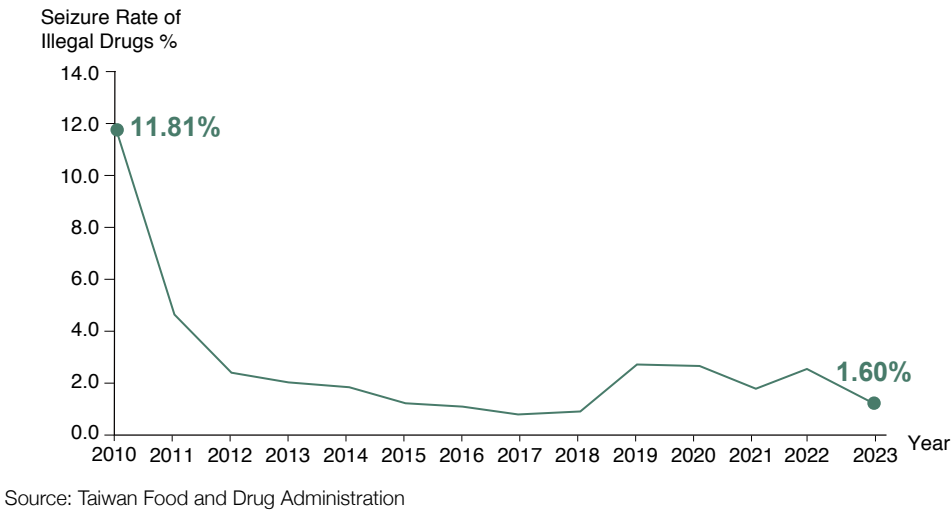
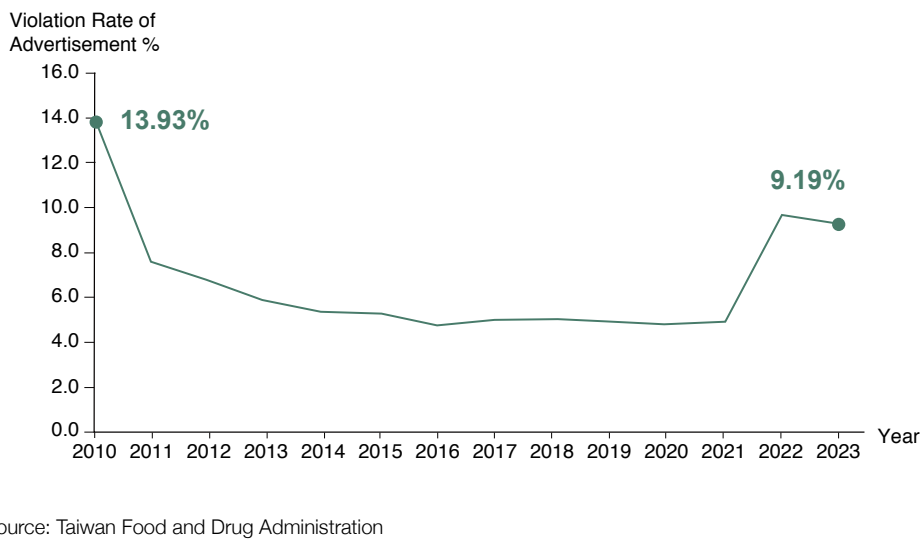


Figure 7-4 Violation Rate of Food and Drug Advertisement 2010-2023



2. In 2023, 162 applications for pharmaceutical relief were received, with 104 approved for compensation, representing a 65.82% approval rate and a total compensation amount of NTD 41,364,046.

Section 5 Management of Controlled Drugs

1. On April 25 and September 12, 2023, 21 items for control were promulgated.
2. As of the end of 2023, there were 17,807 institutions and business operators with controlled

drugs registration licenses, and 66,957 practitioners with controlled drugs prescription licenses. In addition, 12,063 on-site audits of controlled drugs were conducted with a violation rate of 2.95%, all of which were handled in accordance with the law.

3. In 2023, a total of 646 lecturers have trained by hosting seed instructor training and 8 anti-drug education resource centers were established, along with 103 outreach locations, strengthening the network of services for drug abuse prevention.

4. As part of the implementation of the "New Generation Anti-drug Strategy," a total of 30,120 batches were inspected by the end of 2023. Among them, 2,367 batches underwent border inspections using Portable Raman spectrometers for active pharmaceutical ingredients (APIs), and all results were in compliance with regulations. Simultaneously, a spectroscopic database was established, comprising 2,337 entries (including APIs, illegal drugs and controlled drugs, etc.). Throughout the year, 100 standards of illegal drugs and new substances were obtained, and a database of 123 standard mass spectrometry charts were constructed. Additionally, active efforts were made to develop recommended test methods.
5. The fourth edition of the Taiwanese Pharmacopoeia came into effect on June 1, 2022. This edition encompasses a total of 394 items, including 355 Chinese medicinal herbs, 30 Chinese medicinal herb decoction pieces, and 9 Chinese medicinal preparations. In the same year, the English version of the fourth edition of the Taiwanese Pharmacopoeia was published in December.
6. In 2023, a total of 21 Chinese medicine materials, including Ginseng and Angelica, underwent border inspections. A total of 2,885 batches (11,629 metric tons) were sampled and inspected, with a cumulative sampling of 1,180 batches. Out of these batches, 22 batches were found to be noncompliant and were appropriately returned or destroyed in accordance with the law. Furthermore, quality monitoring was conducted on commercially available Chinese medicine products, with 742 samples being tested. Among them, 47 samples were found to be noncompliant and were dealt with according to legal procedures. In 2023, 239 violations in Chinese medicine advertisements were investigated, resulting in administrative penalties on amounting to a total fine of NTD 15,535,000.

Section 6 Management of Chinese Medicine

1. Starting from January 1, 2020, the manufacture of concentrated herbal medicine products by Chinese herbal medicine manufacturers was implemented validation procedures in four phases. In 2023, 8 manufacturers were guided, and a 12-hour training program was conducted. Eight Chinese herbal medicine manufacturers have passed the verification inspections (1 passed Phase 3, 4 passed Phase 2, and 3 passed Phase 1).
2. On April 27, 2023, amendments to certain provisions of the "Regulations for Registration of Medicinal Products" were announced to deregulate and facilitate the development of the Chinese herbal medicine industry and new drugs.
3. On August 1, 2023, amendments to the "The Standards of Clinical Trials for TCM-based New Drugs" were announced to establish an appropriate clinical trial environment for Chinese herbal medicines and promote the development of new Chinese herbal medicines.
4. In 2023, subsidies were provided for the "Chinese Herbal Medicinal Plant Cultivation Program" to support 4 subsidized organizations in cultivating *Strobilanthes cusia*, *Pueraria montana*, and *Dendrobium nobile*, promoting self-sufficiency in Chinese herbal materials and reducing import reliance.
7. The "Traditional Chinese Medicine Herb Culture Festival" Chinese medicinal herb culture event was organized in 2023 to promote the knowledge and culture of traditional Chinese medicine among the general public, with approximately 31,600 individuals participating in the physical event, and reaching 100,000 individuals via online engagement.

Chapter 3 Management of Medical Devices and Cosmetics

To effectively control the safety and quality of medical devices and cosmetics, a comprehensive quality management policy was drafted, covering various aspects, including international regulatory harmonization, tracking management, pre-market inspections, post-market surveillance and supply chain management.

Section 1 Regulatory Standards and Product Review of Medical Devices and Cosmetics

1. The regulatory environment was changed to enhance harmonization with international regulations. Major additions and amendments in 2023 are shown in Table 7-6.
2. In 2023, the Ministry completed the review of a total of 137 applications for registration and market approval of medical devices with no predicate products. The average review duration is 133.5 days. Compared to 2022, the review efficiency has been improved by 11%, bringing it on par with international standards. Detailed statistics on reviewed applications and licenses granted are shown in Table 7-7.
3. In 2023, the office held the AI/ML Medical Device Innovative Cross-Domain Matchmaking Expo and completed 3 cross-domain matchmaking exchange seminars, facilitating cross-industry alliances. Successfully guided 11 domestically-produced artificial intelligence medical devices to the market, including 3 global pioneering products.
4. Successfully gained affiliate membership for TFDA in the International Medical Device Regulators Forum (IMDRF), joining working groups to exchange with officials from other countries and promoting the alignment of Taiwan's medical device regulatory system with international standards.
5. Successfully secured the chairmanship for TFDA in the Global Harmonization Working Party (GHWP) Technical Committee's Working Group on

Table 7-6 Major Additions and Amendments to Regulations for Governing Medical Devices and Cosmetics in 2023

Date	Name
January 12	Established the "Technical Requirements for SARS-CoV-2 Antigen Diagnostic Test Kits" and "Technical Requirements for SARS-CoV-2 Nucleic Acid Diagnostic Test Kits"
March 2	Established the "Guidelines for Assessing Gender Differences in Medical Device Clinical Trials"
August 15	Established the "Specifications, Test Methods and Performance Requirements for Specific Medical Devices"
August 22	Amended Article 7 and the Annex of Article 4 of the "Regulations Governing the Classification of Medical Devices"
October 2	Revised the "Guideline for Cosmetic Product Information File," "Introduction to Cosmetic Product Information File," and "Checklist for Cosmetic Product Information File"
November 27	Amended certain provisions and the appendix of the "Regulations Governing Issuance of Medical Device License, Listing and Annual Declaration"

Source: Taiwan Food and Drug Administration

Table 7-7 Statistics of Reviewed Applications of Medical Devices and Cosmetic and Licenses in 2023

Items	Listing of Medical Devices	Registration and Market Approval of Medical Devices	Registration and Market Approval for Specific Purpose Cosmetics
Number of applications received	276	3,176	758
Number of registered / valid licenses	3,136	39,693	11,549

Source: Taiwan Food and Drug Administration

Premarket Management of Software as Medical Device (WG3), and the re-appointment as chair of the Working Group on Premarket Regulation of In Vitro Diagnostic Medical Devices (WG2), leading the work of WG2 and WG3.

Section 2 Source Management of Medical Devices and Cosmetics

1. As of the end of 2023, there are 1,441 valid domestic medical devices manufacturing licenses approved through the Quality Management System (QMS) inspections, and 5,595 valid imported medical devices manufacturing licenses approved through the Quality System Documentation (QSD) inspections.
2. By the end of 2023, a total of 408,410 cosmetic products completed notification on the Cosmetic Products Notification Platform System.

Section 3 Quality Surveillance of Medical Devices and Cosmetics

1. The surveillance results are shown in Table 7-8. Unqualified products were disposed according to relevant laws and regulations, and have been withdrawn from the shelves.

2. TFDA worked with local health bureaus to conduct joint inspections. The results are shown in Table 7-9. Products failing to comply with the requirements were disposed of according to relevant laws and regulations.

Section 4 Safety Management of Medical Devices and Cosmetics

1. Figure 7-5 shows the number of reported defective medical devices and adverse reactions to medical devices in Taiwan. TFDA actively monitors 1,600 safety alerts related to medical devices from Taiwan and overseas and translated and issued 175 alerts.
2. There were 99 reported cases of adverse events related to cosmetics, and a total of 1,175 safety messages regarding cosmetics were monitored and disseminated regarding cosmetics. Additionally, 198 safety alerts were issued.

Chapter 4 National Laboratories and Risk Management

TFDA continues to improve the functions of national laboratory, construct testing techniques in line with international trends, enhance the development of

Table 7-8 Medical Devices and Cosmetics Quality Surveillance Results in 2023

Product Name	Total Cases	Number of Conformity	Conformity Rate (%)
Sterility and balloon integrity of marketed urinary catheters	17	14	82.4
Surgical face masks	20	18	90.0
Microbial and preservative content in marketed baby wipes	30	24	80.0
Formaldehyde, methanol, benzene, and phthalate esters in marketed nail polishes	50	47	94.0

Source: Taiwan Food and Drug Administration

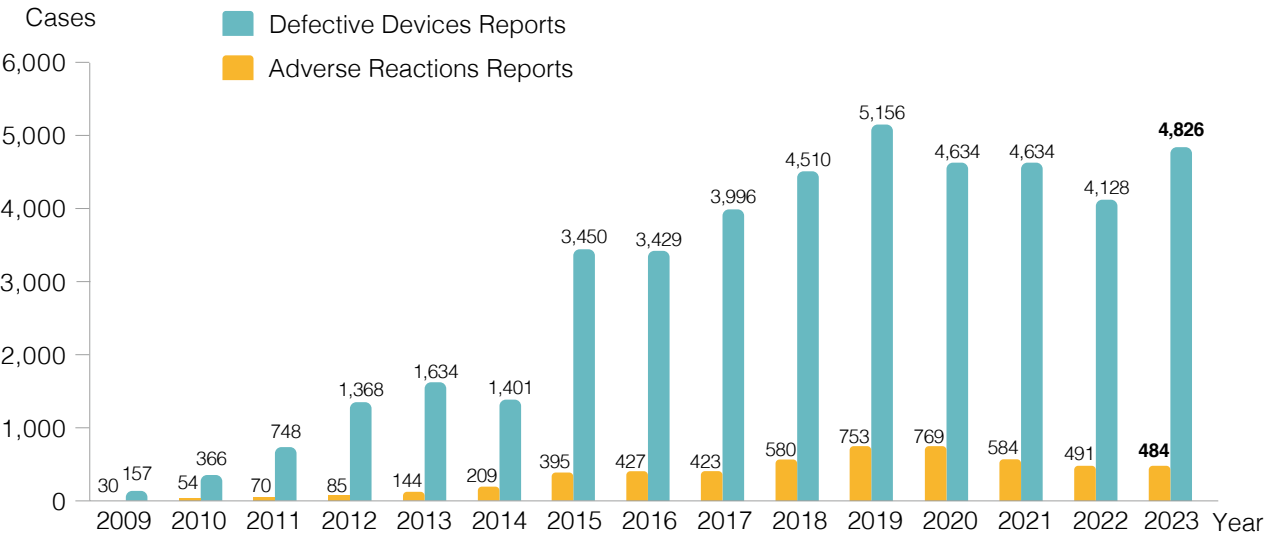
Table 7-9 Results of Joint Inspections of Product Labelling of Cosmetic Products in 2023

Product Name	Inspected Number	Number of Conformity	Conformity Rate (%)
General Household Products	260	247	95
Cosmetic Manufacturers or Importers	231	216	94

Source: Taiwan Food and Drug Administration

Figure 7-5

Number of Reported Defective Medical Devices and Adverse Reactions to Medical Devices



Source: Taiwan Food and Drug Administration

testing technology, support administrative management by testing technology, implement risk management as well as crisis management mechanisms and complete food and drug safety management system to effectively reduce risks and the impact of crises.

Section 1 Missions and Functions of National Laboratories

1. In 2023, a total of 2,437 food and drug cases were conducted, covering a wide range of 10,042 test items. Additionally, the TFDA assisted prosecutors, policemen, investigators, judiciary and customs in product investigation, and provided technical support for local health authorities.
2. In 2023, TFDA promulgated and amended a total of 16 testing methods for food products, published or revised 31 recommended testing methods for food, 5 for cosmetics and medical devices, 3 for pharmaceuticals and abused drugs, and 1 for biological drugs. These technical documents were formulated for the use of various sectors.
3. In 2023, the National Laboratories took part in 28 international proficiency tests for food, medicine and medical devices, with all outcomes being satisfactory as the Laboratories' testing capabilities received international recognition.

4. In 2023, the "2023 APEC Communication Platform for Analytical Techniques - Food from Biotechnology-Derived Crops Workshop" was held. Participation in the annual meeting of the European Official Medicines Control Laboratories (OMCL) and the EU Official Control Authority Batch Release (OCABR) Network, two regular meetings of the European Network of Official Cosmetics Control Laboratories (OCCLs), and the 175th, 176th, and 177th sessions of the European Pharmacopoeia Commission enhanced international visibility and aligned testing techniques with international standards.

Section 2 Risk Management, Communication and Crisis Management Mechanisms

1. Organizational Risk Management

The 2023 Food and Drug Big Data Competition was held under the theme "Food and Drug Big Data Competition - In-depth Analysis for Precise Decision-Making and Innovative Excellence." With joint participation from central and local governments, 11 teams and 170 participants improved their food and drug big data analysis and application capabilities, providing feedback to

respective agencies to enhance risk management and emergency response strategy formulation capabilities.

2. Risk Communication Strategies and Benefits

In 2023, food safety knowledge was disseminated through online media resources by participating in two international food exhibitions, producing one food safety promotion video, and designing an AR interactive game. Food safety knowledge was also communicated to people of different age groups through various channels, such as publishing two issues on food safety in children's magazines, producing children's storybooks, and releasing 27 articles on current food and drug safety topics in the weekly reports.

3. Handling of Major Crisis:

In March 2023, following the FDA's frozen organic strawberry recall alert, the TFDA expanded border and post-market inspections. After detecting hepatitis-A virus in the "Berry" product from Costco, an emergency response task force was immediately established, and a level 3 response mechanism was activated to address changing situations. A total of 9 response meetings were convened, 24 work reports were consolidated, and all emergency response measures were properly implemented.

Section 3 Laboratory Certification Management

The number of accredited testing institutions in the four domains of food, drugs, medical devices, and cosmetics reaches 132, covering a total of 1,806 items. In 2023, six proficiency tests for food, drug, and cosmetic inspections were conducted.

Chapter 5 Food and Drug Information, Communication, and Dissemination

Through the new communication channels, by means of "offline to online" new media marketing methods, the safety risk education and governance messages were circulated, and a new health education and policy marketing model was established, in an attempt to achieve effective policy advocacy.

Section 1 Provision of Accurate Food, Drug, and Cosmetics Information

1. The "Articles of Food and Drugs" website was established to provide information and knowledge on food and medicine, while continuing to collect and clarify the rumors. As of the end of 2023, there are over 400 articles and a total of over 7.67 million viewers. The TFDA collected rumors and provided clarification through the "Food and Drugs Rumor Buster" section on its official website. In this section, 563 messages were released, with more than 86.68 million hits and articles being referenced for more than 3,750 times by the media. The latest health education information was posted on the Facebook fan page "TFDA." The TFDA LINE@ official account was established to disseminate accurate information, and clarify rumors timely.
2. TFDA has set up the "New Psychoactive Substance" section on its website for the general public. People can find information such as the latest situation of new psychoactive substance inspection in Taiwan, the list of accredited institutions for drug abuse urine testing, the list of illegal drugs that can be tested by using urine sample rapid test kits, and the monthly/annual "Drug Abuse Cases and Testing Statistics" report.
3. The "Clinical Trials Information Area" website was completely revamped with the addition of a "Public Area" and "Clinical Trial Related Websites" to provide public access to clinical trial resources. The correct clinical trial concepts were promoted through participant education materials, promotional videos, info-packs, and Q&A collections.

Section 2 Public Communication and Dissemination

1. In 2023, the national food safety hotline (1919) and the "For-the-People Service" hotline (02-27878200) have provided food consultation and reporting services over 43,000 calls. The user satisfaction rate exceeded 80%.

2. In response to the public's concerns regarding food sanitation and safety issues, curated and created user-friendly compendiums, brochures, or infographics, which was uploaded to the official website for the purpose of download and utilization by various stakeholders.
3. In 2023, 210 drug abuse prevention advocacy events were organized in collaboration with 11 non-governmental organizations. Additionally, illustrations by popular illustrators [@Taiwan_bar] and [@tooooozitw] were posted on social media platforms to promote drug abuse prevention and health education, reaching 441,272 views. The "Say No To Drugs" online anti-drug game was held, with 5,529 participants.
4. In 2023, 740 drug safety seminars were organized to share correct-using drug information and improve people's knowledge of proper drug use, with around 40,811 participants from communities and schools.
5. To establish correct medication safety concepts among students, the "Pharmacist: Your Medication Safety Guide" drawing competition was held, allowing students to learn about medication safety. A total of 563 entries were received.
6. On June 10, 2023, the "Healthy and Beautiful Life Day" fair was held at the Taipei Zoo, featuring interactive games and booths to promote the proper selection of medical devices and cosmetics through educational entertainment, reaching 7,000 participants.
7. On June 7, 2023, the "World Food Safety Day 2023 Kick-off Press Conference" was held, where the TFDA invited food safety experts to jointly declare the theme "Food standards save lives," marking the beginning of World Food Safety Day and related activities. The "Food Safety Junior Activist AR Interactive Game" and the "Camping and Learning About Food Safety Together" animated short film, along with fan page giveaways, adopted an interactive approach to enhance engagement and fun while educating the public on proper food consumption safety concepts.





Press Conference Launch Ceremony for "Healthy and Beautiful Living Day"



Press Conference Launch Ceremony for "World Food Safety Day, June 7, 2023"

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08

National Health Insurance and National Pension

Chapter 1 National Health Insurance

Chapter 2 National Pension System



My Health Bank

To protect people against financial hardships due to birth, old age, illness, death, injury, disability and unemployment; a sound social security system has been established under the principles of mutual assistance and risk sharing.

Chapter 1 National Health Insurance

Section 1 Current Status of National Health Insurance

Taiwan's National Health Insurance (NHI) has attracted worldwide attention for its "universality, affordability, convenience and high satisfaction." The satisfaction rate reached 90% in 2023. (Figure 8-1)

By the end of 2023, the total number of insured individuals under the NHI reached 23.88 million, achieving the coverage rate of 99.9%.

The funding of NHI mainly comes from insurance premiums paid by insured individuals, the employers and the government. A small portion comes from external financial resources, such as Public Welfare Lottery Surpluses and Welfare Surcharge on Tobacco Products.

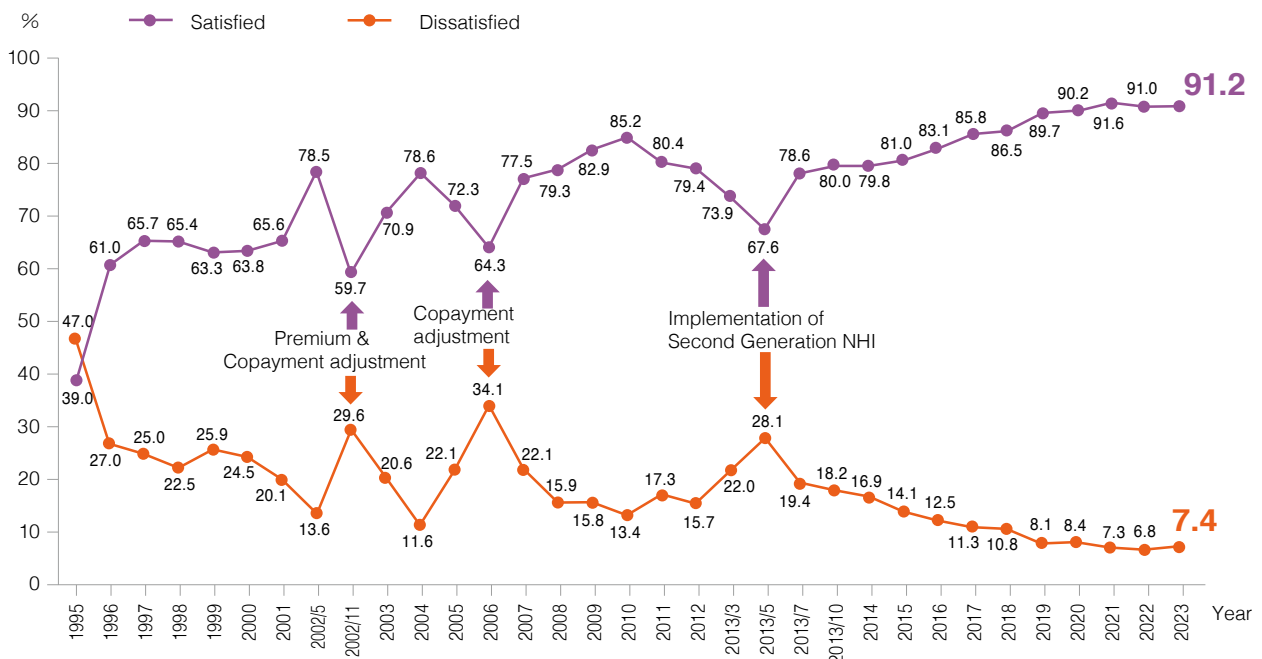
Section 2 Universal Coverage and Easy Access to Healthcare

In 2023, the total number of outpatient visits was 380.56 million; the total number of hospitalizations was 3.50 million. While the average number of outpatient visits per person per year was 16.10 (combining Western medicine, Chinese medicine and dental clinics), the number of hospitalizations per person per year was 0.15. The average length of hospital stay was 1.33 days.

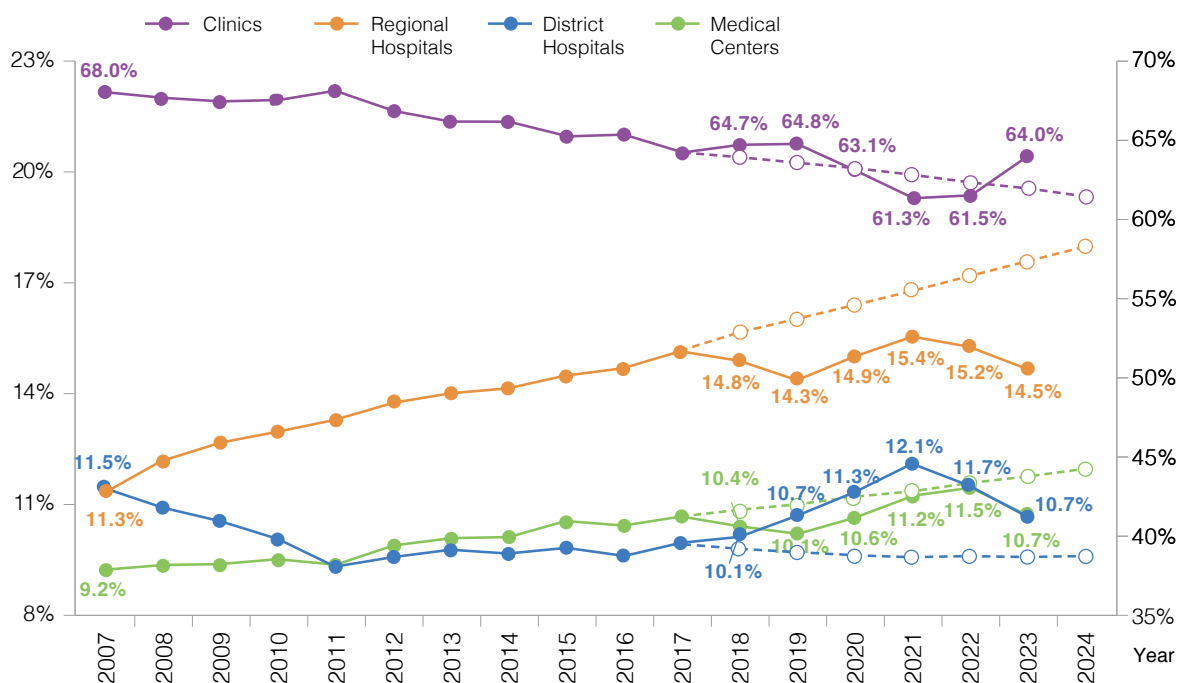
By the end of 2023, the number of health facilities having contracts with NHI reached 30,838, of which 23,085 were contracted hospitals and clinics that accounted for 91.6% of the total medical institutions nationwide.

The tiered medical system has been reinforced since 2017, the NHIA has implemented six major strategies and related measures to encourage people to seek medical treatment in primary care facilities. If the physician deems it medically necessary for the patient to see a specialist, the patient will be referred accordingly for continuous and appropriate care. This allows medical centers and regional hospitals to focus on intensive care and medical research, and for primary clinics and district hospitals to serve as the gatekeepers for public's health. The proportion of outpatient showed a gradually rising trend for primary care facilities from 2017 to 2019 (before the Covid-19 Pandemic), and a slight decline for large medical institutions. (Figure 8-2)

Figure 8-1 Trends in Satisfaction with National Health Insurance



Source: National Health Insurance Administration, MOHW (NHIA)
Note: landline and mobile dual frame phone survey has been adopted since 2021.

Figure 8-2 Trends in Western Medicine Outpatient Visits at Each Level

Source: National Health Insurance Administration, MOHW (NHIA)

Note: The dotted line section is the estimation using the compounded annual growth rate of outpatients cases over the last 10 years since 2018 prior to the implementation of tiered medical system.

Due to COVID-19 pandemics since 2020, the overall number of outpatient visits decreased (vs. the baseline number in 2017), where the level of primary clinic visits decreased significantly as less frequent visits from mild symptoms and intensified personal hygiene and prevention measures (significantly fewer medical visits for respiratory symptoms, influenza and enterovirus). As acute, severe, difficult to diagnose and rare disease patients went to large medical institutions routinely, the reduction in the proportion of primary clinic visits was larger than for medical centers or regional hospitals. In 2023, the impact of the pandemic on healthcare utilization stabilized. Overall, the number of medical visits increased compared to the base period (2017). The number of visits to regional hospitals decreased, while the numbers increased for medical centers, district hospitals, and primary care clinics. The proportion of visits to primary care institutions (district hospitals and clinics) increased.

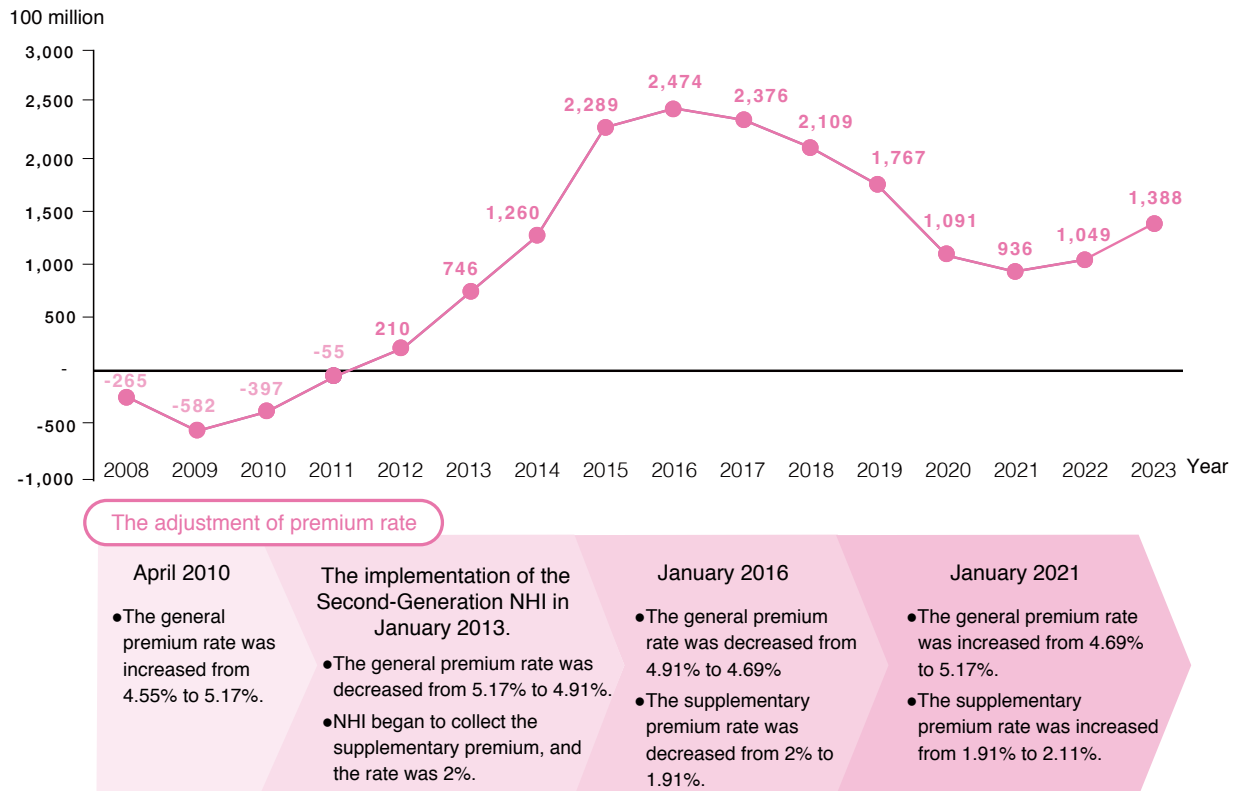
The vertical integration of the healthcare system is being actively promoted by NHIA by applying a patient-centric approach to the evaluation of people's care requirements so that they can be transferred to an appropriate department and hospital level for proper care or treatment. A total of 81 strategic alliances had been established by the December 2023 involving 6,974 NHI contracted institutions.

To improve referral efficiency, an electronic referral platform that strengthened the referral process and two-way communications was introduced by the NHIA in 2017. The system was used by 11,465 institutions during the course of January through December of 2023 and approximately 1.50 million referrals were made.

Section 3 Improving Finances by Establishing a Linkage Mechanism between Revenues and Expenditures

For the sustainability of national health insurance, the Second-Generation NHI began to collect supplementary premium and increase government contributions to bring premium collection in line with the ability to pay principle and improve the financial shortfall. As the end of 2023, the balance over the years was NTD 138.8 billion as shown in Figure 8-3.

The second-generation NHI program established a financial revenue-expenditure linkage mechanism. The National Health Insurance Committee annually determines the total medical expenditure amount based on the agreed-upon procedures and completes the review of insurance premium rates, which is then submitted to the

Figure 8-3 Reserve Fund, Before and After Implementation of the Second-Generation NHI

Source: National Health Insurance Administration, MOHW (NHIA)

Ministry of Health and Welfare for reporting to the Executive Yuan for approval. For the 2024 fiscal year, based on the review process, the general insurance premium rate was maintained at 5.17%, and the supplementary premium rate was 2.11%. The current financial situation remains manageable, but long-term financial pressures will persist due to factors such as an aging population and advancements in medical technology. The Ministry will continue to review and propose a more robust financial system to ensure long-term financial sustainability.

Section 4 Diverse Payment Methods and Rational Management

The main payment method for NHI medical services has been "Fee-for-Service (FFS)." To effectively control the growth in medical expenses, the Global Budget Payment System was introduced in 2002 and this has kept the annual growth in medical expenditure at approximately 5%. In addition, the payment strategies, such as case payment and pay for performance (P4P) were implemented to change medical practice and enhance the quality of medical services. In 2010, the Taiwan Diagnosis Related Groups (Tw-DRGs) were first implemented, with phase 2 continuing in 2014.

The "NHI High-utilization Patient Counseling Program" provided counseling to people that made more than 90 outpatient visits in the preceding year. If there was no significant improvement after one year of counseling and the user was determined by a review physician to be engaging in abnormal seeking of medical care, no payments will be made unless they seek treatment at designated institutions (except in the case of emergency). After receiving guidance throughout 2023, high-utilization cases from 2022 (year of medical visits) experienced an average decrease of 16.01% in healthcare visits. This reduction resulted in a cost savings of approximately NTD 386 million.

The Integrated Home Care Plan had 226 teams at the end of 2023 including 3,315 medical institutions. A total of 85,000 people were provided with care services during the course of 2023. Post-Acute Care (PAC) program established "PAC Teams" at medical centers (only for heart failure), regional and district hospitals for the treatment of stroke, burn, traumatic nerve injury, fragility fracture, heart failure and frail senior patients. PAC Teams provide such patients with integrated care during the golden treatment period such as intensive and regular physiotherapy, occupational therapy, and language therapy as well as

social workers and nutritionists. A total of 38 teams and 233 hospitals are currently in the program. More than 75,000 cases were accepted at the end of 2023. In 90% of the patients, clear progress was made in their function, over 80% of patients returned home smoothly.

To continuously and reasonably review NHI Fee Schedule, in 2023, dedicated budgets of NTD 2 billion and NTD 1 billion were allocated within the hospitals and Western Medicine primary care sectors, respectively, for "Promoting Payment Equity for Medical Services (including subsidies for revisions to medical device usage regulations)." These funds were used to address cost increases associated with the single-use device (SUD) policy and the unavailability of reusable alternatives for certain medical devices. Priority was given to adjusting the payment points or surcharge rates for 73 affected medical service items. Additionally, payment points for 145 primary care medical service items were revised, and the child surcharge methods for surgeries and anesthesia, as well as the surgical payment methods, were aligned with those of hospitals. Efforts will continue to comprehensively review and adjust medical service payment standards based on the Resource-Based Relative Value Scale (RBRVS) model, reasonably reflecting the cost differences and resource utilization of various medical services.

New oral drugs for treating Hepatitis C (Direct Acting Antiviral Agents, DAA) with improved cure rate, reduced side effects, and a shorter course of treatment began to launch as of 2015. For more HCV patients to receive treatments with these new drugs as early as possible, they were added to the NHI coverage since January 2017, and all department physicians are authorized to prescribe DAA from October, 2021. The NHIA has earmarked a budget up to NTD 40.171 billion for funding these Anti HCV drugs to benefit over 160,000 patients from 2017 to 2023. HCV RNA testing at 12 weeks after the completion of the treatment course found that the treatment was successful on 98.4% of the cases, with no detectable viral count.

Section 5 Disclosure of Information to Improve Quality

Information on NHI services such as the quality of care at contracted medical service providers, the financial reports, the number of inpatient and outpatient claims and payment point values, nurse-to-patient ratio, etc. are all published on the NHIA official website. Such information allows the general public and interested parties to understand the operating efficiency of medical institutions.

The exposure of serious violations is also to push for improvements in care quality by medical service providers.

NHIA has set up a "Price Comparison Platform of Self-Paid Medical Devices" which allows the general public to compare the out-of-pocket differences and prices of self-pay items for medical devices across different healthcare facilities. Through the utilization of open data, mobile applications (APP), and LINE@ interface, individuals can easily access and reference information regarding various item categories, materials, and explanations related to out-of-pocket differences. This initiative aims to provide convenience for the public when making informed decisions.

The "Patient Opinion Sharing Platform" was expanded to allow general public review of new drugs/medical materials under consideration for NHI coverage. For implementing procedural justice, patients/patient groups/caregivers can make suggestions or provide their experiences, including treatment outcomes, improvements in quality of life, and achieved expected effects. From October 1, 2021, the platform was added the functionality to share opinions on the expanded coverage of medication reimbursement. Regular communication meetings are held with patient groups to gather feedback on their experience using the platform, and platform features are flexibly adjusted accordingly.

Section 6 Caring for the Disadvantaged and Safeguarding Remote Areas

1. Subsidies for the Economically Disadvantaged
 - (1) Besides subsidizing premiums for specific underprivileged groups, there are other assistance measures as shown in Table 8-1.
 - (2) Since June 2016, NHI has implemented "Decoupling of the Payment of Premiums from the Right to Receive Medical Care," (NHI card unlocking) after which people can seek medical treatment as long as they apply for insurance.
 - (3) Using Feedback Fund of Public Welfare Lottery to Reduce the Financial Burden of Health Care for the Disadvantaged: Assistance provided in 2023 included subsidies of NHI premium arrears and fees associated with treatment. Assistance was provided 66,900 cases of people, with approximately NTD 257 million in total.
2. Caring for People in Mountainous, Remote and Medically Underserved Areas
 - (1) The Integrated Delivery System (IDS) implemented by the NHIA in mountain and offshore areas: As of 2023,

Table 8-1 2023 Year End NHI Premium Subsidies for the Disadvantaged

Item	Beneficiaries	Total Assisted	Total Contribution
Premium Subsidies	Low-income households, middle-lower-income households, unemployed veterans, unemployed laborers and their families, disabled persons, unemployed indigenous people below age 20 or above age 55	3.945 million persons	NTD 34.46 billion
Relief Fund Loans	People meeting economic hardship requirements set by the Ministry of Health and Welfare	1,598 cases	NTD 152 million
Installment Payment Plans	People who cannot immediately repay owed premiums	72,000 cases	NTD 2.22 billion
Referral to charities	People unable to pay their premiums	5,963 cases	NTD 51.07 million

Source: National Health Insurance Administration, MOHW (NHIA)

50 mountain and offshore regions have been included, with 26 contracted hospitals and clinics providing services to a local population of 483,000 households. Residents in these areas receive medical services without additional out-of-pocket expenses. The average satisfaction rate among the public for this plan in 2023 is approximately 95%.

- (2) Medical Service Improvement Program for Medically Underserved Areas: This program encourages regional or nearby hospitals in areas with insufficient medical resources to offer 24-hour emergency services and inpatient care in internal medicine, surgery, obstetrics, and pediatrics. Each hospital can receive up to NTD 15 million in funding. Hospitals that do not provide 24-hour emergency services but offer inpatient care in at least two of these departments can receive up to NTD 1 million per department annually.
- (3) Improvement Program for Medically Underserved Areas: With the spirit of "local services," doctors of Chinese medicine, Western medicine and dentists are encouraged to practice or provide rotating medical services in these areas. For January through December of 2023, a total of 613 contracted medical institutions provided medical resources in underserved areas, serving more than 724,000 people.
- (4) According to Article 60 of the Enforcement Rules of the National Health Insurance Act, persons seeking outpatient, emergency, and home care services in areas officially recognized as lacking in medical resources shall receive a 20% discount on their copayments.
- (5) The NHIA established the "Platform for Nationwide Demand for Physicians in Rural Areas" on February 25,

2021 to recruit and encourage physicians to provide services in areas with relatively insufficient medical resources, granting access to appropriate medical resources to all those insured individuals by the NHI.

- (6) Health Insurance Telemedicine Payment Program: To facilitate the accessibility of specialty medical care in remote areas, local physicians and doctors from telemedicine jointly provide online consultations and diagnostic advices through video conference for patients with urgent needs in specialty care (ophthalmology, otolaryngology, dermatology, cardiology, gastroenterology, neurology and pneumology only) or for patients with the needs of emergency referral (all departments allowed). Then local physicians can also provide with prescriptions. In January through December of 2023, total specialty telemedicine visits were 7,992 persons, where emergency telemedicine visits were 858 persons.
3. Caring for Patients with Catastrophic Diseases and Rare Diseases
 - (1) Insured individuals acquiring a major illness and injury certificate can be exempted from the copayment. By the end of 2023, over 1.04 million major illness/injury certificates were issued (the number of patients was over 972,000, accounting for 4.1% of the total insured), while the expenses for major injury/disease in 2023 stood at about NTD 252.4 billion (accounting for 27.9% of total annual medical expenditure).
 - (2) People with MOHW-certified rare diseases that appear on NHI's catastrophic diseases list, could not only be exempted from copayment, but also be fully covered for the use of medicines designated by the MOHW as necessary treatment for these

rare diseases. As of the end of 2023, there were approximately 16,000 cases of approved certificates for rare diseases and major illnesses.

Section 7 Apply Technology to Improve Healthcare Efficiency

The NHIA's "NHI MediCloud System" incorporated 12 types medical data, including medication records, Chinese medicine use records, examination and test records and results, dental treatment and surgical records, etc. Query services were used by 29,403 medical institutions in 2023, with an average of 37 million queries per month. Around 86.0% of all patients seeking treatment have been served with the query service to improve health care. The NHIA will continue optimizing the user's interface, add prompt functions and update contents as clinically indicated. By information sharing, the NHIA expect this system could decrease repeated prescriptions, increase patients' safety and quality of healthcare, and eventually enhance medical care efficiency and utilize health insurance sources properly.

To enhance public control over their own health and medical treatment, people can now register with the "My Health Bank" system to inquire or download their personal medical information including outpatient, inpatient, medication, surgery, allergies, test (examination) results, imagery or pathological examination, discharge summaries, organ donation/palliative care consent/advanced decision, adult preventive health exam results, screening results for 4 types of cancer and vaccination records. The "NHI Express" APP for logging into My Health Bank over a verified mobile phone was added in 2018, and recording of information from self-paid health exams, dependent management and major illness/injury reminder features were added in 2019. To help

keep COVID-19 under control, My Health Bank added the mask purchase record in 2020. In 2021, a new function was established integrating COVID-19 vaccination, PCR test, rapid test results data and adding medical radiology record, giving people a convenient single window for enquiry. In 2022, a new record of purchases and distribution of rapid screening test kits was implemented. In 2023, physiological measurement data from IoT devices will be linked to the NHI IC Cloud. An accessible reading function is planned for 2024. Continuous improvements will be made in the future to provide a user-friendly interface, smooth operation, and enhanced health management functions to increase user adoption.

Chapter 2 National Pension System

Taiwan's National Pension Insurance (NPI) was established on October 1, 2008 to cover citizens aged between 25 and 65 years old who do not participate in related social insurances for military personnel, civil servants and teachers, laborers, or farmers. By providing basic economic security for insured individuals and their families when insured individuals become old or face maternity, disability, or death, NPI is a key milestone on the road to comprehensive social security. Establishment of NPI marked the start of a new era for Taiwan.

Section 1 Status of National Pension System

1. There were 2,899,073 insured individuals of NPI in December 2023. (Table 8-2)
2. Premium rate: 10% (to be adjusted starting January 1, 2023; Insurance premium = monthly insured amount * Insurance premium rate).
3. Monthly insured amount: NTD 19,761 (to be adjusted starting January 1, 2023).

Table 8-2 Insured individuals and Ratios of NPI, December 2023

Classification	Insured Individuals	Ratio (%)
General Insured Individuals	2,460,041	84.86
Low-Income Households	61,360	2.12
Middle-Low-Income Households	50,546	1.74
Persons with Severe or Extremely Disability	84,321	2.91
Persons with Moderate Disability	67,990	2.35
Persons with Mild Disability	49,289	1.70
Middle-low income persons (income less than 1.5-fold minimum cost of living)	84,427	2.91
Middle-low income persons (income less than 2-fold minimum cost of living)	41,099	1.41
Total	2,899,073	100

Source: Bureau of Labor Insurance, Ministry of Labor, R.O.C. (Taiwan)

4. Insurance premium subsidy rate: 40% government subsidy (NTD 790 per month) for regular people, 55% (NTD 1,087) or 70% (NTD 1,383) for those with income below a certain standard, middle-low-income households, or people with mild or moderate physical and mental disabilities, and 100% (NTD 1,976) for low-income households and people with severe physical and mental disabilities or worse.
5. Premium Payment Rate of Insured individuals: From the establishment of NPI (on October 1, 2008) to December 2023, receivable premiums of insured individuals were more than NTD 477.8 billion and more than NTD 265.1 billion was received. The payment rate was 55.49%.
6. Payment items, NPI Benefit Recipients and Payments. (Table 8-3)
7. Financial Status of the NPI Fund: As of the end of 2023, a total of NTD 520.3 billion of the NPI fund was utilized in diversified of assets allocation.

Section 2 National Pension System Reform and Important Results

1. Handling of the "flexible measures for guaranteeing the national pension rights of people unable to return to Taiwan for two years who have had household

registration cancelled" by the Labor Insurance Bureau was approved, allowing people had been overseas for two years between January 1, 2020 and June 30, 2023 and had their household registration cancelled to continue to pay insurance premium or have pension payment request eligibility calculated favorably.

2. Amendment to Article 17 of the "Enforcement Rules of the National Pension Act": For insured persons who lose eligibility under Article 12, Paragraphs 1 to 3 of the Act at the end of a month due to household registration relocation, the competent authority responsible for the insurance premium for that month shall be the municipal or county (city) competent authority of the last registered domicile where the insured person held the aforementioned eligibility before relocation that month.
3. On April 14, 2023, the "Ministry of Health and Welfare Regulations on Subsidies for National Pension Insurance Premiums in Response to Post-Pandemic Recovery" was enacted and promulgated. This regulation subsidizes 50% of the self-paid National Pension insurance premiums for nine months from April 2023 to December 2023. As of June 30, 2024, over 1.68 million people have been subsidized, amounting to more than NTD 5.6 billion (with the final payment deadline set for October 31, 2025).

Table 8-3 NPI Benefit Recipients and Payments, 2023

Payment Type		Recipients (Persons)			Payment Amounts (NTD 1,000s)		
		Male	Female	Total	Male	Female	Total
Insurance Payments	Old Age Pension Payments	622,063	805,608	1,427,671	27,223,920	38,214,975	65,438,895
	Maternity Payments	0	13,597	13,597	0	53,339	53,339
	Mental/Physical Disability Pension Payments	4,451	3,225	7,676	183,285	152,661	335,946
	Funeral Payments	7,823	3,590	11,413	756,070	347,806	1,103,876
	Surviving Family Pension Payments	91,191	29,450	120,641	4,430,620	1,434,389	5,865,009
	Subtotal	725,528	855,470	1,580,998	32,593,895	40,203,170	72,797,065
Other Payment	Old Age Basic Guaranteed Pension Payments	132,917	248,575	381,492	6,346,661	11,745,764	18,092,425
	Mental / Physical Disability Basic Guaranteed Pension Payments	9,486	8,862	18,348	583,083	545,851	1,128,934
	Aboriginal Pension Payments	16,747	27,130	43,877	764,554	1,228,543	1,993,097
	Subtotal	159,150	284,567	443,717	7,694,298	13,520,158	21,214,456
Total		884,678	1,140,037	2,024,715	40,288,193	53,723,328	94,011,521

Source: Bureau of Labor Insurance, Ministry of Labor, R.O.C. (Taiwan)

Note: Recipients of lump sum payments are accumulative number of persons each year. Recipients of pension payments are the recipients at the end of the year.

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Social Welfare

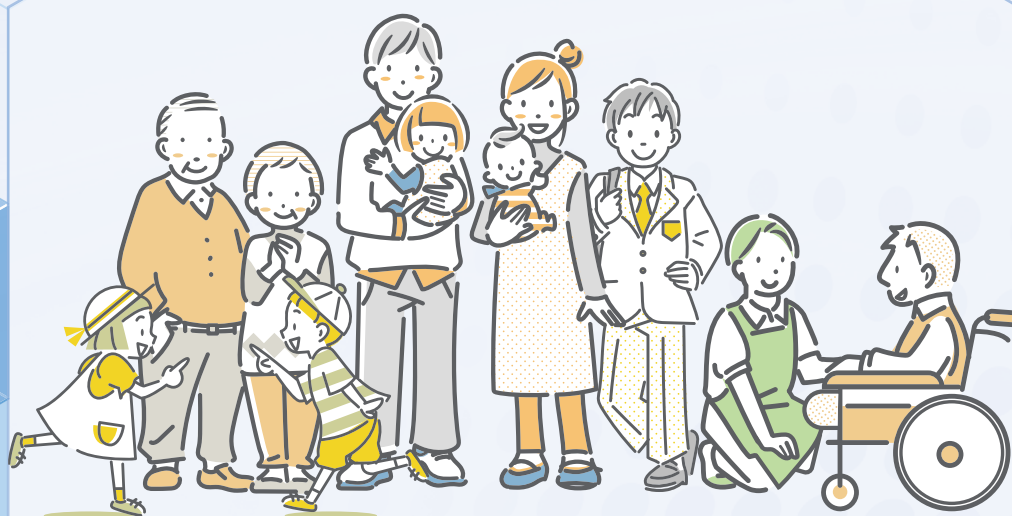
Chapter 1 Children and Youth Welfare

Chapter 2 Welfare for Women and Family Support

Chapter 3 Welfare for the Elderly

Chapter 4 Welfare for Persons with Disabilities

Chapter 5 Strengthening the Social Safety Net



In order to ensure appropriate care for disadvantaged groups, following the trends of low birth rates, population aging, 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 the persons with disabilities. By combining family and community resources, it meets the visions which are guaranteed rights, supportive families, a friendly society, and progress for all.

Chapter 1 Children and Youth Welfare

The Social and Family Affairs Administration (SFAA) of the MOHW adopted measures relating to the "Plan for Addressing the Declining National Birth Rate (2018-2024)" of the Executive Yuan to facilitate related government departments to co-build a birth-friendly environment. This includes initiatives such as providing child-care subsidies for children under the age of 2, promoting the public and the quasi-public childcare services, improving legislation related to children and adolescents, and constructing a social safety net. Additionally, early intervention services for children with development delays are being implemented. In addition, the following policies are being implemented to provide children and adolescents with more diverse welfare and protection services.

Section 1 Welfare and Subsidization

1. Child-raising allowance for children aged under 2:
To implement the policy of "The Country Raises Children Age 0 to 6 Together" by former President Tsai. Since August 2021, SFAA increased the subsidy for each child by at least NTD 5,000. The amount was increased for the second child, and cancelled the limitation of receiving parental leave allowance and disadvantaged subsidization. From 2023, the wealth exclusion criteria have also been abolished, benefiting all children under the age of 2. In 2023, a total of 382,028 children benefited from the subsidy, amounting to over NTD 16.22 billion in aid.
2. Living assistance for vulnerable children and youth:
A subsidy amounting to NTD 2,047-2,479 is granted each month to children and youth in hardship from middle-low income households; children and youth, as well as their offspring, in hardship resulting from pregnancies or births; children and youth

evaluated by competent authorities of the county (city) government to be nurtured without supportive capabilities, to have no legal supporters or that their living is not be supported by legal supporters. As of the end of 2023, a total of 99,474 children received a total allowance of over NTD 2,204,640,000 accumulatively.

3. Emergency living assistance for children and youth from vulnerable families: Emergency living assistance of NTD 3,000 is granted monthly to disadvantaged children and youth in hardship, from vulnerable families, with emergency financial difficulty, or requiring childcare. As of the end of 2023, a total of 2,698 children and youth were subsidized with over NTD 41,230,000 in total.
4. National Health Insurance Subsidies for Children and Youth from middle-low-income Families: The children and youth under 18 years old from middle-low-income families were subsidized for national healthcare insurance. As of the end of 2023 there were 89,748 person-times benefiting from the subsidies totaling more than NTD 713,380,000.
5. Medical Subsidies for Children under 3 Years Old: Part of the clinic (emergency) charges and hospitalization expense were automatically reduced for national health insured children under 3 years old during their doctor visits. As of the end of 2023, the subsidies were offered to 10,633,774 person-times and exempted their parents from the burden of more than NTD 1,878,640,000 in payments.
6. Medical Subsidies for Disadvantaged Children and Youth: In order to provide children from disadvantaged families with suitable health care, payment assistance was offered for NHI arrears; intervention, training, and evaluation fees for children with developmental delays; nursing fees during hospital stays; and copayments. As of the end of 2023, there were 14,536 recipients of subsidies totaling more than NTD 166,700,000.

Section 2 Protecting the Interests and Rights

1. According to the Implementation Act of the Convention on the Rights of the Child (CRC), the Ministry completed the second international review meeting in November 2022. International review committee members presented 72 concluding

observations. In 2023, the Ministry continued to compile and track the follow-up action plans of various departments based on these concluding observations.

2. Establishing a multidisciplinary communication platform: The Executive Yuan and the MOHW has set up the "Child and Youth Welfare and Rights Promotion Group," which includes representatives from government agencies, non-governmental organizations, experts, scholars, and children and youth representatives. This group meets regularly to incorporate the opinions of practitioners and the children and youth community, promoting the CRC, children and youth welfare policies, and the implementation of children and youth safety.
3. Safeguarding the rights and interests of non-citizen children and youth: Supervised local governments to ensure educational, welfare, and healthcare rights for non-citizen children and youth with special needs. In 2023, local governments assisted a cumulative total of 544 cases, with 456 cases closed and 88 cases under ongoing monitoring.
4. Promoting children and youth's human rights and improved their development and social participation
 - (1) The SFAA provided subsidies to local governments and NGOs for conducting programs and activities related to CRC education, training, advocacy, and awareness-raising. In 2023, a total of 534,658 individuals benefited from these initiatives. Additionally,



Online Seminar on Taiwan Girl's Day, October 11, 2023

the administration has nurtured 414 child and youth representatives across various counties and cities, as well as elected 62 central child and youth representatives. These efforts aim to promote the active participation of children and youth in meetings related to children and youth welfare and rights conducted by the local government, MOHW, and the Executive Yuan, thereby ensuring their meaningful social engagement and the rights to be heard.

- (2) The theme for Taiwan Girl's Day 2023 was "Girls' Participation in Public Affairs," launching the "Super Girl Power: Positive Energy - 2023 Taiwan Girl's Day Online Film Festival." The series included promotional videos, special columns,



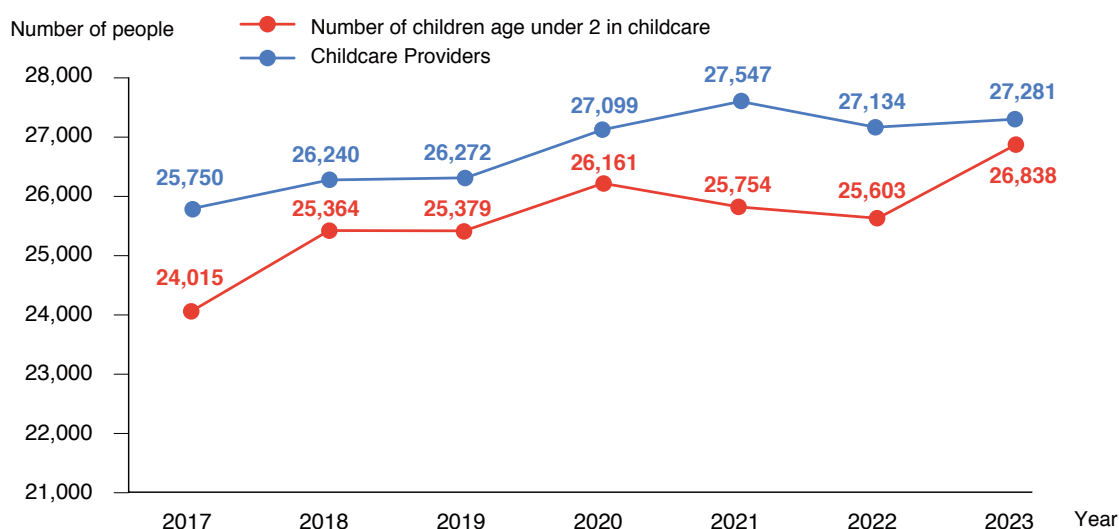
Photo from the 2nd Central Child and Youth Delegation Winter Empowerment Activity on February 11, 2023

and online seminars to ensure that every girl enjoys the opportunity to develop freely in a gender-equal environment. The online film festival was viewed 4,311 times, and the promotional videos were viewed 12,000 times.

Section 3 Childcare Services

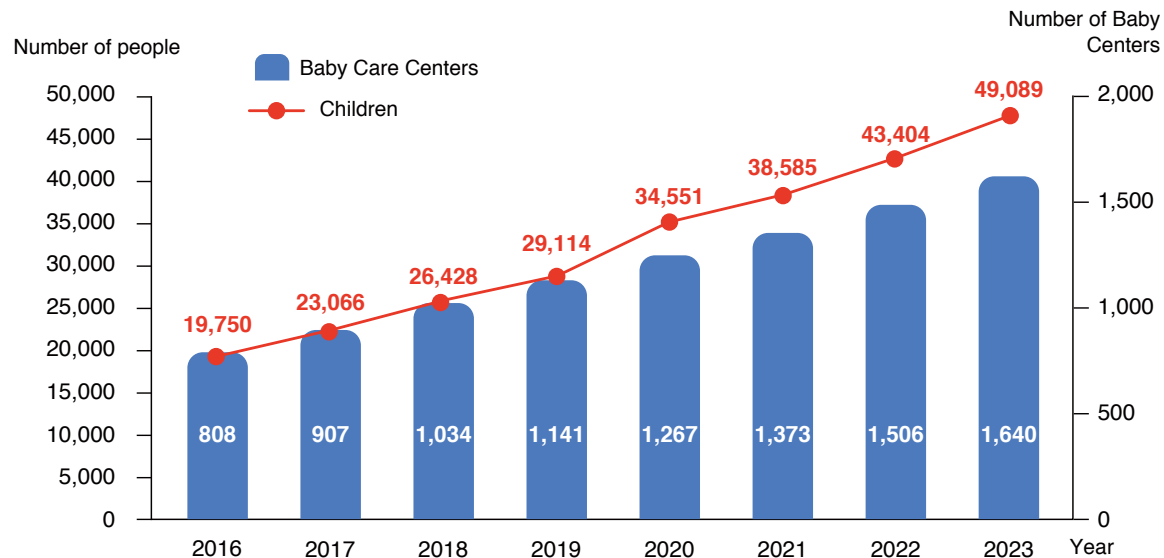
1. Subsidies for public and quasi-public childcare: Families that sent children under the age of 2 to quasi-public home-based childcare providers or childcare centers received monthly subsidies between NTD 8,500 to NTD 12,500. For children enrolled in public institutions, monthly subsidies range between NTD 5,500 to 9,500 in subsidies each month. An additional NTD 1,000 is provided for the second child, and an additional NTD 2,000 for the third child and subsequent children. At the end of December 2023, a total of over NTD 6,460,590,000 was allocated for these subsidies (including children between the age of 2 and 3), benefiting an average of 76,158 individuals per month.
2. As of the end of December 2023, there were 71 home-based childcare service centers nationwide that oversaw 27,281 childcare providers caring for 26,838 children under the age of 2 (Figure 9-1). Among them, 22,611 providers had signed quasi-public cooperation agreements with local governments, resulting in a signing rate of 93.82%.
3. As of the end of December 2023, there were 1,640 baby care centers with 44,347 children under care in Taiwan as shown in Figure 9-2. These included 1,200 private baby care centers with 33,051 children under care. Among them, 960 centers had signed quasi-public cooperation agreements with local government, resulting in a signing rate of 97.07%. Additionally, there were 440 public institutions run by private baby care centers (including 150 public community baby care centers) with 13,996 children under care.
4. To increase the supply of public childcare places, fund under the Forward-Looking Infrastructure Program was secured by the MOHW to continue the roll-out of public community baby care centers. 413 community care centers were approved as of the end of 2023 and 302 have been established.
5. Community-based family support services were implemented, with 202 parent-child centers (public-privately collaborative resource centers) for childcare established by the end of December 2023. These centers provide childcare and early childhood care consultations, parenting workshops, and other services, benefiting over 35,290,000 individuals.

Figure 9-1 Number of Family Childcare Providers and Children under Age 2 in Care, by Year



Source: SFAA

Notes: The public and quasi-public childcare policy was implemented on August 1, 2018. Family childcare became a part of family care and was entitled to childcare allowances and cares are not classed as childcare personnel, therefore the number of people decreased in 2018.

Figure 9-2 Number of Baby Care Centers and Children in Care, by Year

Source: SFAA

Section 4 Out-of-home Care

1. Improve Placement Services

(1) The MOHW commissioned NGOs to undertake placement services for children and youth in need. As of the end of 2023, a total of 113 institutions were established, with an approved capacity of 4,095 beds. This represents a decrease compared to 2022, as The Policy for the Alternative Care of Children in R.O.C (Taiwan) encourages institutions to move towards a more family-like and small-scale residential care model. As a result, the number of beds in these institutions has gradually been reduced, as indicated in Table 9-1.

(2) In 2023, subsidies for professional in institutions totaled NT\$ 117,367,209.

2. Facilitated family foster care services: Assisting local governments to connect NGOs to provide foster care, with 1,028 households registering as qualified foster families, 314 reserved foster families and 1,587 placed children and youth in 2023. (Table 9-2).

Chapter 2 Welfare for Women and Family Support

In response to the structural changes of population and family, Taiwan's family policy was revised and passed on May 3, 2021 by the 29th committee meetings at the Executive Yuan Social Welfare Promotion Committee. The amendments were promulgated, with 6 major goals: (1) Reinforce family education gender quality, and promotion of positive relationships in families, (2) Advocate family values and inclusive diversity, promote family harmony, (3) Develop lifecycle support system, and exhibit family functions, (4) Establish economic

Table 9-1 The Information on Placement Institutions for Children and Youth 2019-2023

Year		2019	2020	2021	2022	2023
Number of Institutions		119	118	113	114	113
Approved Number of Beds		4,878	4,873	4,493	4,464	4,095
Children	Males	1,398	1,336	1,230	1,179	1,098
	Females	1,397	1,326	1,315	1,190	1,099

Source: SFAA

Table 9-2 Foster Families and Children, 2019-2023

Year		2019	2020	2021	2022	2023
Families (Households)		1,027	1,042	1,042	1,012	1,028
Children	Males	762	782	846	816	812
	Females	788	799	787	766	775

Source: SFAA

protection and friendly workforce, promote family and work balance, (5) Protect families' rights to adequate housing and provide livable environment, (6) upgrade violence prevention and protection services, and create family safety environment.

Section 1 Women's Welfare

Social services for women are aimed to empower women from women's standpoint. Key achievements in 2023 are shown as follow:

1. The Department of Social and Family Affairs(SFAA) of the MOHW cooperated with local governments and NGOs to provide support services to boost women's welfare and to enhance women's capabilities, and to create opportunities for further development. The total subsidies in 2023 were NTD 66.17 million.
2. By strengthening capacity of 47 Women Welfare Service Centers, the MOHW linked government and private resources to provide services for women's growth, counseling, case management, employment support, exploration of topics, and exhibitions for women. In 2023, the centers provided services for a total of 418,073 people.
3. By operating the Taiwan Women's Center, which serves as a platform for promoting women's welfare, women's rights, and gender mainstreaming, and interaction with both international and domestic

women's government sector and NGOs. In 2023, there were 48 domestic organizations used its facilities. The center also welcomed 61 governmental organizations at home and abroad, attracting 7,530 visits. Since the opening on March 8, 2008 there have been 174,668 visitors as of the end of 2023.

4. To develop more forward-looking women's welfare services, the MOHW has implemented an empowerment program since 2020 to empower local governments to promote innovation for women's services. Through research reports on women's needs trends, local women's issues and needs were identified (health and personal safety, economic employment, care needs, career development, retirement planning). In 2023, the Ministry published the book "Women's Life Design," compiling 3 years of developed women's needs, training modules, service design principles, and county/city service outcomes, resulting in 17 innovative service programs produced in collaboration with 16 local governments and NGOs.

Section 2 Services for Vulnerable Families

1. Enhancing social welfare center service capacity to provide professional and accessible services: In alignment with the Strengthening Social Safety Net program, a total of 1,376 social work professionals



Group photo from the Women's Innovation Program Book Launch and Design Summit, 2023

(1,192 social workers and 184 supervisors) have been approved for subsidy nationwide. These professionals served 112,881 families, providing tailored services based on family and individual needs.

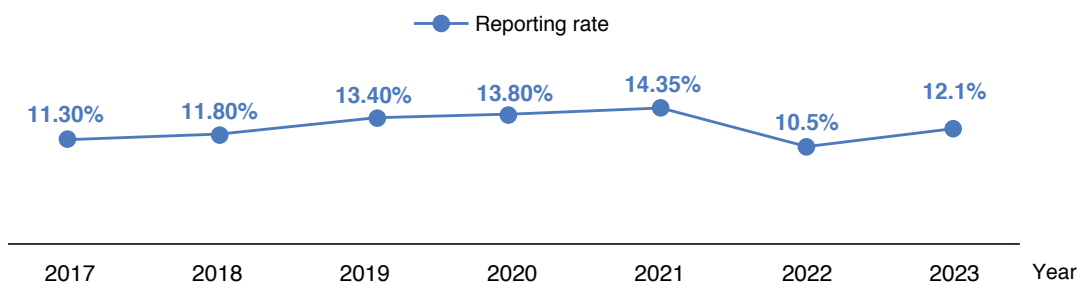
2. Strengthening Services for Vulnerable Families through Public-Private Partnerships: to address the diverse needs of families, this initiative supports local governments in partnering with non-governmental organizations(NGO) to expand family support resources through public-private collaboration. In the 2023 fiscal year, funding was provided to 19 counties and cities to support 57 NGOs in implementing family support service programs. Additionally, 20 counties and cities received funding to collaborate with 24 NGOs on child-rearing guidance services. Furthermore, 19 counties and cities were funded to expand 728 community support service locations, with total subsidies exceeding NTD257.74 million.
3. Continued to implement the outreach program for disadvantaged children under the age of 6: Focuses on 8 categories of children under the age of 6, including those who have moved their household registration to the household registration office and

those who have not completed their immunizations within the specified timeframe. The program involves tracking and monitoring by the household registration, social welfare, and health administration systems. When children are found to meet the conditions specified in Articles 53 and 54 of the Protection of Children and Youths Welfare and Rights Act, they receive care visits provided by the local government's Department of Social Welfare. In 2023, a total of 1,687 such visits were conducted.

Section 3 Services for Early Intervention Families

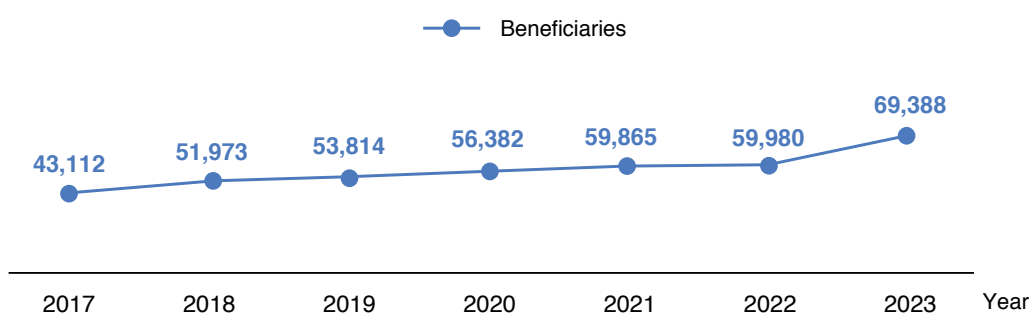
1. Local governments were supervised to set 35 reporting and referral centers. As of the end of 2023, 34,781 children with developmental delay were reported and the nationwide reporting rate was 12.1% (Figure 9-3).
2. By the end of 2023, local governments were supervised to set 56 case management centers, and helped developmentally delayed children apply for 69,388 intervention subsidies totaling NTD 566,250,000 (Figure 9-4).

Figure 9-3 National Reporting Rate of Developmentally Delayed Children, by Year



Source: SFAA

Figure 9-4 Subsidies for Early Intervention, by Year



Source: SFAA

3. In 2023, collaboration with non-governmental organizations was initiated to promote community therapeutic services, ensuring the rights and well-being of children with developmental delays and their families. A total of 119 community therapeutic centers were established, providing services in 363 townships and urban areas, with a coverage rate of 98.64%.

Section 4 Services for Families with Special Needs

1. Adoption matching services: Starting from May 30, 2012, all adoptions of children and youth must be handled by an approved adoption matching service agency. As of the end of 2023, there were eight approved adoption matching service agencies (with 12 service centers). These agencies matched 202 children with adoptive parents in 2023 (102 were adopted domestically and 100 overseas).
2. Assistance for Families in Hardship: In 2023, emergency assistance for livelihood, children living allowance, children nursery allowance, medical subsidy, subsidy of litigation, children education allowance, and career development loan are available for families in hardship. There were 17,439 families receiving these benefits for a total of 129,100 times, with total subsidies exceeding NTD 464,500,000.
3. Support for Pregnant Women Under the Age of 20: A teen pregnancy hotline (0800-25-7085) and website (<https://257085.sfaa.gov.tw/>) was established. In 2023, the hotline provided counseling services to 1,431 individuals, while the website had 267,938 visitors and received 437 letters and online consultations. Each county and city also implemented case management services for pregnant teenagers or parents under the age of 20, serving a total of 13,945 individuals in 2023.

Chapter 3 Welfare for the Elderly

In March 2018, Taiwan became an aged society. By the end of December 2023, the elderly population 4,296,985 people, accounting for 18.35% of the total population. In response to the trend towards an aged society, the MOHW planned a new aged social policy blueprint. On September 27, 2021, the Executive Yuan approved the amendment of the white paper of aging

society. The MOHW unveiled the four major prospects of autonomy, self-reliance, communion, and sustainment. Furthermore, in order to concretely implement the various policy objectives of the White Paper on an Aging Society, and on November 10, 2022, the "Strategy Plan for Addressing the Challenges of a Super-Aged Society" was approved. It is estimated that over a period of four years (2023-2026), a budget of more than NTD 26.8 billion will be allocated and 345 important projects will be promulgated in 2023. Through public-private collaboration and interdisciplinary cooperation, active responses will be made to the diverse needs of the elderly.

Section 1 Income Security for the Elderly

Based on the economic conditions of low- and middle-income elderly households, a monthly living allowance of NTD 3,879 or NTD 7,759 per person is provided. In 2023, allowances were issued to a total of 208,407 people (accounting for 4.85% of the elderly population) to ensure economic security and maintain basic living standards.

Section 2 Health Care for the Elderly Fees Subsidization

1. In order to reduce the economic barrier to health care due to NHI premiums and copayments for elder people with economic difficulties, premiums are fully subsidized for lower-middle income elderly persons aged 70 and above. In 2023, these subsidies were provided to 112,196 people.
2. To subsidize the denture installation for near poor senior citizens, we introduce eight subsidization plans based on the missing tooth condition of senior citizens to meet individual needs. In 2023, a total of 5,785 elderly people were benefited.

Section 3 Care for Elder People

1. To compensate near poor families for losing economic gains from sacrificing employment to take care of elderly family, an elderly care allowance of NTD 5,000 each month was provided for families with elderly people requiring special care. In 2023, a total of 5,406 instances were benefited.
2. To enhance care for elderly individuals living alone, 24-hour emergency rescue services have been provided. In 2023, 51,695 elderly individuals living alone received care services, and 5,571 economically disadvantaged elderly individuals

living alone were subsidized for emergency rescue installations. The "Missing Elderly Search Center" was established, reporting 2,618 cases since its inception in 2001, of which 1,653 individuals were found through the center. By the end of December 2023, 30 cases were reported, with 24 individuals found through the center's assistance.

- Guidance was provided for institutions to improve service quality and diversify operations to meet the elderly care needs. By the end of December 2023, there are 1,057 permitted elderly welfare institutions. In order to alleviate the financial burden on economically disadvantaged disabled elderly individuals accessing institutional services, and to increase the willingness and capacity of institutions to provide publicly funded placements for the elderly, local governments were incentivized to subsidize the costs of public placements for low-income disabled elderly individuals. In 2023, a total of 10,746 individuals benefited from this initiative.
- To ensure the safety of residents in elderly welfare institutions and enhance the overall public safety standards, incentives were granted to privately-owned small-scale elderly welfare institutions that were registered as non-profit organizations to improve their public safety facilities. In 2023, a total of 467 elderly welfare institutions were approved for such incentives. These incentives encompassed the replacement of electrical circuits in 308 institutions, the improvement of partitioning and close connections between sleeping areas and

floors in 235 institutions, the installation of 119 fire alarm systems in 13 institutions, and the provision of automatic sprinkler systems in 120 institutions.

- We established the elderly consultation service center and provided the "Old Friend Hotline (0800-228585)" service. In 2022, the average monthly call volume was 755, which slightly increased to 767 calls per month in 2023.

Section 4 Social Participation by Elder People

- Subsidies were provided to non-governmental organizations for organizing lifelong learning programs and various elderly welfare activities. In 2023, 449 services and activities are available for seniors.
- In 2023, mobile tours of culture, health, and leisure for seniors were made possible by the subsidized purchase of 18 multifunctional buses by 16 cities and counties. Services included welfare and health consultations as well as leisure, culture, and entertainment activities. Participating cities and counties hosted 1,448 tours with total attendance of 583,636 seniors.
- To celebrate the Double Ninth Festival and express our care and respect for the elderly nationwide, the "Continuing to Grow: Exhibition on Life in Later Years" was held during the festival. This exhibition, featuring individual, family, community, and societal themes, aimed to inspire proactive planning for the general public in their later years.



From October 19 to 23, 2023, the "Continuing to Grow: Exhibition on Life in Later Years" event was held to celebrate the Double Ninth Festival.



On November 14, 2023, the Community Golden Point Award Ceremony was held.

4. Local governments were encouraged to work with village offices and community groups to establish 4,830 community care stations as shown in Figure 9-5. The stations provide care visits, telephone visits and referral services, catering services, and health promoting activities. 3,060 community care stations set up Community Long-Term Care Stations (C) in line with the long-term care policy. 2023 Golden Community Care Stations Awards were held to honor the benchmark groups and individuals who have contributed to community care stations, giving out 15 Golden Community Care Stars Awards (for groups), 5 Golden Community Care Heroes Awards (for individuals).

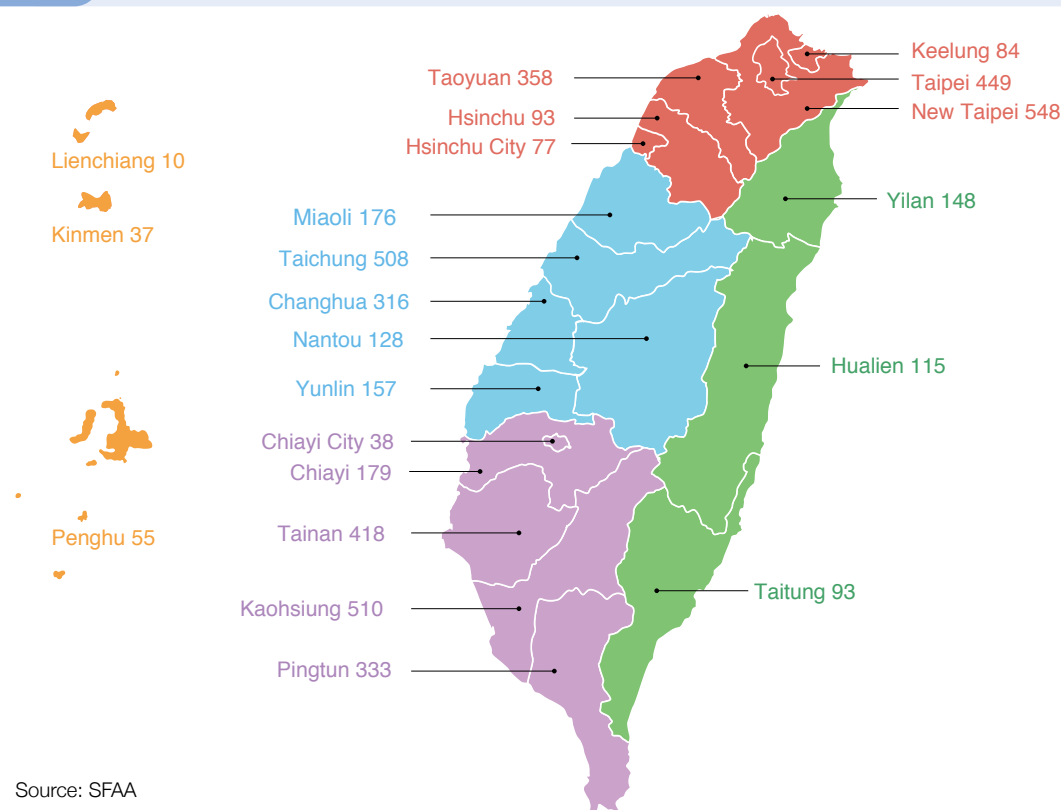
Chapter 4 Welfare for Persons with Disabilities

Responding to the increasing number of persons with disabilities, their varied individual needs, and international trends, the MOHW defined disabilities according to WHO's International Classification of Functioning, Disability and Health (ICF). Taiwan integrates its welfare policies for persons with disabilities, Taiwan desires to provide services according to the evaluation and assessment results to protect the rights and interests and the economic

security of persons with disabilities, and to enhance their social participation and their living standards through comprehensive and continuous services. At the end of 2023, there were more than 1,214,000 persons with disabilities in Taiwan, accounting for 5.19% of the population.

Section 1 Rights Protection for Persons with Disabilities

1. In accordance with the provisions of the Act to Implement the Convention on the Rights of Persons with Disabilities (CRPD), Taiwan has submitted the second report under the CRPD. The international review meeting of the CRPD was successfully conducted in August 2022, where international human rights experts engaged in dialogue with domestic persons with disabilities and their representative organizations, and government departments, and presented a total of 118 Concluding Observations. In 2023, the government proposed Concluding Observations Response Form of the Second Report, aiming for step-by-step and strategic implementation to advance the rights of persons with disabilities.
2. "Disabilities Evaluation and Needs Assessment" for persons with disabilities specifies that persons

Figure 9-5 Distribution of Nationwide Community Care Points

with disabilities' body structures, body functions, activities, and social participation, were evaluated by a professional assessment team. Single point of contact was created for people to receive personalized and diverse welfare services. By the end of 2023, over 400,000 applications for disability certification were received, with over 360,000 certificates issued. Needs assessments were conducted for over 360,000 cases, and relevant resources were diverted and referred.

Section 2 Financial Security for Persons with Disabilities

1. In 2023, persons with disabilities who meet the criteria for household income and assets received monthly life subsidies of NTD 4,049, NTD 5,437, or NTD 9,485. There were more than 340,000 recipients per month on average, and the total amount exceeded NTD 21,870,000,000.
2. The subsidies for day care and residential care for persons with disabilities exceeded NTD 9,050,000,000 as of the end of 2023 and benefited more than 47,000 recipients each month on average.

Section 3 Care and Support for the Persons with Disabilities and their Families

1. Personalized Care for Persons with Disabilities and family support services: Services that improve living quality and social participation among persons with disabilities include home care, supportive service for independent life, daily living reconstruction, day care, homebased care services and residence/housing in community. To help reduce care burden of family members and provide support to caregivers, family support services including temporary and short-term care for persons with disabilities and trainings and courses for caregivers have been provided. By the end of 2023, the total amount of subsidies had exceeded 6,629,670,000 and more than 21,370,000 people had benefited from the plan.
2. Localizing and Downsizing of Institutional Care: As of the end of 2023, there were 266 welfare institutions for people with disabilities, with an estimated service capacity for 21,000 plus people, and with an actual coverage of more than 17,000

people. The primary services were day care, residential care, art education and vocational activities. To support institutions downsizing their facilities into community-based facilities, starting from 2021, the main focus of the public welfare lottery fund has been to provide subsidies to local governments in collaboration with full-day residential disability welfare institutions within their jurisdictions. The aim is to assess and assist individuals with disabilities within these institutions who express a willingness to try community-based services, such as community living, thereby facilitating their integration into community life. Additionally, relevant projects have been commissioned to ensure the implementation of Article 19 of the CRPD. Through workshops and similar platforms, professionals from disability welfare institutions are invited to engage in discussions on adjusting service models to better align with the spirit of Article 19 of the CRPD.

3. Assistive Devices for Persons with Disabilities

- (1) In 2023, there were 40 assistive device centers across Taiwan to provide assessment and consultation for people in need of devices as well as promotion and maintenance services.
- (2) Persons with disabilities continued to receive subsidies cover assistive devices. More than 57,000 persons with disabilities benefitted from the total subsidies of about NTD 590,000,000 as of the end of 2023.
- (3) In order to assist persons with disabilities, the elderly, and others with mobility issues caused

by stairs, assistance was provided to local governments of twelve cities and counties to install stair climbers for persons with disabilities by the end of 2023. A total of 31,000 people were served.

- (4) A comprehensive plan for subsidizing medical assistive devices to persons with disabilities was implemented. In 2023, there were over 10,000 payments amounting to over NTD 74.39 million.

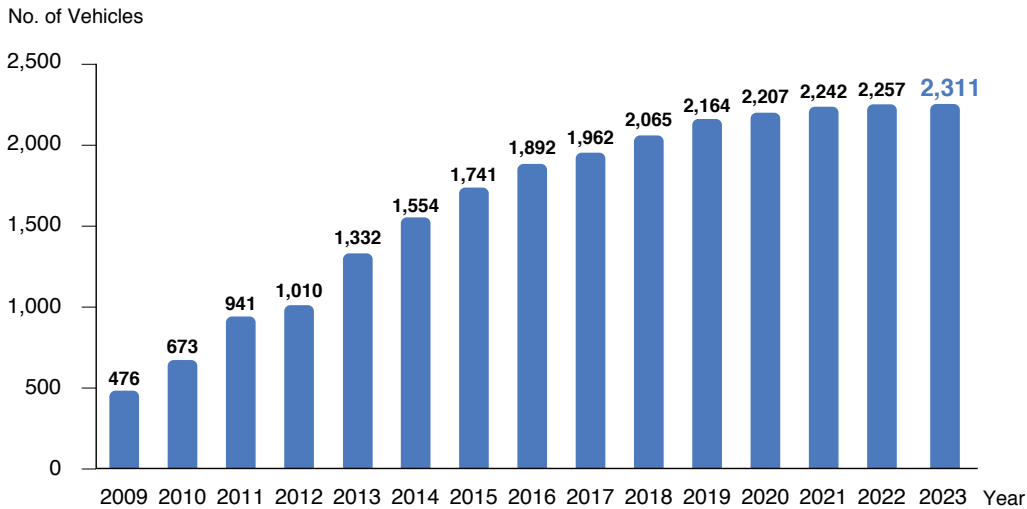
Section 4 Social Participation for Persons with Disabilities

1. Subsidies were provided to private organizations to carry out various recreational, educational, and learning activities for individuals with disabilities, as well as to improve accessibility of websites and enhance facilities. In 2023, a total of 232 projects were supported, with a funding amount of over NTD 8.33 million.
2. The ceremony of 27th Golden Eagle Model Persons with Disabilities Awards were held on December 2, 2023 to commemorate International Day of Persons with Disabilities. Through the inspiring life stories shared by the awardees, it aimed to deepen the public's understanding of the daily lives of individuals with disabilities.
3. Subsidies and certifications were offered to qualified guide dog training and advertising campaign. By the end of 2023, there were 26 in-service guide dogs and 142 puppies in training.
4. By the end of 2023, over 33,000 designated parking spaces were established and approximately



Ceremony for the 27th Golden Eagle Model Persons with Disabilities Awards on December 2, 2023

Figure 9-6 Number of "Rehabilitation Bus," 2009 – end of 2023



Source: SFAA

398,000 special license plates and accessible parking space permits were issued.

- As of the end of 2023, there were 2,311 "Rehabilitation Bus" in Taiwan (Figure 9-6) and the number of beneficiaries was approximately 3,840,000.
- Guidance was provided for local governments to establish the sign language and communication access real-time translation (CART) information centers, the scope of service, and procedures. By the end of 2023, there were 380 certified sign language interpreters and 267 CART personnel.

Chapter 5 Strengthening the Social Safety Net

To address the complex and diverse social issues, the Executive Yuan approved the "Strengthening Social Safety Net Program" (2018-2020) on February 26, 2018, allocating nearly NTD7 billion. This initiative aimed to expand local social work manpower, establish social welfare service centers, develop early warning systems, integrate networks, and harness the power of civil society. The goal was to build a service system centered around families and rooted in communities. In addition, the second phase of the project (2021-2025) was approved on July 29, 2021, with an investment of NTD40.7 billion. It aimed to deepen the social safety net through four key strategies and five major areas of focus.

Section 1 Second Phase of Strengthening System and Strategies Project

- Designed four major strategies: "Expanding family service resources to provide accessible services," "Optimizing protective service delivery to enhance risk management," "Strengthening mental illness and suicide prevention services, improving front-end prevention and crisis management mechanisms," and "Enhancing interdepartmental network resource deployment to expand public-private collaborative services."
- Implemented five key focuses: "Promoting the strengthening of the community mental health system," "Enhancing forensic psychiatric system," "Strengthening interdisciplinary and public-private collaborative services," "Continuously expanding social welfare service centers resources and protective services," and "Strengthening human resource utilization and professional tenure." Actively established 71 community mental health centers, 49 Clubhouse, 4 forensic psychiatric wards, 156 social welfare service centers, and 11 child protection area medical integration centers to construct a more resilient and sustainable support system for families and communities.

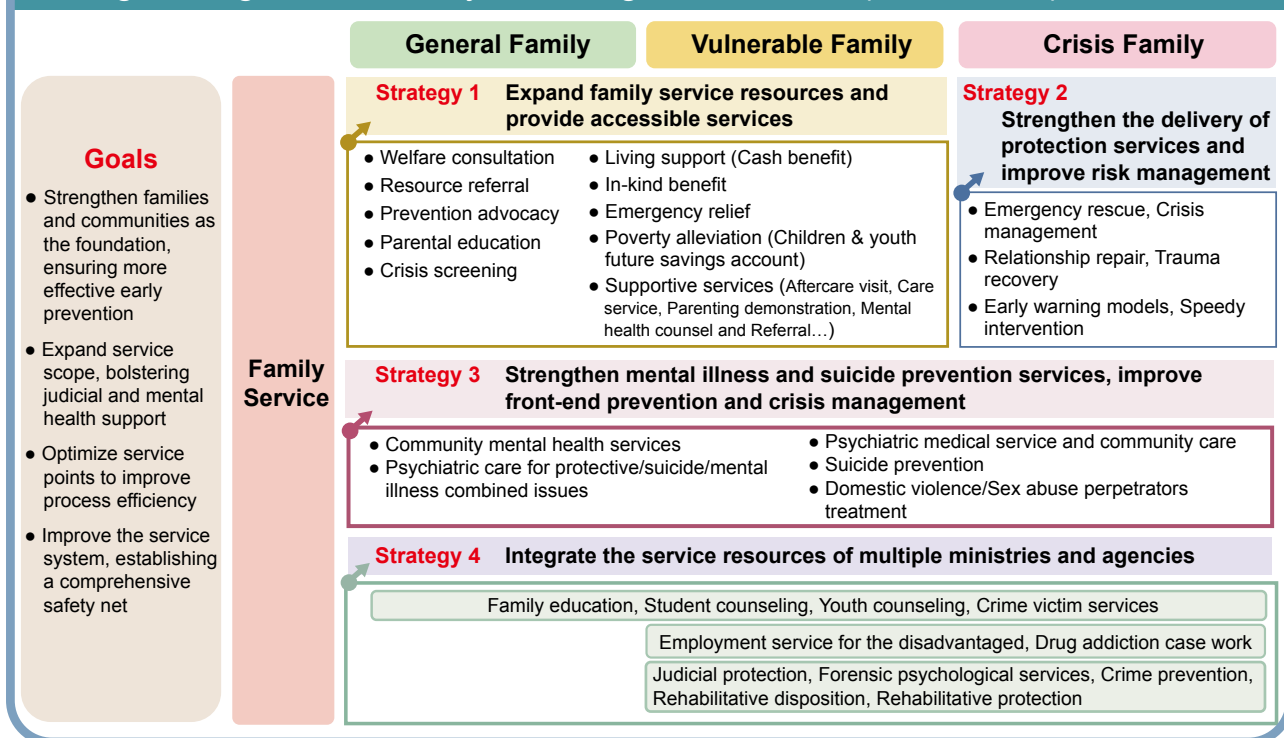
Section 2 Method of Implementation

1. Held various levels of platform meetings, including the Inter-Ministerial Platform Meeting convened by the Executive Yuan, the Policy Communication Platform Meeting of the MOWH, and the cross-departmental meetings at the local government level. These meetings served to coordinate and address policy and implementation-related issues.
2. In 2023, Administrative Yuan former Commissioner Wan-Yi Lin presided over four Social Safety Net Strategy Network Consensus Camps with local government department heads, where he listened to opinions and addressed issues.

3. In 2023, a high-level consensus camp meeting was held to consolidate and build consensus, ensuring the implementation of the social safety net plan and establishing a comprehensive safety network.

By the end of 2023, a total of 156 social welfare service centers, 11 child protection area medical integration centers, 48 community mental health centers, and 36 Clubhouse had been established. A total of 5,452 professionals were employed, achieving an employment rate of 87.9%.

Strengthening Social Safety Net Program Phase II (2021-2025) - Framework



Data Source: Executive Yuan

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10

Social Assistance and Social Work

Chapter 1 Social Assistance

Chapter 2 Social Work

Chapter 3 Community and Links to Other Resources



Chapter 1 Social Assistance

We always follow the principle of "providing care actively, respecting needs, and enabling self-sufficiency" in social assistance business. Various measures are taken, laws and regulations are reviewed at regular intervals, and unemployment benefits and the welfare service system of social work are considered, so as to guarantee that people in need can get appropriate assistance.

Section 1 Living Support

Life assistance for low-income households means providing persistent financial assistance for families whose monthly income per person is below the minimum living expenditure and whose properties do not exceed the annual amount announced by the central government or competent authorities of municipalities. The 2015 amendment to the "Public Assistance Act" stipulates that the living assistance for low-income families is adjusted every four years based on the growth in consumer price index (CPI) to protect the rights and interests of vulnerable people. Table 10-1 shows the minimum cost of living in each special municipality, Taiwan Province in the last five years.

The current subsidies provided by various local governments for low-income households include family subsidy, school subsidy, and children subsidy. According to Article 12 of the Public Assistance Act, competent authorities should increase the original cash amount received by members of low-income households who are elderly, pregnant for three months or longer, or disabled by no more than 40%. In order to avoid providing too much financial assistance, which could influence the willingness to work, Article 8 of the Public Assistance Act states that the monthly assistance amount received by every person according to this law or other laws should not exceed the basic wage declared by the government. The major items of life assistance for low-income households handled by the government in 2023 are shown in Table 10-2.

Besides making cash payments, various local governments should provide additional benefits, including nutritional supplements to pregnant women (including nutrition subsidies for single mothers with newborns), birth allowance, priority of living in social housing, subsidy for residential rent, subsidy for simple residence repair cost and loan interest subsidy for purchased or self-built residences, subsidy

Table 10-1

Minimum Cost of Living of Each Special Municipality, County, and City in the Last 6 Years

New Taiwan Dollar

Region Year	Taiwan	Taipei	Kaohsiung	New Taipei	Taichung	Tainan	Taoyuan	Fujian Province	
								Kinmen	Lienchiang
2019	12,388	16,580	13,099	14,666	13,813	12,388	14,578	11,135	
2020	12,388	17,005	13,099	15,500	14,596	12,388	15,281	11,648	
2021	13,288	17,668	13,341	15,600	14,596	13,304	15,281	12,102	
2022	14,230	18,682	14,419	15,800	15,472	14,230	15,281	12,792	
2023	14,230	19,013	14,419	16,000	15,472	14,230	15,977	13,103	
2024	14,230	19,649	14,419	16,400	15,518	14,230	15,977	13,653	

Source: Department of Social Assistance and Social Work, Ministry of Health and Welfare, R.O.C.(Taiwan)

Table 10-2

Key Living Support Measures Provided to Low-Income Households, 2023

Subsidy Item	No. of Subsidies	Total Subsidy Amount (NTD)
Family Living Support (including Child Living Support)	833,386	5,405,845,635
Student Living Support	418,714	2,662,051,287
Workfare Programs	29,170	601,388,447
Holiday Bonus	253,400	167,396,061

Source: Department of Social Assistance and Social Work, Ministry of Health and Welfare, R.O.C.(Taiwan)

for students' nutrition lunch fee, and subsidy for hospitalization fee, so as to meet the basic needs of low-income and middle-low-income households.

With respect to lifting the poor out of poverty, the Ministry of Health and Welfare enacted The Regulation of Active Anti-poverty Strategies on June 6, 2016. In 2023, the local government and nongovernment social welfare groups implemented 41 schemes to promote employment and the overcoming of poverty, and the amount of the subsidies was NTD 35,424,071.

In response to recent increases in the annual consumer price index and the adverse effects of inflation on economically disadvantaged families, additional living allowances were provided from January to December 2023 to enhance the economic security of low-income and lower-middle-income households. Low-income households received an additional NTD 750 per person per month, while lower-middle-income households received NTD 500 per person per month. In total, 6,195,928 person-times received additional living allowances, amounting to NTD 4,323,121,250.

Section 2 Medical Subsidies

According to Articles 18 and 19 of the Public Assistance Act, the existing medical subsidies for low-income and middle-low-income households include the following items:

1. Premium subsidies: The subsidies for health insurance premiums, 3,258,360 recipients with subsidies NTD 6,332,783,000 in 2023.
2. Co-payment Fee Subsidies: In order to relieve the health care burdens of low-income households, Article 49 of the National Health Insurance Law clearly stipulates that "In case where the low-income households eligible under the Public Assistance Act make medical visit, the central competent authority in charge of social affairs shall prepare budget to pay for that." In 2023, the subsidies for some medical fees (including outpatient service and hospitalization fees) received by low-income households, 6,113,497 recipients with subsidies NTD 1,683,398,000.
3. Subsidies for medical fees not covered by national health insurance: In order to meet the medical needs of low-income and middle-low-income households, various local governments have also established relevant regulations to stipulate the allowance standard of medical fees. By the end

of December 2023, a total of 7,506 people were subsidized, amounting to over NTD 243,940,000.

In-hospital meals are free for all low-income households, subsidized by each level of government. The Ministry and local governments provided subsidies 2.185891 million times totaling NTD 301.27 million in 2022.

Section 3 Emergency Relief

According to Article 21 of the Public Assistance Act, timely assistance shall be provided for people falling into difficulties due to emergencies, and their economic difficulties must be relieved. People still in difficulties after receiving assistance from the governments of municipalities and counties (cities) shall be reported to our department for relief according to the Operation Directions for Emergency Relief Application Approval and Appropriation Control by the Ministry of Health and Welfare. On December 8, 2021, the MOHW revised the executing units of the "Strengthening Social Safety Net Program: The Emergency Relief Project" to include social welfare service centers, domestic violence and sexual assault prevention centers and community mental health centers as well the original city/county government and district offices, continuing to promote social worker professional assessment and case management mechanism and enhancing reporting of vulnerable families and crisis families. On November 28, 2023, the plan was further amended to include juvenile guidance committees and student counseling centers as reporting units. Results are shown in Table 10-3.

Section 4 Disaster Relief

Recent extreme weather events have heightened focus on disaster preparedness. Our ministry oversees crucial areas: disaster victim shelter and accommodation, essential supplies readiness, and victim care and support. We maintain comprehensive pre-disaster preparations to ensure effective crisis response.

When the flood season and typhoon season were coming every year, the local government would take special measures including temporary sheltering for victims, social assistance and vulnerable protection according to Disaster Prevention and Response Act. In 2023, a total of 5,835 disaster relief shelters were planned by counties and cities, capable of accommodating 2,368,487 people. During the year,

Table 10-3 Emergency Relief in 2022-2023

Type \ Year		2022		2023	
		Beneficiaries (People)	Relief Payment Amount (NTD)	Beneficiaries (People)	Relief Payment Amount (NTD)
Emergency Relief from Municipal and County (City) Authorities		29,065	201,596,565	28,505	202,563,402
from MOHW	Emergency Relief	46	810,000	57	820,000
	Immediate Care	6,332	86,752,567	6,492	92,346,246

Source: Department of Social Assistance and Social Work, Ministry of Health and Welfare, R.O.C.(Taiwan)

shelters were opened for Typhoon Doksuri on July 24, Typhoon Khanun on August 2, Typhoon Saola on August 29, Typhoon Haikui on September 1, and Typhoon Koinu on October 3, with a total of 286 shelters accommodating 5,216 people.

The results of measures in response to COVID-19 are as follows: compensation for those under home isolation, home quarantine and family members as caregivers; following the Guidelines on Compensations for Those Under Home Isolation and Quarantine, those under home isolation, home quarantine and family members who are caregivers could be compensated provided that they have not violated relevant regulations regarding these measures, and have not received salaries or subsidies of a similar nature. As of the end of 2023, the MOHW had approved 1,973,065 epidemic prevention compensation cases with the amount of NTD 11,024,233,000.

Section 5 Assistance for the Homeless

Counseling and Shelter Service for homeless people provides three-stage services including "emergency service, transition service and stabilization service," and to help homeless people rebuild and adapt to their life on the premise of respecting their basic human rights and considering regional differences.

There were 2,934 homeless people registered with the local governments at the end of 2023. Over 70% were located in 6 municipalities including Taipei City. In contrast, there were 6 counties/cities with less than 50 homeless people. Furthermore, there were no registered homeless people in Kinmen County, Lienchiang County and Penghu County, which shown a great difference between various places in the number of homeless people.

According to Article 17 of the Public Assistance Act, the local government shall formulate autonomous

regulations or methods of the homeless training according to the number of homeless people, the homeless assistance scale and needs within its jurisdiction.

In 2023, 698,381 service instances were provided, including 668,187 instances of care services, 290 instances of assistance in returning home, 3,337 instances of welfare application and provision, 9,403 instances of referral for employment services or vocational training, 378 instances of rental assistance, 2,452 instances of placement (referral to institutions or shelters), and 14,111 instances of medical services.

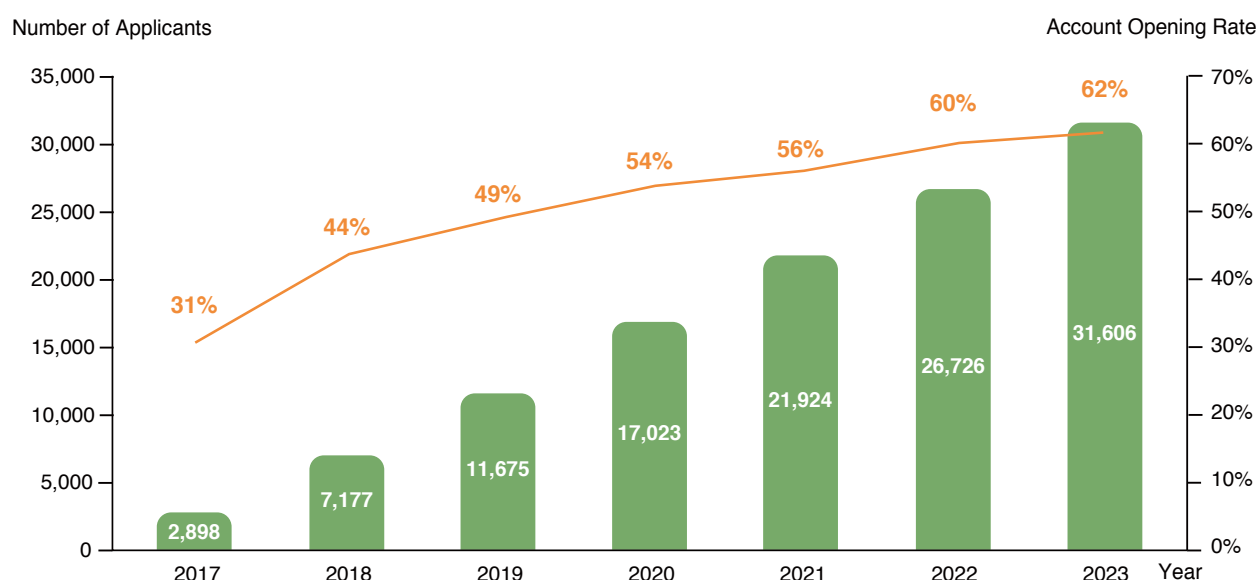
Section 6 Savings Accounts for Future Education and Development of Children and Youth

Under the "Savings Accounts for Future Education and Development of Children and Youth" program, through the cooperation between the government and poor families, parents of eligible children can deposit up to NTD 15,000 a year, and the government contributes the same amount. Besides encouraging families in poverty to make long-time savings (18 years), education of financial management and family services are provided. During the saving process, social workers will accompany and provide guidance for these families to reduce the risks that families or children or youth may encounter. After the program began on June 1, 2017, the president promulgated the "Act Governing Savings Accounts for Future Education and Development of Children and Youth" on June 6, 2018 to optimize the program's legality.

As of the end of 2023, the number of applicants for accounts reached 31,606, with an application rate of 63% (Figure 10-1). Among them, 11,205 (35.45%) were from low-income families, 19,358 (61.25%) were from middle-to-low-income families, and 1,043 (3.3%) were from long-term placement. The monthly self-

Figure 10-1

Children Future Education and Development Account (CFEDA) Number of Applicants and Account Opening Rate Over the Years



deposit amounts were NTD 500 for 7,788 (24.64%), NTD 1,000 for 5,174 (16.37%), and NTD 1,250 for 18,644 (58.99%). The cumulative account balance amounted to NTD 2,026,756,111.

Social workers provided care visits, psychological support, follow-up guidance, counseling services, and administrative assistance to individuals who had not made deposits for six consecutive months or more, in order to understand the situations of these account-holding households and enhance the account deposit rate. In 2023, social workers conducted visits to a total of 3,149 individuals who had not made deposits for six consecutive months or more.

Chapter 2 Social Work

Social workers are an important foundation for the government to promote welfare policies. While all social welfare policies and measures need social workers to promote, apart from making efforts in enriching the workforce, optimizing the labor conditions and benefits, and protecting the personal safety of social workers, the MOHW includes the dangerous profession compensation as part of the salary of social workers to ensure that the remuneration system of social workers is reasonable, in order to improvement the practice environment of social workers. We strive to provide a friendly work environment for social workers,

hoping to encourage social workers to choose social work as fulltime and long-term profession and thereby ensure the quality of services for the vulnerable through optimizing the professional system of and improving the work environment for social work.

Section 1 Social Work System

As of the end of 2023, 16,962 individuals had passed the Social Worker Examination, and 16,371 certificates were issued. Additionally, as of the end of 112 Year, there were 9,817 registered practicing social workers. By age group, 4.65% were under 25 years old, 17.00% were between 25 and 29, 18.29% were between 30 and 34, 18.74% were between 35 and 39, and 41.32% were 40 or older. There were 43 individuals and 42 registered social work offices nationwide. In the public and private social welfare sectors, there were 19,695 full-time social work professionals (including 1,170 indigenous people, 5.94%), with 8,458 (42.94%) in the public sector and 11,237 (57.06%) in the private sector.

1. Talent cultivation

- (1) We conducted qualification review for practical social work experience and business according to the test-free subjects of professional social workers stipulated by the Ministry of Examination. As of the early of 2023, 86 committee meetings

were held, and 14,625 application cases for social worker were reexamined.

- (2) One social worker evaluation by specialty was conducted according to the "Regulation for Qualification by Category and Continuing Education of Specialized Social Workers." As of the end of 2023, a total of 802 specialist social workers were accepted, including 313 medical social workers (39.00%), 213 mental health social workers (26.60%), 201 children, youth, women, and family social workers (25.10%), 38 geriatric social workers (4.70%), and 37 disability social workers (4.60%).
- (3) The professional competencies of social workers are improved according to the "Regulations for Receiving Continuing Education and Renewing Business License for Social Workers" and the "Regulation for Qualification by Category and Continuing Education of Specialized Social Workers." In 2023, a total of 4,194 reviews on continuing education score were conducted.

2. Protection of Social Workers' Rights

- (1) In order to provide social workers with a friendly work environment and encourage them to choose full-time and long-term jobs, the Ministry of Health and Welfare discussed with the Personnel Administration Department of Executive Bureau and Ministry of Personnel about measures like post adjustment and professional tables. The

social work profession system was included in the "Strengthening Social Safety Net Program" policy communication platform for coordination across government departments to facilitate the promotion of related policies.

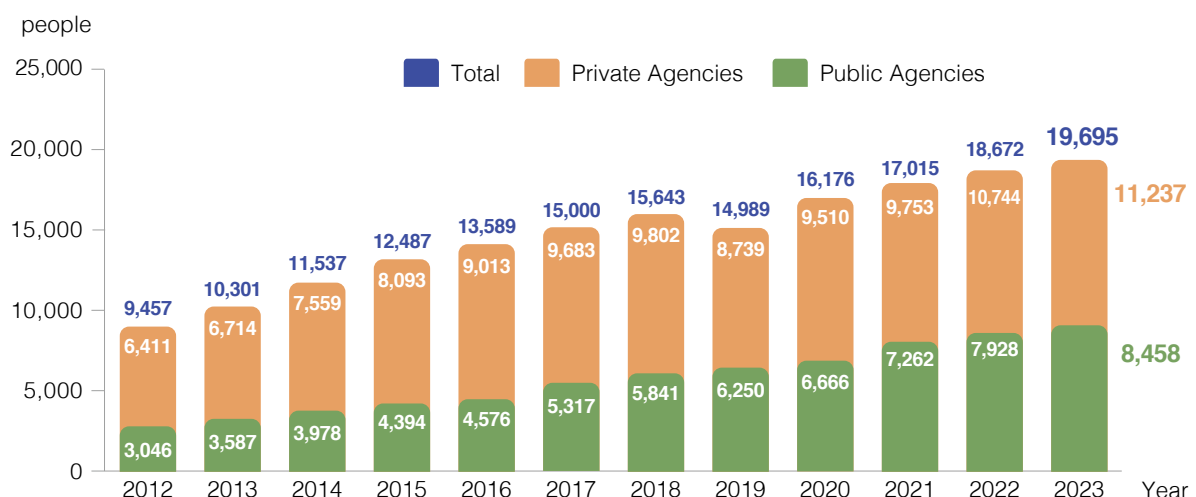
- (2) Every year we update the "Guidelines for Subsidizing Social Welfare Promotion" with respect to the labor conditions of social workers in the private sector. In 2016, we added the license allowance for specialized social workers. In 2018, we increased the professional service fee for social workers and social work worker supervisors from NTD 33,000 to NTD 34,000 and from NTD 37,000 to NTD 38,200 respectively. In addition, based on the "Salary Adjustment for Public Social Workers" and MOHW's "Subsidization for Salary Adjustment of Private Social Workers" program approved by the EY in June and September 2019 respectively, we added the dangerous professional compensation to the salary structure of social workers taking effect on January 1, 2020, as follows:

A. Salary Adjustment for Public Social Workers:

The original planned subsidies for high-risk occupation was added to the salary structure of social workers so that it could be regularly included in the budget and paid out. Full-time social workers are entitled to the table of professional allowance for civil servants (II) from NTD 1,810 to NTD 3,000.

Figure 10-2

Social Workers Assigned to Social Welfare Tasks in Public and Private Agencies, 2012-2023



For contracted social workers, the salary point conversion rate will be set at NTD 130 per point, and for contracted protective social workers, it will be set at NTD 133.6 per point, resulting in an adjustment range of NTD 1,569 to NTD 3,000. In 2024, in line with the salary adjustments for military personnel, civil servants, and teachers, the social worker salary scale was adjusted to NTD 140.3 per point, and NTD 143.9 per point for protective social workers.

- B. Subsidy Program for Salary System of Social Workers in NGOs: The originally fixed professional service fee was adjusted to a monthly social worker entry-level salary subsidy of NTD 34,916 and a monthly social work supervisor entry-level salary subsidy of NTD 40,901, with a tiered professional service fee subsidies (totaling 7 tiers) based on seniority, education, license and execution of dangerous tasks to facilitate retention of professionals. The subsidies for the labor and health insurance premiums borne by the employers of private organizations and the provision of pension reserves were increased to NTD 5,000 per person per month to reduce the financial burden. In 2023, the subsidies for social worker entry-level salaries at private organizations were further adjusted by 8.16%, with the subsidy for social worker entry-level salaries set at NTD 37,765 per month and the subsidy for social work supervisor entry-level salaries set at NTD 44,239 per month. A systematic salary adjustment mechanism was established, with salaries adjusted in accordance with the adjustment rates for military personnel, civil servants, and teachers. The subsidy for employers' labor and health insurance contributions and labor pension reserve funds was increased to NTD 6,000 per person per month, promoting public-private collaboration and ensuring full salary payment.

The Ministry of Health and Welfare, municipal governments, and county/city governments all commission and subsidize social work personnel at private organizations. The Ministry has also led the Juvenile and Family Court of the Judicial Yuan, the National Immigration Agency of the Ministry of the Interior, and the Council of Indigenous Peoples to amend the relevant regulations on professional service fees in their respective subsidized programs, benefiting more than 10,000 social workers.

- (3) To protect the labor rights of social workers, the "Labor Grievance and Communication Platform for Social Welfare Personnel" was established on March 31, 2018. On August 24, 2018, the operational procedures for labor dispute grievances were promulgated. On June 30, 2023, the amended operational procedures for handling labor grievances of social welfare personnel were promulgated. On December 27, 2023, a review and progress meeting on the protection of labor rights for social welfare personnel was convened, inviting local governments, the Ministry of Labor, relevant agencies, and various social worker unions. From its establishment in 2018 until the end of 2023, the Labor Grievance and Communication Platform for Social Welfare Personnel has handled a total of 103 cases, with 97 cases closed and 6 cases under investigation. The investigation results of the closed cases are shown in Table 10-4. All confirmed cases of violations were penalized in accordance with the law, and the competent authorities were instructed to provide guidance for improvement. The operational procedures for handling labor grievances of social welfare personnel were revised based on the experience gained, enhancing the effectiveness of case investigations.

Table 10-4 Table of Social Worker Labor Complaints

Data period: March 31, 2018 – December 31, 2023

Reasons for Complaint	Number of Cases (A)	Number of Violations (B)	% of Investigated Illegal Occupations in Complaint Cases (B/A)
Incomplete Salary Payment	53	24	45%
Working Hours Dispute	18	9	50%
Other Labor Disputes	26	3	12%
Total of the Closed Cases	97	36	37%

Section 2 Manpower Allocation and Utilization for Social Workers

To maximize the workforce efficiency of social workers through nationwide workforce coordination, in 2018 the EY rolled the "Plan to Local Government Social Worker Workforce Allocation and Employment Augmentation Plan" into the "Strengthening Social Safety Net Program" and continued implementation. Phase 2 of "Strengthening Social Safety Net Program" was approved on July 29, 2021. It is expected that by 2025, 9,908 social workers and other professionals will be recruited.

In 2023, we approved the funding for relevant expenses of local governments, requiring a workforce of 6,199 individuals. As of the end of 2023, there were a total of 5,452 social workers. The overall employment rate was therefore 87.9%.

Section 3 Occupational Safety of Social Workers

To strengthen the occupational safety of social workers, Article 19-1 was added to the Social Worker Act, following the provisions of medical laws. It stipulates that no person shall obstruct social workers from performing their duties through violence, coercion, intimidation, public insults, or other illegal means, and relevant criminal penalties were introduced. It is also clearly stated that the institutions, organizations, or offices to which social workers belong shall ensure their occupational safety and provide necessary security measures. If legal proceedings are involved due to harm, necessary legal assistance shall be provided to protect their safety. The amendments were promulgated and implemented on June 9, 2023.

The Ministry promotes the "Social Worker Personal Safety Protection Program" with funds from the Public Welfare Lottery. The social welfare departments (bureaus, including social welfare NGOs

and institutions) of municipal and local governments were subsidized to adopt measures for protecting the personal safety of social workers, including facilities and equipment, graded sources for in-service education/training, emotional support, stress management, mental health, assault support, and practice safety insurance fees. NTD 9,456,000 in subsidies were given to 44 projects in 2023. In addition, group insurance for social workers was launched on July 1, 2019, while subsidizing social workers' insurance premiums for private organizations. A total of 5,352 social workers were insured in 2023.

Chapter 3 Community and Links to Other Resources

Communities are the microcosm as well as bedrock of society. At the MOHW, community development aims at empowering community residents to discover common needs and offer local care and services based on the available resources. In recent years, volunteerism has become a trend. Besides serving people, it helps build self-assurance and self-growth and enhance social linkage. We regularly implement the evaluation, survey, research, education and training, encouragement, and commendation of volunteerism, hoping to motivate more people to engage in volunteerism. We constantly enhance the transparency of charity donations destined for social welfare funds and enforce social accountability through public supervision to promote social welfare and protect the rights and interests of donors. We set up the 1957 Social Welfare Consultation Hotline to provide a single contact person that will give information to citizens experiencing hardships, as well as offering a convenient channel for reporting and referral. It takes a single phone call to access information regarding welfare as well as relevant services, reporting and referral.

Section 1 Community Development

Combined with the efforts of the private sector, the promotion of welfare community development, the empowerment of community talents, and the selection of outstanding communities were carried out. This fostered a sense of community awareness among residents and elevated their quality of life. Additionally, efforts were made to secure funding for forward-looking infrastructure to address the diverse care needs of an aging society. The achievements of these endeavors in 2023 are as follows:

1. 7,025 community development associations nationwide; 3,203 community activity centers.
2. Implemented flagship programs for welfare community development, training programs for community human resources, and disaster preparedness and mitigation campaigns in 2023. Provided financial assistance for 17 cases, totaling NTD 16,000,000.
3. Organized the "National Community Development Business Liaison Meeting and Community Care Observation Tour" and the "National Community Empowerment Center Liaison Meeting," with a total of 1,180 participants.
4. Conducted the selection for the "Outstanding Community Development" in 2023, with the participation of 44 communities from 9 cities and counties in the southern region. The evaluation resulted in 3 communities receiving the Silver Excellence Award, 3 communities receiving the Bronze Excellence Award, 7 communities receiving the Excellence Award, 11 communities receiving the Merit Award, 12 communities receiving the Distinction Award, and 3 communities receiving the Service and Innovation Award.
5. A sum of NTD 1,370,716,000 was subsidized for the refurbishment project of a total of 272 community activity centers under the Forward-Looking Infrastructure-Long-Term Care MOHW Stations Refurbishment Project to deploy long-term care service stations to expand the capacity of community service.

Section 2 Volunteer Service

To promote the development of volunteer services, the Volunteer Service Act was promulgated in 2001. In 2023, there were 21,441 volunteer teams nationwide, with 1,114,604 volunteers (4.8% of the total population), as shown in Figure 10-3. Among them, there were

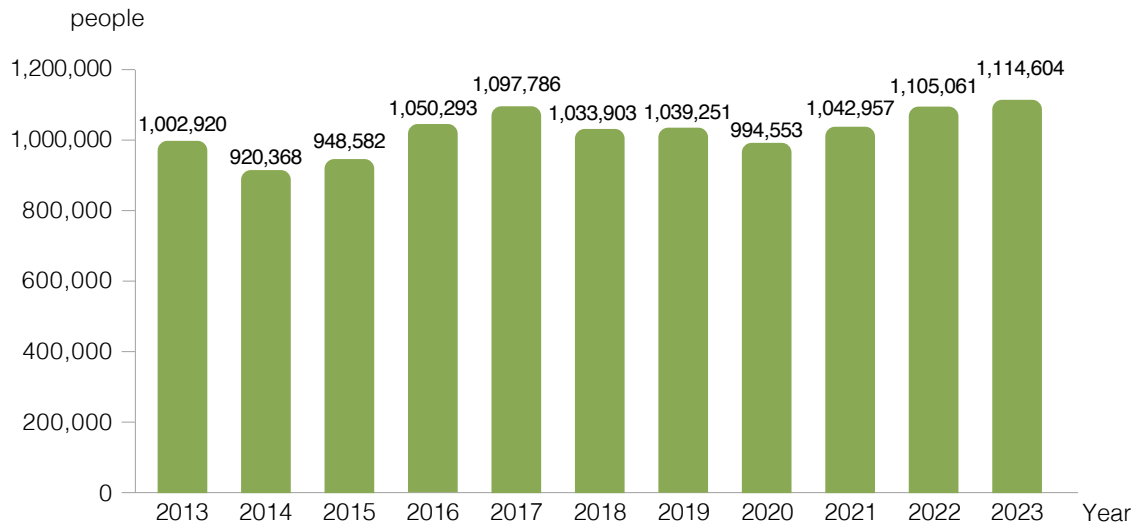
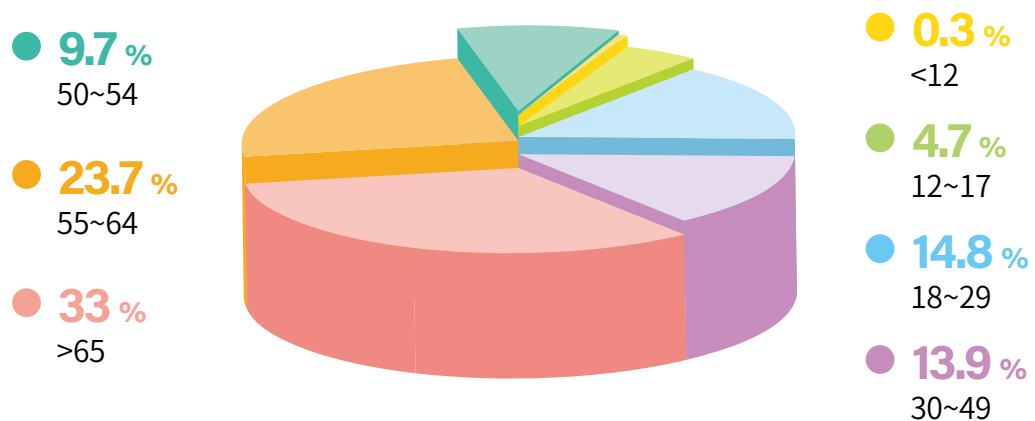
330,000 male volunteers (29.6%) and 784,604 female volunteers (70.4%). In terms of service areas, the largest was health and welfare with 484,878 volunteers (43.5%), followed by education with 312,025 volunteers (28%), and environment with 211,452 volunteers (19%). The number of insured volunteers nationwide was 1,019,899, with an insurance coverage rate of approximately 91.5%. In 2023, the local government has issued 50,681 Volunteer Service Honor Cards, which entitles the volunteers to free or discounted admission to 899 public scenic spots. In 2023, the MOHW commended 8,452 volunteers for their long-term commitment to volunteer services.

In terms of age distribution, volunteers aged 65 and above numbered the highest at 368,072 (33%), followed by those aged 55 to 64 at 264,347, as shown in Figure 10-4. In 2023, the number of service instances reached 509,166,368, with a total service time of 101,133,264 hours.

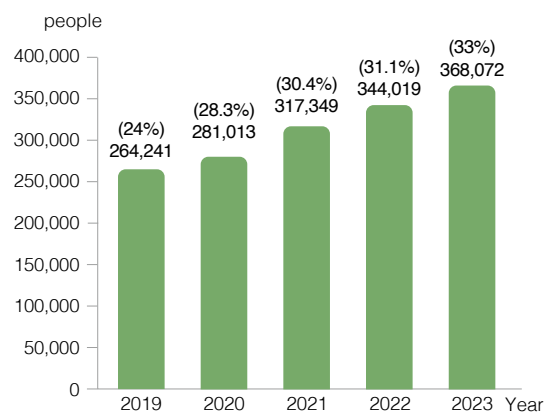
In the last 5 years, the number of elderly volunteer workers has increased year by year, as shown in Figure 10-5. The number of elderly volunteer workers in the elderly population of Taiwan is also increasing year by year, as shown in Figure 10-6. This shows that the number of elderly volunteer workers has been increasing in recent years, and the government's efforts to encourage elderly volunteerism is a success. Servicing aged elderly people with young elderly people can not only encourage volunteerism engagement in society but also create elderly opportunities, wisdom inheritance, and social inclusiveness.

Section 3 Charity Donations Destined for Social Welfare Funds

In order to manage the behavior of contribution solicitation, and to properly utilize social resources, the government issued "Charity Donations Destined For Social Welfare Funds Implementation Regulations" in 2006. It stipulates that contribution solicitation activities shall be initiated for social and welfare services, cultural and educational undertakings, social charity, foreign aid, international humanitarian assistance, and other undertakings affirmed by other competent authorities. As of the end of 2023, the Ministry approved 740 fundraising cases for 659 organizations, raising a total of NTD 7,189,495,422. This represents an increase of 88 cases (11.3%) and NTD 1,001,088,781 (16.1%) in funds raised compared to 2022. (Detailed statistics are shown in Table 10-5).

Figure 10-3 Number of Volunteers, 2013-2023**Figure 10-4** Age Groups of Volunteers, 2023**Figure 10-5**

**Number and Percentage of
Volunteers Aged over 65 in
Recent Years**

**Figure 10-6**

**Proportion of Volunteers Aged
65+ in the Population of People
Aged over 65 in Recent Years**

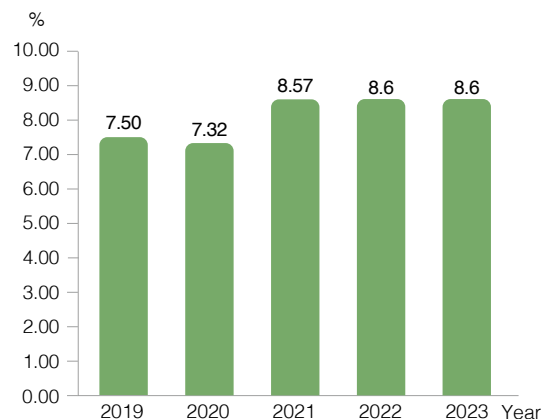


Table 10-5 Statistics for Approved Fund-raisers between 2021 and 2023

Year	Number	Groups	Anticipated donations	Actual donations
2021	630	550	22,577,279,882	8,694,524,735
2022	652	576	23,183,749,611	6,188,406,671
2023	740	659	22,349,377,915	7,189,495,422

Source: Department of Social Assistance and Social Work, Ministry of Health and Welfare, R.O.C.(Taiwan)

In order to improve fiscal accountability and operational effectiveness of fundraising groups, our department will entrust accounting firms to check the amount, use and flow of properties collected every year. Cases reviewed over the past 3 years: 162 cases in 2020, 162 cases in 2021 and 150 cases in 2022.

To promote profession skills of fundraising groups, 1 lecture was hosted in 2023, of which there were 79 participants.

Section 4 1957 Welfare Consulting Hotline

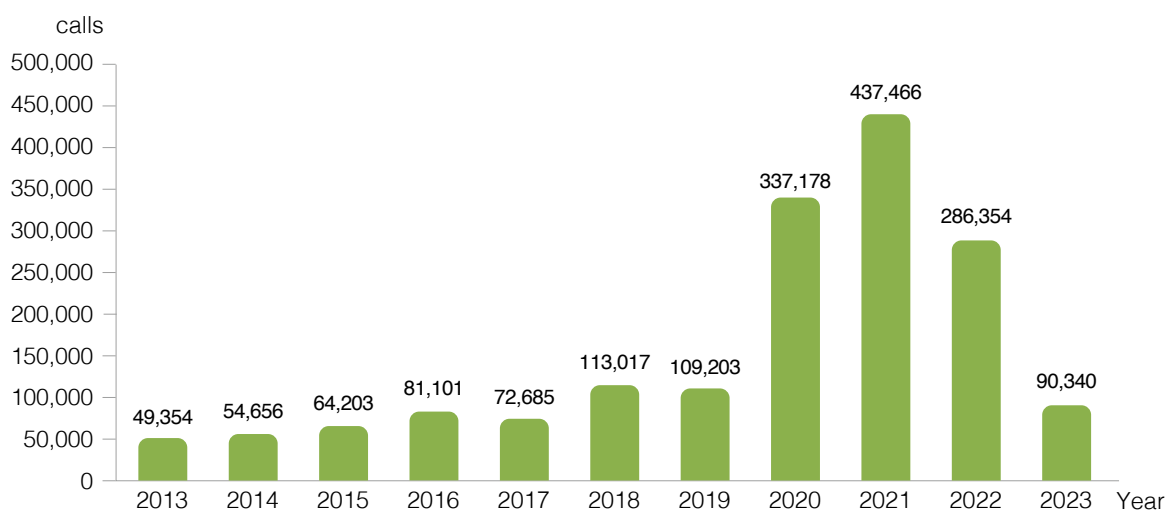
The 1957 Social Welfare Consultation Hotline was officially activated on November 17, 2006. To improve the hotline's service quality, we began to commission the Taiwan Fund for Children and Families (TFCF) to provide round the clock tollfree consultation, reporting, and referral services of social welfare over the 1957 Social Welfare Consultation Hotline for families or individuals in living hardships. In 2023, the TFCF hired 35 professional social workers to provide services from 08:00-22:00 every day. When case reporting and referral are required, they will report cases to the

local governments to arrange visits or provide related services for the case.

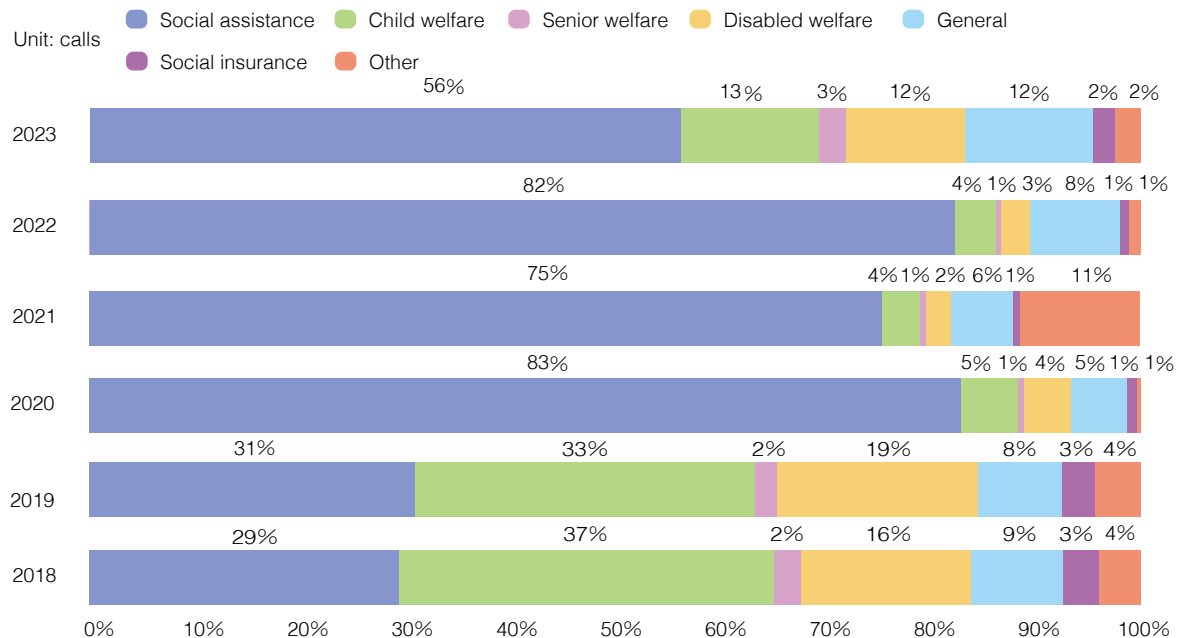
The analysis on the incoming calls during 2013-2023 as shown in Figure 10-7, the 1957 hotline assisted in responding to questions related to compensation and emergency relief due to the pandemic in 2020 and 2021. Therefore, there was a significant increase in served persons.

The analysis on the category of inquiries over the 1957 Social Welfare Consultation Hotline between 2018 and 2023 shows that public assistance, child and youth welfare, and disability welfare are the most commonly inquired categories, and an ongoing increase in public assistance and disability welfare is observed. Due to the waning of the pandemic in 2023, the number of social assistance helpline consultations in 2023 decreased steadily to 90,340 calls (as show in in Figure10-8).

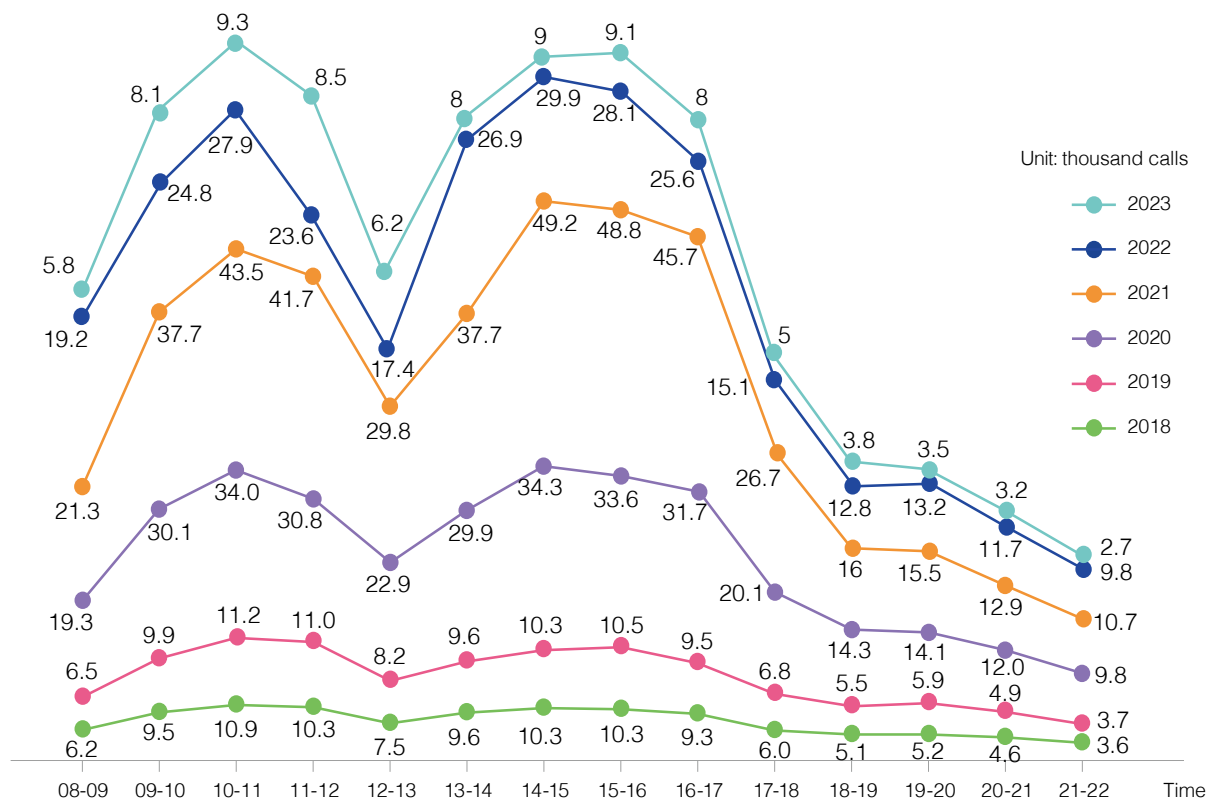
In terms of the daily service time, as shown in Figure 10-9, the peak hours lie at 09:00-12:00 and 14:00-17:00, while the volume of incoming calls tends to reduce at the meal and break times and in the evening.

Figure 10-7 Call Statistics for the 1957 Welfare Consultation Hotline between 2013 and 2023

Source: Department of Social Assistance and Social Work, Ministry of Health and Welfare, R.O.C.(Taiwan)

Figure 10-8 Analysis of Calls for the 1957 Welfare Consultation between 2018 and 2023

Source: Department of Social Assistance and Social Work, Ministry of Health and Welfare, R.O.C.(Taiwan)

Figure 10-9 Volume of Incoming Calls of the 1957 Welfare Consultation Hotline During 2018-2023

Source: Department of Social Assistance and Social Work, Ministry of Health and Welfare, R.O.C.(Taiwan)

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Gender-Based Violence Prevention and Protective Services

Chapter 1 Prevention of Gender-Based Violence

Chapter 2 Prevention of Domestic Violence

Chapter 3 Prevention of Sexual Assault and Sexual Harassment

Chapter 4 Prevention of Children and Youths Sexual Exploitation and Handling of Sexual Images Involving Children and Youths

Chapter 5 Protection of Children, Adolescents, the Elderly, and Individuals with Disabilities



Chapter 1 Prevention of Gender-Based Violence

Gender-based violence (GBV) refers to violent acts directed at an individual in terms of physical, gender, and psychological harms and sufferings. Common patterns include intimate partner violence (IPV), sexual assault, sexual harassment, and the sexual images, as well as abuse on children, adolescents, elderly people, and persons with disabilities. In addition to laws and policies, by establishing a cross-ministerial coordination network, reporting system, and information platform; raising the awareness of GBV prevention; and encouraging social workers to engage in protective social work as full-time and long-term profession, we effectively enforce GBV prevention to build a safe and friendly society.

Section 1 Inter-departmental Network Integration Mechanism

1. Establish inter-departmental communication platform: In 2023, three meetings of the Domestic Violence and Sexual Assault Prevention Promotion Group were held to review the current promotion of domestic violence and sexual assault prevention and put forward suggestions for improving inter-professional network coordination and intervention strategy. Additionally, two consultation meetings on the prevention of sexual exploitation of children and adolescents were held. During these meetings, ministries were urged to strengthen educational promotion and discuss the mechanisms for academic counseling for victims of child and youth sexual exploitation, the procedures for removing sexual images, and the simplification of summoning

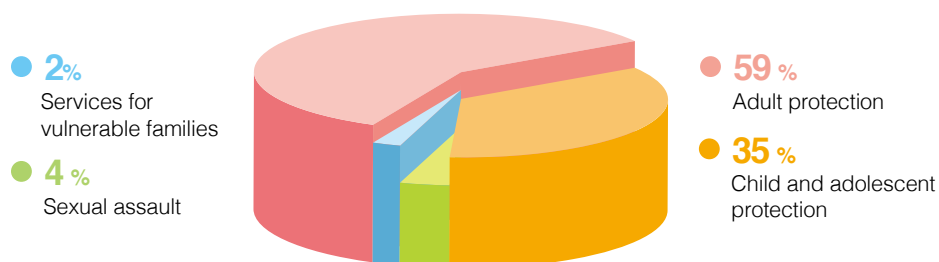
and interrogating children and adolescents in sexual image cases to enhance the work on preventing sexual exploitation.

2. Purple Ribbon Award Ceremony: The Purple Ribbon Award is the highest honor in protective services work. In 2023, 61 cross-disciplinary professionals were nominated by various sectors. After preliminary selection, field interviews, and final selection, 16 professionals from the fields of social affairs, health care, police, prosecution, and education, specializing in adult protection, child and adolescent protection, and the prevention of sexual assault and harassment, were awarded this honor.

Section 2 Reporting System and Information Platform

1. Implemented the statutory responsibility report and established the National Protection Information System and Case Management Process Control System: "Promoting ECARE Plan." A case tracking management mechanism was put in place, and an information sharing platform was established for the use of a prevention and control network by related staff.
2. 113 Protection Hotline:
 - (1) In 2023, there were 79,865 effective consultation cases received, including 18,161 reported protection incidents (22% of effective consultation cases). Among these, adult protection cases numbered 10,738 (59%), followed by child and adolescent protection cases with 6,358 (35%), sexual assault cases with 669 (4%), and vulnerable families service cases with 396 (2%), as illustrated in Figure 11-1.

Figure 11-1 Case Number of the 113 Protection Hotline, 2023



Source: Ministry of Health and Welfare

(2) Various Types of Sexual Harassment Consultation Cases in 2023: There were 2,023 sexual harassment consultation cases in 2023 (accounting for 2.5% of effective consultation cases). The most common were cases of sexual harassment in public places, with 1,103 cases (55%) falling under the Sexual Harassment Prevention Act. Workplace sexual harassment cases numbered 713 (35%) and were governed by the Gender Equality in Employment Act. School-related sexual harassment cases numbered 207 (10%) and were governed by the Gender Equality Education Act, as illustrated in Figure 11-2.

Section 3 Promoting Prevention of Gender-Based Violence

1. Promoted the primary violence prevention plan in communities: By providing funding assistance, community groups were guided to organize localized gender-based violence prevention and education activities. In 2023, a total of 22 county and city governments were granted subsidies, with 663 communities participating.
2. Training community violence prevention lecturers: To cultivate community violence prevention lecturers that would promote violence prevention in local neighborhoods and villages. As of the end of 2023, 211 community violence prevention lecturers have been successfully trained and obtained certification. These lecturers conducted over 3,400 sessions and benefited more than 270,000 people.

Section 4 Long-Term Employment for Social Workers Specializing in Protective Services

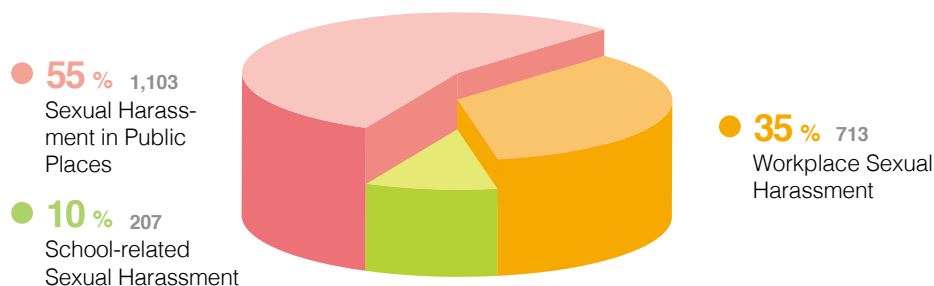
1. Plan of strengthening local government social worker assignment and career development: In 2023, the plan subsidized 688 social workers who engaged in child protection and domestic violence and sexual assault prevention, with subsidies amounting to more than NTD 387.81 million.
2. Enforcing the Protective Social Workers Training Implementation Plan: This includes the MOHW's own initiative and supervision of local governments to conduct relevant educational training based on the demand for protective social workers, aiming to enhance the quality of professional services. In 2023, a total of 90 training sessions were conducted, with 5,941 people participants.

Chapter 2 Prevention of Domestic Violence

To prevent domestic violence and protect the rights and interests of victims, the Ministry has promoted and supervised local governments to proactively develop various victim protection support programs and deploy related service resources, strengthen the offender treatment program and develop preventive service programs. In addition, we improved the professional competence of personnel through education and training. In 2018, we began to cooperate with the confirmation of the mechanism for division of labor and cooperation of protective services

Figure 11-2

Proportion of Various Types of Sexual Harassment Consultation Cases Reported to the 113 Protection Hotline in 2023



Source: Ministry of Health and Welfare

in the public and private sectors and the expansion of the function of the domestic violence protection network to enhance the efficiency of case handling and deepen victim services. Additionally, in 2021, the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA) form and the risk and treatment assessment version were revised for use by frontline personnel.

Section 1 Status of Domestic Violence Services

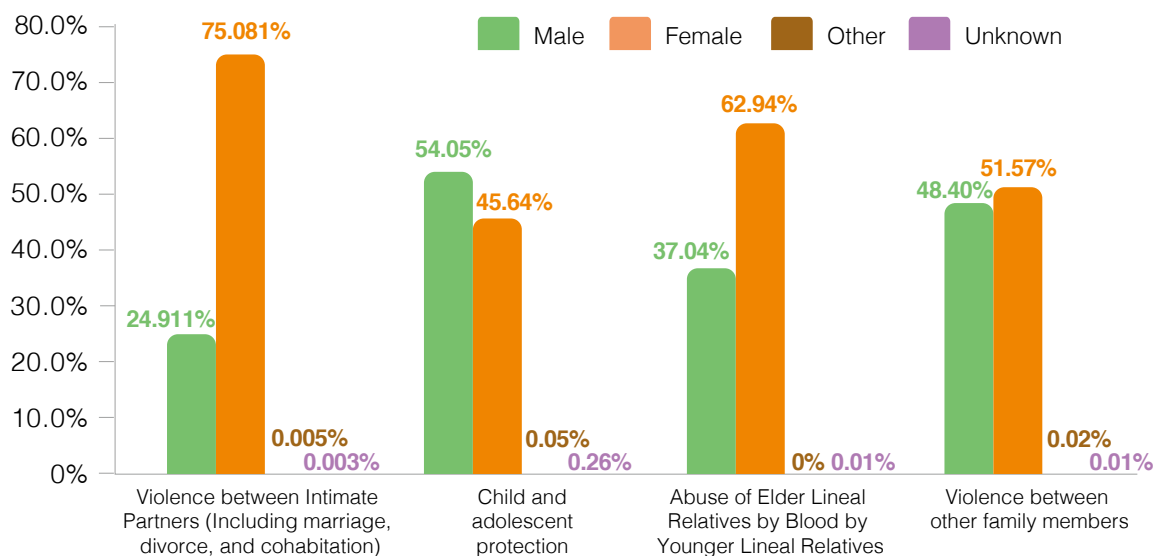
The Domestic Violence Prevention Act (hereinafter referred to as the Domestic Violence Act) was promulgated on June 24, 1998, and more than 100,000 victims have been reported every year in recent years since then. In 2023, most of the reported

cases involved intimate violence, with women being the majority of victims (75.08%). (Figure 11-3).

During 2017-2023, the number of elderly (aged 65 and older) abuse cases increased slightly each year, as shown in Table 11-1.

In 2023, the municipal and county (city) governments provided assistance and protection to over 1.82 million victims of domestic violence. The total amount of assistance provided exceeded NTD 994.91 million. The main forms of assistance included shelter and accommodation subsidies, emergency livelihood support, psychological rehabilitation assistance, medical assistance, legal fees, and litigation expenses, among others. (See Table 11-2).

Figure 11-3 Reported Victims of Domestic Violence by Gender, 2023



Source: Ministry of Health and Welfare

Table 11-1 Elderly Victims of Domestic Violence in the Last 5 Years

Unit: People (‰)

	Number of elderly victims of domestic violence	Nationwide elderly population	Proportion in nationwide elderly population
2019	10,504	3,607,127	2.9‰
2020	11,822	3,787,315	3.1‰
2021	13,127	3,939,033	3.3‰
2022	14,167	4,085,793	3.5‰
2023	15,730	4,296,985	3.7‰

Source: Department of Statistics, Ministry of Health and Welfare

Table 11-2

Domestic Violence Protective Assistance Incidents and Monetary Amounts in the Last 5 Years

Unit: person / dollar

Item \ Year	2019	2020	2021	2022	2023
Protective Assistance Incidents	1,137,300	1,617,703	1,732,408	1,769,726	1,828,217
Protective Assistance Monetary Amounts (NTD)	602,390,069	606,184,919	911,130,992	883,785,448	994,913,684

Source: Ministry of Health and Welfare

Section 2 Diverse Intervention for Victims of Domestic Violence

In response to the multiple needs of the victims of domestic violence at different stages of recovery, we constantly assist local governments in promoting domestic violence prevention in collaboration with NGOs with the Public Welfare Lottery Subsidization Fund. The relevant programs are as follows:

1. Implementation of the mid- or long-term sheltering resources program for victims of domestic violence: Funding was provided to NGOs to offer community residential services to victims. In 2023, a total of 13 projects were subsidized and implemented in 12 counties and cities, benefiting 104 households comprising 224 individuals (including 104 victims, 3 accompanying family members and 117 accompanying children).
2. The domestic violence office near court: NGOs were subsidized to establish 19 domestic violence service offices near the courts, providing services such as legal consultations for victims, accompanying them to court, and offering shelter and placement assistance. In 2023, a total of 10 projects were subsidized, amounting to NTD 6.555538 million in 2023, serving more than 120,000 persons.
3. Counseling and treatment program for children and juvenile witnessing the family violence: NGOs were subsidized to develop a program for children and juvenile witnessing the family violence in conjunction. In 2023, the program subsidized 9 projects, totaling NTD 6.779471 million.
4. Services and Educational Promotion for Family Violence Victims in Indigenous Tribes: In 2023, subsidies were provided for 9 projects related to victim services, amounting to NTD 7,309,497, and for 20 projects related to family violence and sexual assault prevention education promotion, amounting to NTD 4,575,819.
5. Domestic violence services for new immigrants: Subsidized NGOs in to handle the services for domestic violence protection programs for new immigrants. In 2023, 3 cases were subsidized, totaling NTD 3.205000 million. Local governments also received counseling on using the new immigrant development fund to set up personal safety protection programs for new immigrants. A total of NTD 10.842141 million in subsidies were provided to 10 programs.
6. One-stop, Multidimensional Family Violence Services: In 2023, subsidies were provided for 33 projects, totaling over NTD 98.96 million, offering protection and support services to 207,785 victims, counseling services to 34,303 child and adolescent witnesses, employment services to 10,652 victims, family relationship restoration services to 2,676 individuals, and group activity services to 11,345 individuals, with a total of over 260,000 service instances.

Section 3 Intervention for Domestic Violence Offenders

1. Supervising local governments in implementing treatment programs: In 2023, a total of 5,698 persons required treatment; treatment was completed for

2,285 persons, treatment was in progress for 2,388 persons, treatment was not implemented for 1,025 persons, out of which 691 were referred for judicial ruling because of breach of the protection order.

2. In 2023, the MOHW subsidized 319 mental health social workers and 56 supervisors for local governments in order to strengthen the Social Safety Net. The Protective Services and Psychiatric Care of multiple issues against psychotic disorders and suicide prevention in cases involving children and youth protection, domestic violence, sexual assault since case activated, and cases with bipolar disorder who have left correctional institutions or ended custody and protection. Mental health social workers were assigned to perform periodic assessment of violence risk, suicide risk, psychotic condition, family functions, and multiple needs; and provide integrated services for the cases and their families. As of the end of 2023, the county and city governments have recruited 291 mental health social workers and supervisors, with an employment rate of 77.6%. 13,451 people in multiple issues were currently on file, and 13,142 mental health social workers were assigned to serve with a service coverage rate of 97.7%.
3. Preventive Service Program for Domestic Violence Offenders
 - (1) The 0800-013-999 male hotline was established to consult men in domestic conflicts and reduce the chance of violence. In 2023, the hotline received 8,373 calls and serving 6,613 person times (including 345 in-depth services, 6,246 general consultation services and 22 emergency case services).
 - (2) Surplus from the public welfare lottery subsidize domestic violence offender prevention and treatment services programs, which are jointly hosted by local governments and NGOs. In 2023, there were 30 programs subsidized, with total subsidized of NTD 39.46 million.

Section 4 Quality of Domestic Violence Prevention and Education

1. Promoting the "Domestic Violence Safety Net Program": For victims of domestic violence assessed to be in a life-threatening situation, cross-platform

conferences were convened by municipal, cities and county governments every month to draw up a comprehensive safety program for victims. A total of 563 cross network platform conferences were conducted in 2023 with 13,104 cases put up for discussion. Intervention by the preventive network reduced the level of risk in 7,183 cases, or 54.8%.

2. The precision plan of Taiwan Intimate Partner Violence Danger Assessment Tools (TIPVDA): The Taiwan Intimate Partner Violence Danger Assessment form was revised and officially launched on January 1, 2023. The Ministry also produced digital teaching materials and manuals, available on the e-Learning Platform for Civil Servants and the Ministry's website. Additionally, local governments were informed to notify their family violence prevention network personnel to complete the education and training and promote it widely.

Chapter 3 Prevention of Sexual Assault and Sexual Harassment

Sexual assault and sexual harassment issues tend to involve issues including gender inequality and power and control. In addition, the general public often holds gender misconception over victims of sexual assault and sexual harassment. To actively enhance the willingness to accept service intervention and receive proper services of victims of sexual assault and sexual harassment, multiple and appropriate treatment services were provided for victims and offenders of sexual assault and sexual harassment, and sexual assault and sexual harassment prevention education was arranged for the public, and the professional service competence and handling skills of online prevention personnel are strengthened to protect the rights and interests of service recipients.

Section 1 Status of Sexual Assault and Sexual Harassment Services

1. Overview of sexual assault services
 - (1) In 2023, a total of 9,413 victims were reported, where 81.78% were female, including 44.43% aged 12-18, and 11.81% were probable or confirmed persons with disabilities; 88.19% of

suspects were male, including 32.66% aged 12-24. The majority of cases (76.18%) were sexual assault by someone known to the victim, with the most common relationship being "boyfriend/girlfriend" (15.02%), followed by "ex-boyfriend/girlfriend" (12.78%).

- (2) In 2023, the domestic violence and sexual assault prevention centers in each special municipality and county (city) government provided protection and assistance to over 310,000 victims of sexual assault. The total amount of assistance funds exceeded NTD 173 million, primarily used for shelter placement, living assistance, legal aid, psychological rehabilitation, and other related protection and assistance measures.

2. Overview of sexual harassment services

All relevant organs (units) accepted 2,650 cases of sexual harassment complaints in 2023. The cases are as follows:

- (1) A total of 1,846 cases were established, 679 cases were not established, and 125 cases were dropped. Most cases were accepted by the police (76.9%), then the employer of the offenders (20.0%).
- (2) Out of all established sexual harassment cases, most victims were female (91.11%), and most offenders were male (88.89%). "Strangers to each other" (63.58%) is the most common type of relationship between both parties. "virtual environment: technology equipment (e.g., Internet, taking up 19.43%)."are the most common crime scene, then the "Public areas" (18.79%), "Surprise kisses, embracing, and touching the breasts, hips or other private parts" are the most common behaviors (37.20%), then "verbal or attitudinal humiliation, derogation, hostility, or harassment (16.03%)," and then "showing or circulating pornographic pictures (files) (15.66%)."

Section 2 Diverse Intervention for Victims of Sexual Assault and Sexual Harassment

1. Enhancing Trauma rehabilitation service for victims of sexual assault: Trauma recovery services were provided for cases of early sexual assault without

judicial assistance, included in the second phase of the strengthened Social Safety Net Plan to expand services to other victims. These services included counseling, trauma assessment, professional training, and public awareness activities. In 2023, subsidies were provided to 8 recovery centers, offering over 10,297 of consultation services and holding 79 public awareness sessions.

2. Improvement of the inspection and identification of sexual assault: 3,819 victims were provided with injury certificates in 2023, of which 3,353 cases were sent to the Criminal Police Station for testing.
3. Promoted the plan to "Reduce Repetitive Victim Statements in Sexual Assault Cases": Police, prosecutors, social workers, medical and other service teams worked together to improve the quality of interrogation and reduce repeated representations of victims. 2,548 cases in 2023 entered this service.
4. Innovative Promotion for Sexual Assault and Sexual Harassment Integrated System and Education:
 - (1) Revising the Guidelines for Training and Establishing a Talent Pool for Sexual Harassment Investigation Professionals: Improvements were made to the professional talent pool for sexual harassment investigations for use by local governments.
 - (2) Strengthening the Quality of Sexual Harassment Case Investigations: A plan for collaboration and training within the sexual assault prevention network was implemented to enhance the expertise of frontline practitioners in handling diverse case types and strengthening network collaboration. This involved 15 training sessions, benefiting over 897 individuals.
 - (3) Response to the Sexual Harassment Prevention Act Promulgated on August 16, 2023: The Ministry created an easy-to-understand guide titled "Starting the New Sexual Harassment Law," covering topics such as the sexual harassment prevention organizations within agencies, obligations of place owners, complaint and investigation procedures, victim protection chapters, and stricter penalties to deter sexual harassment, making it accessible to the public.

Section 3 Intervention for Sexual Assault Offenders

1. Active coordination for the establishment of venues for compulsory treatment of sexual assault offenders after completing sentences by Article 37 Sexual Assault Crime Prevention Act: As of the end of 2023, there were five venues accepting 9 offenders.
2. In terms of community intervention provided for sexual assault offenders, in 2023 a total of 7,788 offenders underwent treatment and counseling, including 45 who were deemed not to need treatment, 1,789 who completed the intervention and 4,891 who were still undergoing intervention. There were 16 offenders referred for compulsory treatment, 561 whose intervention was suspended for specific reasons, and 486 for whom intervention was not carried out. Of the community treatment cases for which intervention was not carried out for a reason, counties / cities governments imposed administrative fines on 855 people and 580 referred for compulsory treatment.

Chapter 4 Prevention of Children and Youths Sexual Exploitation and Handling of Sexual Images Involving Children and Youths

To prevent of children and youths sexual exploitation, and address the diverse and complex forms of online sexual exploitation and sexual images, the Ministry established a Sexual Image Abuse

Reporting Center. This center provides complaint handling, immediate removal and deletion of sexual images, consultation hotline services, and referral services for victims as needed.

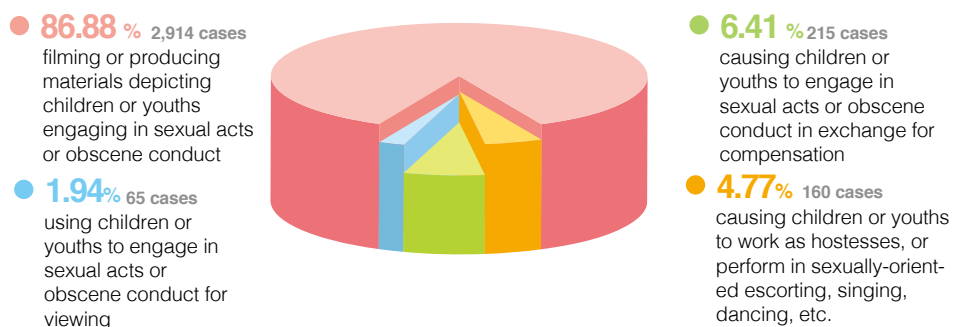
Section 1 Overview of Services for the Prevention of Child and Youth Sexual Exploitation

1. In 2023, the competent authorities in counties and cities received a total of 3,354 reports of child and youth sexual exploitation. The most common type was "filming or producing materials depicting children or youths engaged in sexual or obscene acts" (2,914 cases, 86.88%). The numbers and proportions of various types of reported cases are shown in Figure 11-4.
2. In the cases reported in 2023, placement and protection services were provided to 106 individuals, and over 30,000 instances of support services were rendered, including care visiting, counseling, educational assistance, financial aid, family intervention, employment assistance, and healthcare resources for new and ongoing cases.

Section 2 Status of Handling Sexual Images

1. Removal of sexual images:
 - (1) In cooperation with the National Communications Commission's establishment of the Institute of Watch Internet Network (iWIN) to address harmful online content impacting children and

Figure 11-4 Proportion of Various Types of Child and Youth Sexual Exploitation Cases Handled by County and City Competent Authorities in 2023



Source: Ministry of Health and Welfare

youths: In 2023, a total of 3,007 complaints were processed, with 1,603 cases involving violations of regulations related to children and youths. As of August 15, 2023, there were 192 cases involving private photos of minors, affecting 350 URLs, most of which were on overseas platforms. Assistance has been provided to address these issues with the relevant parties. Additionally, for cases where the identities of individuals are clearly known, verification is sought to determine if assistance has been provided by relevant agencies; if not, help with reporting is offered.

- (2) Establishment of a national center to handle public inquiries on removal of explicit images: From August 15 to December 31, 2023, a total of 426 cases requiring the removal of sexual images were received. Service providers successfully removed (took down) 369 cases, achieving a removal success rate of 87%.
2. To prevent proliferation of explicit images of children and youths online, a NGO was commissioned to implement an image matching and removal mechanism since July 2023. Training was strengthened for local government personnel to ensure proper handling capabilities. In 2023, image matching and removal assistance was provided for 7 cases involving explicit images of children and youths.

Chapter 5 Protection of Children, Adolescents, the Elderly, and Individuals with Disabilities

To safeguard the personal safety and rights of vulnerable groups such as children, the elderly, and individuals with disabilities, the MOHW optimized various protection service processes and implemented mechanisms to ensure quality control. It actively established relevant service resources based on their specific needs, aiming to improve the quality and capacity of protection services. Additionally, in alignment with the "Strengthening Social Safety Net Program," the MOHW integrated protection services, high-risk family reporting, and related service systems. By interconnecting diverse risk information

across government departments, a comprehensive assessment of protection and risk factors for children, adolescents, the elderly, and individuals with disabilities was conducted. It provided diverse interventions and treatments tailored to the specific needs of these groups, effectively ensuring their safety and well-being.

Section 1 Overview of Protection of Children, Adolescents, the Elderly

1. In 2023, 121,080 child and youth protection cases were reported, including 113,454 cases (94%) reported by responsible reporting personnel and 7,626 cases (6%) by citizens. Furthermore, 61,057 cases were assigned to protection services, 19,406 cases (16%) to other services, and tracking, visitation, and care services were provided for 2,201 cases (2%). In addition, we provided consultations or referrals were provided for 13,091 cases (11%), and 25,325 cases (21%) involved other situations.
2. Since 2018, our country has entered an aging society. In 2023, there were a total of 22,276 reported cases of elder protection, with the majority 11,225 cases (50.39%) involving violence from lineal descendants (marriage or blood relatives). Following that, 5,645 cases of intimate partner violence accounted for 25.34%, while 3,010 cases (13.51%) involved other family members as perpetrators of abuse, and 2,396 cases (10.76%) were related to negligence, abandonment, or other circumstances.

Section 2 Multi-Dimensional Child and Youth Protection Services

1. Implemented programs to promote parental empowerment in child protection cases for children under the age of 6: For children under age 6, family intensive household parenting services were provided. Through parenting function demonstrations, caregivers developed positive parenting knowledge and disciplinary skills to prevent further child abuse incidents. In 2023, services were provided to 820 families.
2. Strengthening child and youth care network cooperation: In 2023, the MOHW established 11 regional integrated medical centers for child and

youth protection, providing assistance to 610 abused children and youths through examinations, treatments, as well as offering 2,348 sessions of mind-body therapy.

3. Program for follow-up and trauma support services for the protection of the elderly and persons with disabilities: In 2023, subsidies were provided to 12 non-governmental organizations in 10 counties and cities to conduct services including elderly protection casework, family relationship restoration, and supportive group activities, serving approximately 3,156 individuals. Additionally, 56 supportive group activities and 80 promotional events were organized.
4. Pilot program for preventive care services for the protection of the elderly: In 2023, the Ministry granted funding to 12 counties/cities to empower enthusiastic and capable community members to assist social workers in visiting and caring for low-risk elderly protection cases reported, reducing the risk of improper treatment due to social isolation. The Ministry also provided timely services as needed. A total of 286 care visitors were trained, and follow-up care services were provided for 300 low-risk elderly protection cases reported.

Section 3 Quality and Education in Child and Adolescent, Elderly, and Disabled Protection Work

1. Organized review meetings and cooperation meetings for major child and adolescent abuse cases: In 2023, 2 meetings were convened to discuss case studies, identify systemic or cross-departmental issues, and hold 187 meetings to strengthen the cross-network cooperation mechanism for child and adolescent protection. Consistent monitoring indicators were established, and scholars/experts were commissioned to participate in the implementation process at local governments, providing operational models for practical application.
2. Strengthening of professional child and youth protection training:
 - (1) Training for new recruits: In 2023, 2 sessions of educational training were conducted for newly recruited child and adolescent protection social workers. The training covered various topics, including an overview of child and adolescent protection services, legal regulations, investigation procedures, and intervention service skills. A total of 100 individuals successfully completed the training.
 - (2) Education and training for professionals providing support services to disadvantaged adolescents and their families: Through regional supervision, the challenges encountered in implementing the programs by various units were discussed, aiming to enhance professional knowledge and improve work capacity. In 2023, a total of 9 sessions were conducted, with 905 participants.
3. Deepening the quality and education of elder and disabled persons' protection work:
 - (1) Organized an elder protection and prevention network consensus camp: In October 2023, 120 directors and senior executives from central and local long-term care, vulnerable family, elderly welfare, and protection services departments were invited to discuss a multi-agency collaboration mechanism with one primary responsible agency. This aimed to enhance cooperation and consensus among various network units.
 - (2) Developed a program for neglect recognition tools and referral guidelines for the elderly: Recognizing the challenges in identifying cases of elderly neglect, the Ministry completed the development of elder neglect identification tools and triage guidelines in 2023. These tools are intended for use by responsible reporting personnel. Additionally, six sessions of seed instructor training were conducted, with 329 long-term care service providers, medical personnel, and social workers completing the training.

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12

Research, Development, and International Cooperation

Chapter 1 Technological Studies on Health and Welfare

Chapter 2 International Cooperation



Chapter 1 Technological Studies on Health and Welfare

The budget for technological development in 2023 was NTD 5.15 billion, accounting for 1.4% of MOHW's budget. This funding was mainly used for empirical studies, innovation, translational research, and health and welfare data analysis and statistics compilation in accordance with public health and social welfare policies. We commissioned or subsidized 781 research projects, and the actual application rate for technological achievements was 84.53%.

Section 1 Task-Oriented Research to Support Evidence-Based Policymaking

1. Population Health Promotion

- (1) Developed an Artificial Intelligence-assisted tool for lung cancer registration and early detection as well as implemented pilots in hospitals.
- (2) Based on the World Health Organization's (WHO) monitoring framework, recommendations were provided for indicators related to chronic disease prevention and control in Taiwan, as well as indicators and analytical methods for assessing the actual utilization and effectiveness of adult preventive health care services.
- (3) Established blood pressure stations in community pharmacies to assist citizens in blood pressure measurement and self-health management. Through professional guidance from pharmacists, health education on lifestyle, and the establishment of referral standards for medical treatment, citizens' knowledge and capabilities in hypertension prevention and control were enhanced.
- (4) Established a cross-year sampling and weighting method for the National Health Interview Survey. Between 2021 and 2022, 24,304 cases were successfully interviewed. Analysis was conducted on key health issues to provide reference for planning health promotion programs for relevant agencies.
- (5) Analyzed the current oral health status and issues of children under 6 years old in Taiwan and proposed policy recommendations for oral health.

2. Food and Drug Management

- (1) In response to Japan's discharge of treated water from the Fukushima nuclear plant, the Ministry implemented tritium monitoring for imported fishery products from Japan. The results were made public on the inter-ministerial radiation monitoring dashboard. In 2023, 100 samples were monitored, and all results were below the minimum detectable activity.
- (2) Established and published 38 testing methods for pesticides, veterinary drugs and food additives in food, and biological species identification, expanding the analysis to more than 669 items. Furthermore, the Ministry developed risk monitoring models using artificial intelligence and machine learning approaches, improving the prediction models for various product classifications. The use of AI in customs clearance increased the rate of detecting non-compliant imported products by 1.17 times compared to not using AI, thereby strengthening food safety management.
- (3) Revised 2 draft guidelines and criteria for the review of regenerative medicine products and biosimilars. The Ministry conducted technical data evaluations for 23 cases of clinical trials and marketing authorizations for regenerative medicine products, ensuring rigorous quality, safety, and efficacy assessments. Additionally, 777 technical data evaluations for clinical trial safety were carried out, assessing the relative benefits and risks of drug use for the Taiwanese population to safeguard medication safety.
- (4) For domestic innovative medical device manufacturers, the Ministry formed professional advisory teams to assist companies in preparing technical documentation for their products. As of 2023, more than 40 cases were advised, and 10 products obtained medical device licenses.

3. Research, Development and Promotion of Traditional Chinese Medicine

- (1) Promoted the international journal, *Journal of Traditional and Complementary Medicine (JTCM)*, which was included in the SCI Expanded database in April 2021. It became the first

SCIE-accredited academic journal in the field of traditional and complementary medicine in our country. In June 2022, it received its first journal impact factor of 4.221 and consistently improved its ranking in the field of "Complementary and Alternative Medicine." In 2023, the journal's impact factor rose to 4.5, ranking 5th (5/97) in this field, classifying it as a Q1 journal (top 25%). Currently, 13 volumes with 57 issues and 702 articles have been published.

- (2) Formulated the "Operational Procedure for Phototherapy in Heroin Addiction" and implemented the treatment to assist addicted individuals in reducing drug cravings and maintaining a stable rate of follow-up visits.
- (3) Continue to improve the acupuncture virtual reality model and established remote multi-user interactive modes, VR video playback, and objective structured clinical examination teaching plans (OSCE) modes.
- (4) Analytical methods for assessing the quality of Chinese herbal medicines were developed, and completed a total of 214 methods. These analytical data were included in a database (the Quality Analysis of Traditional Chinese Medicines, qaTCM) for application by industry, government, academia, and research institutions.
- (5) Developed an innovative Chinese herbal compound formula, NDD2, aimed at treating

neurodegenerative diseases. Applications for intellectual property and trademarks have been filed under the name Taiwan Brain Clear No. 1. Furthermore, basic research has verified that the Taiwan NRICM101 formula is effective in alleviating post-COVID-19 brain fog.

4. National Indigenous Peoples Health Research Center

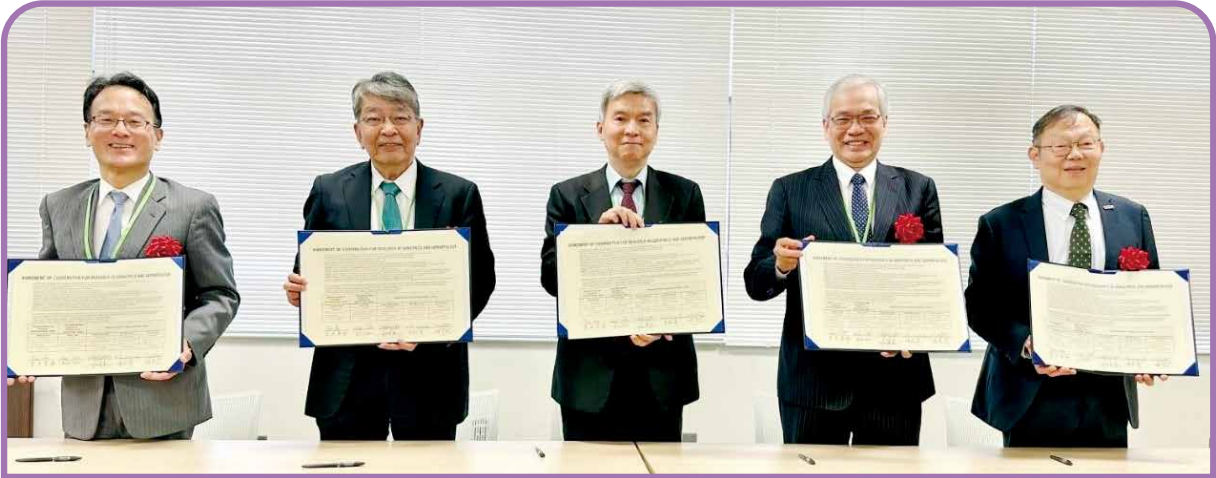
The Indigenous Peoples Health Act was passed by the Legislative Yuan on its third reading on May 26, 2023, and promulgated by the President on June 21. In accordance with the law, the Ministry subsidized the National Health Research Institutes (NHRI) to establish the "National Indigenous Peoples Health Research Center," which was officially inaugurated on December 29 to assist the government in planning and improving programs to enhance the overall health and quality of life for indigenous peoples.

5. Promoting International Cooperation in Geriatric Medicine Research

The "Aging Health Integration Research Center," formed by Taipei Veterans General Hospital, National Yang Ming Chiao Tung University, and the NHRI, signed an inter-institutional cooperation agreement with the National Center for Geriatrics and Gerontology in Japan and the Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology to collaborate on research in geriatric medicine and the science of aging.



Inauguration ceremony of the National Indigenous Peoples Health Research Center.



Signing ceremony for Taiwan-Japan cooperation in geriatric medicine research (Photo source: Taipei Veterans General Hospital)

6. Taiwan Alliance for Precision Environmental Medicine, TPEM

In April 2023, NHRI collaborated with 11 major medical institutions in northern, central, and southern Taiwan to establish the "Taiwan Alliance for Precision Environmental Medicine (TPEM)." Based on local characteristics, human biomonitoring surveys were conducted on important environmental issues in each region to provide localized and health equity policy recommendations. Additionally, the NHRI actively cooperated with the Ministry of Environment to promote research on environmental health, climate change, and net-zero carbon emissions. NHRI also joined hands with the Ministry of Environment's National Environmental Research Academy to formulate plans for establishing international environmental health research cooperation with the National Institute of Environmental Research (NIER) in South Korea and the National Institute for Environmental Studies (NIES) in Japan.

7. Omnidirectional Reinforcement of National Health Insurance System

- (1) Implementation of information governance, refinement of service quality: Promoted the planning and assessment of outpatient bundled payment policies and established a mechanism for tracking the therapeutic effectiveness of high-cost treatment technologies. Successfully concluded 106 health technology assessment reports and developed a standardized framework for real world evidence.
- (2) National healthcare insurance database value-added application and digital transformation: Integrated the application process for medical imaging AI utilization and existing academic research applications. Developed intelligent review tools for AI model evaluation; continued to refine the application of personal health records; strengthened digital review operations; and established a disease prediction system based on the National Health Insurance database, evaluating pilot implementation areas.

- (3) Employed citizen participation models to collect public opinions, and through analysis of the National Health Insurance database and international comparisons, aimed to maximize the effectiveness of National Health Insurance medical resources.

8. Improved Healthcare Systems

Completed the hospital/public version of Q&As and operational guidelines for integrated inpatient care for hospitals' reference.

Monitored hospitals' implementation of advance care planning by specialty nurses. Recorded course videos and conducted physical workshops to train hospital specialty nurses in formulating advance care planning procedures. Rolled out localized advance care planning teaching materials for hospitals' reference and use.

9. Prevention and Control of Infectious Diseases

- (1) Established metagenomic next-generation sequencing technology (mNGS) and integrated it into the communicable disease surveillance network. This integration led to the detection of the first domestic case of *Naegleria fowleri* in a clinical specimen using this technique. We also identified the prevalence of multidrug-resistant *Salmonella typhimurium* strains, enabling timely alerts. Utilizing targeted NGS to optimize whole genome sequencing technology for the SARS CoV-2 virus, we completed the completing sequencing of prevalent variants such as XBB.1.9 and XBB.1.16 to promptly monitor viral mutation trends.

- (2) Strengthened the prevention and control system for zoonotic diseases by utilizing the geographic information system "ZONE" to assist in risk assessment of vector-borne disease outbreaks and resource allocation. Established a designated testing network for novel influenza A viruses to build local testing capacity for emergency response.

- (3) Using digital technology as the foundation for epidemic prevention and preparedness, we aim to integrate big data from different ministries and apply data science and AI to optimize the functions of 7 key surveillance systems. To meet the needs of communities, we have established 5 demonstration sites to implement emerging and modern epidemic prevention technologies. These demonstration sites will enable proactive monitoring, early warning, and rapid public response linkage.

10. Improving Child, Adolescent, and Elderly Protection Risk Services

- (1) Refined big data analysis research on triage of reported child and adolescent cases: Completed analysis of rules and word clouds for opening/not opening child protection cases and vulnerable family cases. Incorporated findings into the revised "Referral Guidelines for Children and Adolescents Under 18" to assist in dispatching case social workers to appropriate service systems.



Press conference announcing the establishment of the Taiwan Alliance for Precision Environmental Medicine

(2) Commissioned research project for developing Taiwan Elder Neglect Screening Tool (TENST): Through literature review, database analysis, focus groups, and two-stage questionnaire pilots, completed TENST. Conducted 6 sessions of seed instructor training for 329 long-term care service providers, medical personnel, and social workers. In September 2023, the operational guidelines and teaching materials for TENST were published on the Ministry's Protection Department website for reference by mandatory reporting personnel.

11. Encouraging implementing of Assistive Technology at Day Care Centers

Subsidizing day care centers to implementing and utilizing smart assistive technology devices to enhance the independent living skills of service recipients, optimize service quality, and reduce staff workload. This subsidy program is performance-based, with funding determined by the effectiveness of technology implementation at each center. Additionally, through holding conference, and local governments assisted set benchmarks to showcase service effectiveness. This year, 20 day care centers are planned to be guided in implementing smart assistive technology devices, establishing successful case models for continued promotion and advocacy.

12. Exploring Economic Security for the Elderly Insured Under the National Pension Program

Collected and linked data on National Pension Program insured individuals' participation in other social insurance and welfare benefit claims to understand the economic situations of those insured under the national program.

Section 2 Developing Innovative and Translational Research

1. Technology patent licensing

In 2023, various units of the Ministry headquarters, subordinate agencies, and supervised legal persons had a total of 29 authorization cases (11 first-time authorizations, 18 continuous authorizations). Income from research and development achievements totaled NTD 17,994,271, as shown in Figure 12-1.

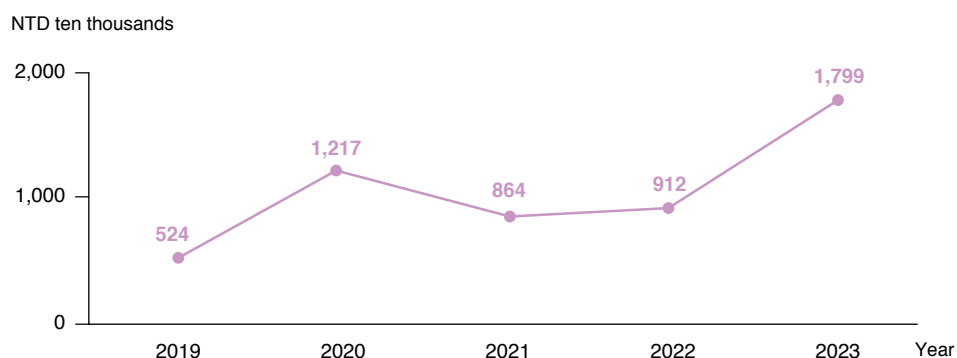
2. Promoting multi-institutional research in Cancer Translational Research Program

For the high-risk non-smoking lung cancer population selected in this study, low-dose computed tomography (LDCT) screening was used, with a lung cancer prevalence rate of 2.65%, and over 95% were stage I or earlier lung cancers. The recommendations of this project led to the implementation of a national LDCT lung cancer screening program in Taiwan starting July 1, 2023, which includes not only heavy smokers but also individuals with a family history of lung cancer as eligible for free screening. This makes Taiwan the first country globally to provide LDCT lung cancer screening services for individuals with a family history of lung cancer.

3. Enterovirus 71 Vaccine

The National Health Research Institutes (NHRI) began developing an enterovirus 71 vaccine in 2007. Phase I clinical trials began in 2009, with technology transfer to two domestic manufacturers from 2010 to 2013. Continued guidance was provided on process

Figure 12-1 Annual R&D Revenue Trends



Source: Office of Science and Technology, MOHW, R.O.C. (Taiwan)

development, clinical trials, consultation and training. Since 2019, the two transferred manufacturers were assisted in conducting Phase III clinical trials in Vietnam. The manufacturers successively obtained formal drug permit licenses from Taiwan Food and Drug Administration in January and April of 2023. The vaccine became available for public vaccination starting in July, marking Taiwan's first vaccine developed entirely domestically from strain selection, R&D, technology transfer to market launch.

4. NHRI Bioproduction Plant II and National Infectious Diseases Bank

In response to the COVID-19 pandemic to safeguard public health and safety with government and private sector support, NHRI planned the Bioproduction Plant II and National Infectious Diseases Bank (NIDB) facilities. Groundbreaking was held on October 12, 2023 at the NHRI Zhunan campus.

Section 3 Application Service of Health and Welfare Data

1. Management of Applications Service Platform

The Health and Welfare Data Science Center (HWDC) has continued to collaborate with the "Health Big Data Sustainable Platform" project in 2023 by opening the lung cancer and breast cancer topic databases cooperatively established with NHRI for external application use. The high-density storage of the "Health Big Data Zone" has been expanded from 900TB to 1,500TB, with completion of access policy management equipment setup and remote

connection software updates. In addition, access policy management equipment setup and remote connection software update have been completed.

2. Service Content and Service Quantity

In 2023, the number of database opened for application was adjusted to 112 and the HWDC including the headquarters and 10 research sub-centers provided 125 computers for services. Due to the relocation of partial operating sites and hardware replacement, the operating days in 2023 was fewer than in 2022, as well as conclusion of some large-scale research used in research sub-centers, person-days of service, annual case-times of actual usage and case-times of reviewed statistic result carried out (Table 12-1) decreased by an average of one-tenth compared to 2022.

3. Promoting Database Leading to R&D of Biomedicine

(1) The inter-agency "Sustainable Platform for Big Data in Health" project was successively completed the lung cancer and breast cancer thematic databases in 2023 and opened for application, while the cardiovascular disease thematic database will go soon be available online at the Ministry's Statistics Center and National Health Insurance Administration respectively.

(2) The "Cancer Precision Medicine and Biobank Consortium Collaboration Pilot Project" marked the first large-scale international collaboration project between the public and private (industry) sectors under the MOHW. This project involves 12 hospitals and 4 international pharmaceutical companies and



Groundbreaking Ceremony for Bioproduction Plant and National Infectious Diseases Bank Platform

Table 12-1 HWDC Service Quantity in Recent Years

	2021	2022	2023	Increase percentage from 2022 (percentage point)
Person-days of service	24,209	29,911	25,371	-15.18
Case-times of actual usage in the year	21,725	27,276	24,692	-9.47
Case-times of reviewed statistic result carried out	13,064	17,169	16,111	-6.16

Source: Department of Statistics, MOHW, R.O.C. (Taiwan)

all of which have signed cooperation agreements. The project targets advanced stages (IIIb and above) of non-squamous non-small cell lung cancer, esophageal cancer, gallbladder cancer, gastric cancer, extrahepatic cholangiocarcinoma, and pancreatic cancer, with 1,408 cases enrolled. Approximately 10% of these cases meet the criteria for free drug donation, with 109 applications approved, extending the lives of some patients by 2-3 months.

Chapter 2 International Cooperation

In the era of globalization, Taiwan actively participates in international health cooperation and emergency humanitarian assistance, contributing our skills in medicine and sharing our experiences and achievements.

Section 1 Joining International Organizations

1. World Health Organization (WHO)

Taiwan's engagement in various mechanisms, activities and meetings of the WHO is not only vital for its population's right to health but also indispensable in the global health/anti-epidemic network. The 76th

World Health Assembly (WHA) was held in Geneva, Switzerland, in May 2023. MOHW former Minister Jui-Yuan Hsueh led the "WHO Action Team" to Geneva to seek participation in the WHA and held bilateral meetings with various national delegations and international health professional organizations. This showcased Taiwan's commitment and determination to contribute to global health and human rights. Additionally, the Ministry actively participated in medical professional meetings to stay abreast of the latest global medical and health information. During the WHA, the Ministry co-hosted an emergency medicine forum with the World Medical Association, sharing experiences in disaster response with various countries. The forum featured speeches by U.S. State Department Assistant Secretary Michele Sison and World Medical Association President Dr. Osahon Enabulele. Furthermore, under the Global Cooperation and Training Framework (GCTF), the Ministry, together with the U.S., Japan, and Australia, co-organized a forum in Geneva to discuss building sustainable responses to future pandemics in the post-pandemic era. Our allies and like-minded countries strongly advocated for us at the WHA through various concrete actions.



Bilateral Talks between the "WHO Action Team" and Delegations from Various Countries

2. Asia-Pacific Economic Cooperation (APEC)

In August 2023, former Minister Jui-Yuan Hsueh led a delegation to the U.S. to participate in the 13th APEC High-Level Meeting on Health and the Economy. He shared Taiwan's experiences in using community capacity to coordinate and control the pandemic, promoting telemedicine to enhance primary health care and epidemic prevention efforts, and encouraging private sector innovation through regulatory environment improvements. Bilateral talks with relevant economies demonstrated the Ministry's proactive participation in APEC-related meetings.



APEC High Level Meeting on Health and the Economy

In March 2023, the Ministry hosted the APEC Conference on Promoting Community-based Non-Communicable Diseases (NCDs) Integrated Care Model. The conference topics included NCD assessment, management and care models, disease prevention, and strategies for integrated care models for the elderly, with public and private sector experience sharing. The conference saw participation from 10 economies and 430 attendees.



APEC Conference on Promoting Community-based Non-Communicable Diseases (NCDs) Integrated Care Model

In August 2023, the Ministry hosted the APEC Conference on Managing Infectious Diseases on Cross-Border Cruise Ships in the Post-COVID-19 Era: Application of Digital Technology. Nearly 100 participants from 13 countries, including experts from industry, government, academia and the representatives of cruise operators, shared their experiences in handling public health incidents on cruise ships during the pandemic and applying digital technology to enhance epidemic prevention efficiency to ensure the health and safety of cruise travel.



Managing Infectious Diseases on Cross-Border Cruise Ships in the Post-COVID-19 Era: Application of Digital Technology

In October 2023, the Ministry hosted the APEC Communication Platform for Analytical Techniques - Food from Biotechnology-Derived Crops Workshop, inviting domestic and international experts and scholars to share their experiences, with 148 participants from industry, government and academia from 10 economies.



APEC Communication Platform for Analytical Techniques - Food from Biotechnology-Derived Crops Workshop

In November 2023, the Ministry hosted the 4th Policy Dialogue of the Digital Health Sub-Working Group, with in-person participation from Taiwan, Thailand, and the Philippines, and virtual participation from the U.S. and Singapore, attracting nearly 100 participants.



4th Policy Dialogue of the Digital Health Sub-Working Group

Section 2 International Exchange and Assistance

1. International cooperation and exchange

(1) International cooperation

In 2021, the Ministry submitted an application to the European Commission for inclusion in the list of third countries for Active Pharmaceutical Ingredients (APIs). Following a documentary review, the EU conducted an on-site audit in Taiwan in April 2023, visiting two API manufacturers to evaluate the Ministry's inspection performance. The evaluation concluded that Taiwan's Good Manufacturing Practice (GMP) management system for APIs is equivalent to that of the EU. On November 10, 2023, the EU officially announced Taiwan's successful inclusion in the list of third countries for APIs.



Taiwan's successful inclusion in the list of third countries for APIs

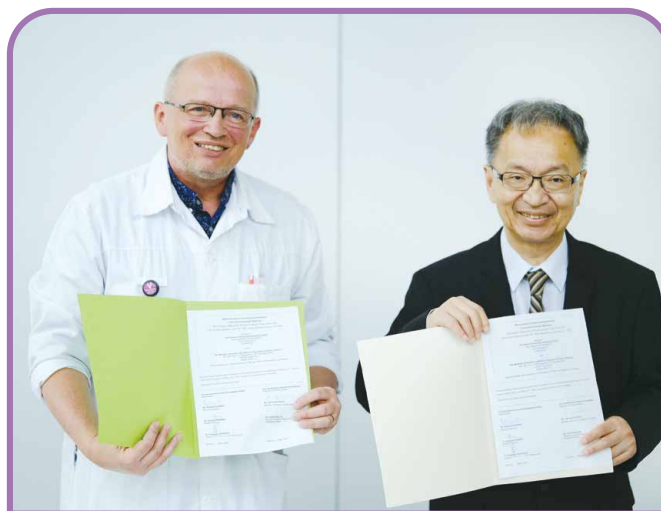
(2) International Affairs: In 2023, the MOHW attended international conferences or workshops abroad (84 physically, 57 virtually), and held/attended international conferences or workshops in Taiwan (22 physically, 15 virtually). A total of 219 foreign guests from 30 countries were invited.

A. On May 18, 2023, the Ministry signed a cooperation agreement with the National Institute for Health and Care Excellence (NICE) of the United Kingdom. This agreement aims to deepen information exchange and personnel training between the two parties to enhance the evaluation and financial management mechanisms for new drug reimbursements in Taiwan's National Health Insurance system.



Collaborated with UK's NICE to enhance health technology assessment methodologies

B. On May 25, 2023, the Ministry renewed the Memorandum of Understanding (MOU) on Disaster and Emergency Medical Collaboration with the University Hospital of Geneva, Switzerland, to continue deepening bilateral practical cooperation. This collaboration aims to enhance the response capabilities and rescue skills of Taiwan's disaster medical personnel.



Renewal of MOU on Disaster and Emergency Medical Collaboration with the University of Geneva, Switzerland

C. To strengthen bilateral medical and health cooperation with European countries, Taiwan signed several Memoranda of Understanding (MOUs) in 2023: On June 6, Ambassador Nan-Yang Li in Slovakia and Bruno Hromý from the Slovak Economic and Cultural Office signed the Taiwan-Slovakia MOU on Medical and Health Cooperation. On July 7, former Ambassador Wu-Chao Hsieh in the United Kingdom and John Dennis from the British Office Taipei signed the Taiwan-UK MOU on Medical and Health Cooperation. On July 14, Ambassador Liang-Ruey Ke in the Czech Republic and David Steinke from the Czech Economic and Cultural Office signed the Taiwan-Czech MOU on Medical and Health Cooperation. On October 24, former Ambassador Jiun-Yaw Huang in Lithuania and Paulius Lukauskas from the Lithuanian Trade Representative Office signed the Taiwan-Lithuania MOU on Medical and Health Cooperation. Future initiatives will include bilateral research projects, mutual visits, and the establishment of contact points to promote substantial cooperation.



Signing Ceremony of Memorandum of Understanding on Health Cooperation between Taiwan and the Czech Republic



Signing Ceremony of the Protocol and Memorandum of Understanding of Taiwanese-Slovak Commission on Economic Cooperation

D. Attending international conferences

- (a) The MOHW recommended 2 local Traditional Chinese Medicine experts to serve as members of the Working Party of the European Pharmacopoeia Commission of the European Directorate for the Quality of Medicines & HealthCare. In 2023, these experts participated in four European Pharmacopoeia revision meetings, gaining insights into the management and trends of traditional medicine editing in European Pharmacopoeia. This experience enhances international harmonization of Taiwan Herbal Pharmacopoeia and provides references for revision.
- (b) In June 2023, the Ministry attended the 44th Asia Pacific Dental Congress (APDC) and the Asia Pacific Dental Federation (APDF) meeting. During the events, Taiwan was elected to chair the 45th APDF and secured the opportunity to host the next APDC in Taiwan. This development deepens cross-disciplinary exchanges among industry, government, and academia.

- (c) In October 2023, the Ministry visited the Ministry of Health, Labour and Welfare of Japan and the NPO organization for helicopter medical service networks, exchanging views on topics such as aerial ambulance transfers.



Japan Aerial Ambulance Survey (Tokyo Fire Department Aviation Unit group photo with aircraft)

- (d) In October 2023, participated in the International Social Welfare Association Northeast Asia Regional Meeting in South Korea and presented a policy report on "The Roles and Challenges of Taiwan's Social Welfare Units in Disaster Relief Systems."



ICSW North East Asian Regional Conference

- (e) In November 2023, attended the "Medical Information Management Efficiency Enhancement Program" seminar in Paraguay to evaluate the current state of medical information in Paraguay and share Taiwan's experiences.

E. Hosting international conferences

- (a) In June 2023, hosted a seminar on promoting human rights protection, inviting international human rights expert Dr. Dainius Pūras to discuss the protection of children's rights in placement institutions and psychiatric hospitals.



Symposium on the Protection of Human Rights

- (b) In November 2023, organized the "Global Health and Welfare Forum in Taiwan," themed "Health for All: Strengthen Well-being through Collaboration and Empowerment for the Attainment of New Normal." Former Premier Chien-Jen Chen delivered a pre-recorded opening speech. Nearly 600 people attended, including 23 high-ranking health officials from 14 countries such as Eswatini, Belize, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Paraguay, Tuvalu, Nauru, Palau, and the Marshall Islands.



Global Health and Welfare Forum in Taiwan

- (c) In November 2023, hosted the "Taiwan Healthcare⁺ Expo," with former President Ing-Wen Tsai delivering the opening address. The expo featured 3,150 booths (2,500 physical and 650 online). Nearly 190,000 visitors attended, including 36,500 domestic professionals and 28,000 international buyers (including online participants), generating an estimated economic value of NTD 4.35 billion.



Healthcare⁺ Expo, Taiwan

- (d) In December 2023, held the "Taiwan-U.S. Health and Welfare Policy Symposium" themed "Moving Upstream: System Transformation in Health and Social Services." Seven U.S. officials and scholars were invited to Taiwan, with around 300 participants discussing current public health and social welfare issues. Additionally, the "Taiwan-U.S. Social Welfare Business Exchange Meeting" was held to further exchange the national "Social Safety Net" policy, promoting various social welfare policy planning and services.



Taiwan-U.S. Health and Welfare Policy Symposium

F. International Visitors: In 2023, there were 219 visits from 30 countries, involving exchanges on health and welfare policies, medicine, food, health insurance, technology, bilateral cooperation, etc., as shown in Figure 12-2.

2. International Medical Aid

Facing global climatic anomalies and frequent disasters, Taiwan shows its compassion by offering international assistance in healthcare while demonstrating its significance to the international community.

- (1) Taiwan International Health Action (TaiwanIHA): TaiwanIHA is a task force jointly established by the Ministry of Foreign Affairs (MOFA) and the MOHW to coordinate international health cooperation and emergency humanitarian medical aid. In 2023, in collaboration with the Association of Medical Doctors of Asia (AMDA) Japan, Taiwan donated gastrointestinal endoscopy equipment to Nepal's Damak Hospital to expand local medical examination capacity and maintain overall care quality.
- (2) Global Medical Instruments Support & Service Program (GMISS) collects refurbished and essential medical equipment from hospitals in Taiwan and donates to the countries in need in accordance with our diplomatic policy. In 2023, a total of 6 cases were accomplished, including projects in Ukraine, Eswatini, Palau, Myanmar, Burundi, and Mongolia.
- (3) Taiwan International Healthcare Training Center (TIHTC): The MOHW founded the Taiwan International Healthcare Training Center in

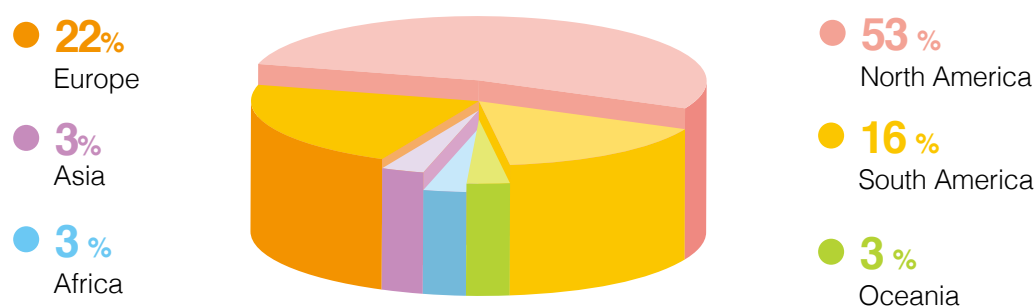
2002. It conducted training in health insurance, healthcare management and clinical techniques in Taiwan for healthcare professionals from Taiwan's diplomatic allies and friendly countries to improve their medical care qualities and living standards. TIHTC trained 78 trainees in 2023 alone; it has trained over 2,000 trainees from 80 countries as of 2023 since its inception.

- (4) The MOHW continued cooperation with the MOFA in 2023 to implement the "Medical Cooperation Project with Pacific Allies and Friendly Countries," including the "Taiwan Health Center Program in the Marshall Islands," the "Taiwan Medical Program in Palau, Nauru and Tuvalu," the "Mobile Medical Team in Fiji," and the "Mobile Medical Team in Papua New Guinea." Taiwan sent medical personnel to provide medical services or consultations to the locals onsite or online and cooperated various public health promotion activities. All were funded by the MOFA.

Section 3 New Southbound Policy (NSP)

1. The MOHW continues prioritizing the 7 NSP key countries (Vietnam, Malaysia, Indonesia, Thailand, the Philippines, India, and Myanmar) and entrusts Taiwan medical centers to promote health cooperation and industry linkages. Through the "healthcare-led industrial development" model, each entrusted center implemented tailored strategies to different countries and collaborated with relevant domestic enterprises and associations to form a "Medical National Team" to promote the internationalization of Taiwan's healthcare industry.

Figure 12-2 Foreign Visitors by Region of Origin, 2023



Source: Ministry of Health and Welfare, R.O.C. (Taiwan)

2. In 2023, the "7 Countries, 10 Centers" program trained 470 medical personnel (123 online; 347 in-person) from NSP countries, further organized 98 seminars or industry forums, and matched 234 companies. By leveraging Taiwan's strengths and experiences in medical services, public health, medical devices, and pharmaceuticals, the initiative aimed to build capacity, foster bilateral cooperation with New Southbound Policy countries and create export opportunities for Taiwan's health-related products and services.
3. In October 2023, during the 54th Annual Meeting of the Asia-Pacific Academic Consortium for Public Health (APACPH) in Malaysia, the Ministry held the Asia-Pacific Health Promotion and Non-Communicable Disease Prevention Parallel Forum. Themed "Combating Non-Communicable Diseases through Health Promotion Strategies," the forum featured presentations by four experts from South Korea, Japan, Malaysia, and Taiwan.



Hosted the Asia-Pacific Health Promotion and Non-Communicable Disease Prevention Parallel Forum

4. In 2023, six seminars and one "Joint Forum for Traditional Medicine under the New South Bound Policy" were held to facilitate exchanges among Traditional Chinese Medicine (TCM) practitioners and promote the industry cooperation. Taiwan shared its experience in integrated Western/Chinese medicine treatment and medication with Malaysia and exchanged views with India, Vietnam, and the Philippines on the quality control of TCM materials and the administration of TCM preparation registration. A total of 320 participants attended these events online or in-person.



Joint Forum for Traditional Medicine under the New South Bound Policy

5. In May 2023, the first international psychiatric medical offshore teaching center was established in Indonesia, with in-person instruction by Taiwanese professionals, training 56 individuals. This initiative aimed to enhance the capacity for mental health, psychological health, and community mental rehabilitation talent training in New Southbound Policy countries.
6. In May 2023, the MOHW led a delegation to visit the School of Medicine - Vietnam National University Ho Chi Minh City, the Traditional Medicine Hospital, the Faculty of Traditional Medicine at the University of Medicine and Pharmacy Ho Chi Minh City, and the Institute of Medicine and Pharmacy Ho Chi Minh City and shared Taiwan's experience in developing NRICM101.

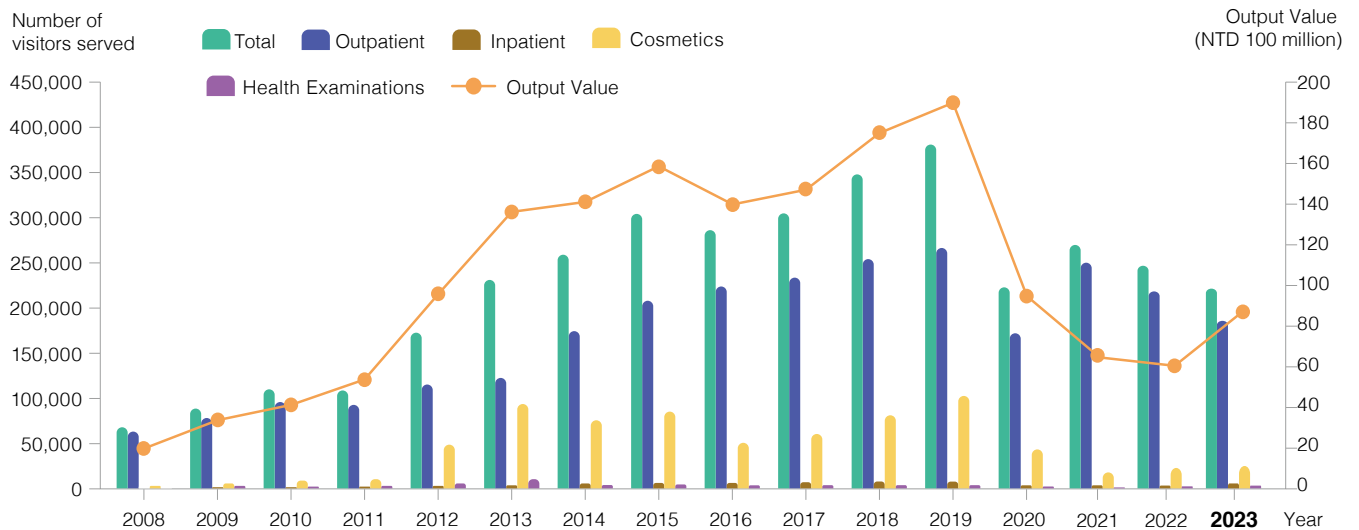


Shared Taiwan's NRICM101 development experience in Vietnam

7. In November 2023, the "New Southbound Policy - Promoting International Psychiatric Medical and Mental Health Talent Training and Establishing an International Cooperation Platform Project International Seminar" was held. The hybrid seminar focused on "The Present and Future of Mental Health," with 320 participants from 8 countries.

Section 4 Internationalization of Medical Services

1. Background: We tried to display the advantages of our medical care services and quality of care through promoting the internationalization of medical care services so as to advance the development of our medical industry and increase international competitiveness.
2. Goal: To coach hospitals to establish their key strengths, to develop medical brands, to provide diversified medical services, and to cooperate with professionals from different industries so as to expand the innovative strategies for the future medical industry.
3. Achievements:
 - (1) The Medical Excellence TAIWAN (MET) Foundation established the "Taiwan Task Force for Medical Travel" and assisted 136 hospitals in creating environments with international competitiveness.
 - (2) Figure 12-3 shows the number of people receiving international medical services and the output value from 2008 to 2023.
 - (3) Maintaining the Taiwan Medical Travel portal with six language options: traditional Chinese, English, simplified Chinese, Vietnamese, Bahasa Indonesia and Bahasa Melayu. As of the end of 2023, it accumulated more than 35.50 million views.

Figure 12-3 Number of Personnel and Value of International Medical

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total	68,545	89,507	110,664	109,133	173,311	231,164	259,674	305,045	286,599	305,618	347,990	381,496	223,076	274,443	246,423	228,100
Outpatient	63,388	78,553	96,850	92,931	115,569	123,107	174,342	208,198	224,164	233,545	254,299	266,819	172,504	249,300	218,409	189,959
Inpatient	1,102	1,818	2,157	3,105	3,845	4,293	6,078	6,970	7,220	7,325	8,503	8,589	4,399	3,192	2,850	5,038
Cosmetics	2,983	5,234	8,532	9,843	48,075	93,137	74,946	85,003	50,685	60,672	80,739	101,997	43,158	19,121	22,476	28,933
Health Examinations	1,072	3,902	3,125	3,254	5,822	10,627	4,308	4,874	4,530	4,076	4,449	4,091	3,015	2,830	2,688	4,170
Output Value	20.29	34.33	41.49	54.14	96.23	136.48	141.35	158.96	139.90	147.27	175.09	189.99	95.03	64.05	60.17	89.47

Source: Department of Medical Affairs, MOHW, R.O.C. (Taiwan)

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Appendices

Appendix 1 Health and Welfare Indicators

Appendix 2 Notifiable Diseases Statistics

Appendix 3 Technical Term Keys



Appendix 1 Health and Welfare Indicators

Table 1 Population Indicators

Year	Total population	Population structure			Crude birth rate	Crude death rate	Natural increase rate	Total fertility rate	Fertility rate of teenage girls	Population density
		0-14 years	15-64 years	Above 65 years						
	1,000 persons	%	%	%	‰	‰	‰	Per woman	‰	persons/Km ²
2000	22,277	21.1	70.3	8.6	13.8	5.7	8.1	1.7	14	616
2005	22,770	18.7	71.6	9.7	9.1	6.1	2.9	1.1	8	629
2010	23,162	15.6	73.6	10.7	7.2	6.3	0.9	0.9	4	640
2012	23,316	14.6	74.2	11.2	9.9	6.6	3.2	1.3	4	644
2013	23,374	14.3	74.2	11.5	8.5	6.7	1.9	1.1	4	646
2014	23,434	14.0	74.0	12.0	9.0	7.0	2.0	1.2	4	647
2015	23,492	13.6	73.9	12.5	9.1	7.0	2.1	1.2	4	649
2016	23,540	13.3	73.5	13.2	8.9	7.3	1.5	1.2	4	650
2017	23,571	13.1	73.0	13.9	8.2	7.3	1.0	1.1	4	651
2018	23,589	12.9	72.5	14.6	7.7	7.3	0.4	1.1	4	652
2019	23,603	12.8	72.0	15.3	7.5	7.5	0.1	1.1	4	652
2020	23,561	12.6	71.3	16.1	7.0	7.3	-0.3	1.0	4	651
2021	23,375	12.4	70.8	16.9	6.6	7.8	-1.3	1.0	3	646
2022	23,265	12.1	70.3	17.6	6.0	8.9	-2.9	0.9	3	643
2023	23,420	11.9	69.7	18.4	5.8	8.8	-3.0	0.9	3	647

Data source: Ministry of the Interior, R.O.C. (Taiwan)

Table 2 Life Expectancy and Mortality Rate

Year	Life expectancy at birth			Healthy life expectancy (HALE) at birth	Under-five mortality rate	Adult mortality rate (Aged 15-60 years)
	Total population	Male	Female	Total population		
	Years	Years	Years	Years	Per 1,000 live births	Per 1,000 persons
2000	76.5	73.8	79.6	...	8.5	119.0
2005	77.4	74.5	80.8	69.5	6.9	112.8
2010	79.2	76.1	82.5	71.0	5.5	99.2
2012	79.5	76.4	82.8	71.6	5.1	96.3
2013	80.0	76.9	83.4	71.8	4.7	93.6
2014	79.8	76.7	83.2	71.6	4.6	94.5
2015	80.2	77.0	83.6	71.9	5.0	92.0
2016	80.0	76.8	83.4	71.8	4.8	94.1
2017	80.4	77.3	83.7	72.1	4.6	90.0
2018	80.7	77.5	84.0	72.3	4.9	88.6
2019	80.9	77.7	84.2	72.4	4.6	88.2
2020	81.3	78.1	84.7	73.3	4.3	84.6
2021	80.9	77.7	84.3	73.3	4.8	86.3
2022	79.8	76.6	83.3	72.4	5.1	90.0
2023	80.2	76.9	83.7	...	5.1	89.5

Data source: Ministry of the Interior, Department of Statistics, MOHW, R.O.C. (Taiwan)

Table 3 National Health Expenditure

Year	NHE as percentage of GDP	National Health Expenditure (NHE)		Public sector ratio	NHE per Capita		GDP per Capita	
	%	NTD millions	USD millions	%	NTD	USD	NTD	USD
2000	5.3	547,807	17,541	62.0	24,693	791	465,574	14,908
2005	6.2	745,620	23,170	57.4	32,804	1,019	529,556	16,456
2010	6.8	958,196	30,275	55.8	41,407	1,308	607,596	19,197
2012	6.9	1,008,478	34,047	56.4	43,337	1,463	630,749	21,295
2013	6.9	1,055,830	35,466	56.3	45,228	1,519	654,142	21,973
2014	6.8	1,103,266	36,327	56.5	47,141	1,552	694,680	22,874
2015	6.7	1,145,900	35,910	56.7	48,839	1,531	726,895	22,780
2016	6.9	1,205,957	37,301	56.4	51,283	1,586	746,526	23,091
2017	7.0	1,256,507	41,278	57.3	53,342	1,752	763,445	25,080
2018	7.2	1,330,888	44,128	57.6	56,441	1,871	779,260	25,838
2019	7.3	1,377,140	44,524	58.3	58,363	1,887	801,348	25,908
2020	7.4	1,474,556	49,850	59.8	62,528	2,114	844,485	28,549
2021	7.3	1,586,789	56,631	62.3	67,614	2,413	923,086	32,944
2022	7.5	1,695,067	56,862	63.0	72,687	2,438	972,550	32,625

Data source: Directorate-General of Budget, Accounting and Statistics, Executive Yuan; Department of Statistics, MOHW, R.O.C. (Taiwan)

Table 4-1 Medical Facilities- Number of Medical Institutions

Year	Number of medical institutions								
	No.	Hospital				Clinic			
		No.	Western medicine	Chinese medicine	Dentistry	No.	Western medicine	Chinese medicine	Dentistry
2000	18,082	669	617	52	-	17,413	9,402	2,461	5,550
2005	19,433	556	531	25	-	18,877	9,948	2,900	6,029
2010	20,691	508	492	16	-	20,183	10,599	3,289	6,295
2012	21,437	502	488	14	-	20,935	10,997	3,462	6,476
2013	21,713	495	482	13	-	21,218	11,105	3,548	6,565
2014	22,041	497	486	11	-	21,544	11,277	3,637	6,630
2015	22,177	494	486	8	-	21,683	11,313	3,705	6,665
2016	22,384	490	485	5	-	21,894	11,395	3,772	6,727
2017	22,612	483	478	5	-	22,129	11,499	3,839	6,791
2018	22,816	483	478	5	-	22,333	11,580	3,917	6,836
2019	22,992	480	476	4	-	22,512	11,663	3,975	6,874
2020	23,132	479	475	4	-	22,653	11,724	4,036	6,893
2021	23,278	478	473	4	1	22,800	11,835	4,043	6,922
2022	23,578	480	475	4	1	23,098	11,998	4,131	6,969
2023	23,896	476	471	4	1	23,420	12,200	4,194	7,026

Data source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Table 4-2 Medical Facilities- Number of Beds

Year	Number of beds			Number of beds per 10,000 population				
	Beds	Hospital Beds	Clinic Beds	Beds	Beds	Hospital		Clinic Beds
						Beds	Acute beds	
							Acute general beds	
	Beds	Beds	Beds	Beds	Beds	Beds	Beds	Beds
2000	126,476	114,179	12,297	56.8	51.3	33.3	31.0	5.5
2005	146,382	129,548	16,834	64.3	56.9	34.4	31.8	7.4
2010	158,922	135,401	23,521	68.6	58.5	35.0	32.0	10.2
2012	160,900	135,002	25,898	69.0	57.9	34.8	31.7	11.1
2013	159,422	134,197	25,225	68.2	57.4	34.3	31.1	10.8
2014	161,491	133,518	27,973	68.9	57.0	34.0	30.9	11.9
2015	162,163	133,335	28,828	69.0	56.8	33.9	30.8	12.3
2016	163,148	133,499	29,649	69.3	56.7	34.0	30.9	12.6
2017	164,590	134,134	30,456	69.8	56.9	34.2	31.1	12.9
2018	167,521	135,496	32,025	71.0	57.4	34.6	31.5	13.6
2019	168,266	135,257	33,009	71.3	57.3	34.6	31.4	14.0
2020	169,780	137,029	32,751	72.1	58.2	35.2	32.0	13.9
2021	170,710	138,442	32,268	73.0	59.2	35.9	32.7	13.8
2022	172,095	139,441	32,654	74.0	59.9	36.4	33.2	14.0
2023	171,717	138,664	33,053	73.3	59.2	35.9	32.8	14.1

Data source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Table 4-3 Medical Facilities-Health Workforce

Year	Number of Registered Health Workforce					Number of Registered Health Workforce per 10,000 Population				
	Persons	Physicians of Western and Chinese medicine, and Dentists	Physicians of Western medicine	Pharmacists and assistants	Nursing Personnel	Persons	Physicians of Western and Chinese medicine, and Dentists	Physicians of Western medicine	Pharmacists and assistants	Nursing Personnel
		Persons	Persons	Persons	Persons		Persons	Persons	Persons	Persons
2000	159,212	41,915	29,585	24,404	79,176	71.5	18.8	13.3	11.0	35.5
2005	199,734	48,844	34,093	26,750	104,786	87.7	21.5	15.0	11.7	46.0
2010	241,156	55,897	38,887	30,001	128,955	104.1	24.1	16.8	13.0	55.7
2012	258,283	59,069	40,938	32,015	137,641	110.8	25.3	17.6	13.7	59.0
2013	265,759	60,736	41,965	32,668	140,915	113.7	26.0	18.0	14.0	60.3
2014	271,555	62,295	42,961	33,162	142,708	115.9	26.6	18.3	14.2	60.9
2015	280,508	63,806	44,006	33,516	148,223	119.4	27.2	18.7	14.3	63.1
2016	289,174	65,202	44,849	33,908	153,509	122.8	27.7	19.1	14.4	65.2
2017	299,782	67,428	46,356	34,526	159,621	127.2	28.6	19.7	14.6	67.7
2018	312,887	69,069	47,471	34,838	167,803	132.6	29.3	20.1	14.8	71.1
2019	326,691	71,766	49,542	35,316	172,966	138.4	30.4	21.0	15.0	73.3
2020	337,942	73,776	51,045	35,734	178,498	143.4	31.3	21.7	15.2	75.8
2021	347,555	75,384	52,175	35,977	183,253	148.7	32.3	22.3	15.4	78.4
2022	354,099	76,730	53,063	36,336	185,778	152.2	33.0	22.8	15.6	79.9
2023	359,954	78,184	54,016	36,726	187,725	153.7	33.4	23.1	15.7	80.2

Data source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Table 5 Notifiable Diseases

Year	Confirmed cases															
	Cholera	Diphtheria	Japanese encephalitis	Hansen's disease	Malaria	Measles	Meningococcal meningitis	Mumps	Pertussis	Poliomyelitis	Congenital rubella syndrome	Rubella	Neonatal tetanus	Tetanus	Tuberculosis	Yellow fever
	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons
2000	8	-	13	4	42	6	16	375	47	-	-	29	-	24	13,910	-
2005	2	-	35	9	26	7	20	1,158	38	-	-	7	-	16	16,472	-
2010	5	-	33	5	21	12	7	1,125	61	-	-	21	-	12	13,237	-
2012	5	-	32	13	12	9	6	1,061	54	-	-	12	-	17	12,338	-
2013	7	-	16	7	13	8	6	1,170	51	-	-	7	-	24	11,528	-
2014	4	-	18	9	19	26	3	880	78	-	-	7	-	9	11,326	-
2015	10	-	30	16	8	29	3	773	70	-	-	7	-	12	10,711	-
2016	9	-	23	10	13	14	8	616	17	-	-	4	-	14	10,328	-
2017	2	-	25	10	7	6	12	636	34	-	1	3	-	11	9,759	-
2018	7	-	37	7	7	40	6	600	30	-	-	10	-	4	9,179	-
2019	-	-	21	10	7	141	8	594	32	-	-	25	-	6	8,732	-
2020	1	-	21	7	2	-	6	498	5	-	-	-	-	8	7,823	-
2021	-	-	28	3	2	-	3	404	-	-	-	-	-	5	7,062	-
2022	2	-	19	8	2	1	1	306	2	-	-	-	-	9	6,576	-
2023	1	-	26	9	5	2	5	299	-	-	-	-	-	5	6,584	-

Data source: Taiwan Centers for Disease Control

Notes: 1. Mumps and tetanus are cases reported.

2. There are no local malaria cases.

3. "Leprosy" was renamed as "Hansen's disease" in 2008.

Table 6 Food and Drug Administration

Year	Food poisoning cases			Number of pharmaceutical firms			
	Cases	Number of patients	Deaths	No.	Pharmacies	Dealers of drugs or medical devices	Manufacturers of drugs or medical devices
		Persons	Persons		No.	No.	No.
2000	208	3,759	3	43,641	6,397	36,536	708
2005	247	3,530	1	55,802	7,673	47,198	931
2010	503	6,880	1	60,222	7,558	51,289	1,375
2012	527	5,701	-	64,024	7,620	54,843	1,561
2013	409	3,890	-	65,280	7,701	55,926	1,653
2014	480	4,504	-	66,678	7,866	57,125	1,687
2015	632	6,235	-	67,597	7,922	57,945	1,730
2016	486	5,260	-	69,610	7,907	59,871	1,832
2017	528	6,232	-	71,083	7,950	61,244	1,889
2018	398	4,616	-	72,520	8,048	62,514	1,958
2019	502	6,935	2	74,294	8,129	64,144	2,021
2020	506	4,920	-	80,743	8,234	70,169	2,340
2021	498	5,823	-	87,318	8,421	76,360	2,537
2022	499	4,495	-	90,015	8,665	78,711	2,639
2023	633	5,196	1	91,007	8,887	79,461	2,659

Data source: Taiwan Food and Drug Administration

Table 7 Major Causes of Death

Year	Infant mortality rate	Maternal mortality rate	All causes of death		Major causes of death				
	Per 1,000 live births	Per 100,000 live births			Malignant neoplasms	Heart disease	Pneumonia	Cerebrovascular disease	Diabetes mellitus
			Deaths	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population
2000	5.8	7.8	124,481	569.4	141.6	48.8	15.6	61.1	42.7
2005	5.0	*	138,957	530.0	141.2	48.3	21.0	48.9	39.4
2010	4.2	*	144,709	455.6	131.6	47.4	25.6	30.6	25.3
2013	3.9	*	154,374	435.3	130.4	47.7	22.5	30.3	25.8
2014	3.6	*	162,886	443.5	130.2	50.2	24.7	30.4	26.0
2015	4.1	11.3	163,574	431.5	128.0	48.1	24.6	27.9	24.3
2016	3.9	11.6	172,418	439.4	126.8	50.3	26.9	28.6	24.5
2017	4.0	*	171,857	424.3	123.4	48.5	26.5	27.5	23.5
2018	4.2	11.6	172,859	415.0	121.8	48.8	27.4	26.1	21.5
2019	3.8	15.4	175,424	408.2	121.3	43.6	30.0	26.7	22.3
2020	3.6	13.0	173,067	390.8	117.3	43.8	26.4	25.2	22.0
2021	4.1	14.0	184,172	405.5	118.2	45.6	25.3	25.2	23.8
2022	4.4	*	208,438	443.9	116.0	47.8	26.3	25.1	24.7
2023	4.3	*	205,575	429.6	115.4	46.8	29.9	24.6	22.8

Year	Major causes of death						Major causes of cancer death				
	Coronavirus disease 2019 (COVID-19)	Hypertensive disease	Accident injury	Chronic lower respiratory disease	Nephritis, nephrotic syndrome and nephrosis	Intentional self-harm (suicide)	Trachea cancer, bronchus and lung cancer	Liver and intrahepatic bile ducts cancer	Colon, rectum and anus cancer	Female breast cancer	Prostate cancer
	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population	Standardized mortality rate per 100,000 population
2000	-	7.5	46.5	21.9	17.9	10.6	28.0	27.0	15.3	10.3	5.7
2005	-	7.0	34.0	20.0	17.9	16.6	27.4	27.3	15.5	11.0	6.6
2010	-	12.2	24.4	14.8	12.4	13.8	25.8	25.2	14.6	11.0	6.1
2013	-	12.9	22.4	14.9	11.9	12.0	25.3	24.2	14.9	11.6	6.6
2014	-	13.5	23.7	15.3	12.5	11.8	25.3	23.3	15.3	11.9	6.5
2015	-	13.2	22.8	14.6	11.8	12.1	24.7	22.8	14.9	12.0	6.4
2016	-	13.5	23.1	15.1	12.4	12.3	24.4	22.2	14.6	11.8	6.8
2017	-	13.3	21.9	13.3	12.4	12.5	23.1	21.6	14.4	12.6	6.9
2018	-	12.8	21.1	12.7	12.3	12.5	22.8	20.3	14.0	12.5	6.6
2019	-	12.9	20.0	12.6	10.7	12.6	22.8	18.8	14.9	13.1	7.1
2020	0.1	13.4	20.3	11.0	10.5	11.8	21.8	18.0	14.6	12.8	7.8
2021	2.0	15.2	20.0	11.7	10.9	11.6	22.2	17.9	14.6	13.8	7.5
2022	28.6	16.3	20.0	11.8	11.3	12.3	21.8	17.0	14.7	13.1	8.0
2023	16.5	16.5	20.0	11.1	11.1	12.7	21.6	16.4	14.2	13.3	7.7

Data source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Notes: 1. The standardized mortality rate is worked out according to the world's standard population age structure of 2000 gained by WHO.

2. The classification of causes of death has followed ICD-10 since 2008, and selecting the underlying cause of death has followed ICD-10 version 2016 since 2019.

3. When the number of deaths is fewer than 20, the small sample size makes the mortality rate unreliable, so it is marked with an asterisk (*).

Table 8 Social Insurance

Year	National Health Insurance							National annuity	
	Beneficiaries	Coverage	Health Care Utilization					Number of insured objects	Percentage in people at 25-64 years of age
			Outpatient Visits per Beneficiary	Inpatient Visits per 100 Beneficiaries	Average Costs per Outpatient Case	Average Costs per Inpatient Case	Average Length of Stay		
	1,000 persons	%	Times	Cases	Points	Points	Days	1,000 persons	%
2000	21,401	...	14.0	12.3	725	38,337	8.7	...	...
2005	22,315	...	14.5	13.2	909	51,406	9.9	...	...
2010	23,074	99.4	14.3	13.5	1,087	54,794	9.9	3,872	27.9
2012	23,281	99.5	14.8	13.8	1,135	55,661	9.8	3,726	26.5
2013	23,463	99.6	14.8	13.5	1,192	57,259	9.9	3,678	25.9
2014	23,622	99.6	14.9	13.7	1,223	58,662	9.7	3,584	25.2
2015	23,737	99.7	14.7	13.9	1,257	59,076	9.5	3,510	24.6
2016	23,815	99.7	14.9	14.1	1,297	61,458	9.7	3,425	24.0
2017	23,880	99.8	14.8	14.2	1,386	63,245	9.4	3,349	23.5
2018	23,948	99.8	15.1	14.5	1,427	65,411	9.4	3,287	23.1
2019	24,020	99.8	15.4	14.8	1,469	66,023	9.3	3,231	22.7
2020	23,987	99.9	14.2	14.1	1,596	70,442	9.3	3,106	21.9
2021	23,861	100.0	13.1	13.1	1,747	75,819	9.6	2,911	20.8
2022	23,787	99.9	14.3	13.2	1,715	77,421	9.4	2,811	20.1
2023	23,883	99.9	16.1	14.8	1,625	75,176	9.0	2,899	20.7

Data Source: NHIA, MOHW and BLA, MOL.

Notes: 1. "Beneficiaries" refers to all those who are eligible for enrollment under National Health Insurance Act.

2. Coverage = Number of people enrolled in NHI / Total number of people in the country eligible for NHI x 100.

3. Data source for health care utilization was updated on August 5, 2024.

4. The length of hospitalized stay is equivalent to the sum of acute and chronic bed days.

Table 9 Social Assistance

Year	Low-income households				Middle-low-income households			
	Number of households	Proportion of total households	Number of persons	Proportion of total population	Number of households	Proportion of total households	Number of persons	Proportion of total population
	Households	%	Persons	%	Households	%	Persons	%
2000	66,467	1.0	156,134	0.7	...	...	...	...
2005	84,823	1.2	211,292	0.9	...	...	...	...
2010	112,200	1.4	273,361	1.2	...	...	...	...
2012	145,613	1.8	357,446	1.5	88,988	1.1	282,019	1.2
2013	148,590	1.8	361,765	1.5	108,589	1.3	334,391	1.4
2014	149,958	1.8	357,722	1.5	114,522	1.4	349,130	1.5
2015	146,379	1.7	342,490	1.5	117,686	1.4	356,185	1.5
2016	145,176	1.7	331,776	1.4	119,081	1.4	358,161	1.5
2017	142,814	1.7	317,257	1.3	117,776	1.4	350,425	1.5
2018	143,941	1.6	311,526	1.3	115,570	1.3	338,468	1.4
2019	144,863	1.6	304,470	1.3	115,937	1.3	334,237	1.4
2020	146,342	1.6	300,241	1.3	114,840	1.3	325,681	1.4
2021	146,995	1.6	295,901	1.3	111,814	1.2	312,355	1.3
2022	146,029	1.6	288,703	1.2	108,448	1.2	296,697	1.3
2023	144,668	1.6	277,364	1.2	107,664	1.2	286,717	1.2

Data source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Note: The new social assistance law has been implemented since Jul. 1, 2011; the identification standard becomes loose, and middle-low-income households are included.

Table 10 Social Welfare

Year	Children and youths welfare (below 18 years of age)				People with disabilities				
	Population	Proportion of total population	Living assistance for disadvantaged children and youths		Population	Proportion of total population	Distribution of population by age		
			Person-times	Amount			Below 18 years of age	18-64 years of age	Above 65 years of age
	Persons	%	Person-times	Expressed in NTD millions	Persons	%	%	%	%
2000	5,779,069	25.9	...	...	711,064	3.2	7.2	58.0	34.9
2005	5,242,928	23.0	824,842	1,715	937,944	4.1	6.5	58.5	34.9
2010	4,595,767	19.8	1,355,253	2,054	1,076,293	4.7	5.8	57.6	36.6
2012	4,380,203	18.8	1,466,688	2,880	1,117,518	4.8	5.6	57.6	36.8
2013	4,258,385	18.2	1,406,040	2,781	1,125,113	4.8	5.3	57.2	37.5
2014	4,149,792	17.7	1,401,476	2,742	1,141,677	4.9	5.1	56.7	38.2
2015	4,043,357	17.2	1,385,684	2,709	1,155,650	4.9	4.9	56.1	39.0
2016	3,987,202	16.9	1,382,965	2,797	1,170,199	5.0	4.8	55.2	40.0
2017	3,900,662	16.5	1,339,627	2,708	1,167,450	5.0	4.6	54.6	40.8
2018	3,778,520	16.0	1,309,150	2,635	1,173,978	5.0	4.5	53.6	41.9
2019	3,702,207	15.7	1,239,001	2,498	1,186,740	5.0	4.4	52.4	43.2
2020	3,615,967	15.3	1,200,873	2,516	1,197,939	5.1	4.3	51.3	44.4
2021	3,517,700	15.0	1,157,898	2,424	1,203,756	5.2	4.3	50.3	45.4
2022	3,432,173	14.8	1,131,488	2,433	1,196,654	5.1	4.4	49.5	46.1
2023	3,404,197	14.5	1,058,871	2,206	1,214,668	5.2	4.5	48.1	47.4

Data source: Department of Statistics, MOHW, R.O.C. (Taiwan)

Table 11 Protective Services

Year	Child and youths protection		Domestic violence			Sexual violence	
	Number of abused children and youths	Child and youths Abuse Rate	Number of victims declared	Protection and assistance for victims		Protection and assistance for victims	
	Persons	Per 1,000 people	Persons	Person-times	Expressed in NTD millions	Person-times	Expressed in NTD millions
2000	...	...	...	...	...	...	...
2005	9,897	1.9	58,614	...	...	...	...
2010	18,331	3.9	98,720	601,567	344	100,942	60
2012	19,174	4.3	98,399	915,859	391	158,258	71
2013	16,322	3.8	110,103	988,586	469	177,258	78
2014	11,589	2.8	95,663	1,127,819	534	199,846	109
2015	9,604	2.3	95,818	1,191,465	577	219,024	114
2016	9,461	2.4	95,175	1,297,726	612	218,852	124
2017	9,389	2.4	95,402	1,323,396	743	229,525	173
2018	9,186	2.4	96,693	1,309,184	961	245,515	153
2019	11,113	3.0	103,930	1,499,713	869	340,891	160
2020	12,610	3.4	114,381	1,631,339	1,119	398,148	209
2021	11,523	3.2	118,532	1,754,639	1,069	370,063	161
2022	11,950	3.4	123,741	1,817,387	990	291,299	160
2023	12,646	3.7	132,147	1,900,479	1,217	310,082	173

Source: Ministry of Health and Welfare and municipal, county (city) governments

Table 12-1 International Comparisons-Population

Country	Population				
	Crude birth rate	Crude death rate	Natural increase rate	Total fertility rate	Dependency Ratio
	2023	2023	2023	2023	2023
	‰	‰	‰	Per woman	*
R.O.C.(Taiwan)	6	9	-3	0.9	43
Japan	6	13	-7	1.3	68
Republic of Korea	5	7	-2	0.8	43
United States	11	10	1	1.7	54
Canada	9	8	1	1.4	52
United Kingdom	10	10	0	1.5	56
Germany	9	13	-4	1.5	57
France	11	10	1	1.8	63
Australia	11	7	4	1.6	54
New Zealand	11	7	4	1.6	54

Data source: Ministry of the Interior and 2023 World Population Data Sheet, Population Reference Bureau

Notes: 1. International data is expressed in western calendar.

2. * Dependency ratio refers to the number of dependents (aged 0-14 and 65 and over) raised by per 100 persons in working age (15-64).

3. Data in this table is the data in the recent year of each country.

Table 12-2 International Comparisons- Life Expectancy and Mortality Rate

Country	Life expectancy and mortality rate			
	Life expectancy at birth			Neonatal mortality rate
	Total Population	Male	Female	
	2022	2022	2022	2022
	Years	Years	Years	Per 1,000 live births
R.O.C.(Taiwan)	79.8	76.6	83.3	2.8
Japan	84.1	81.1	87.1	0.8
Republic of Korea	83.6	80.6	86.6	1.3
United States	76.4	73.5	79.3	3.6
Canada	81.6	79.3	84.0	3.5
United Kingdom	80.4	78.4	82.4	2.9
Germany	80.7	78.3	83.0	2.3
France	82.3	79.3	85.1	2.8
Australia	83.2	81.2	85.3	2.3
New Zealand	82.3	80.5	84.0	3.0

Data source: Ministry of Interior, Department of Statistics, MOHW, R.O.C. (Taiwan), OECD Health Statistics

Note: Data in this table is the data in the recent year of each country.

Table 12-3 International Comparisons- Health Expenditure

Country	Health expenditure	
	Current health expenditure as a share of GDP	Public current health expenditure as a share of current health expenditure
	2022	2022
	%	%
R.O.C.(Taiwan)	7.0	65.5
Japan	11.5	85.5
Republic of Korea	9.7	62.7
United States	16.6	84.8
Canada	11.2	71.3
United Kingdom	11.3	81.5
Germany	12.7	86.5
France	12.1	84.8
Australia	9.6	72.2
New Zealand	11.2	82.0

Data source: Department of Statistics, MOHW, R.O.C. (Taiwan); OECD Health Statistics

Note: 1. Relevant health care indexes are summarized according to A System of Health Accounts (SHA) issued by OECD and Current Health Expenditure (CHE).

2. The indicator "Public sector current health expenditure as a proportion of current health expenditure" varies among countries due to differences in tax burdens, healthcare systems, and rates of population aging. When making international comparisons, it is advisable to consider long-term trends alongside the current figures.

Appendix 2 Notifiable Diseases Statistics

Table 1 Number of Confirmed Cases of Acute Notifiable Disease, 2023

Category	Disease	Total	Domestic Case	Imported Case
I	Smallpox	0	0	0
	Plague	0	0	0
	Severe Acute Respiratory Syndrome (SARS)	0	0	0
	Rabies	0	0	0
II	Diphtheria	0	0	0
	Typhoid Fever	9	2	7
	Dengue Fever	26,706	26,429	277
	Meningococcal Meningitis	5	5	0
	Paratyphoid Fever	28	26	2
	Poliomyelitis	0	0	0
	Acute Flaccid Paralysis ³	61	61	0
	Shigellosis	70	56	14
	Amoebiasis	281	155	126
	Malaria	5	0	5
	Measles	2	0	2
	Acute Hepatitis A	85	78	7
	Enterohemorrhagic Escherichia coli Infection	0	0	0
	Hantavirus Pulmonary Syndrome (HPS)	6	6	0
	Cholera	1	1	0
	Rubella	0	0	0
	Chikungunya Fever	10	0	10
	West Nile Fever	0	0	0
	Epidemic Typhus Fever	0	0	0
	Anthrax	0	0	0
	Zika Virus Infection	3	0	3
	Monkeypox ⁴	355	340	15
III	Pertussis	0	0	0
	Tetanus ⁵	5	-	-
	Japanese Encephalitis	26	26	0
	Congenital Rubella Syndrome	0	0	0
	Acute Hepatitis B	132	124	8
	Acute Hepatitis C	501	499	2
	Acute Hepatitis D	0	0	0
	Acute Hepatitis E	13	8	5
	Acute Hepatitis, Unspecified	10	8	2
	Mumps ⁵	302	-	-
	Legionnaires' Disease	424	410	14
	Invasive Haemophilus Influenzae Type B Infection	1	1	0
	Neonatal Tetanus	0	0	0
	Enteroviruses Infection with Severe Complications	11	11	0
IV	Herpesvirus B Infection	0	0	0
	Leptospirosis	80	80	0
	Melioidosis	25	23	2

Category	Disease	Total	Domestic Case	Imported Case
IV	Botulism	0	0	0
	Invasive Pneumococcal Disease	287	286	1
	Q Fever	4	2	2
	Endemic Typhus Fever	25	25	0
	Lyme Disease	0	0	0
	Tularemia	0	0	0
	Scrub Typhus	204	203	1
	Complicated Varicella	47	47	0
	Toxoplasmosis	25	23	2
	Severe Complicated Influenza	1,058	1,041	17
	Brucellosis	0	0	0
	Listeriosis	191	189	2
	Severe Fever with Thrombocytopenia Syndrome	0	0	0
	Severe Pneumonia with Novel Pathogens ⁶	1,394,232	1,376,092	18,140
V	Rift Valley Fever	0	0	0
	Marburg Hemorrhagic Fever	0	0	0
	Yellow Fever	0	0	0
	Ebola Virus Disease	0	0	0
	Lassa Fever	0	0	0
	Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infections	0	0	0
	Novel Influenza A Virus Infections	1	1	0

Source: Taiwan Centers for Disease Control

Notes: 1. Date of Download: Data were downloaded on May 1, 2024.

2. Day of disease onset is used as the basis of analysis for all acute notifiable diseases.

3. No wild poliovirus has been detected in Taiwan since 1984. Nationwide surveillance of acute flaccid paralysis has been used for detecting cases of poliomyelitis since the implementation of the Eradication Program for Measles, Congenital Rubella Syndrome, Poliomyelitis, and Neonatal Tetanus in 1992.

4. Effective February 1, 2024, the official Chinese nomenclature for "monkeypox" has been revised to "M pox."

5. Tetanus and mumps are cases reported by the physician without laboratory testing of specimens.

6. Starting March 20, 2023, the case definition for Severe Special Infectious Pneumonia (COVID-19) was updated to require both a positive test result and the presence of complications. Subsequently, on May 1 of the same year, it was reclassified from a Category V to a Category IV notifiable infectious disease.

Table 2 Number of Confirmed Cases of Chronic Notifiable Disease, 2023

Category	Diseases	Number of Confirmed Notifiable
II	Multidrug-Resistant Tuberculosis (MDR-TB)	66
III	Tuberculosis	6,584
	Syphilis	9,941
	Congenital Syphilis	4
	Gonorrhea	8,257
	Human Immunodeficiency Virus Infection (HIV Infection)	940
	Acquired Immunodeficiency Syndrome (AIDS)	585
	Hansen's Disease	9
IV	Creutzfeldt-Jakob Disease	0

Source: Taiwan Centers for Disease Control

Notes: 1. Date of Download: Data were downloaded on May 1, 2024.

2. Caseloads of MDR-TB were calculated based on the registration date by Taiwan CDC. Cases of other chronic notifiable diseases were analyzed based on the diagnosis date.

Appendix 3 Technical Term Keys

Number	Acronym	Noun
1	AED	Automated External Defibrillator
2	AMDA	Association of Medical Doctors of Asia
3	APA	Advance Purchase Agreement
4	APACPH	Asia-Pacific Academic Consortium for Public Health
5	APDC	Asia Pacific Dental Congress
6	APDF	Asia Pacific Dental Federation
7	APEC	Asia-Pacific Economic Cooperation
8	BCP	Business Continuity Planning
9	CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
10	CHE	Current Health Expenditure
11	CRC	Convention on the Rights of the Child
12	CRPD	Convention on the Rights of Persons with Disabilities
13	FFS	Fee for Service
14	FHIR	Fast Healthcare Interoperability Resources
15	GCTF	Global Cooperation and Training Framework
16	GDP	Gross Domestic Product
17	GDP	Good Distribution Practice
18	GHP	The Regulations on Good Hygiene Practice for Food
19	GHWP	Global Harmonization Working Party
20	GMP	Good Manufacturing Practice
21	GMISS	Global Medical Instruments Support & Service Program
22	HIS	Hospital Information System
23	ICH	The International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use
24	IHR	International Health Regulations
25	IMDRF	International Medical Device Regulators Forum
26	iWIN	Institute of Watch Internet Network
27	JTCM	Journal of Traditional and Complementary Medicine
28	LDCT	Low-Dose computed tomography
29	MET	Medical Excellence TAIWAN
30	MPOWER	Monitor, Protect, Offer, Warning, Enforce, Raise

Number	Acronym	Noun
31	NICE	National Institute for Health and Care Excellence
32	NIDB	National Infectious Diseases Bank
33	NIER	National Institute of Environmental Research
34	NIES	National Institute for Environmental Studies
35	NHCC	National Health Command Center
36	NHE	National Health Expenditure
37	OCABR	Official Control Authority Batch Release
38	OCCLs	European Network of Official Cosmetics Control Laboratories
39	OECD	Organization for Economic Co-operation and Development
40	OMCL	Official Medicines Control Laboratory
41	P4P	Pay-for-Performance
42	PACS	Picture Archiving and Communication Systems
43	PGY	Post-Graduate Year
44	PIC/S	Pharmaceutical Inspection Cooperation Scheme
45	PrEP	Pre-Exposure Prophylaxis
46	QSD	Quality System Documentation
47	QMS	Quality Management System
48	SHA	A System of Health Accounts
49	SUD	Single Use Device
50	RBRVS	Resource-based Relative Value Scale
51	TaiwanIHA	Taiwan International Health Action
52	TIHTC	Taiwan International Healthcare Training Center
53	TIPVDA	Taiwan Intimate Partner Violence Danger Assessment
54	THAS	Taiwan Healthcare-associated infection and Antimicrobial resistance Surveillance System
55	TPEM	Taiwan Alliance for Precision Environmental Medicine
56	Tw-DRGs	Taiwan Diagnosis Related Groups
57	WHA	World Health Assembly
58	WHO	World Health Organization



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