

中華民國 **114** 年版



衛生福利年報 簡介

2025 Taiwan Health and Welfare Report
Introduction



健康 | 幸福 | 公平 | 永續

HEALTH • HAPPINESS • FAIRNESS • SUSTAINABILITY

Ministry of Health and Welfare

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序言

本部在後疫情時代持續擴展衛生醫療與社會福利資源，積極推動全方位的健康與福祉政策，建構更具包容性與韌性的衛生福利環境，致力落實「健康台灣」願景。

因應人口高齡化與少子女化趨勢，本部積極完善長期照顧服務及友善育兒政策。近年長照 2.0 服務涵蓋率及服務人數持續增加，本部積極增加長照經費，擴增社區整體照顧體系之服務量能，透過增設日間照顧中心、提升平價住宿機構床位數及發展其他多元化照顧服務，實現在地老化之目標；面對少子女化挑戰，本部除擴大不孕症治療補助外，也加碼 0~2 歲兒童托育補助，分別調升公共及準公共托育補助金額至每月 7,000 元與 13,000 元，同時擴增平價托育量能，打造安心育兒環境；自 113 年起推動未滿 7 歲兒童新增 6 次兒童發展篩檢服務，以及早發現疑似發展遲緩兒童並提供適切的衛教、追蹤與轉介服務，優化兒童醫療照護。

為構築支持性健康環境，推動「15-45 歲青壯世代心理健康支持方案」，將每人 3 次心理諮商之年齡上限自 30 歲擴大適用至 45 歲，鼓勵有需求的民眾及時獲得心理支持；完成《營養及健康飲食促進法》立法，建立營養政策之發展與評估、營造健康飲食支持環境；針對慢性病防治，啟動三高防治「888 計畫」，預計將 8 成三高患者加入照護網、照護網內 8 成患者接受生活習慣諮商，並讓三高控制率達 8 成；另綜整各機關參與 COVID-19 防治工

Preface

In the post-pandemic era, the Ministry of Health and Welfare (MOHW) will continue to expand healthcare and social welfare resources, promote policies to ensure comprehensive health and well-being, and build a more inclusive, resilient health and welfare environment to realize the vision of a healthy Taiwan.

Against the backdrop of an aging population and declining fertility, the MOHW has improved long-term care services and child-friendly policies. In recent years, the number of long-term care services and service providers has continued to grow. The MOHW continues to add to its long-term care expenditures and expand its capacity to provide services across communities. It has, moreover, increased the number of daycare centers and bed capacity at affordable residential facilities while developing other care services and achieving the vision of aging in place. To address low fertility, the MOHW has provided subsidies for infertility treatments (IVF) while also increasing childcare subsidies for children aged 0-2 years, raising the amount of subsidies for childcare at public and contracted nurseries to NTD7,000 and NTD13,000 per month, respectively. The ministry also increased the availability of affordable childcare services to create an environment more conducive to raising children. Since 2024, the MOHW has offered six additional sessions of child development screening for children under the age of seven while also providing appropriate health education, tracking, and referral services where delayed development is a concern in an effort to optimize pediatric care.

Separately, to create a supportive environment for all people and promote the Mental Health Support Program, which encourages people to seek psychological help, the upper age limit for consultations has been expanded from 30 to 45 years old. Moreover, the Nutrition and Healthy Diet Promotion Act was passed. The Act calls for the development and evaluation of nutrition policies and aims to create an environment conducive to healthy and nutritious diets. Meanwhile, the 888 Project was launched to address chronic conditions. Under this scheme, 80 percent of individuals with high blood pressure, high cholesterol, and high blood pressure will be brought into a health network; 80 percent of such individuals will receive lifestyle counseling; and the control rate for these conditions will reach 80 percent. Furthermore, the viewpoints of government agencies involved in COVID-19 prevention and control, as well as real-life examples and response strategies, have been collated for drafting amendments to the Communicable Disease Control Act that will update pandemic prevention regulations. Meanwhile, the Drug Distribution Monitoring System has been established to track pharmaceutical wholesalers' inventory levels in real time and predict drug shortages. When necessary, this will help to facilitate the proper allocation of medicines to ensure the public's access to necessary medication.

To strengthen and improve the healthcare service network and establish a community-based health system, initiatives such as the Reinforcement of the Referral System, the Family Physician 2.0 Program, and the National Health Insurance Integrated Home Medical Care Plan are being promoted. These will provide the public with



作因應對策、運作實例及意見，推動《傳染病防治法》修正作業，精進防疫作為之規定；建置「藥品供應監測系統」，主動監測中盤藥商端的藥品供應情形，必要時可協調藥品妥善分配，保障民眾用藥權益。

為整合及強化照護服務網絡，建置以社區為基礎之健康照護體系，包括落實分級醫療、推動「大家醫計畫」、「全民健康保險居家醫療照護整合計畫」，提供民眾更周全且連續性之醫療服務；修正《通訊診察治療辦法》，擴大特殊情形病人適用範圍、放寬開立處方箋、增加得以通訊方式提供的醫療服務項目，提升醫療近便性；於 113 年 6 月三讀通過《再生醫療法》與《再生醫療製劑條例》，加速再生醫療研發成果擴大應用至臨床醫學，有助於增進國內病人接受先進治療之可近性；成立三大 AI 中心，以解決 AI 應用於臨床場域所面臨的「落地」、「取證」及「給付」三大議題，促進智慧醫療產業發展。

本部致力優化執業環境及提升勞動權益，公告三班護病比標準、推動「護理人力政策整備中長程計畫」，透過人才培育、正向職場與薪資改善 3 大方向及 12 項策略，建立醫院護理留任正向循環的機制；持續充實社工人力、調升公部門社工薪資及民間單位薪資補助，以鼓勵社工專職久任，健全社會安全網絡；推動「身心障礙照顧服務資源布建計畫」，強化服務體系的多元性及可近性，並改善機構工作人員勞動條件，以提升服務量能與品質。

第 77 屆世界衛生大會 (WHA) 於 113 年 5 月召開，本部「世衛行動團」於 5 月 25 日赴瑞士日內瓦進行醫衛合作交流，除了辦理專業論壇、出席國際研討會及論壇，亦積極結合理念相近國家進行雙邊會談，向世界分享台灣醫衛經驗和成果，並掌握全球最新醫衛資訊，廣續爭取參與國際衛生事務，守護全民健康人權。

面對後疫情時代的瞬息變化，本部透過多元監測機制強化防疫體系，未來將持續提升公共衛生與醫療應變能力，規劃長照 3.0 計畫，落實社會安全網，擴展醫療環境優化與食藥安全監管，並積極拓展國際合作，促進全人全齡健康照護，打造值得全民信賴的健康福祉體系。

衛生福利部
部長

石崇良

謹識

more comprehensive and continuous medical care. The Regulations of Medical Diagnosis and Treatment by Telecommunications were amended and promulgated to expand the applicable scope of patients defined as having special circumstances, relax the restrictions on prescription issuance, and increase the range of medical services that can be provided via telecommunications, thereby enhancing access to medical care. In June 2024, the Legislative Yuan passed the Regenerative Medicine Act and the Regenerative Medicinal Products Act, to accelerate the inclusion of the results of R&D on regenerative medicine into clinical practice. This makes advanced treatments more accessible to patients in Taiwan. Separately, three types of AI centers have been established to address application, verification, and reimbursements in clinical work, thereby promoting the development of the smart medical industry.

The MOHW is committed to optimizing the business environment and improving labor rights. In this vein, it announced nurse-to-patient ratio standards for three-shift rotations and is promoting the Nursing Personnel Policy Medium- and Long-term Plan. By training personnel, creating positive workplaces, and increasing salaries under its three major policy directions and 12 strategies, the MOHW has established a virtuous cycle for retaining nurses. Moreover, it continues to increase the number of social workers as well as public and private sector wages to encourage social workers to remain in the workforce and thereby improve the social safety network. The MOHW is promoting the Care Service Resource Deployment Plan for Persons with Disabilities to strengthen the diversity and accessibility of the service system, improve working conditions for institutional staff, and enhance both the number and quality of services.

The 77th World Health Assembly (WHA) was held in May 2024. On May 25, the MOHW's WHA Action Team arrived in Geneva, Switzerland to conduct medical cooperation exchanges and activities. In addition to organizing professional forums and attending international seminars and forums, the MOHW also conducted bilateral exchanges with like-minded countries to share Taiwan's medical experience with the world. The Action Team keeps Taiwan abreast of the latest medical developments globally and ensures that the nation is participating in international health affairs, which helps to protect the people's right to health.

In the dynamic post-pandemic era, the MOHW has strengthened its epidemic prevention system through a variety of monitoring mechanisms. Looking ahead, it will continue to improve public health and medical response capabilities, ready the Long-term Care Plan 3.0, oversee the social safety network, optimize the healthcare environment as well as food and drug safety, and expand international cooperation to promote the health of all people at all ages. In so doing, the MOHW aims to create a trusted health and welfare system.

Sincerely
Minister of Health and Welfare

Chung Ling Shih

01 衛生福利政策

Organization and Policy



由部長綜理部務，置政務次長 2 人、常務次長 1 人及主任秘書 1 人，並設 10 司、6 處及 45 個所屬機關（構）。

113 年度主管決算數共 3,318 億 600 萬餘元，其中以社會保險支出 65.51% 占決算比率最高。

本部秉持創新思維，追求全球化、在地化之政策目標，整合社會福利及衛生醫療資源，並扣合健康台灣願景規劃，以人為本、家庭為中心、社區為基礎，推動從出生到安老各生命歷程之連續性福國利民政策，包括健康促進、疫病防治、醫療照護、全民健保、食品藥物管理、福利服務到長期照顧等議題，並導入科技，期提供完善之整合服務，促進全民健康與福祉。

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

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

The ministry's financial statement for 2024 came to a little over 331.806 billion NTD, with social insurance expenses making up the largest portion at 65.51% of the total budget.

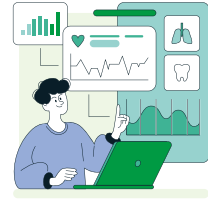
Guided by the policy objectives of innovative thinking, pursuit of globalization and localization, the MOHW integrates social welfare and healthcare resources. In alignment with the vision of "Healthy Taiwan", the MOHW promotes consistent public policies that are people-oriented, family-centered, and community-based benefiting the people from birth to old age. This initiative includes health promotion, disease prevention, medical care, National Health Insurance, food and drug administration, welfare services and long-term care etc. Along with the introduction of technologies, we can deliver comprehensive, integrated services that promote the health and welfare of the people.

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



02 衛生福利重要指標

Health and Welfare Indicators



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

113 年底我國戶籍登記 2,340 萬人，較去年減 0.86‰，人口結構續呈幼年人口比率降低，老年人口比率提高之現象；113 年平均壽命為 80.8 歲，女性較男性長壽。

113 年國人死亡人數 20.1 萬人，死亡率為每十萬人口 860.2 人，較去年下降 2.3%；前三大死因為癌症、心臟疾病及肺炎，居首之癌症死亡人數 5.4 萬人，死亡率為每十萬人口 230.8 人。

我國國民醫療保健支出穩定成長，112 年達 1.8 兆元，占 GDP 比率由 102 年之 6.9% 增至 7.8%；平均每每人醫療保健支出由 4.5 萬元增至 7.9 萬元。

113 年底納入社會救助保障之低收入戶及中低收入戶共 24.4 萬戶、53.0 萬人。提供低收入戶及弱勢等家庭之兒童生活扶助金額共 48 億元，以維持其基本生活水準。

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

At the end of 2024, Taiwan had a registered population of 23.40 million, which is a decrease of 0.86‰ compared with the previous year. Life expectancy in Taiwan has been increasing over the years and reached 80.8 in 2024. Women live longer than men.

In 2024, there were 201 thousand deaths and the crude mortality rate was 860.2 per 100 thousand - a decrease of 2.3% compared to the previous year. The top three leading causes were cancer, heart disease and pneumonia. Being the leading cause of death, cancer claimed 54 thousand lives and the crude mortality rate was 230.8 per 100 thousand.

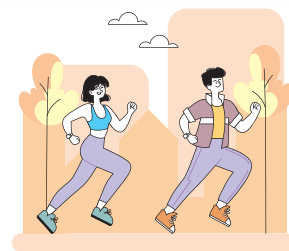
Taiwan's National Health Expenditure (NHE) has shown steady growth. The figure has reached NTD 1.8 trillion in 2023. NHE as a share of GDP increased from 6.9% in 2013 to 7.8%, while per capita NHE increased from NTD 45,228 to NTD 78,595.

By the end of 2024, a total of 244,000 households, encompassing 530,000 people, were included in the social assistance program for low-income and middle-low income households. An amount of 4.8 billion NTD was allocated to provide child living assistance to low-income households and children from vulnerable families, aiming to sustain their fundamental standard of living.

03

健康支持環境

An Environment Conducive to Health



為達成「全民健康」，本部國民健康署持續推動全人口及各生命週期之監測與調查，完備生命歷程健康促進、國民飲食營養及非傳染性疾病防治之監測數據蒐集與應用。

應用渥太華五大行動綱領於健康促進，積極在各場域推廣健康生活型態，提升民眾健康識能。與教育部、勞動部、22 縣市政府等跨部門合作，推行健康促進學校、健康職場、健康醫院及健康城市等計畫，以人為中心，系統性減少健康風險因子（菸、酒、不健康飲食、身體活動不足），協助民眾實踐健康生活，截至 113 年底，共有 4,040 所健康促進學校、3 萬 3,528 家次健康職場、271 家健康醫院，79 處社區營養推廣中心，另補助 22 縣市推動高齡友善，讓健康成為縣市首長施政首選任務。

在健康照護措施，提供孕婦產前檢查、新生兒先天性代謝異常篩檢、新生兒聽力篩檢、兒童預防保健、兒童發展聯合評估、成人預防保健服務、慢性病防治、癌症篩檢、多元戒菸服務等，透過各式服務以期早期發現異常早期照護，以維護國人健康。110 年更增加產檢次數及項目與擴大不孕症治療（试管婴儿）補助，增進生育健康。自 113 年 7 月 1 日起實施「未滿 7 歲兒童新增 6 次兒童發展篩檢服務」，由

In order to achieve the goal of "Health for All," the Health Promotion Administration has been steadfast in promoting comprehensive monitoring and surveys of the entire population and different life stages. This effort aims to establish a comprehensive dataset for monitoring and utilizing health promotion throughout the life course, national dietary nutrition, and non-communicable disease prevention and control.

Applying the Ottawa Charter for Health Promotion's five action areas, we have actively promoted healthy lifestyles in different settings to raise health literacy for the general public. We collaborate with the Ministry of Education, Ministry of Labor and 22 municipal governments across Taiwan to promote various programs for Health Promoting Schools, Healthy Workplace, NCDs Prevention Hospital Network, Healthy Cities and so forth. Our services shall be people-centered and enable the general public to systematically reduce risk factors to health, such as tobacco, alcohol, unhealthy diet, lack of physical activities and so forth, so that people can live healthier lifestyles. As of the end of 2024, there are 4,040 Health Promoting Schools, 33,528 Healthy Workplaces, 271 NCDs Prevention Hospital Network Members and 79 National Community Nutrition Promotion Centers. Also, subsidization was provided to 22 counties and cities to promote age-friendly initiatives, making health a top priority for the leaders in their governance agenda.

With regard to health care measures, we offer a variety of services including prenatal checkups for pregnant women, neonatal congenital metabolic disorder screening, newborn hearing screening, children's preventive healthcare, children's development and joint evaluation, adult preventive healthcare services, chronic disease prevention, cancer screening, comprehensive smoking cessation services and so forth. Through these services, we stand a better chance of early detection of symptoms, so that preemptive care can be administered to protect the health of the general public. In 2021, additional increases in the number and scope of prenatal checkups for pregnant women are provided, and the subsidization for infertility treatment (IVF) has been expanded. These measures are intended to enhance reproductive health. Since July 1, 2024, six additional pediatric

專業醫師提供篩檢，以及早發現疑似發展遲緩兒童。

另，為提升高齡人口生活品質、延緩慢性病威脅，積極推動高齡友善城市及社區計畫與輔導健康照護機構提供對高齡友善的照護服務，113 年共 321 個社區參與，高齡友善社區涵蓋率為 87%；372 家衛生所通過高齡友善服務認證，涵蓋率達 99%，共同營造健康老化尊嚴社會。

developmental screening sessions have been provided for children under the age of seven, conducted by professional physicians to support the early identification of suspected developmental delays.

In addition, in light of population aging, we are committed to helping seniors to improve the quality of their lives by mitigating the threat of chronic diseases. Active efforts have been made to promote age-friendly cities and community programs, as well as to provide guidance to healthcare institutions in delivering age-friendly care services. In 2024, 321 communities participated in a coverage rate of 87% for age-friendly communities. 372 public health centers passed the age-friendly service certificate with a coverage rate reaching 99%. Together, these initiatives aim to foster a society that values healthy aging and dignity for all.

04 健康照護 Health Care

為建構敏捷韌性醫療照護體系，持續推動醫療網計畫，平衡各區域劃分之醫療資源，精進緊急醫療救護網絡運作機制，以區域聯防落實在地化醫療照護；以「安寧緩和醫療條例」及「病人自主權利法」，保障病人善終權；辦理「優化兒童醫療照護計畫」，強化自周產期起之全方位兒童醫療照護。

在口腔保健方面，提供兒童塗氟及恆牙第一大白齒窩溝封填服務，辦理國民口腔健康監測並推展特殊族群口腔醫療服務及照護。

在心理健康方面，推動心理健康促進方案、提供 24 小時免付費 1925 心理支持專線，辦理自殺個案通報與關懷訪視；補助地方政府

To construct an agile and resilient healthcare system, the MOHW has continued to promote the plan of health care network which includes the balance of medical resources in each regional hospital, the progress of emergency medical network, and the fulfillment of local medical care via regional emergency. The "Hospice Palliative Care Act" and "Patient Right to Autonomy Act" were implemented to protect patient's rights of hospice, while the "Program for Excellence in Child Health Care" was conducted to reinforce the comprehensive child health care since perinatal period.

In oral health care, the MOHW has provided children with fluoride application and sealant filling services for permanent first molars. It conducted national oral health monitoring and promoted oral medical services and care for special populations.

In terms of mental health, a mental health promotion program has been implemented, and a 24-hour toll-free 1925 suicide prevention hotline is provided for psychological support, and "Mental Health Network Promotion Project" is promoted for suicide reporting cases visiting and caring. In addition, the MOHW subsidized municipal



辦理精神衛生法定各項業務，提供精神病人社區關懷訪視保護、強制住院及強制社區治療；持續布建藥癮醫療多元處遇資源及藥酒癮治療費用補助，辦理司法精神醫療工作，持續優化司法精神鑑定服務品質。

在醫事人力方面，持續辦理各類醫事人員培育，113 年醫事人員執業人數共計 37 萬 4,186 人。另為保障醫師勞動權益，住院醫師自 108 年 9 月 1 日起適用勞動基準法，至於未納入適用勞動基準法之其他聘僱醫師，因自主性高、工作態樣多元、工時認定複雜，邀集相關團體持續評估推動工作契約、職業災害及退休保障等事宜。此外，為減少醫療糾紛，促進醫病關係和諧，持續進行生產高風險管控及通報機制，辦理生產事故救濟，113 年度審定核予救濟計 209 件，及積極推動多元化訴訟外處理機制，「醫療事故預防及爭議處理法」並自 113 年 1 月 1 日施行，113 年度全國各地方醫療爭議調解會共計辦理 838 件醫療爭議調解案件，調解成立 374 件，調解成功率為 45%。另為建立中醫師臨床訓練制度，113 年補助 130 家主要訓練機構，輔導 842 位中醫師接受訓練；並輔導 20 家醫療機構試辦中醫專科醫師訓練。

於醫療服務品質方面，推行醫院評鑑制度，113 年底計有 407 家醫院經醫院評鑑合格；訂定醫療品質及病人安全工作年度目標，建

governments to promote several mental health affairs which are stipulated by law, such as paying follow-up visits to psychotic patients in the community and mandatory hospitalization/community treatment and so on. The MOHW has also continued to provide diverse resources to bolster medical care for drug addicts and fee subsidies for addiction treatment for patients with drug or alcohol addiction. The MOHW also conducted forensic psychiatry medical work to optimize the service quality of forensic psychiatry assessment.

In terms of medical manpower, the MOHW continues to train medical personnel in all aspects. In 2024, the number of medical personnel in practice totaled 374,186. 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. Also, in an effort to reduce disputes over medical care and harmonize physician-patient relationships, the MOHW has continued to conduct high birth risk control and report mechanism, and provided relief for childbirth accidents approved a total of 209 applications in 2024 while actively promoting diverse alternative dispute resolution mechanisms. The "Medical Accident Prevention and Dispute Resolution Act" was implemented from January 1, 2024. In 2024, a total of 838 medical dispute mediation cases were processed by the national and local medical dispute mediation committees, and 374 cases were accepted and the mediation success rate was 45%. In addition, to establish a system for the clinical training of traditional Chinese medicine practitioners, in 2024, subsidies were provided to 130 major training institutions, with a total of 842 newly recruited traditional Chinese medicine practitioners receiving training. 20 medical institutions were guided to trial the TCM Specialists training.

In terms of medical service quality, the MOHW establishes a hospital evaluation/accreditation system. At the end of 2024, there were 407 hospitals that have passed the evaluation. The MOHW establishes the annual objectives for healthcare quality and patient safety, and a patient safety reporting system, conducts organ procurement

置病人安全事件通報機制，辦理器官勸募及推廣，建置器官移植資料，促進捐贈器官有效運用。啟動次世代醫療資訊平台，規劃 FHIR 標準之公版數位健康平台 (DHP)，成立三大 AI 中心，建置「民眾線上申請病歷平台」。

運用遠距視訊科技與補助專業人員技術服務，積極支持位於離島偏遠地區所屬醫院，提升服務品質，落實在地醫療，以維護民眾權益。另為促進原住民族及離島地區醫療照護資源，積極推動包含在地醫事人才培育、醫事人員開業補助、醫療設施設備及衛生所(室)重建整修補助、遠距醫療專科服務佈建、民眾就醫交通費補助及離島緊急救護航空器駐地備勤專案計畫等。

為促進原住民族健康平等，本部積極推動「原鄉健康不平等改善策略行動計畫」，並依原住民族健康法成立原住民族健康政策會及下設 4 個工作小組，以擴大原住民族健康政策參與。112 年原住民族平均餘命與全國差距縮小至 6.98 歲(106 年 8.17 歲)。

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

and promotion, and establishes organ transplant data, promoting the effective utilization of organ donation. It has launched next-generation digital health platform (DHP) for FHIR standards, set up three AI centers, and established the "Online E-Medical record application platform for the public".

By utilizing telehealth technology and providing professional technical support, active efforts are made to support hospitals located in remote and outlying areas, aiming to improve service quality and ensure local healthcare to safeguard the rights of the population. Additionally, initiatives were actively promoted to enhance medical care resources for indigenous peoples and offshore areas. These initiatives included local medical personnel training, subsidies for medical personnel to establish practices, subsidies for the renovation and reconstruction of medical facilities and health centers, deployment of telemedicine specialist services, subsidies for public medical transportation expenses, and projects for emergency medical aircraft stationed in remote islands.

To promote indigenous health equality, the MOHW actively drives the "Indigenous Health Inequality Improvement Strategy Action Plan" and establishes the indigenous people health policy and four working groups according to the Indigenous Peoples Health Act so as to expand the participation of indigenous peoples in health policies. In 2023, the life expectancy gap between indigenous peoples and the national average narrowed to 6.98 years (from 8.17 years in 2017).

At the same time, in an effort to safeguard the health of general public and eradicate the discrepancy in healthcare provision, we have endeavored to improve prenatal health of new immigrants and reduce life and medical difficulties caused by language barriers. Not only that, for patients of illnesses such as rare diseases, Yu-Cheng patients and other diseases requiring special treatments we have also helped patients receive medical care and subsidized the copayment.



05 長期照顧服務 Long-Term Care Services



臺灣整體人口結構受少子女化及國民平均壽命延長影響，65 歲以上人口急遽增加，我國在 107 年 3 月底正式進入高齡社會，至 115 年預計老人人口將占總人口 21%，成為超高齡社會。據此，建設健全長期照顧服務體系、發展服務資源及確保服務品質越顯其重要性，故本部於 106 年起實施長照十年計畫 2.0(以下稱長照 2.0)，以推動社區整體照顧服務體系，回應高齡化社會的長照需求。

本部持續發展以社區為基礎的合式照顧服務模式，以培植社區整合型服務中心 (A)、擴充各類照顧服務提供單位 (B)、廣設巷弄長照站 (C) 為原則，鼓勵各縣市政府廣結長照、醫療、護理以及社福單位辦理。若民眾有長照需求，可撥打 1966 長照服務專線，經所在地照管專員到府評估符合長照需要等級者，協助連結民眾所需之長照服務，113 年長照 2.0 服務涵蓋率達 84.86%。

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

Taiwan's population structure is affected by low birth rate and an increase in life expectancy. The population aged 65 years and older has been growing rapidly. As of the end of March 2018, Taiwan officially became an aged society and, by 2026, the population aged 65 and over is expected to reach 21%, consequently making Taiwan a "super-aged" society. In light of this trend, there's greater urgency to establish a sound long-term care system, to develop human resource and facilities, and to ensure service quality. Consequently, the MOHW began its implementation of the MOHW's National Long-term Care 10-year Plan 2.0 (hereafter referred to as "Long-Term Care Plan 2.0") from January 2017 to promote integrated Community Care Service Networks as a response to the long-term care needs of Taiwan's aging population.

The MOHW has been working to integrate different services into the community-based integrated care service network based on the basic concept of cultivating community integrated service centers ("A"), expanding combined service center ("B"), and widely establishing long-term care stations around the blocks ("C") throughout Taiwan. All municipalities have been encouraged to work with long-term care service providers, medical care, nursing institutions and nonprofit organizations. The Long-Term Care Hotline "1966" offers efficient assistance for those seeking long-term care services. The care managers will visit their home to assess the disability levels for long-term care services based on their needs and link people with resources to meet their further needs. In 2024, the coverage rate of the Long-Term Care 2.0 services reached 84.86%.

Since Long-Term Care 2.0 was launched, there has been a big increase in service resources and personnel. In the future, the MOHW will continue to put emphasis on setting up residential institutions as well as expanding home-based and community-based long-term care resources and strengthening long-term care manpower. The following important mission of Long-Term Care 2.0 is to enhance the guidance and management capability of municipal government, improve mechanisms required under the Long-Term Care Services Act and establish open information to ensure the service quality of various long-term care service resources and

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

continuing improvement; thus, to provide people long-term care services that are accessible, affordable, and premium in quality.

06 傳染病防治 Communicable Disease Control



傳染病防治為保障全民健康，甚至為維護國家安全重要的一環。《傳染病防治法》及《人類免疫缺乏病毒傳染防治及感染者權益保障條例》為我國執行傳染病防治的兩大重要法規。

本部參酌 112 年 6 月施行屆滿的《嚴重特殊傳染性肺炎防治及紓困振興特別條例》，以及中央及地方主管機關參與 COVID-19 防治工作所累積的因應對策及運作實例，持續修正相關重要法規命令。另考量 COVID-19 輕症化，113 年 9 月 1 日修正「嚴重特殊傳染性肺炎」名稱為「新冠併發重症」，並修訂病例定義，本部並成立跨單位之防治聯繫會報，持續 COVID-19 整備應變工作。

疫後，依循「健康臺灣」政策願景，本部致力以各項行動促進全民健康生活，並建構更具韌性的防疫安全網。本部疾病管制署透過多元的傳染病監測通報與調查系統及全國傳染病檢驗網絡，及時對重要及新興傳染病進行偵測預警，落實邊境檢疫措施以維護

Communicable disease prevention plays a key role not only in protecting people's health but also in safeguarding national security. The "Communicable Disease Control Act" and "HIV Infection Control and Patient Rights Protection Act" are the two primary laws governing infectious disease prevention and control in Taiwan.

The MOHW continued its efforts to amend relevant laws and regulations with reference to the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens, which expired in June 2023, as well as the comprehensive response measures and operation practices implemented by the central and local competent authorities during their efforts in COVID-19 prevention. In addition, considering the reduced severity of COVID-19, the name "Severe Pneumonia with Novel Pathogens" was amended to "Severe Complicated COVID-19" on September 1, 2024, and the case definition was revised accordingly. The MOHW also convened the Interagency COVID-19 Prevention and Coordination Meeting to continuously evaluate Taiwan's epidemic preparedness and response efforts.

After the pandemic, the MOHW has remained committed to promoting a healthy lifestyle and building a more resilient safety network in accordance with the "Healthy Taiwan" policy vision. The Taiwan CDC of the MOHW utilized its diverse surveillance, reporting, and investigation systems for infectious diseases, as well as the national infectious disease testing network, to ensure the prompt detection and early warning for major and emerging infectious diseases. Border quarantine policies were also implemented to protect public health security at Taiwan's international ports. Efforts were made to maintain proper operation of the Communicable Disease Control Medical Network, with its structure and operation

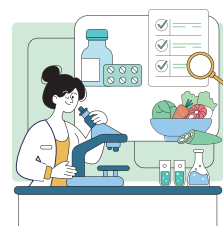
我國國際港埠衛生安全。妥善維運「傳染病防治醫療網」，並汲取 COVID-19 防治經驗，檢討調整醫療網架構與運作模式，以有效調度緊急應變量能，提升防疫韌性。為提升國人完整保護力，持續採購疫苗、藥物，強化防疫物資儲備及調度管理，落實醫療照護機構感染管制，並推動跨部會防疫一體合作，推展我國抗生素抗藥性防治工作。

針對可以疫苗預防的傳染病，本部疾病管制署持續推行國家預防接種政策，目前幼童免費常規疫苗共 10 項，可預防 15 種傳染病，均維持高接種完成率。同時積極管控登革熱、腸病毒、流感等流行疫情風險，主動發現結核感染及潛伏結核感染，致力降低愛滋病毒傳播。

model reviewed and adjusted based on experiences from the COVID-19 prevention and control. These efforts aimed to enhance the MOHW's emergency response capacity and strengthen overall epidemic prevention resilience. To provide enhanced protection for the Taiwanese population, the MOHW continued to procure vaccines and drugs, strengthen the stockpiling and management mechanisms for epidemic prevention supplies, implement infection control measures in healthcare institutions, and facilitate interagency cooperation to advance antimicrobial resistance (AMR) prevention and control efforts in Taiwan.

Regarding vaccine-preventable infectious diseases, the MOHW has continued to implement the national vaccination program. Currently, the program includes 10 publicly-funded routine vaccines for children, with coverage rates constantly maintained at high levels, collectively offering protection against 15 infectious diseases. The MOHW has also intensified efforts to control infectious diseases such as dengue fever, enterovirus, and influenza, to detect tuberculosis and latent tuberculosis infections, as well as to reduce HIV transmission.

07 食品藥物管理 Management of Food and Drug



本部食品藥物管理署以「藥求安全有效、食在安心健康」為使命，推動五環 2.0 食安政策，從源頭管理、整合產製銷鏈、中央地方合作稽核檢驗、業者輔導教育與管理及全民監督等面向深耕食安管理網絡，結合法規政策管理重點，整合規劃全國性稽查專案；113 年度

The Taiwan Food and Drug Administration (TFDA), guided by its mission of ensuring "Safe and effective medicinal products, safe and healthy food," has been actively promoting the Five-point 2.0 Food Safety Policy, which focuses on five major aspects: source management, integration of the production and distribution chain, joint audits and inspections by central and local governments, business counseling, education and management, and public supervision. These efforts aim to strengthen the food safety management network. By aligning with key regulatory and policy

完成國內業者查核 16 萬 4,382 家次，食品良好衛生規範準則合格率為 99.8%；食品及相關產品標示查核及抽樣檢驗 53 萬 5,697 件，合格率為 99.6%。

積極健全藥品管理法規，接軌國際，落實藥品源頭管理、品質與安全監測，保障民眾用藥安全。強化管制藥品流向管理及擴大列管品項；落實反毒策略，加強藥物濫用防制宣導及進口藥品原料藥查驗，提升檢驗量能。此外，與時俱進修正醫療器材管理法規及化粧品衛生安全管理規定，接軌國際，主導醫療器材及化粧品國際組織工作及活動，提升國際能見度；持續確保藥品與醫療器材製造與運銷作業符合國際 PIC/S GMP 及 ISO13485 標準；並推動化粧品製造場所符合化粧品優良製造準則 (ISO22716 標準)。另依據「上市中藥監測辦法」，推動「上市中藥監測計畫」，113 年中藥材合格率 91.2%，中藥製劑合格率 96.9%。110 年 9 月公告臺灣中藥典第四版，於 111 年出版英文版，精進中藥品質管理並與國際接軌。

因應管理各類產品需求，積極開發檢驗方法，113 年新增或修訂檢驗方法達 74 篇，參與 25 場國際共同研究或實驗室間能力比對，獲國際肯定。另辦理大數據分析應用工作坊研討會，激發創新思考及突破思維，強化食品藥物安全危機處理之策略擬定及應變能力，運用 FB 及 TFDA LINE@ 等多元媒體，即時傳播食藥醫粧知識及政策，提升民眾正確知能。

priorities, the TFDA has planned nationwide inspection projects. In 2024, the TFDA completed 164,382 inspections of domestic businesses, achieving a 99.8% compliance rate with the Regulations on Good Hygiene Practice for Food (GHP). A total of 535,697 food and related product labels were inspected and sampled, with a compliance rate of 99.6%.

We actively enhance pharmaceutical regulations, aligning them with international standards, and implement drug source management, quality, and safety monitoring to ensure public drug safety. We strengthen the flow management of controlled drugs and expand the list of controlled items. We implement anti-drug strategies, enhance advocacy for drug abuse prevention, and inspect imported drug raw materials to increase testing capacity. Additionally, we continuously update medical device regulations and cosmetic hygiene and safety management standards to align with international practices. We lead the work and activities of international organizations on medical devices and cosmetics to enhance international visibility. We ensure that manufacture and distribution operations for drug and medical device comply with international PIC/S GMP and ISO13485 standards. Furthermore, we promote compliance with the Cosmetics Good Manufacturing Practice Guidelines (ISO22716 standard) for cosmetic manufacturing facilities. According to the "Regulations for the Post-market Monitoring of Chinese Medicine Product", a monitoring plan has been established. In 2024, the passing rate of the TCM ingredients was 91.2%, and the passing rate for the preparation of TCM was 96.9%. In September 2021, the fourth edition of the Taiwan Herbal Pharmacopeia was published, with the English version released in 2022, enhancing the quality management of Chinese medicine and aligning it with international standards.

In response to the management of various product needs, we have actively developed testing methods. In 2024, we added and amended a total of 74 testing methods. We also participated in 25 international collaborative research projects or laboratory proficiency testing programs, receiving international recognition. Furthermore, a "Big Data Analytics Application Workshop Seminar" was organized to stimulate innovative thinking and breakthroughs, strengthening the strategy formulation and response capabilities for food and drug safety crises. Emerging media platforms such as Facebook (FB) and TFDA LINE@ were utilized to disseminate real-time information on food, drugs, medical devices, and cosmetics, enhancing the public's understanding and knowledge of these topics.

08 全民健保與國民年金

National Health Insurance and National Pension



全民健保擁有「普及、經濟、便利、滿意度高」等亮點，在國內獲得滿意度超過九成。截至 113 年 12 月底，總投保人數 2,396 萬，納保率達 99.9%，全國 91.01% 醫療院所參與健保特約，就醫可近性高。健保財務主要來自保險對象、雇主及政府共同分擔的保險費。

113 年平均每人每年門診就醫次數 16.36 次，住院 0.15 次，平均日數 1.33 日。隨著人口高齡化及醫療科技進步，醫療費用逐年增加，在健保資源有限的情況下，透過醫療科技評估，持續檢視支付標準，落實公平負擔原則。

未來以全人全程照顧為目標，向前延伸預防保健，向後銜接長照服務，推動醫療照護數位轉型，串接遠距及視訊診療、電子處方箋及虛擬健保卡作業流程，持續精進健保快易通 | 健康存摺 APP 個人化服務，同時強化資安，保障個資安全，持續與醫療端、產業端、政府端和民眾端溝通合作，共創健保、醫療提供者與被保險人三贏永續發展。

國民年金納保對象為未參加軍、公教、勞、農保的 25~64 歲國民，113 年截至 12 月底止，國

Taiwan's National Health Insurance (NHI) is well known for its advantages such as accessibility, affordability, convenience and high satisfaction. It has maintained a satisfaction rate of over 90% domestically. As of the end of December, 2024, the total number of the insured came to 23.96 million and the NHI coverage rate achieved 99.9%. In Taiwan, 91.01% of the medical institutions have contracted with the National Health Insurance Administration (NHIA) enabling high accessibility to healthcare services. Health insurance funding mainly derives from insurance premiums paid by the insured, their employers and the government.

In 2024, the average number of outpatient visits per person per year was 16.36, with an average of 0.15 hospitalizations and a mean duration of 1.33 days. With the aging population and advancements in medical technology, healthcare costs have been increasing. Given the limited resources of the National Health Insurance (NHI) system, continuous evaluation of medical technology and review of payment standards are carried out to ensure fair burden-sharing.

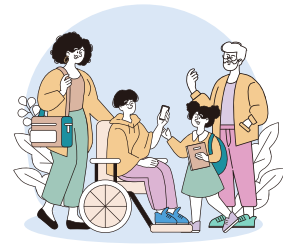
Our future goal is to provide holistic care throughout the entire lifespan, extending preventive healthcare forward and connecting with long-term care services backward. We aim to promote digital transformation in healthcare by integrating telemedicine, video consultations, e-prescribing, and virtual NHI cards processes. We will continue to enhance personalized services such as the My Health Bank App while reinforcing cybersecurity to safeguard personal information. Through ongoing communication and collaboration with healthcare providers, industries, government agencies, and the public, we aim to create sustainable development where Taiwan's National Health Insurance, healthcare providers, and the insured all benefit.

Taiwan's National Pension Insurance (NPI) was established to cover citizens aged between 25 and 64 years old who do not participate in relevant social insurances for military personnel, civil servants and teachers, laborers or farmers. As of the end of 2024, there were

保被保險人 288 萬人，核發給付人數 204 萬餘人，基金運用金額計 6,177 億元，投資收益率 17.68%。本部將持續檢討國保制度以使制度永續發展。

more than 2.88 million the insured and 2.04 million benefit recipients of NPI, which operates at a scale over 617.7 billion NTD. In 2024, the Return on Investment for NPI came to 17.68% and the MOHW will continue to review the NPI schemes to ensure its sustainable development.

09 社會福利服務 Social Welfare



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

In order to ensure appropriate care for disadvantaged groups, following the trends of low birth rates, population aging and rapid changes in 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, older adults, and persons with disabilities. By pooling relevant family and community resources, we hope to realize our vision that provides guaranteed rights, supportive families, a friendly society and progress for all.

110 年 7 月 29 日 核定「強化社會安全網第二期計畫(110~114 年)」，透過增資源、補人力，深化「以家庭為中心、以社區為基礎」的服務模式。同時建立政府與家庭共同承擔育兒之協助機制，支持不同家庭之多元需求，減輕家庭養育負擔，全方位守護兒少福祉；並培力兒少參與公共事務，支持其為自身權益發聲，落實兒童權利公約。

On July 29, 2021 the 2nd phase of Strengthening Social Safety Net Program (2021~2025) was approved. Through the addition of resources, we enhanced the family-centered and community-based service model. At the same time, an assistive mechanism has been built involving the government and families working together to shoulder the burden of childcare, support the different needs of different families, ease the burden of childcare on families so as to fully safeguard the wellbeing of children and youth. Furthermore, children and youth are empowered to take part in public affairs, and supported to voice for their own rights, adhere to the Convention on the Rights of the Child.

另從婦女觀點出發，以充權婦女能力為主軸，透過各縣市 51 處婦女福利服務中心提供婦女各項服務，並經營管理台灣國家婦女館，促進國內外婦女組織及公私部門

In addition, from the perspective of women and with a focus on empowerment, the MOHW provides a wide range of services through 51 Women's Welfare Service Centers across Taiwan. It also operates the Taiwan Women's Center as a platform to promote interaction and collaboration between domestic and international women's organizations, as well as between public and private

之聯繫互動，創造及增進婦女公平發展的機會。

截至 113 年底，全國老人人口數達 448 萬人，占總人口數 19.18%，為因應高齡社會趨勢，以經濟安全、健康維護及生活照顧等面向推動老人福利服務，並廣布社區照顧關懷據點，促進老人社會參與，以達成活力老化之目標。

全國身心障礙者人數截至 113 年底達 123 萬人占總人口數 5.27%，透過實踐身心障礙者權利公約，保障身心障礙者經濟安全、多元連續服務措施、無障礙生活環境及促進社會參與等規劃，維護其享有自立生活及社區融合的權利。

sectors. These efforts aim to create and expand opportunities for women's equitable development.

As of the end of 2024, the population of aged persons in Taiwan came to 4.48 million, which accounted for 19.18% of the total population. In response to the trends towards an aged society, MOHW now seeks to promote a range of senior welfare services by focusing on aspects of economic security, health maintenance, living care and social participation. By expanding the number of community care stations and facilitating social participation for seniors, we aim to accomplish the goal of active aging.

There were 1.23 million persons with disabilities which account for 5.27% of total population in Taiwan. By implementing the Convention on the Rights of Persons with Disabilities, the MOHW ensures the economic security, provides diverse and continuous services, improves accessible environments, and enhances social participation for persons with disabilities, ensuring their right to live independently and be included in the community.

10

社會救助與 社會工作

Social Assistance and Social Work



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

遊民收容輔導採「緊急服務、過渡服務及穩定服務」三階段式服務，並以先居住、後輔導的服務理念輔導協助遊民生活重建。

本部設置 1957 福利諮詢專線提供民眾免付費、全年無休之社會福利諮詢與通報轉介服務。

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

Counseling and Shelter Service for homeless people offers three-stage services including "emergency service, transition service and stabilization service" to help homeless people rebuild their lives based on the concept of reside first, guidance later.

The MOHW has established the 1957 Social Welfare Consultation Hotline to provide free consultation and referral services all year round (from 8 a.m. to 10 p.m.) for the public.

本部於災害救助業務主責「災民收容安置」、「民生物資整備」、「災民慰助關懷」等任務，113 年各縣市災民收容所設置處所共 6,018 處，可收容 258 萬餘人。

依社會救助法第 21 條規定，針對遭逢急難致生活陷困民眾，由直轄市、縣（市）政府、公所及本部核予急難救助，113 年計救助 3 萬 3,728 人次，救助金額 2 億 8,662 萬餘元。

為管理公益勸募活動，妥善運用社會資源，95 年制定公布《公益勸募條例》，截至 113 年底本部核可 697 個團體 795 件，計募得 78 億 6,193 萬餘元。

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

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

為促進志願服務發展，90 年公布施行《志願服務法》，建置「全國志願服務資訊整合系統」，管理志工資料，113 年全國志工人數達 111 萬 5,419 人。

The disaster relief services that MOHW provides encompass missions such as "residential relocation for victims", "material preparation for people's livelihood" and "consolation and care for victims". In 2024, there were a total of 6,018 shelters across Taiwan that could accommodate more than 2.58 million people.

Pursuant to Article 21 of the Public Assistance Act, emergency aid shall be provided by competent authority at the local municipality for under any of the following situations for citizens in need of assistance due to difficult situations. In 2024, the number of beneficiaries who have received relief payment exceeded 33,728, with relief payment amount reaching 286.62 million NTD.

In order to manage the behavior of contribution solicitation activities, and to properly utilize social resources, the government issued "Charity Donations Destined For Social Welfare Funds Implementation Regulations" in 2006. As of the end of 2024, the MOHW has approved 795 donations for 697 groups, with a total amount of NTD 7,861,930,000.

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

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

To facilitate and promote the development of volunteer services, the "Volunteer Service Act" was enacted in 2001, accompanied by the establishment of the National Volunteer Service Information Integration System aimed at managing volunteer data. In 2024, the total number of volunteers in Taiwan has reached 1.115419 million.



11

性別暴力防治與
保護服務Gender-Based Violence
Prevention and Protective Services

113 年家庭暴力被害案件類型以親密關係暴力最多，其中女性被害人占該類案件 73.30%。為防治家庭暴力及保護被害人權益，本部推動並督請地方政府積極發展多項被害人保護扶助方案及布建服務資源，加強加害人處遇計畫，推動預防性服務方案，另透過教育訓練提升專業知能，配合強化社會安全網計畫，確認公私部門分工及合作機制，提升案件處理效能及深化服務。

113 年通報性侵害被害人數 9,616 人，81.78% 為女性；受理性騷擾申訴調查案件 2,838 件，成立 1,946 件。性侵害及性騷擾易涉及性別不對等、權力控制等議題，且社會大眾常對被害人存在性別偏見迷思，為增進被害人接受服務之意願，除透過提供多元適切之處遇服務，並對大眾進行相關防治教育，同時強化網絡人員專業知能與處理技巧，確保服務對象之權益。

為加強網路性剝削與性影像防治，並保障被害人權益，本部建立性影像處理中心，提供兒少及成年被害人申訴、性影像及時下架與

Among all reported incidents in 2024, the majority of them were categorized as intimate violence, with women being the majority of victims (73.30%). To prevent and address domestic violence and protect the rights of victims, the Ministry of Health and Welfare (MOHW) has promoted and supervised local governments to actively develop a variety of victim protection and assistance solutions along with the establishment of relevant service resources and strengthen offender intervention plans while developing preventive service programs. Additionally, education and training efforts are made to strengthen the professional competency of service personnel. Collaborating with the Strengthening Social Safety Net Program, the MOHW will ensure task division between public and private departments and mechanisms for collaboration to expand the domestic violence protection network's functions to improve the efficacy of case processing and deepening the services.

In 2024, a total of 9,616 victims of sexual assault have reported their cases and 81.78% of the victims were women. The number of sexual harassment complaints received by relevant units and organizations came to 2,838 and 1,946 cases were established. Sexual assault and sexual harassment tend to be tied to issues of gender inequality, power control and so forth and the general public tends to have misconceptions and gender biases towards victims of sexual harassment and assaults. In order to help victims become more willing to receive assistance through our services, in addition to providing diverse and appropriate intervention services and implementing relevant prevention education to the general public, the MOHW has also sought to enhance the professional competence and techniques of service personnel and ensure the rights of service recipients.

To strengthen the prevention of online sexual exploitation and the dissemination of sexual images, as well as to safeguard the rights of victims, the MOHW has established a Sexual Image Abuse Reporting

移除、諮詢熱線服務及依需求轉介被害人服務。

另配合強化社會安全網計畫，整合保護服務、高風險家庭通報及相關服務體系，建立集中派案機制，優化各項保護服務流程及時效品質管控機制，串接多樣風險資訊，評估兒少、老人與身心障礙者之保護及風險因子，提供多元處遇服務，依需求積極布建服務資源，增進保護服務品質與量能，落實保障被害人及其家庭之安全與福祉。

Center. It provides complaint services for both minors and adults who are victims, promptly removes and deletes sexual images, offers consultation hotline services, and refers victims to appropriate services as needed.

In addition, in line with the Strengthening Social Safety Net Program, the MOHW integrates protection services, high-risk family reporting, and related service systems. It has established a centralized case dispatching mechanism to optimize various protection service processes and ensure timely quality control mechanisms. It connects diverse risk information, evaluates the protection and risk factors affecting children, the elderly, and people with disabilities, and provides diverse intervention services. Actively deploying service resources according to demand, it enhances the quality and capacity of protection services to ensure the safety and well-being of victims and their families.

12 研究發展與國際合作

Research, Development and International Cooperation



113 年度衛生福利科技發展預算約 55.5 億元，分別投入三大面向：任務導向型的實證政策研究、創新及轉譯研究、衛福資料統計應用。

任務導向的實證研究面向包括民眾健康促進、食品藥物管理、中醫藥研發與推廣、高齡健康智慧新紀元、臺灣癌症精準醫療新紀元、醫療資訊科技及生醫大數據運用、全方位強化全民健康保險體制、優化醫療照護及政策、傳染病防治等。

創新及轉譯研究面向包括專利技術授權、癌症轉譯研究、高齡普惠科技落地、精準防控疾病風險、癌症治療神經保護新紀元。

In 2024, the Ministry of Health and Welfare had 55.5 billion NTD in budget for technological development. It has been spent in three main areas: 1. task-oriented empirical research, 2. development of innovative and translational research and 3. Health and welfare statistics use.

Task-oriented and evidence-based policy efforts encompass a broad range of areas, including public health promotion, food and drug regulation, research and promotion of traditional Chinese medicine (TCM), the new era of smart healthcare for the elderly, the new era of precision cancer medicine, health information technology, the application of biomedical big data, comprehensive enhancement of the National Health Insurance system, optimization of healthcare services and policy, and the prevention and control of communicable diseases.

Innovation and translational research efforts focus on patent technology licensing, translational cancer research, the

衛福資料統計應用面向包括應用服務平臺管理及平臺服務量能統計，本部進一步進行臺灣深耕計畫之規劃。

113 年 5 月本部邱前部長泰源率「世衛行動團」赴日內瓦爭取參與 WHA，並與各國代表團及國際醫衛專業組織進行雙邊會談，以實際行動展現臺灣貢獻健康人權的承諾和決心。我友邦及理念相近國家以多元且具體之行動為臺灣強力發聲。

113 年 8 月本部林政務次長靜儀率團赴秘魯利馬參與 APEC 第 2 次衛生工作小組 (HWG) 會議、以及 APEC 第 14 屆衛生與經濟高階會議，並就性別與健康、氣候變遷與健康、以及初級健康照護行動—生命週期免疫與社區心理健康等議題發表演說。

醫衛新南向政策為持續擴大醫衛新南向之成效，113 年度計畫進一步選擇以泰國（兼轄寮國）、菲律賓擴大為「一國雙中心」並增加柬埔寨計畫，共擴大至 13 中心，組成「10 國 13 中心」團隊。透過「以醫帶產」模式組成「醫療國家隊」，推動臺灣醫療產業國際化。

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

implementation of inclusive technologies for aging populations, precision strategies for disease risk prevention and control, and ushering in a new era of neuroprotection in cancer treatment.

The application of health and welfare data statistics includes the management of service platforms and the analysis of platform service capacity. The MOHW is also advancing the planning of the Healthy Taiwan Cultivation Plan.

In May 2024, former Minister of Health and Welfare Tai-Yuan Chiu led the "WHA Action Team" to Geneva to seek participation in the World Health Assembly (WHA). He held bilateral meetings with delegations from various countries and international health professional organizations to demonstrate Taiwan's commitment and determination to contribute to health rights through concrete actions. Our diplomatic allies and like-minded countries strongly voiced support for Taiwan through diverse and tangible actions.

In August 2024, Deputy Minister Ching-Yi Lin led a delegation to Lima, Peru, to attend the 2nd APEC Health Working Group (HWG) Meeting and the 14th APEC High-Level Meeting on Health and the Economy (HLMHE14). During the meetings, she delivered speeches on key topics including gender and health, climate change and health, as well as primary health care initiatives—specifically life course immunization and community mental health.

To further enhance the effectiveness of the Medical and Health Industry New Southbound Policy, the 2024 plan expands its reach by designating Thailand (also covering Laos) and the Philippines under the "One Country, Two Centers" approach, and by including Cambodia in the initiative. This expansion brings the total to 13 centers across 10 countries, forming the "10 Countries, 13 Centers" team. Through the "Healthcare-led Industry Development" model, a "Medical National Team" has been established to promote the internationalization of Taiwan's healthcare industry.

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

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