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HPA

Health Promotion Administration,
Ministry of Health and Welfare

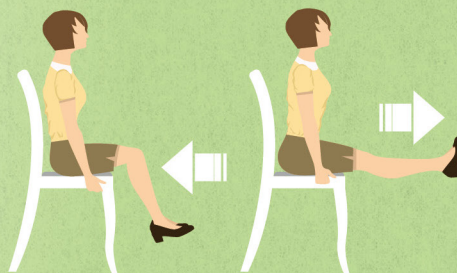
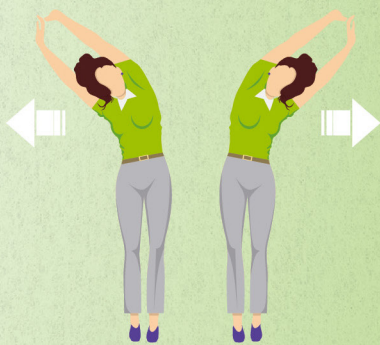
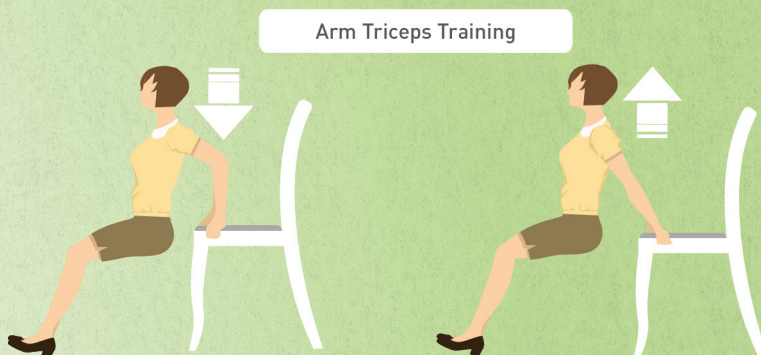
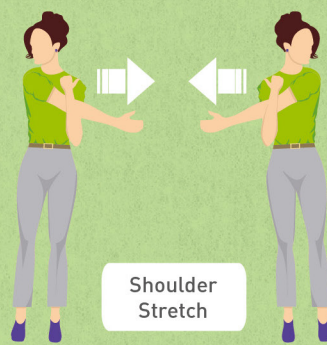
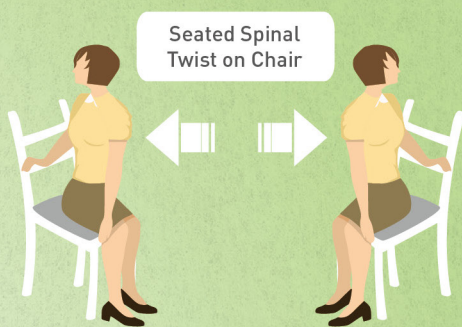
HPA Annual Report



10th A n n i v e r s a r y

10th Anniversary

Promoting
Your Health



Health Promotion Administration,
Ministry of Health and Welfare,
Taking care of you at All Times



Health Promotion Administration, Ministry of Health and Welfare, Executive Yuan was formerly known as the Bureau of Health Promotion Department of Health. It was established in 2001. It was created by the merger of the Division of Health Care, Department of Health and its 3 research institutes responsible for women and children health and chronic disease prevention. In 2013, it was upgraded from “bureau” to “administration,” now bearing a more significant mission. It upholds the spirit of “Prevention is better than cure.” We reinforce preventive medicine and community health, intimately integrate social welfare and cross-functional resources, implement the concept of womb to tomb, citizen health promotion from family to community. The goal is to extend the longevity of citizens’ health, and reduce health inequality, so that the citizens of Taiwan can live longer and better despite wealth disparity, region, gender, and ethnicity.

The concept behind the design of the HPA’s logo is an open hand with four fingers and a thumb across the palm. This configuration symbolizes that the HPA will “safeguard” all citizens. The 4Ps represented by the 4 fingers are Protection (protecting the health of all citizens from the effect of health hazards), Prevention (preventing disease through diet, exercise and screening), Promotion (promoting health by molding a healthy living environment and enhancing health options and equality), and Participation (joint participation in health promotion by all citizens). There is also Partnership, representing that promotion of the health of all citizens requires industry-government-academia-public-media cross-area hand-in-hand cooperation. Furthermore the “green” color was specifically chosen because it has the gentlest effect on the human eye, so it will make people feel relaxed, calm and comfortable; it also represents growth and vitality, and symbolizes constant renewal and growth in the natural world.

Key Points of Administrative Policies

Implement a people-centric service system

Missions

Create a friendly supportive environment and bolster healthy options and equality

Major Administration Policies Plan

- 1st National Cardiovascular Disease Prevention Program (2018-2022)
- 4th National Cancer Prevention and Control Program (2019-2023)
- National Hepatitis and Liver Cancer Prevention Program (2021-2025)
- Tobacco Control Program
- Forward-looking Infrastructure Development Program—Urban and Rural Project 2.0 Public Service Point Maintenance—Silver Hair Fitness Club Subsidy Plan (2021-2025)
- Study of Whole Person Health Promotion and Addiction Prevention (2020-2023)



10

2022

th

17 annual key performance target indicators

6.39‰

Infant mortality rate for indigenous areas and offshore islands maintained at, or below 6.39‰, the average of the last three years.

1.43‰

Under five years of age mortality rate for indigenous areas and offshore islands maintained at, or below 1.43‰, the average of the last three years.

4.0‰

Infant mortality rate maintained at, or lower than, 4.0‰.

2.4‰

Newborn mortality rate maintained at, or lower than, 2.4‰.

12.7

Death rate for pregnant women (every 100,000 live births) maintained at, or lower than 12.7, the average of the past 3 years.

7.30%

Probability of premature death from cancer dropped to 7.30%.

85%

The average follow-up rate for 4 main cancer screening achieved 85%.

3.45%

Probability of premature death by cardiovascular diseases dropped to 3.45%.

0.97%

Probability of premature death by diabetes dropped to 0.97%.

0.44%

Probability of premature death by chronic respiratory diseases dropped to 0.44%.

47.1%

Prevalence of overweight and obesity among adults maintained at 47.1%.

43.3%

Prevalence of adult insufficient physical activity dropped to 43.3%.

56.1%

Prevalence of senior insufficient physical activity dropped to 56.1%.

7.2%

High school student smoking rate decreased to 7.2%.

2.8%

Junior high school student smoking rate lowered to 2.8%.

Vegetables

Fruits

16.0% 15.5%

Prevalence of adults consuming 3 servings of vegetables and 2 servings of fruits achieved 16.0% for vegetables and 15.5% for fruits.

♂ **9.0g** ♀ **7.2g**

The salt intake per day among adults was 9.0 grams for men, and 7.2 grams for women.

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Preface by the Director-General

10th 10 Years of People-oriented Care and Foresight for a New Healthy Life

10 years ago, in 2013, the Health Promotion Administration (HPA) was established by upgrading and reorganizing the previous National Health Bureau (NHB). During these 10 years, the HPA has been upholding the concept of “all-around protection of the public’s health,” with the mission of improving the national health and developing up-to-date public policies to meet the nation’s various challenges, from infertility, aging society, to new disease patterns. 2019 saw the COVID-19 spread across the world. In Taiwan, under the leadership of President Tsai, the central government and local public health partners worked together to timely embark on disease prevention work. By overcoming a wide range of challenges, we have put up a good fight against this deadly pandemic. At this moment, with the country facing the challenge of rebuilding a new life in the post-pandemic era, the HPA will embrace its new responsibilities in sustainably promoting people’s health.

Open, Linked and Balanced— Enhancement of Health Services on All Fronts

Over the years, the HPA has been focusing on the needs of the public, planning diversified and evidence-based policies for managing non-communicable diseases, actively promoting healthy lifestyles for all, and constructing a supportive environment for health. Through open sharing, partnership building among central and local authorities, ministries, and departments, and balanced resource allocation, the HPA strived to promote the health of the entire population, from family to community, to increase the healthy life expectancy and to narrow the health inequality gap. Our major policy initiatives in recent years and the achievements for 2022 are summarized as follows:

In terms of maternal and child health, to improve the reproductive healthcare system, starting from July 1st, 2021, the HPA provides 14 obstetric examinations, 3 ultrasound examinations, 1 Streptococcus B screening, 2 prenatal health education guidance, screening for gestational diabetes mellitus, and anemia test for pregnant



women, and the expanded subsidy for infertility treatment (commonly known as in vitro fertilization). As of the end of 2022, 41,367 cases had been treated with the subsidy payment. The program also provides tracking and care for high-risk pregnant women during the perinatal period, subsidizes obstetric examinations for uninsured new immigrants, and provides homecare for children with low a birth weight (including extremely low birth weight), as well as 7 sessions of preventive health service and health education guidance for children under the age of seven to protect children's health and growth.

In the prevention and control of non-communicable disease, HPA actively promotes awareness of the cardiovascular disease, diabetes, and kidney disease, and improves the control of tobacco use, insufficient physical activity, unhealthy diet, harmful use of alcohol and poor lifestyles, and provides appropriate health promotion measures to effectively intervene and prevent metabolic syndrome patients from developing chronic diseases. In line with the national goal of eliminating Hepatitis C, since September 2020, the age of adult preventive health services for Hepatitis B and C screening has been expanded to all adults between 45 and 79 years old. About 2 million people have benefited from the service, and nearly 7,000 people have received treatment through early detection, with a cure rate of nearly 99%. In addition, to reduce the threat of cancer to the nation, in July 2022, a new low-dose computerized tomography lung cancer screening service has been provided for high-risk groups of lung cancer once every two years. About 5 million people are screened annually for five types of cancers, including cervical, breast, colorectal, oral, and lung cancers, with 60,000 pre-cancerous lesions and cancer cases found by the screenings. The coverage rate of HPV vaccination for junior high school girls entering school in 2021 was about 91.7%, and the vaccination is ongoing. In terms of smoking prevention and control, starting from May 15th, 2022, the co-payment for smoking cessation medication has been waived to reduce the burden of smoking cessation to encourage smokers to quit while providing a range of smoking cessation services and campaigns. The success rate of smoking cessation within 6 months was 29%, and it is estimated that this has helped approximately 26,000 people quit smoking and save about NT\$ 140 million in health insurance and medical expenditures.

Active Aging, Healthy Aging

Facing an aging population, the HPA actively provides health promotion for the elderly, including healthy diet, exercise, prevention, delay of disability, etc. In 2022, HPA subsidized 22 counties and cities to hold 585 community health promotion courses for the elderly, with a total of 17,000 people served. The “Elderly Active Aging Competition” was continued to be held to allow community organizations and elders at the site to form teams to compete, so as to increase physical activity and interpersonal and social participation. To delay disability and dementia, HPA also implemented the “Seniors Fitness Club Subsidy Program,” with a total of 76 locations in 20 counties and cities approved in 2022 and more locations to follow. By the end of 2022, a total of 94 dementia-friendly communities had been established nationwide, with 453,000 dementia-friendly angels (residents) and 11,000 friendly organizations recruited to connect the elderly resources within communities to form a supportive network. In addition, HPA has set up an electronic assessment tool, “Six Essentials for the Elderly” LINE official account, to promote the assessment of the physical and mental abilities of the elderly, serving about 83,000 people; it also provides integrated health care for the elderly to improve their health.

Quality and Healthy Life for a Happy and Sustainable Future

In view of the future trends and challenges, the HPA will adopt a forward-looking and innovative thinking to formulate comprehensive health promotion measures and policies in alignment with the public consensus. By strengthening cross-sectoral cooperation and joining force with local governments, we will pursue public-private collaboration, keep providing health services that meet the public expectations in both perception and quality, build a quality living environment, in the hope of improving the health of general public, reduce health disparities, and achieve the goal of “Health for All.”

Director-General
Health Promotion Administration
Ministry of Health and Welfare



1

About HPA

Organization and Major Duties

With the Director-General in overall charge of the HPA, it has two Deputy Director-Generals and one Secretary General. There are seven operational divisions and four administrative offices (Figure 1-1). Their main responsibilities include:

1. Planning, coordinating and implementing health promotion policies and formulating related laws and regulations.
2. Planning, executing and supervising matters related to cancers, cardiovascular diseases, and other major non-communicable diseases.
3. Planning, executing and supervising matters related to healthy lifestyles.
4. Planning, executing and supervising matters related to tobacco hazards prevention.
5. Planning, executing and supervising matters related to national nutrition.
6. Planning, executing and supervising matters related to reproductive health.
7. Planning, executing and supervising matters related to hearing and vision preventive care.
8. Planning, executing and supervising matters related to public health surveillance, research and development.
9. International cooperation related to health promotion and non-communicable disease prevention affairs.
10. Other relevant administrative matters related to health promotion.

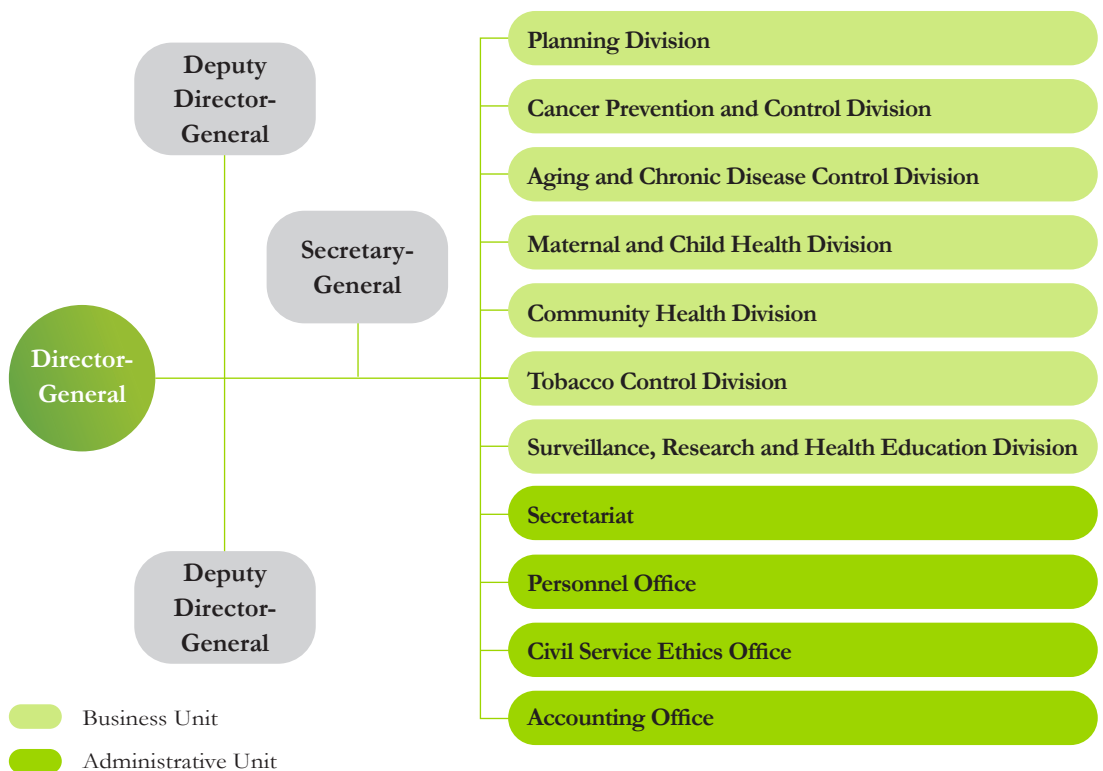


Figure 1-1 Organizational structure

Organization and Mission

The HPA gives priority to four major initiatives: enhancing health literacy and promoting healthy lifestyles; promoting preventive healthcare, effective prevention and screening; upgrading the quality of healthcare and improving chronic disease control and prognosis; creating a friendly and supportive environment and bolstering healthy options and equality. It plans and implements measures to promote reproductive health, maternal and child health, adolescent health, and the health of middle-aged and elderly people as well as to advance the prevention and control of health hazards such as smoking and betel-quid use, cancers, cardiovascular diseases, and other major non-communicable diseases. It is also responsible for conducting public health surveillance and related research about other special health topics. Moreover, the HPA joins forces with all the public health agencies in the country's cities and counties, hospitals and other medical institutions. It also works with private groups to implement health policies and to build a healthy environment for the entire population (Figure 1-2).

Formulating holistic and whole process health promotion policies



Figure 1-2 Organizational tasks of the HPA

Health Promotion – Vision and Challenges

Based on the Alma-Ata Declaration of 1978 and the Ottawa Charter of 1986, the HPA proactively promotes “Health in All Policies” (HiAP). The ultimate goal is to achieve “Health for all,” as articulated by the World Health Organization (WHO), while gradually rectifying health inequality.

2022 Administrative Goals

Policy guidelines: Create a friendly environment to enhance the health, autonomy and social connections of senior citizens; implement a people-centric service system; further integrate technological innovation to achieve a sustainable and smart lifestyle for health.

Policy goals: Build a physical and psychological health supportive environment; increase holistic health promotion across full lifespan

Operative goals:

1

Nurturing of healthy lifestyles, creation of healthy workplaces, promotion of national nutrition and obesity prevention, promotion of cigarette and betel nut prevention work, provision of diverse tobacco cessation services, and creation of tobacco and betel quid-free supportive environment.

2

Establish a comprehensive healthcare environment for women and children during childbirth, expand assisted reproduction allowances to enhance health care services for pregnant women and children.

3

Strengthen comprehensive health assessment services for the elder, create age-friendly and dementia-friendly communities and cities to facilitate elder social engagement. Furthermore, enhance the prevention and management of chronic diseases, drive patient-centered integrated care for multiple chronic conditions, improve cross-specialty health education competence, and elevate care quality. In addition, pilot the establishment of elder physical assessment models, early identification of functional decline issues and timely intervention to prevent or delay the onset of disabilities.

4

Expand screening services for hepatitis B and C for early detection and appropriate treatment to achieve the national goal of eliminating hepatitis C.

5

Reinforce cancer prevention and early diagnosis, elevate screening rates, positive tracking rates, and quality, develop personalized and precise cancer prevention health services; promote integrated palliative care and holistic patient support to reduce mortality in cancer patients.

6

Strengthen health education and evidence-based research concerning the health impacts of air pollution, conduct health surveys and monitor across different life stages of the population, innovate health monitoring data collection techniques and methods, and continuously advance the integration of digital and information communication technologies in national health monitoring surveys.

7

Create a health promotion data reservoir to collect and organize both internal and external health promotion data, and establish a mechanism for data utilization and exchange to drive the innovative and value-added utilization of data.

2

Healthy Birth and Growth

A beautiful chapter of life

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more than **90%**

In 2022, the average utilization rate of prenatal care sessions exceeded 90%.



more than **99%**

Screening rate of congenital metabolic disorders for newborns was more than 99% in 2022.



more than **80%**

The utilization rate of children's preventive health care services was above 80% in 2022.



2.2%, 7.2%

In 2021, the smoking rates for junior high and senior high school students were 2.2% and 7.2%.

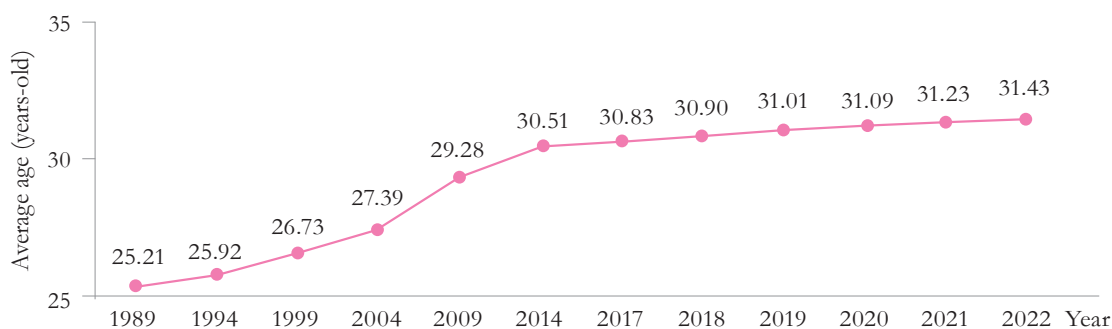


Social changes and the effect of cultural diversity are bringing changes to society types and family structures and functions. Promoting sound mental and physical development of pregnant women, babies and infants, children and teenagers, strengthening the care system and building healthy and safe environment are all focuses of the HPA's policies.

Reproductive Health

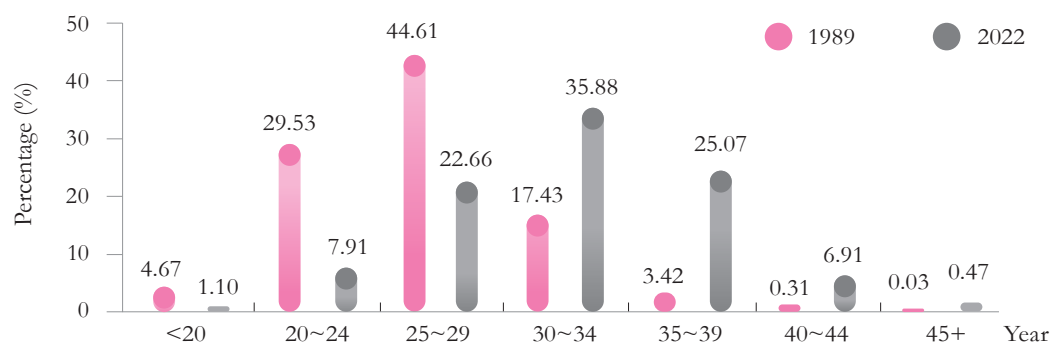
Status Quo

In 1989, Taiwanese women had their first child at an average age of 25.2 years old. By 2022, the average age was 31.43 years old (Figure 2-1). A trend toward late childbirth is clearly evident (Figure 2-2). The maternal mortality rate in 2022 was 13.1 per 100,000 live births. Compared with 38 OECD member countries in 2020, Taiwan's maternal mortality rate ranked 28th.



Source: 1989-2022 Average age of mother, and average age of first birth, Ministry of the Interior.

Figure 2-1 Average age of first birth for women in Taiwan



Source: 1989-2022 Number of live births by average age of mother, Ministry of the Interior.

Figure 2-2 Percentage distribution of live births by age of mother (1989, 2022)



Target Indicators

1. In 2022, the average utilization rate of prenatal care sessions exceeded 90%.
2. More than 99% of women with high-risk pregnancies underwent prenatal genetic diagnosis and follow-up.



Policy Implementation and Results

1. Establish systematic birth healthcare service

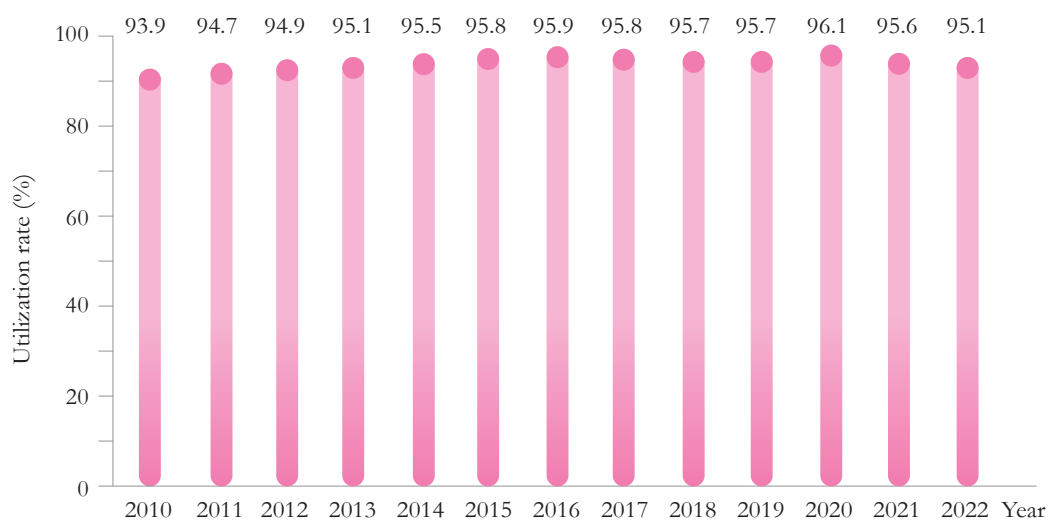
(1) Expanding the qualification for subsidy recipients in assisted reproductive technology (ART) program

To realize the dream of reproduction of infertile couples and reduce their financial burden, the qualification for ART subsidy program was expanded. The In vitro Fertilization (test tube baby) Assisted Reproduction Technique Subsidy Program implemented on July 1st, 2021 expanded the subsidy to infertile couples, one of whom is an ROC national and the wife is aged under 45. By the end of 2022, a total of 98 special agencies had submitted applications. Qualification reviews have been approved for 57,777 cases, of which 41,367 cases have completed treatment and submitted an application for subsidy fees, which were reviewed and approved, totaling over NT\$2.956 billion. A total of 6,285 couples successfully gave birth to 7,044 babies.

(2) Fully protecting pregnant mothers from prenatal care sessions to healthcare

To promote women's health during pregnancy, from July 1st, 2021, prenatal examinations for pregnant women increased from 10 to 14 times, adding gestational diabetes and anemia checks, increasing ordinary ultrasound examination from one to three times and increasing the doctor's prenatal check diagnostic fee and Rubella IgG, Hepatitis B and VDRL test fee. The utilization rate of prenatal examination services remained above 90% (Figure 2-3). In 2022, there were a total of 1.538 million prenatal examinations, with an average utilization rate of 95.1%. Ultrasound examinations were used 389,000 times, achieving a utilization rate of 95.3%. Gestational diabetes screening was conducted for 117,000 individuals, resulting in 18,597 abnormal findings, yielding an abnormality rate of 16.7%. In addition, hemoglobin testing was conducted for 126,000 individuals, which resulted in 22,419 cases of abnormal findings, leading to an abnormality rate of 17.5%.

We conduct Group B streptococcus screening for women at the 35th to 37th weeks of pregnancy. In 2022, a total of 123,225 women were screened, with average use rate of 87.9%. A total of 25,681 women were tested positive, with a positive rate of 20.39 %.



Source: Data from 2010-2022 prenatal care sessions and 2010-2021 birth reports

Figure 2-3 Pregnant woman prenatal check average use rate

In November 2014, we started promoting prenatal health education services for pregnant women. In 2022, a total of 232,274 people were served. In addition, a total of 1,982 physicians and midwives have qualified to provide services.

(3) Providing comprehensive genetic testing services

We have established a genetic disease prevention network (Figure 2-4) with primary and secondary prevention measures or fertility selection for all life stages from marriage, pre-pregnancy, pre-delivery, birth, and even to adulthood, to decrease the incidence of congenital malformations.

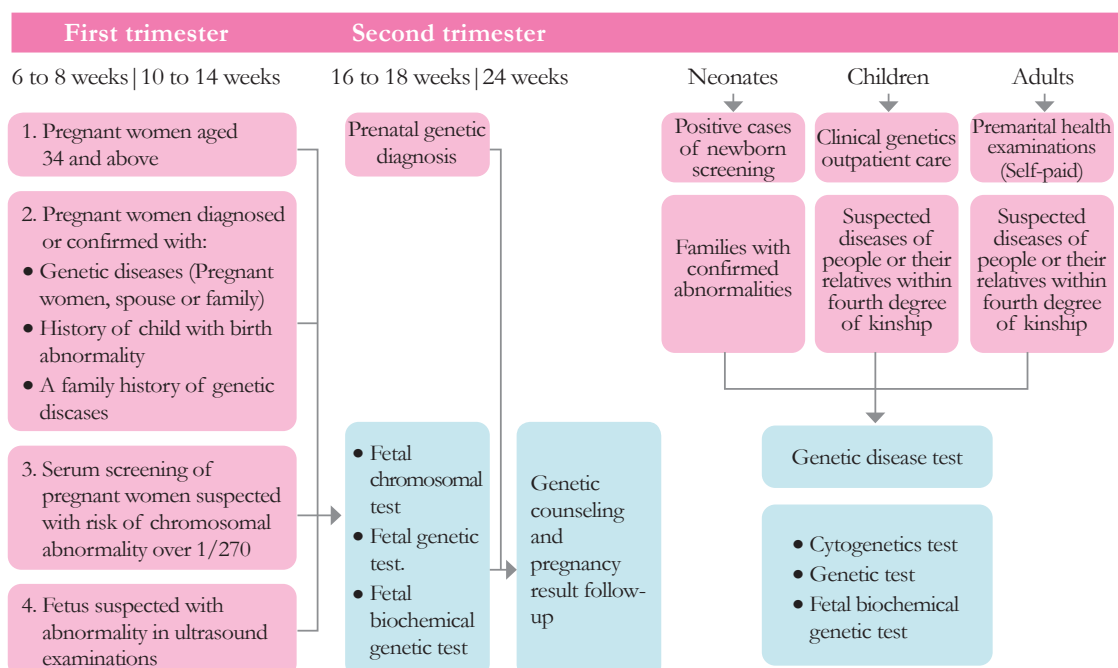


Figure 2-4 The hereditary genetic diseases prevention network

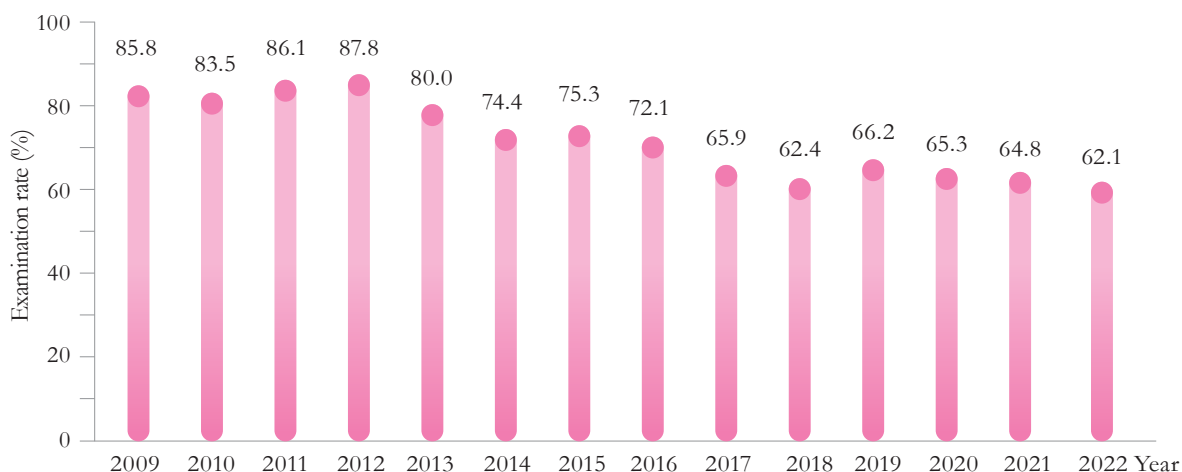
(4) Providing genetic testing service results of reproductive stage

1 Prenatal Thalassemia screening: In 2022, a total of 195 cases of fetal thalassemia gene were identified, including 41 cases of severe thalassemia.

2 Prenatal genetic diagnosis and subsidies for high-risk pregnant women: in 2022, a total of 33,091 cases were subsidized. Among them, 29,459 cases involved pregnant women aged 34 and above, yielding an examination rate of about 62.1% (Figure 2-5). Abnormalities were found in 1,160 cases, accounting for 3.5% of the total individuals tested that year. Follow-ups, consultations and referrals to appropriate medical institutions were undertaken for diagnosis and treatment through healthcare facilities (institutes) and public health systems. The tracking rate for cases with abnormalities reached 99%.

3 Provision of genetic diseases testing and consultation related to fertility: In 2022, a total of 9,003 cases were examined, which resulted in 510 cases with chromosomal abnormalities, 609 cases carrying thalassemia traits, and 2,121 cases with other abnormalities.

4 Qualification reviews conducted for designated testing institutions in genetic and rare diseases: This is to ensure the quality of genetic counseling, diagnosis, treatment, and testing. In 2022, a total of 27 clinical cytogenetic testing institutions, 15 genetic testing institutions, and 14 genetic counseling centers were approved through the review process.



Source: Subsidy information of pregnant women receiving prenatal genetic diagnosis and number of prenatal examinations.

Figure 2-5 Percentage of pregnant woman aged 34 and above receiving prenatal genetic diagnosis subsidies.

(5) Providing pregnant women healthcare counseling

Based on the concept of comprehensive health care, we provide prenatal and postnatal care for pregnant women and their families through our national free hotline (0800-870-870) for pregnant women, our cloud pregnancy APP and our pregnancy care website (<https://mammy.hpa.gov.tw>). This care session consists of providing health information in response to queries about parent-children health, breastfeeding, pregnancy nutrition and weight management, infant health promotion, physical and mental adjustment, emotional stress, and necessary referrals for health counseling, care and support services. In 2022, there were 18,011 calls through the enquiry hotline, and the website received 2,793,629 hits.

(6) Developing program for follow-up care of pregnant women and infants in high-risk groups

Since 2017, HPA has collaborated with local health bureaus to implement a program for providing follow-up care to pregnant women and infants in high-risk groups. In 2022, HPA subsidizes 22 county and city health departments to partner with 199 prenatal check centers, midwives' associations, midwife clinics, and health clinics. Furthermore, comprehensive follow-up care and referral services are provided to high-risk pregnant women, spanning from pregnancy through 6 weeks postpartum or 6 months after delivery.

(7) Enhancing pregnancy health literacy

To call on pregnant women to attach importance to prenatal checks, recognize signs of premature birth, avoid high-risk gestation and attach importance to nutrition during pregnancy, health information is provided and related health materials are produced for different stages of pregnancy, enhancing pregnant women's health literacy through promotion via various channels to protect mothers and babies.

(8) Producing Maternal Health Handbook and Health Education Handbook

The Maternal Health Handbook and Health Education Handbook help pregnant women record prenatal check results as well as providing pregnancy health information and health education information. Furthermore, to facilitate frequency and scope of prenatal examinations, updated versions of the Maternal Health Handbook and Health Education Handbook were issued in January 2022. Fourteen forms related to prenatal examination were revised, and the prenatal examination record form was updated to include medical institution and midwifery clinic test codes, along with added fields for recording ultrasound examinations, hemoglobin testing, gestational diabetes screening, and prenatal Group B streptococcus screening. These improvements streamline the accessibility and documentation of information for healthcare professionals.

(9) Compiling Dad's Pregnancy and Parenting Health Handbook

To assist expectant fathers in mastering pregnancy, childbirth and parenting skills, while fostering mutual support with their partners through the physiological and psychological changes of pregnancy, the HPA has taken inspiration from international practices. Through consultation with experts across different fields through the focused forum for expectant mothers and fathers, the HPA has compiled the "Dad's Pregnancy and Parenting Health Handbook". Its content covers prenatal education (partner relationship, birth preparation, pain management strategies), postnatal care, newborn nurturing, and parenting readiness (accompanying partner's checkups and paternity leave, childcare allowance and childcare subsidy, gender equality). A promoting press conference was held on August 4th, 2022 and an electronic version was uploaded on the Health 99+ Education Resource Website.

2. Complete childbirth health management laws and regulations

(1) Completing assisted reproduction regulations and institutions

Taiwan has introduced a series of laws aiming to ensure the appropriate development and use of assisted reproductive technologies, and to protect the rights of infertile couples, sperm and oocyte donors, and children conceived through assisted reproduction. The Assisted Reproduction Act was promulgated and implemented in 2007, which was followed by the Regulations for Inquiring Kinship Information of Concern to the Children Born through Assisted Reproduction, Regulations for Assisted Reproduction Institution Permits, Regulations for Verification on Kinship between the Sperm/Oocyte Donors and the Recipients, Regulations for Assisted Reproduction Information Notification and Administration, and the Notice of Maximum Payment Limits of a Donor's Expenses by the Recipient Couple. By the end of 2022, a total of 98 institutions had been approved as assisted reproduction institutions.

(2) Reviewing the draft amendment to Genetic Health Act (name changed to Reproductive Health Act)

Since 2006, the draft amendment to Genetic Health Act has been submitted to the Legislative Yuan for review on three occasions, but was sent back to the administrative organ for further discussion in 2008, 2012 and 2016, respectively, due to failure to complete review by the end of the session. In response to ever-changing technology and changes in the social environment and family structure, to match the spirit of the CEDAW and CRPD, this amendment is also in line with the decision at the National Conference on Judicial Reform in 2017: "regulations relating to the right to decide to have an abortion by minors and women with spouses should be suitably introduced into the judicial or administrative dispute resolution mechanism." Taking into account the aforementioned conventions and decision, the HPA drew up the draft amendment to the Genetic Health Act and changed the name to the Reproductive Health Act. After finalizing the draft preview process in 2022, the HPA will continue to examine and discuss inputs from diverse sectors, aiming to facilitate the subsequent legislative amendments.

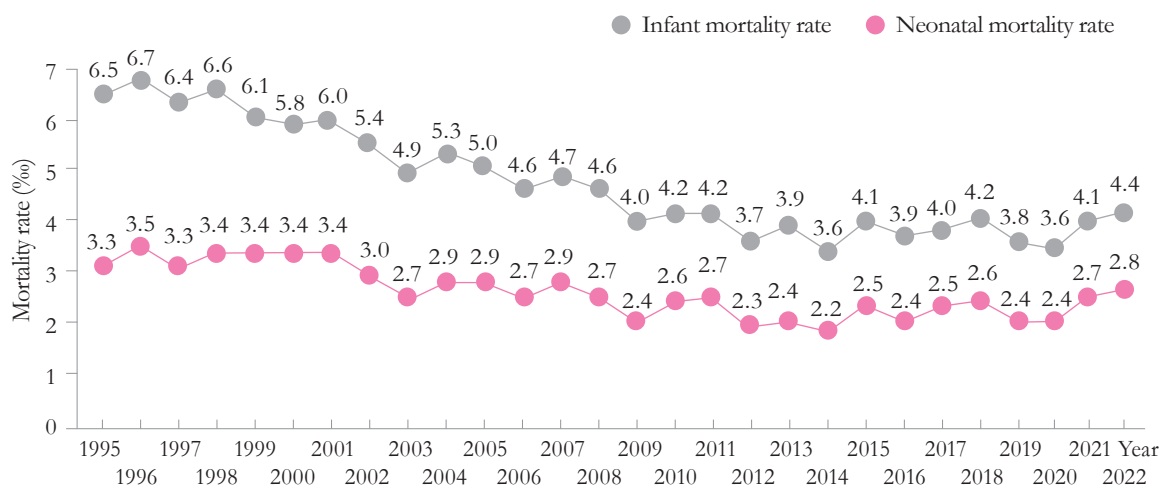
Infant and Child Health

Birth and Death



Status Quo

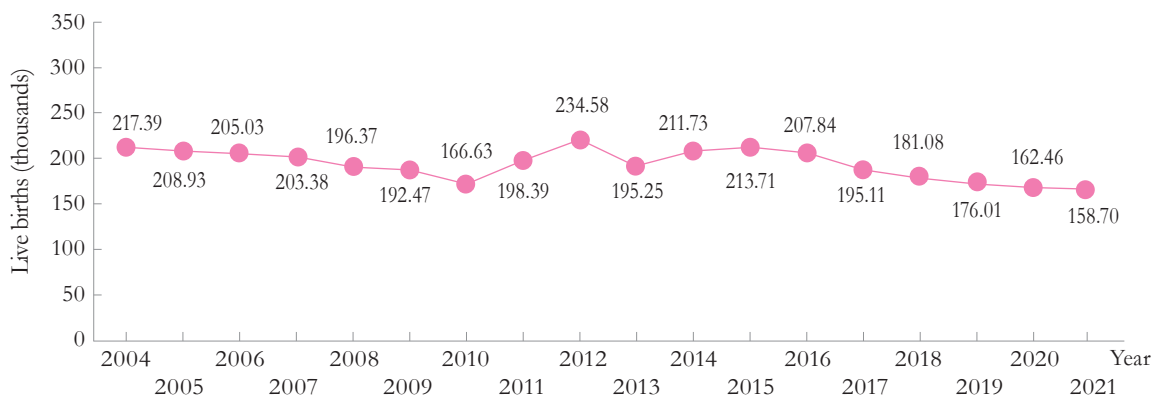
The infant mortality rate is one of the key indicators of a country's child health status. Taiwan's neonatal mortality rate was 2.8‰ and infant mortality rate was 4.4‰ in 2022 (Figure 2-6). Compared with the 38 OECD member countries, Taiwan's neonatal mortality rate ranks 27th, and infant mortality rate ranks 30th in 2022.



Source: 2022 Causes of Death Statistics, MOHW

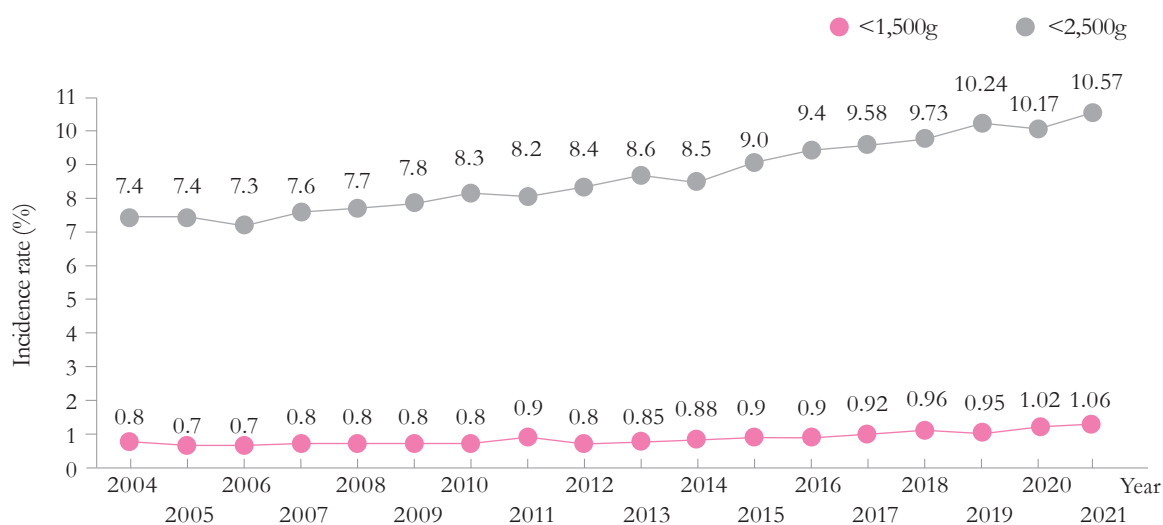
Figure 2-6 Neonatal and infant mortality rates in recent years

According to HPA's birth reporting system, in 2021, there were a total of 158,702 live births reported in Taiwan (Figure 2-7). Among these, 10.57% of live births have low birth weight (less than 2,500 grams) and 1.06% of live births have very low birth weight (less than 1,500 grams) (Figure 2-8).



Source: HPA Statistics of Births Reporting System

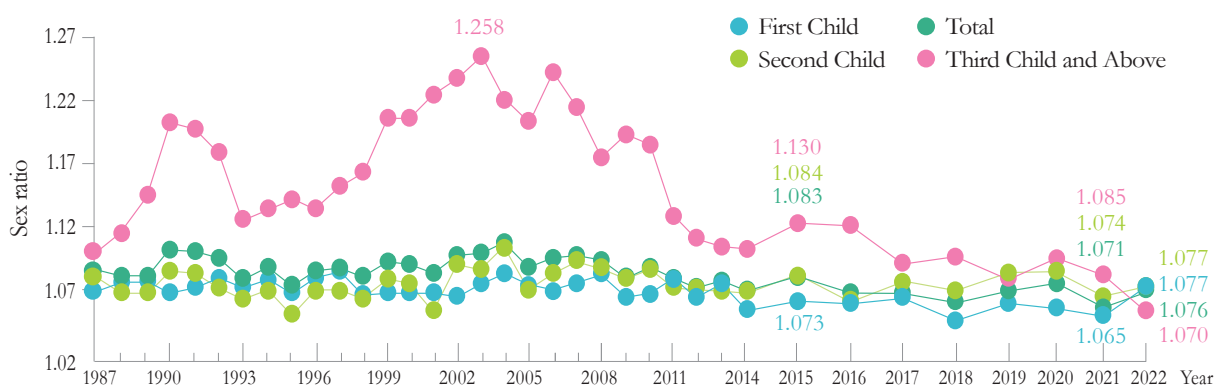
Figure 2-7 Live births reported in recent years



Source: HPA Statistics of Births Reporting System

Figure 2-8 Annual incidence rate of low birth weight and very low birth weight infants

Under natural conditions, sex ratio at birth (male: female) is approximately 1.04 to 1.06. Taiwan's sex ratio at birth decreased from 1.083 in 2015 to 1.076 in 2022. The sex ratio for a third child and above was also changed from 2015 of 1.130 to 1.070 in 2022 (Figure 2-9).



Source: HPA Statistics of Births Reporting System

Figure 2-9 Sex ratio (males to females) of live births by order of birth



Target Indicators

1. Screening rate of congenital metabolic disorders for newborns was more than 99% in 2022.
2. The utilization rate of children's preventive health care services was above 80% in 2022.

Policy Implementation and Results

Policy planning must take into account the characteristics of different groups and integrate resources to build a complete health service system and construct a healthy and safe supportive environment. To build a friendly environment for infant and child growth, the following health service strategies have been promoted (Figure 2-10):

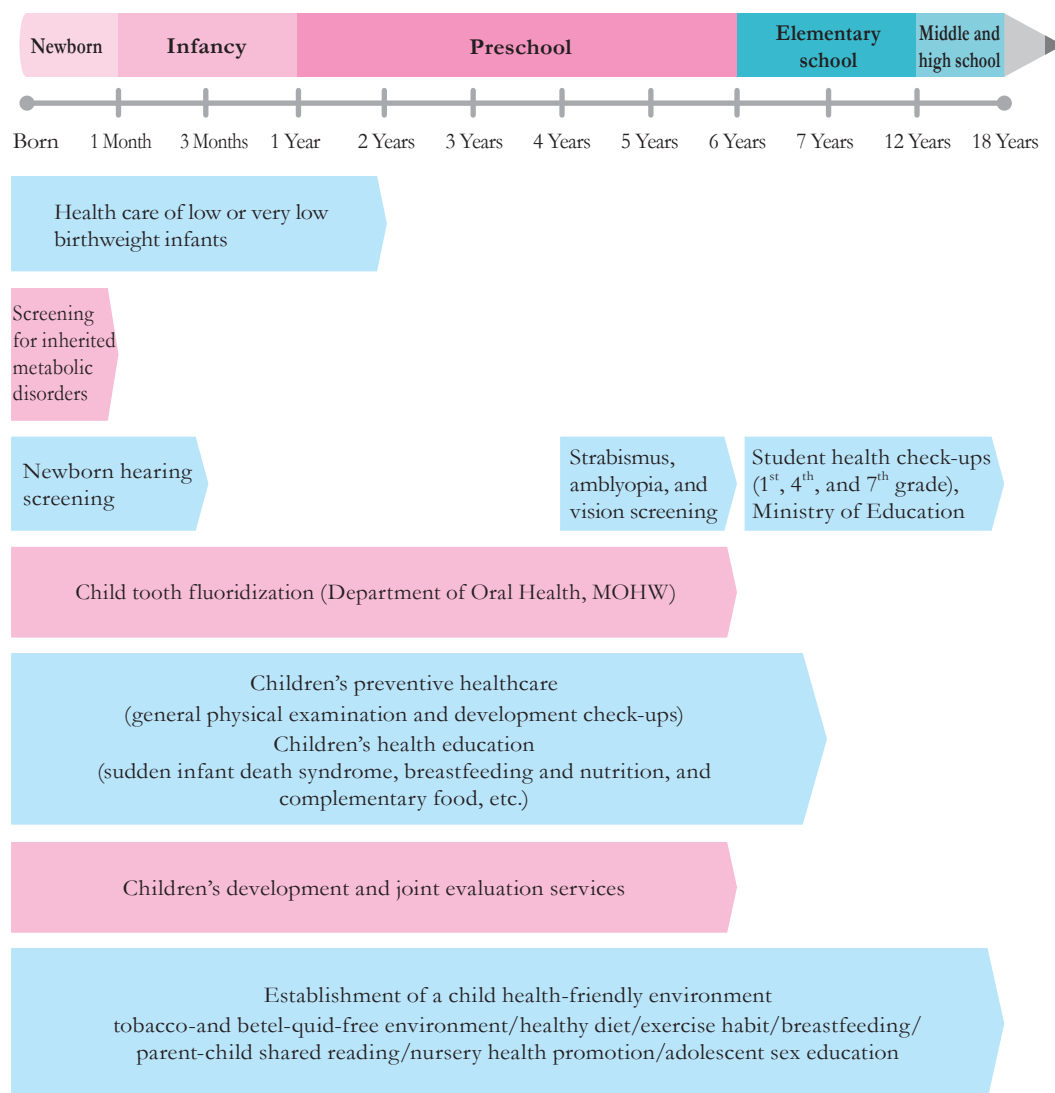


Figure 2-10 Infant and child health policies

1. Implementing the Birth Reporting System

Birth reporting has been fully implemented to give health and household registration units at all levels a clear grasp of demographic statistics and data pertaining to neonates in high-risk groups. A total of 160,706 births were reported in 2021. Live births and still births amounted to 158,702 (98.75%) and 2,004 (1.25%), respectively.

2. Providing preventative health and care services to infants and children

(1) Providing healthcare for infants with low and very low birth weight

- A. To alleviate parental anxiety and apprehension concerning the care of premature infants upon their discharge from the hospital and to establish a seamless transition between medical care and home care for early detection of developmental issues and early intervention, the HPA launches the “Home Care Program for Infants with Low (Including very Low) Birth Weight,” in accordance with Articles 7 and 23 of the protection of Children and Youths Welfare and Rights Act, which has been incorporated into the “Program for Excellence in Child Health Care” of the Ministry of Health and Welfare. The program accommodates infants with very low birth weight ($\leq 1,500\text{g}$) and low birth weight infants ($1,500\text{g} - 2,500\text{g}$) with special health conditions such as comorbidities or reliance on medical devices. The program encompasses home visits, virtual visits, telephone calls/in-person meetings, and dedicated counseling lines.
- B. Starting from April 2022, the program was expanded nationwide and by the end of 2022, a total of 65 hospitals had joined:
1. Case enrollment: 822 infants with very low birth weights ($\leq 1,500\text{g}$) enrolled (enrollment rate 97.9%, 840 infants discharged after meeting requirement); 296 infants with low birth weights ($1,500\text{g} - 2,500\text{g}$) enrolled (acceptance rate 99%, 299 infants discharged after meeting requirement).
 2. Service provision: 359 home visits, 910 virtual visits, and 4,872 telephone calls.

(2) Providing screening services for newborns

Alongside a screening rate of over 99% in recent years, we further provide treatments and genetic counseling for newborns who have been diagnosed with Newborn Congenital Metabolic Disorders. This helps to lessen the impact of disorders. In 2022, a total of 137,137 newborns underwent screening, with a total screening rate of 99.4%. A total of 3,162 cases were found to have abnormalities. The conditions and diseases along with prevalence ratios and abnormality numbers are shown below in Table 2-1.

(3) Providing new born hearing screening services

Hearing screening has been provided to newborns with ROC nationality since March, 2012, with a subsidy of NT\$700 provided for each case. In 2022, a total of 137,204 new borns were screened with a screening rate of 98.7%, and 768 newborns were diagnosed as being hearing impaired.

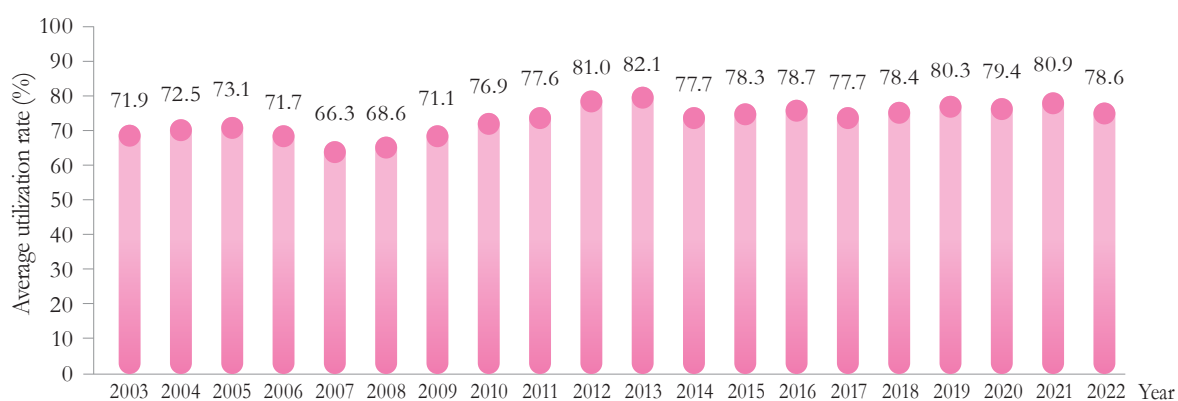
(4) Providing Children's preventive healthcare services

Seven scheduled children's preventive healthcare services are provided to children under the age of 7 by pediatricians or family physicians in designated clinics and hospitals, with the goal of offering continuous health management services to facilitate early detection and treatment of abnormalities. Approximately 871,000 children were served in 2022, with an average 7-time utilization rate of 78.6% (Figure 2-11).

Table 2-1 Abnormalities detected amongst newborns in 2022

Screening Items	Prevalence ratio	Number of abnormalities
Glucose-6-Phosphate dehydrogenase deficiency (G-6-PD)	1:49	2,774
Congenital hypothyroidism (CHT)	1:406	338
Congenital adrenal hyperplasia (CAH)	1:19,591	7
Phenylketonuria (PKU)	1:45,712	3
Homocystinuria (HCU)	0	0
Isovaleric acidemia (IVA)	0	0
Maple syrup urine disease (MSUD)	0	0
Galactosemia (GAL)	1:45,712	3
Methylmalonic acidemia (MMA)	1:34,284	4
Type 1 glutaric acidemia (GA 1)	1:34,284	4
Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)	0	0
Citrullinemia Type I (CIT I)	1:19,591	7
Citrullinemia Type II (CIT II)	1:17,142	8
3-Hydroxy-3-Methyl-Glutaric Acidemia (HMG)	1:68,568	2
Holocarboxylase Synthetase Deficiency (HCSH)	1:68,568	2
Propionic acidemia (PA)	0	0
Primary Carnitine Deficiency (PCD)	1:19,591	7
Carnitine palmitoyl transferase deficiency Type I (CPT I)	1:68,568	2
Carnitine palmitoyl transferase deficiency Type II (CPT II)	1:137,137	1
Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)	0	0
Glutaric acidemia type II (GAII)	0	0
Total		3,162

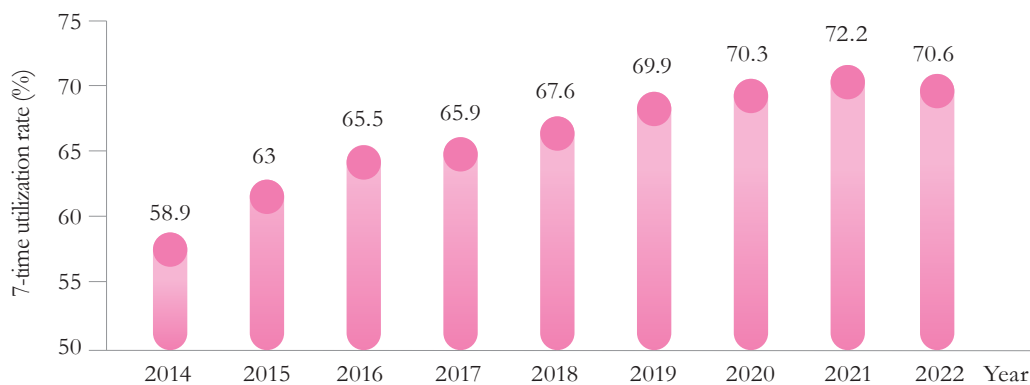
Note: A total of 137,137 newborns were screened in 2022.



Source: Children Preventive Health Insurance Declaration, number of children under the age of 7 from the Ministry of the Interior

Figure 2-11 Average utilization rate of children's preventive healthcare services

The “Children’s Health Education Service Subsidy Program” was launched in 2013. In November 2014, Children’s health education services was expanded for children under the age of 7 to seven times. Physicians provide one-on-one health education guidance for primary caregivers of children. In 2022, approximately 781,499 individuals were served, with an average 7-time utilization rate of 70.6% (Figure 2-12).



Source: Children’s health education insurance declaration, number of children under the age of 7 from the Ministry of the Interior

Figure 2-12 Average utilization rate of children’s health education guidance

(5) Subsidizing locally established children’s development and joint evaluation centers

Accessible and integrated child development joint assessment is provided to children with suspected delayed development to allow follow-up treatment opportunities to be grasped early on. In 2022, hospitals were guided to establish 52 child development joint assessment centers.

3. Establishing friendly growth environment for infants and children

(1) Creating a friendly environment to increase the breastfeeding rate

Mothers’ breast milk is the best nutritional source. In order to support mothers’ breastfeeding, HPA implements a baby-friendly hospital accreditation system as a way of fostering positive change at hospitals, so as to eliminate hospitals offering infant formula for free or at a lower price. This is done so that the act of breastfeeding can be normalized. The HPA has continued to reinforce cross-sectoral coordination to make workplaces as breastfeeding-friendly as possible. In 2022, a total of 165 medical institutions passed the accreditation, which covered 74.2% of born babies in Taiwan.

(2) Implementing the Public Breastfeeding Act

The “Public Breastfeeding Act” was implemented in November 2010. In 2022, a total of 2,629 public places across Taiwan were equipped with breastfeeding rooms, and 1,324 public places had voluntarily established facilities in accordance with these new regulations.

(3) Publishing new versions of Children Health Handbook and Children Health Education Handbook

In order to reinforce children's healthcare, in 1995, we started to provide children's preventive healthcare services, and at the same time published the first-generation Children Health Handbook, which can be closer to the using habits for parents and caregivers, and help medical staff to easily evaluate and grasp the children's growth and development conditions. In 2020, HPA updated the contents of Children's Health Handbook and Children's Health Education Handbook. In addition to renewed contents and information, there are also three highlight points: Warnings added in children development screening items to remind parents and doctors for early detection, children aged 3-4 years old visual checkup reminder and Snellen visual chart added for children to learn, text simplification with enlarged fonts, and new graphic design.

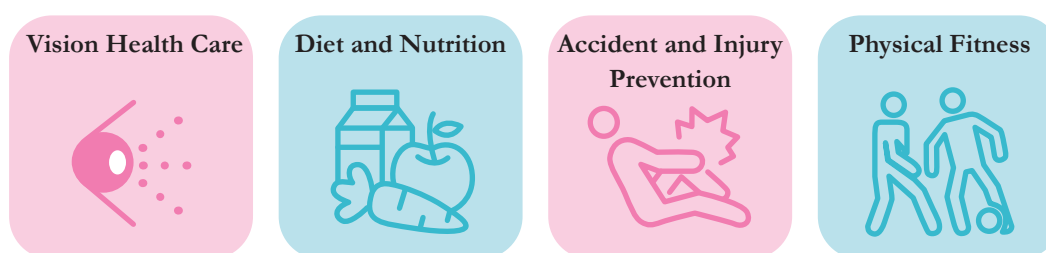
(4) Advocating parent-child shared reading, in order to improve interaction

In 2017, we started to advocate parent-child shared reading. The main objective of parent-child shared reading is the healthy development of infants and children. We work together with pediatricians, baby-friendly institutions and postpartum nursing care centers to promote, and publish materials suitable for parent-child shared reading to improve awareness. We also provide health educational tools for medical staff in order to increase parent-child interactions. This is helpful for brain's growth, language development, and comprehensive abilities, thus promoting healthy development of children.

(5) Launching Kindergarten Health Promotion Programs

In order for early intervention of children health promotion measures, in 2018 HPA actively launched health promoting kindergarten pilot program. The focuses were on the kindergarten health policy, children's health skills and behaviors, and parents' communication and community resources, integrated with the 4 major health topics (visual healthcare, accident injury prevention, diet and nutrition, and physical fitness). We encouraged the health promotion project to be integrated with daily courses and events (Figure 2-13). The program expanded from 10 counties and cities in 2021 to 16 in 2022, involving 98 participating kindergartens. Furthermore, central and local teachers and caregivers were also provided with appropriate training.

Kindergarten Health Promotion Toolkit



The "Kindergarten Health Promotion Toolkit" offers kindergarten teachers, children, and parents with accurate concepts, lesson plans, and practical approaches related to: vision health care, diet and nutrition, accident and injury prevention, and physical fitness.

Figure 2-13 Kindergarten Health Promotion Toolkit

(6) Establishing a network for pre-school vision screening and strengthening myopia prevention and treatment

According to the 2017 Children and Adolescent Vision Monitoring Surveys (Table 2-2), the prevalence of myopia among first-grade elementary students was 19.8% and 70.6% in the sixth-grade students, indicating a significant issue of myopia among schoolchildren.

Table 2-2 Percentage of Taiwanese students aged 6-18 with myopia

Grade	Year	1986 (%)	1990 (%)	1995 (%)	2000 (%)	2006 (%)	2010 (%)		2017 (%)
							$\leq -0.25D$	$\leq -0.50D$	
Grade 1		3.0	6.5	12.8	20.4	19.6	21.5	17.9	19.8
Grade 6		27.5	35.2	55.8	60.6	61.8	65.9	62.0	70.6
Grade 9		61.6	74.0	76.4	80.7	77.1	-	-	89.3
Grade 12		76.3	75.2	84.1	84.2	85.1	-	-	87.2

Source:

1. HPA-commissioned epidemiological survey on refractive errors amongst children and teenagers aged 6-18, conducted every five years. From 1986-2006 myopia prevalence was defined as $\leq -0.25D$.
2. HPA-commissioned epidemiological survey on children and adolescent vision surveys in 2017. Myopia prevalence in 2017 was defined as $\leq -0.5D$.



The HPA offers screening services to preschool children aged 4-5 years for myopia, strabismus, and amblyopia. Referrals and follow-up management are provided when warranted. In 2022, screening was conducted for 358,157 individuals, yielding a screening rate of 97.84% and the referral rate for abnormal cases reached 95.37%. In addition, the HPA cooperated with the Ministry of Education (MOE) in implementing a vision health program intended for both preschool and school children. Thus, establishing a comprehensive service network in cooperation with ophthalmology associations, local communities, and local public health bureaus, along with health promotion campaigns, health education, screening, and referrals in pursuit of achieving a comprehensive vision health care for preschool children. Furthermore, in 2022 “Children’s Myopia Prevention and Resource Guide” was collaboratively created by professional ophthalmologists and parenting experts. This guide contains materials such as a children’s vision health handbook, an animation quick guide, a promotional video, and a pamphlet. The guide introduces the concept of myopia prevention and assists parents and children in avoiding the detrimental behaviors that impact their eyesight on daily basis, while also presenting 6 eye care tips and other relevant information (Figures 2-14).



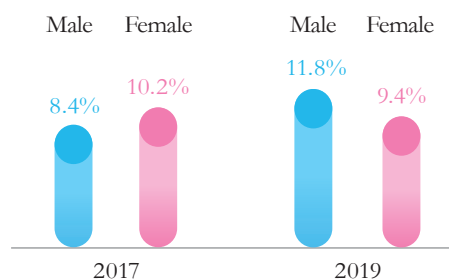
Figure 2-14 Content of “Children’s Myopia Prevention and Treatment Handbook”

Adolescent Health

Adolescent Sexual Health

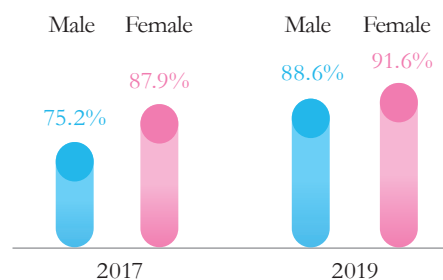
Status Quo

A survey of the health behavior of adolescents reveals that, in 2019, the rate of 15 to 17 years old male adolescent sexual behavior had slightly increased but decreased in female adolescents. Observation of the most recent sexual behavior with contraception rate in 2019 shows that the rates for both sexes had also slightly increased comparing to these in 2017 (Figure 2-15, 2-16).



Source: 2020 Statistics of Health Promotion

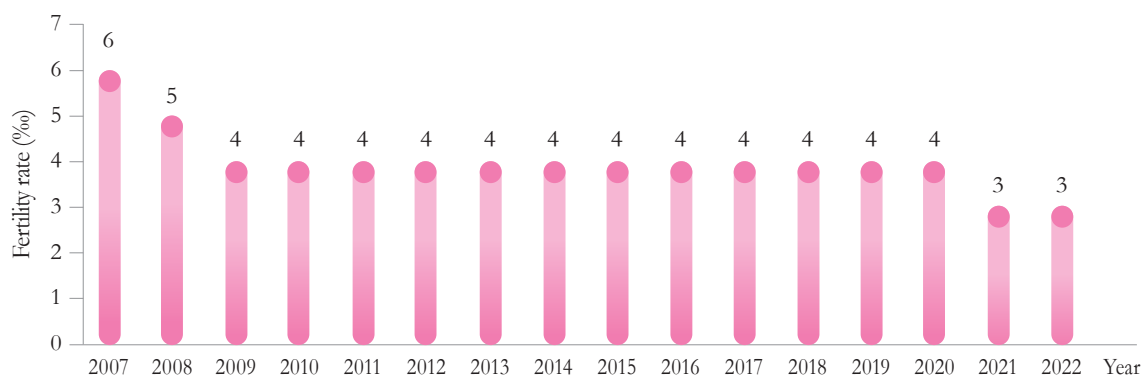
Figure 2-15 Age 15-17 Adolescent Sexual Behavior Rate



Source: 2020 Statistics of Health Promotion

Figure 2-16 Age 15-17 Adolescent Most Recent Sexual Behavior with Contraception Rate

According to Ministry of the Interior population statistics in 2022, the reproduction rate of females aged 15-19 in Taiwan was 3‰, down from the 6‰ of 2007 (Figure 2-17). The adolescent reproduction rate in Taiwan was lower than other countries including the US (16.7‰, 2019), UK (11.86‰, 2018), Australia (8.7‰, 2019), France (7.5‰, 2019), Italy (3.68‰, 2019), and Japan (3.1‰, 2018), but higher than South Korea (0.9‰, 2018). (2020 WHO World Health Statistics)



Source: Ministry of the Interior statistics

Figure 2-17 Teenage pregnancy rate among 15-19 year old girls in Taiwan from 2007-2022



Target Indicators

Maintain or reduce the adolescent fertility rate amongst girls aged 15-19 to less than 4‰ in 2022.



Policy Implementation and Results

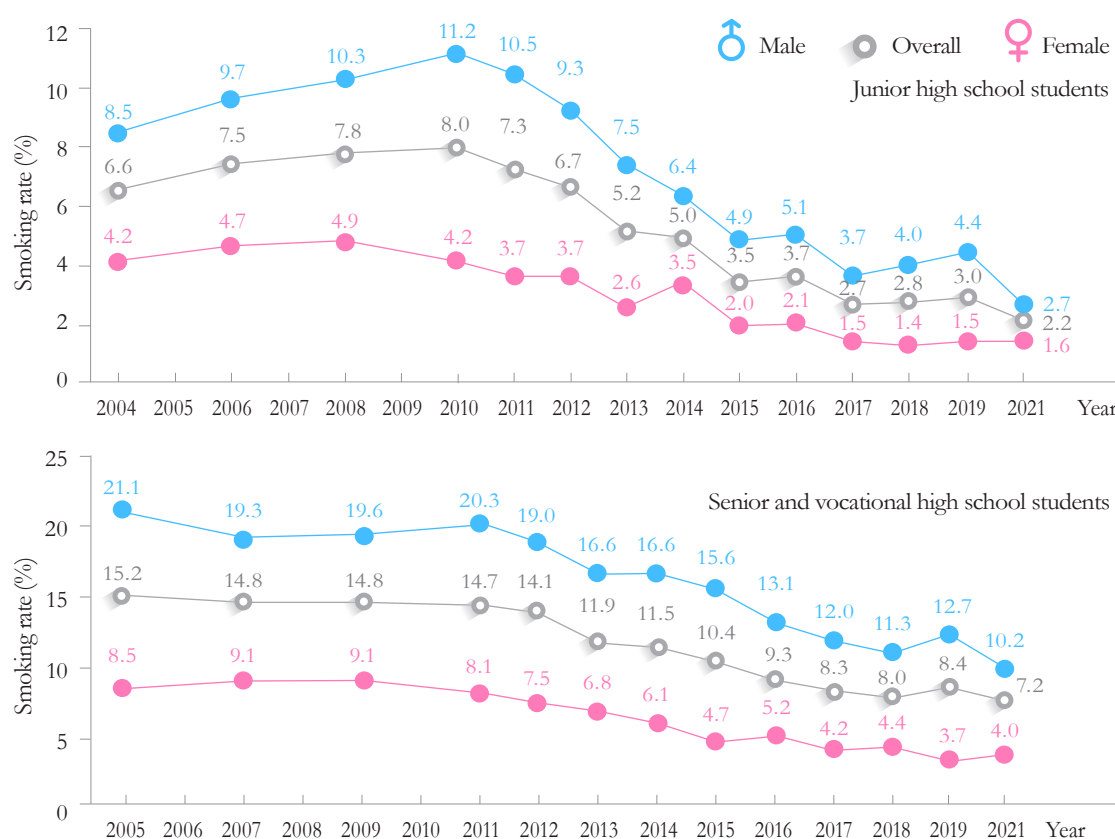
1. The Health 99+ Education Resource Website has a special section that provides health education information and articles on adolescent sexual health, preventive health, contraception and other topics for health education. Additionally, in 2022, relevant health education materials were compiled under the themes of “Sexual Health Education for Individuals with Disabilities”, “Adolescent Menstrual Health” and “Parent-Child Sexual Communication”. These materials were placed on the website for adolescents, parents and teachers to access.
2. Pilot implementation of certification of adolescent-friendly medical institutions and empowerment of medical personnel are planned.

To enhance the quality health care services for adolescents and expand the provision of adolescent-friendly services in medical institutions, with the aim of improving accessibility to adolescent-friendly medical care, the certification of 9 hospitals and 3 clinics was completed in 2022. A total of 26 healthcare institutions have been certified (8 medical centers, 11 regional hospitals, 1 district hospital, and 6 clinics).

Adolescent Tobacco Control

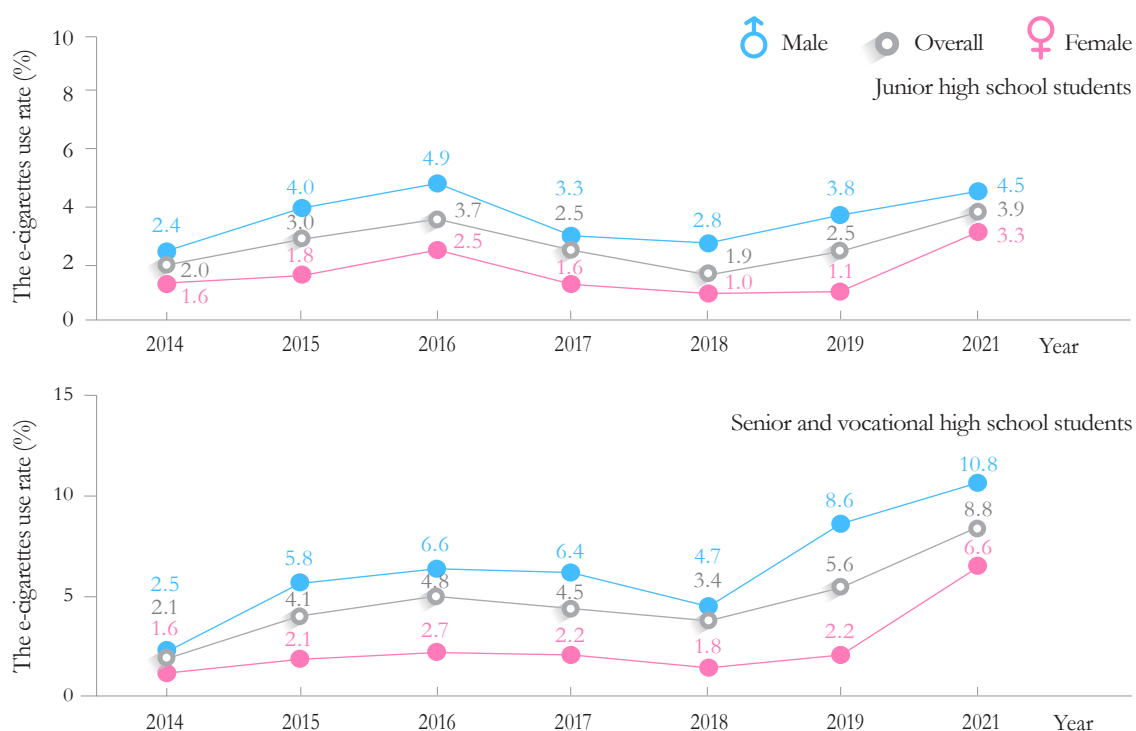
Status Quo

In 2021, the smoking rates for junior high school and senior and vocational high school students were 2.2% and 7.2%. Compared to 3.0% and 8.4% in 2019, there were slight decreases (Figure 2-18). The second-hand smoke exposure rates for junior high school and senior and vocational high school students on campus in the last month were 11.9% and 20.3%, with slight decreases compared to 13.5% and 22.3% in 2019. Overall, the smoking rates for junior high school and senior and vocational high school students are gradually coming under control, but the e-cigarettes use rates for junior high school and senior and vocational high school students rose from 1.9% and 3.4% in 2018 to 3.9% and 8.8% in 2021, rapidly doubled in 3 years (Figure 2-19). (For other indicative statistics of Global Youth Tobacco Survey, please refer to the HPA's Statistics of Health Promotion.) In addition, the Youth Smoking Behavior Survey has been adjusted to be conducted once every two years starting from 2019, and no data was available for 2022, as it is not a survey year).



Source: HPA Global Youth Tobacco Survey (GYTS). In 2019, the annual surveys were changed to biennial surveys. As surveys are carried out in odd Western years, there is no data for non-survey year.

Figure 2-18 Smoking rate in adolescents



Source: HPA Global Youth Tobacco Survey (GYTS) over the years. In 2019, the annual surveys were changed to biennial surveys. As surveys are carried out in odd Western years. There is no data for non-survey year. Since 2014, the subject of e-cigarettes has been included in the survey.

Figure 2-19 E-cigarettes use rate in adolescent



Policy Implementation and Results

In order to prevent children and adolescent from getting in touch with any tobacco products, HPA referred to the 7 effective strategies in the 2012 Surgeon General Report and continued to promote strategies and measures of children and adolescent tobacco prevention and control. Important achievements are as follows:

1. Raising the price of tobacco products

Raising the price of tobacco products is one of the most cost-effective strategies for tobacco prevention and control, especially for adolescents. HPA continues to follow Article 4 of Tobacco Hazards Prevention Act to review the Tobacco Health and Welfare Surcharge every two years.

2. Conducting anti-tobacco advocacy though multi-media

In 2022, e-cigarette hazards prevention, tobacco-free environment and smoking cessation were the focuses of advocacy. In response to the popularity of the Internet and social media by adolescents, “e-cigarette prevention message theme” was established on Yahoo and continued to develop as one page diagrams for easy veiwing or promotional videos, to increase information exposure through various media channels such as TV, broadcast, newspapers, magazines, Internet and social media sites. The public was helped to dispel myths and develop a proper awareness of tobacco hazards and e-cigarettes hazards.

3. Prohibiting tobacco advertisements

According to Article 9 of the Tobacco Hazards Prevention Act, we reinforced inspection and punishment to prohibit tobacco product ads, sales, and sponsorships. Besides, we monitored smoking images in television and movies and worked with the NCC to urge business owners to reinforce warnings. We also monitor illegal ads and sales of electronic cigarettes on the Internet, and then we provide the violation list to the Internet content protection organization iWIN to put them on the blacklist to effectively prevent adolescents from receiving inappropriate information.

4. Keeping tobacco products away from adolescents

We worked together with local health bureaus, NGOs, and community volunteers to monitor and prohibit business owners surrounding schools from selling tobacco products to adolescents. Under Article 12 of the Tobacco Hazards Prevention Act, people under 18 must not smoke. A total of 1,431 cases were fined, with 1,273 completing tobacco cessation education in 2022. We actively promote the revision of Tobacco Hazards Prevention Act to raise the legal age for smoking from 18 to 20. To expand non-smoking places, including colleges and universities, kindergartens, childcare centers, and home-based childcare service venues. To prohibit products and the manufacturing, import, sales, supply, exhibition, advertisement, and use of flavored tobacco products and electronic cigarettes to reinforce the basis for regulations of tobacco products and electronic cigarettes.

5. Establishing tobacco-free environments in public and workplaces

Through local governments, we continue to conduct school educational promotion to create a tobacco-free campus environment. According to Article 18, Paragraph 1, and Subparagraph 13 of the Tobacco Hazards Prevention Act, the local governments should designate and announce the surroundings of high schools (including school entrances, parent pick-up areas, sidewalks, etc.) to be tobacco-free locations and mark the specific areas. Furthermore, we continue to announce and promote the number of tobacco-free environment venues (e.g., convenience stores, coffee shop front areas, sidewalks around schools, school entrances, bus stops, etc.)

6. Combining community resources to promote tobacco-free families

The “Tobacco-free Home 3D Gamebook,” issued by HPA, was revised and produced with a teaching video. They were sent to over 6,000 nursery schools and local government health bureaus in 2020 to support the advocacy of tobacco-free family to ensure that children stay away from the tobacco hazards. In 2021, tobacco-free family teaching materials and coloring cards were provided for downloading by nursery schools. Through child language or video media experience, tobacco hazards prevention was merged into early childhood education resources and teachers were encouraged to use the resources to let tobacco hazards prevention work take root downward. In June 2022, an e-cigarette prevention teaching package for junior high school teachers was published. In addition to being available on the Health 99+ Education Resource website, the Ministry of Education is also promoting its use in schools and local government health bureaus.

7. Promoting school courses for tobacco prevention on campus

The HPA and the Ministry of Education cooperated in listing tobacco products and e-cigarettes prevention as mandatory issues for health promoting school plans. The Campus Tobacco Hazards Prevention Implementation Plan was revised on August 31st, 2021, to include e-cigarettes and heated tobacco products to be regulated in campus and prohibited school staff, teachers and students from carrying and using them. In addition, literacy in prevention of the tobacco hazards and e-cigarettes hazards is integrated into the curriculum, increasing teacher's professional competences and providing counselling and referrals to enhance the tobacco hazards prevention work. In addition, in cooperation with the K-12 Education Administration, Ministry of Education, HPA commissioned a project in 2021 to collect and catalog effective domestic and international programs, initiatives, and promotional materials targeting e-cigarettes prevention among middle school students. These resources were integrated into a competency driven model to create educational material specifically addressing e-cigarettes for middle school students. In 2022, the HPA initiated a project to develop teaching materials on tobacco prevention (including e-cigarettes) for elementary school students. This aims to increase health literacy in tobacco prevention among elementary school students and to provide teaching resources that can be used by elementary school teachers.



3

Healthy Living

Elegant daily tempo

Prevention and Control of Tobacco Hazards	36
Prevention and Control of Betel Quid Hazards	46
Physical Activity Promotion	49
National Nutrition	51
Obesity Prevention	53
Accident and Injury Prevention	55





12.8%

In 2022, the smoking rate of the population over the age of 18 is less than 12.8%.



43.1%

The rate of betel nut usage among adult males over the age of 18 dropped by 43.1% between 2012 and 2018.



34.0%

The proportion of the population who performs regular exercise has increased to 34.0%.



In 2022, the daily vegetable intake for adults is 3 servings, and the prevalence rate has reached 17.0%. As for those who consumed 2 servings of fruit, the prevalence rate reached 16.5%.



We are committed to the WHO voluntary global NCD target of halting the rise in obesity by 2025.



According to a report issued in 2012 by the World Health Organization (WHO), the four major non-communicable diseases (cancers, diabetes, cardiovascular diseases, and chronic respiratory diseases) now account for approximately 68% of deaths worldwide. In Taiwan that figure is nearly 80%. Smoking, lack of exercise, unhealthy diet and excessive alcohol consumption are the 4 major common risk factors behind the occurrence of non-communicable diseases. The International Agency for Research on Cancer (IARC) has listed betel quids as a Group 1 carcinogenic agent for humans.

HPA actively advocates for health promotion, health education and the dissemination of health-related information. We have also sought to work with civil society to create a healthier environment.

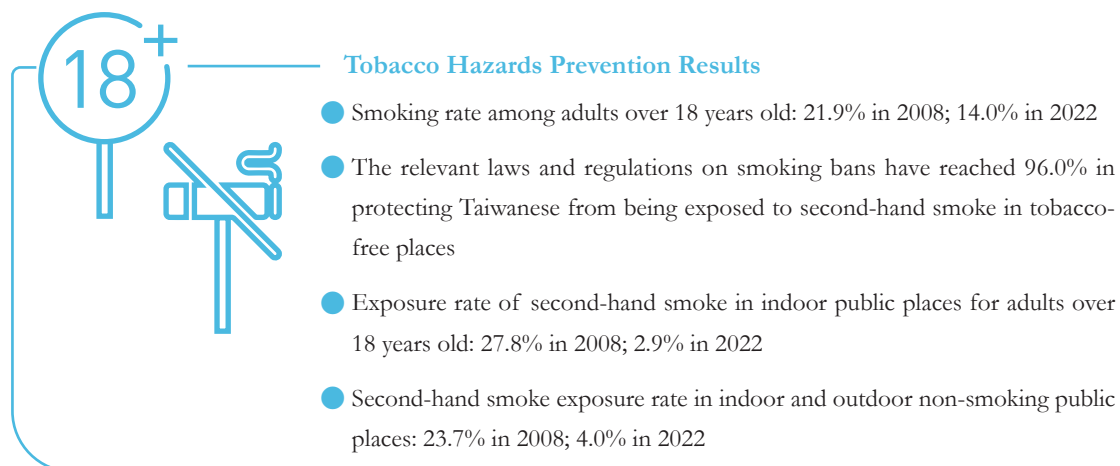
Prevention and Control of Tobacco Hazards

The WHO states that smoking cigarettes can lead to cardiovascular and respiratory diseases and more than 20 types of cancer. Each year it causes more than 8 million deaths worldwide. In addition, contact with second and third-hand smoke will also increase the risks of cancer and heart diseases.



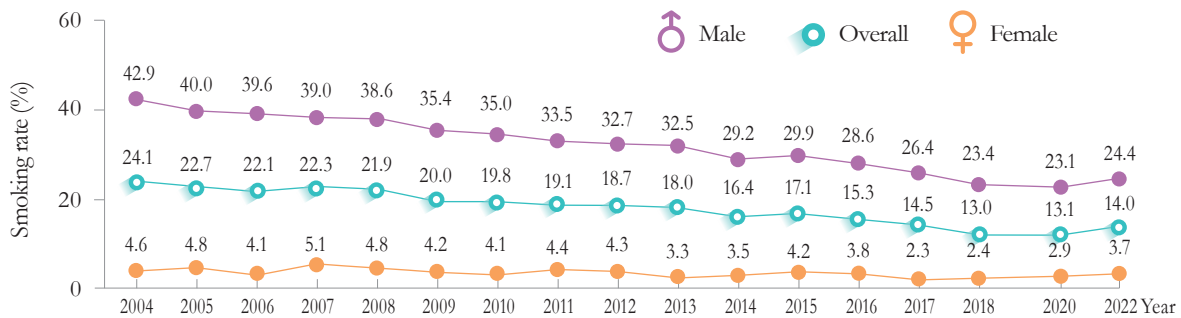
Status Quo

Since the new provisions set forth in the Tobacco Hazards Prevention Act took effect in 2009, HPA has achieved the following results in the field of tobacco hazards prevention through the promotion of various strategies.



The smoking rate of adults above the age of 18 dropped from 21.9% in 2008 to 14.0% in 2022 (Figure 3-1). Taiwan is making steady progress toward the target of a 30% relative reduction in tobacco use by 2025 set by WHO NCD. In addition, the second-hand smoke exposure rate of adults above the age of 18 in indoor public areas dropped significantly from 27.8% in 2008 to 2.9% in 2022 due to a gradual expansion of non-smoking areas. The second-hand smoke exposure rate of adults above the age of 18 in indoor and outdoor public non-smoking areas also decreased considerably from 23.7% in 2008 to 4.0% in 2022.

The smoking ban has a protective efficacy of 96% with regard to prevention of exposure to second-hand smoke in non-smoking areas. However, the electronic cigarette use rate for people over age 18 was 1.4% in 2022, which was an decrease from 1.7% in 2020. (Regarding other statistical indicators of Adult Smoking Behavior Survey for people over age 18, please refer to HPA's Statistics of Health Promotion.)



Source:

1. The HPA's annual Adult Smoking Behavior Survey (ASBS) targets adults over the age of 18, and was adapted in 2019 to a biennial survey, conducted only in even years.
2. Definition of "smoker: " a person who has smoked more than 100 cigarettes (five packs) in the past and has smoked in the past 30 days.

Figure 3-1 Smoking rate of adults above the age of 18 in Taiwan

The emergence of novel nicotine and tobacco products in recent years has become a major issue in tobacco hazards prevention and control. MOHW reviewed the revised draft of the Tobacco Hazards Prevention Act from May 29th to July 28th, 2020, and it was sent to the Executive Yuan for evaluation on October 20th. The key points include adding the definition of "imitation tobacco products," and a total ban on the manufacture, import, sell, supply, display, advertise and use of imitation tobacco products, such as electronic cigarettes. A health risk assessment review mechanism was introduced to strictly control heated tobacco products, and the legal age for using tobacco products was raised to 20. Flavored tobacco products were prohibited, and outdoor and indoor tobacco-free places were expanded. The area of warning labels has increased, and increased penalties. Taiwan's Executive Yuan held review meetings on November 16th and December 18th, 2020, and passed the review by the Executive Yuan's Council on January 13th, 2022. This review was submitted to the Legislative Yuan for deliberation on January 14th, 2022. After review by the Social Welfare and Environment Hygiene Committee on May 23th, 2022, a total of 11 resolutions were passed, and 36 were retained for negotiation by the party and caucus. Three consultations have been carried out by party and caucus on October 28th, 2022, December 16th, 2022, and December 29th, 2022. Meanwhile, the "tobacco-free workplace" has been continuously promoted, combining the power of enterprises, in an attempt to bring smoking cessation services into the workplace.



Target Indicators

In 2022, the smoking rate of the population over the age of 18 is less than 12.8%.



Policy Implementation and Results

1. Continued enforcement of the Tobacco Hazards Prevention Act

We continued inspection work, provided educational plans for tobacco hazards prevention for targeted groups, reinforced tobacco hazards prevention advocacy, and promoted local tobacco hazards prevention work.

(1) Proactive law enforcement, inspection and guidance

Health bureaus in all cities and counties are actively committed to the inspection, guidance, and enforcement of the law. In 2022, the total number of units inspected across the country are more than 470,000, with a total of more than 3.25 million inspections. A total of 5,638 disciplinary citations have been issued. The total annual fines amounted to NT\$21.946 million. Among them, a total of 17 cases violated Article 9 of the “Tobacco Hazards Prevention Act” prohibiting the promotion of tobacco products or advertising, and a total fine of NT\$1.82 million was imposed.

(2) Training activities held to enhance the professionalism of tobacco hazards prevention

By holding study camps, seminars, and training classes, and compiling guidelines on the enforcement of the law, the HPA has improved the quality of tobacco prevention professionals’ work. It also provides education and training for tobacco hazards prevention volunteers.

(3) Tobacco hazards complaints hotline – working together to protect all

The HPA provides a “Tobacco Hazards Complaints Hotline” on 0800-531-531 to deal with public inquiries and reports relating to the Tobacco Hazards Prevention Act. In 2022, there were 3,342 reporting calls received, with a total of 1,365 reporting cases. Among them, cases involving illegal activities were referred to the county and city health bureaus for investigation and handling.

2. Revised graphic health warnings on tobacco product containers

- (1) Printed designs on tobacco product containers are one of the methods for promoting tobacco products. Article 11 of WHO Framework Convention on Tobacco Control mandated that Parties shall display health warnings on tobacco products packages. These warnings shall cover at least 30% of the container area (50% or more is recommended). On January 11th, 2009, Taiwan implemented the 1st version of 8 graphic health warnings and cessation related information. The stipulated areas of warnings should not be covered less than 35% on the front and back of tobacco products packages. Afterwards, the 2nd version of 8 graphic health warnings were modified on June 1st, 2014. The 3rd version of the 8 graphic health warnings were revised on June 14th, 2019, and were officially implemented on July 1st, 2020 (Figure 3-2).



Figure 3-2 The 3rd version of graphic health warnings on tobacco product containers

- (2) In 2022, the health bureaus of counties and cities inspected a total of 199,353 related labels on tobacco product containers. A total of 104,727 inspections were conducted for signs and display in places where tobacco products were sold, and 11 violations were imposed, with a total fine of NT\$130,000.

3. Tobacco-free supportive environment to reduce the smoking rate and second-hand smoke exposure rate

(1) Promoting campus cooperation and establishing a tobacco-free campus

HPA and MOE worked together to promote the Campus Tobacco Hazards Prevention Plan to reinforce campus tobacco hazards prevention work. (For strategies regarding adolescent tobacco hazards prevention and control, please refer to Chapter 2). In 2021, HPA commissioned to collect effective tobacco hazards prevention programs in Taiwan and abroad. In line with the revised Tobacco Hazards Prevention Act, 8 models for campus tobacco hazards prevention were developed, and 9 outstanding universities were selected for subsidy. Each university received \$NT350,000 to conduct a pilot scheme of at least one model. The aim of the guidance mechanism is to work towards total campus smoking ban, and provide a reference for MOE in hopes of expanding more universities.

(2) Enforcing tobacco-free policy to enhance prevention work in the military

Over the years, HPA has subsidized Medical Affairs Bureau of the Ministry of National Defense to implement the “National Army Tobacco and Betel Nut Hazards Prevention Project,” working together to promote tobacco hazards prevention work in the armed forces. In 2022, the smoking rate of officers and soldiers in the National Army Volunteer Service is 16.15%, which is lower than the 16.18% in 2021.

(3) Promoting tobacco-free environments — protecting the public’s recreational health

In accordance with Paragraph 1, Article 16 of the Tobacco Hazards Prevention Act, smoking is prohibited apart from in designated smoking areas. In places that have not established smoking areas, a total smoking ban is in effect. Implementing enforcement

is vital for creating tobacco-free environments. In 2022, counties and cities conducted a total of 34,032 inspections of non-smoking areas, issuing a total of 500 disciplinary citations, with a total fine of NT\$1,041,000.

(4) Reinforcing anti-tobacco advocacy with multiple platforms and channels

1. Conducting advocacy on the hazards of tobacco and e-cigarettes through multi-media and inter-ministerial cooperation, HPA continuously updated various e-cigarette hazards related material, both on its Health 99+ website “Tobacco Hazards Prevention” page and the Yahoo! “e-cigarette prevention message theme,” for the use of the MOE and local government health bureaus.
2. In 2022, targeted at young people, the “Campus Good Relationship Series” animation, a total of 3 graphic cards and 1 “For Dummies” has been produced, which will continue to be updated and used by schools at all levels. In addition, the network platform and four major outdoor channels (transportation sport and department stores, convenience stores, hair salons, and chain beverage stores) are combined to implement promotion and expand the reach of young people. HPA also produced the animation of “E-cigarette Law Amendment” to promote the smoke prevention and law amendment draft to prohibit the E-cigarette issue. A 30-second advertisement for a tobacco-free environment (Smoke Hazards Laboratory) was also added, indicating that the draft amendment to the Smoke Hazards Prevention Law will expand indoor and outdoor tobacco-free places. All kinds of measures are aimed at advocating that smokers can quit smoking and non-smokers will jointly create a tobacco-free environment and a better life. In addition, we cooperated with the “PanSci” team to produce 2D animations to further explore the potential impact of “smoking” on others in various environments and the risk factors in smoke from a scientific perspective, so as to strengthen the analysis of the importance of a tobacco-free environment.



HPA set up the “e-cigarette prevention message theme” on Yahoo! ([http://tw.news.yahoo.com/topic/2020 health](http://tw.news.yahoo.com/topic/2020%20health)) to remind the public of the hazards of e-cigarette products.

“Thanks for not smoking! The new movement for non-smoking etiquette” promotional film



Figure 3-3 Promotion of tobacco hazards prevention through various methods

4. Diverse and accessible tobacco cessation services

Article 14 of the WHO Framework Convention on Tobacco Control stipulates that signatories must devise a national system for tobacco cessation services. The signatories also officially approved the implementation principles, which state that national tobacco cessation programs should be based on empirical evidence and cover all aspects. This includes systematically finding smokers and making tobacco cessation recommendations, establishing tobacco cessation helpline services, and training staff to provide face-to-face behavioral support. The plans also include upgrading accessibility of medicine, providing free or affordable medicine, and systematically supporting the implementation of tobacco cessation steps. Tobacco cessation treatment should cover all venues and service providers, both inside and outside of the health system. As everyone's tobacco cessation needs are different, HPA provides a wide range of tobacco cessation services, including tobacco cessation treatment and health education from health institutions, as well as a free helpline for tobacco cessation services and tobacco cessation classes.

- (1) Smoking cessation services: In 2002, Taiwan began using Tobacco Health and Welfare Surcharges to provide fixed subsidies for smoking cessation services. To help more smokers quit, in March 2012, HPA launched a pilot scheme of expanded subsidies for second generation smoking cessation treatments. With medical fees in line with NHI, people will only have to pay a maximum of NT\$200 per visit. In September of the same year, community pharmacies began to provide smoking cessation services to local communities. In May 2014, dentists and medical students were added to smoking cessation teams. In addition to the above, in order to encourage smokers to quit smoking, smoking cessation medication copayment was be exempted from May 15th, 2022. By 2022, there will be 3,463 medical institutions with smoking cessation service contracts, covering 99.4% of the country's total townships and urban areas. This can reach 100% through mobile medical care program. In 2022, these institutions have provided and completed smoking cessation services for 91,851 people (a total of 308,867 visits). Due to the outbreak of the COVID-19 epidemic, there was a reduce of 12,026 people compared to the same period of 2021 (103,877 people), The service volume was reduced by about 11%. For those receiving smoking cessation services, the 6-month smoking cessation success rate is 29%. It is estimated that this measure will successfully help about 26,000 people to quit smoking. In the short term, it can save NT\$140 million in health insurance and medical expenses, and in the long run, it will create social and economic benefits of NT\$11.1 billion.

Table 3-1 Smoking cessation service history

Year Items	2002	2003	2004	2005	2006	2012. 3.1	2012. 9.1	2014. 5.1	2015. 11.1	2018. 8.1	2022. 3.1	2022. 5.15	2023. 1.1
Medical staff	Family medicine Internal medicine	Family medicine Internal medicine Psychiatry	Specialized physicians				Specialist doctor, pharmacist, smoking cessation health educator	Specialist, doctor, dentists, pharmacists, smoking cessation health educator	Physician (dentist), pharmacy staff, smoking cessation health educator			Western physicians (dentists), pharmacists, other medical personnel, public health educators	
Total course of treatment	One course of treatment is subsidized per year for 8 weeks and completed within 90 days.		Two courses of treatment were subsidized per year. Each course of treatment has a total period of 8 weeks (each course of treatment at most: 8 weeks of treatment, 8 times of health education). Smoking cessation treatment and health education are carried out by the same medical staff on the same day. Only one can be selected for declaration, and each course of treatment is completed within 90 days.									Each course of treatment is modified to a maximum of 8 times, that is, smoking cessation service consultation fee or 8 weeks of medication, 8 times of health education, and other additions can also be subsidized for the third course of treatment under certain circumstances, and each course of treatment must be completed within 90 days (Note 1).	
Outpatient/ Inpatient/ Emergency/ Pharmacy	Outpatient					Outpatient/ Inpatient/ Emergency	Outpatient/Inpatient Emergency/Pharmacy						
Smoking cessation service consultation fee (Note 2)	NT\$250/time		NT\$350/time		NT\$250/time (subsidized by the HPA)							NT\$300/time (subsidized by the HPA)	
Smoking cessation medication copayment	NT\$250/week		NT\$400/week		NT\$250/week		*Subsidy will be given according to the announced amount. *Follow the copayment regulations. *For low-income households, mountainous areas and outlying islands, the fee is free. *Reduction of 20% for areas with insufficient medical resources.		*Subsidy will be given according to the announced amount. *Follow the copayment regulations (no more than NT\$200 each time). *Free for aborigines, low-income households, and residents in mountainous areas and outlying islands. *Reduction of 20% for regions with insufficient medical resources.			*Copayment exempted	
Medicine dispensing fee	-				*Medication for 1 week, each level ranges from NT\$11 to NT\$42. *Medication for 2 weeks, each level ranges from NT\$21 to NT\$53.							*Medication for 1 week, each level ranges from NT\$27 to NT\$58. *Medication for 2 weeks, each level ranges from NT\$34 to NT\$66.	
Referral fee for pregnant women	-		NT\$100/time (subsidized by the HPA)							-			

Year	2002	2003	2004	2005	2006	2012. 3.1	2012. 9.1	2014. 5.1	2015. 11.1	2018. 8.1	2022. 3.1	2022. 5.15	2023. 1.1
Items													
Smoking cessation health education fee (Note 3)	-								NT\$100/time (subsidized by the HPA)				
Smoking cessation case follow-up fee	-								NT\$50/time (subsidized by the HPA) (3-month and 6-month follow-up)		Same as left, but add 1 year follow-up		

Note 1: Under certain circumstances, patients can be subsidized for the third course of treatment. (When there are under specific circumstances, the third course of treatment can only be provided after the reasons are stated in the case or record content. If the third course of treatment is found to be unreasonable after review, no subsidy will be given).

Note 2: Smoking cessation service consultation fee (called “smoking cessation treatment service fees” before 2023)

Note 3: Smoking cessation health education fee (called “smoking cessation education and case management fee” before 2023)

(2) Smokers’ helpline: In 2003, based on the California Smokers’ helpline, we commissioned NGOs to establish Asia’s first “smoking cessation hotline service center.” With the convenience and confidentiality of the telephone, together with professional psychological counseling, we provide toll-free helpline services (0800-63-63-63). According to the needs of the caller, the Helpline provides referrals, counseling, and advocacy materials. Smoking cessation counselors formulate a plan together with smokers, and provide them with the relevant information. After a caller’s case management service ends, the Helpline conducts follow up surveys to track the smoking cessation status of each ex-smoker and determine the success rate. From 2003 to 2022, a total of 1,547,120 person-times received services and 411,119 person-times of case management, among which the success rate of smoking cessation was nearly 40%.

(3) Smoking cessation courses: All the local government health bureaus, health offices, and medical institutes conduct smoking cessation courses. The guidance of professionals and mutual encouragement and support of team members helped smokers understand the risks of smoking and teach them how to handle tobacco addiction. A range of diverse courses were arranged to help people who are willing to quit smoking. In 2022, the health bureaus of local governments conducted a total of 573 smoking cessation lectures, with a total of 2,582 participants.

5. Establishment of a long-term research and monitoring system

The HPA has established long-term smoking behavior monitoring systems to evaluate the effectiveness of its tobacco control work. These include “Taiwan Smoking Behavior Telephone Survey,” “Global Youth Tobacco Survey (GYTS),” and “Monitoring of Nicotine, Tar and Carbon Monoxide Contained in Tobacco Products.” In 2022, the HPA continued to conduct research on the effectiveness of smoking cessation services, declaration of tobacco product information, the evaluation of media promotion, the inspection of tobacco product information, the evaluation of efficacy of law enforcement and the assessment of policies.

Furthermore, the HPA conducted the “Tobacco Product Testing and Research Development Program.” A total of 40 domestic, imported and local cigarette products were inspected for the yields of nicotine, tar and carbon monoxide in the mainstream smoke. A total of 40 pieces of cigarettes were sent for testing for heavy metal and nitrosamine yields. The inspection results found that the nicotine yields of one imported tobacco product exceeded the maximum content standard of the “Tobacco Hazards Prevention Act,” and it was transferred to the local health bureau for investigation and punishment in accordance with the “Tobacco Hazards Prevention Act.”

In order to comply with the stipulations of the WHO Framework Convention on Tobacco Control, HPA disclosed contents, additives, combustion emissions of the tobacco products as well as their relevant toxic information on the website. Tobacco manufacturers and importers are in line with the Tobacco Hazards Prevention Act. Additionally, in 2022, a total of 422 sub-industries declared 4,902 items of tobacco product information, and provided the public with information of tobacco products in the “Tobacco Information Declaration System.” Since the website was set up and launched in April 2010, it has accumulated a total of 399,275 visits by 2022, of which 21,478 visits in 2022 alone.

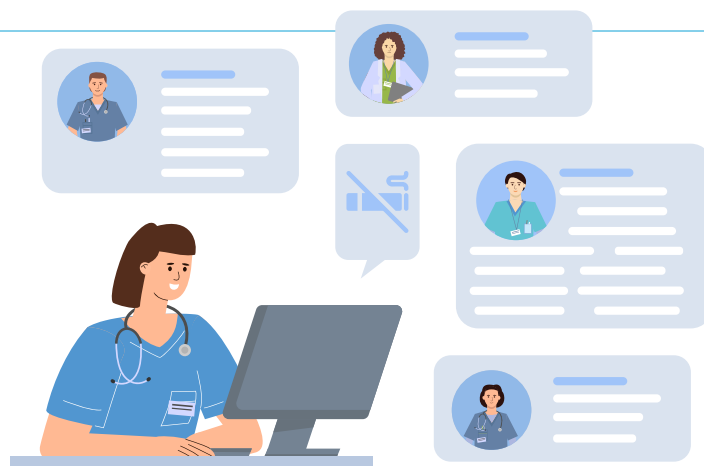
2022 Results of training on Tobacco Hazards Prevention and Control

1

A total of 16 physical or video courses and online courses were conducted for medical personnel’s smoking cessation service training, and a total of 1,793 people were trained.

2

A total of 2 elementary classes for the basic training of laws and regulations, with 202 participants. Among them, 1 advanced class was held, with 280 participants.



6. Strict control of electronic cigarettes before amendment

- (1) If electronic cigarettes seized in Taiwan are found to contain drugs, they violate Narcotics Hazards Prevention Act. If they contain nicotine or are claimed to have treatment effect, they violate the Pharmaceutical Affairs Act. There are criminal penalties for both. In addition, if a product is designed to look like a tobacco product, a maximum fine of NT\$50,000 can be given under Article 14 of Tobacco Hazards Prevention Act.
- (2) Before the amendment of the Act, MOHW encouraged all municipalities to control electronic cigarettes according to local legislation. By the end of 2022, a total of 15 counties and cities have passed the Self-government Ordinances, and the Ordinances are announced and implemented. Hsinchu City, Taichung City, Chiayi City, Kaohsiung City, Yilan County, Taoyuan City, Hsinchu County, Chiayi County, New Taipei City, Miaoli County, Taipei City, Changhua County, Tainan City, Pingtung County and Nantou County are all within the scope. In these counties and cities, the main regulations include that people under the age of 18 are not allowed to smoke or possess e-cigarettes or devices related to e-cigarettes. According to the Self-government Ordinances, a total of 1,100 cases have been ruled and punished, with a total fine of NT\$3,344,000.
- (3) In 2022, the health bureaus of local governments issued a total of 303 fines in accordance with Article 14 of the “Tobacco Hazards Prevention Act,” with a fine amount of NT\$2,109,000.
- (4) HPA monitored online electronic cigarette sales and the Facebook pages of e-cigarette stores, as well as asking online shopping platforms to establish product screening mechanisms on websites and apps under their control. We also asked all the local government health bureaus to reinforce the banning of electronic cigarettes.

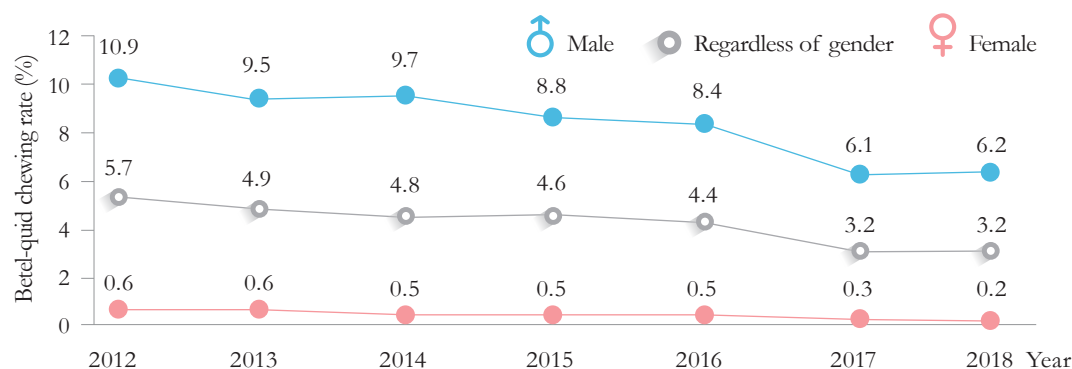


Prevention and Control of Betel Quid Hazards

Status Quo

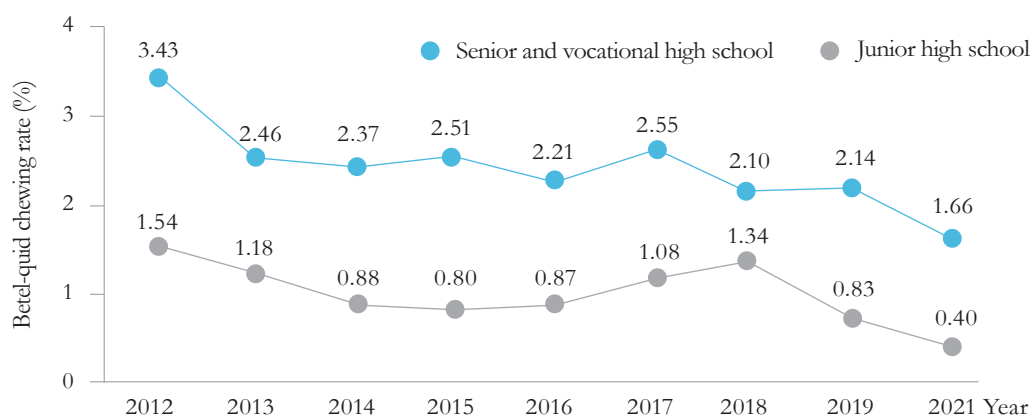
The International Agency for Research on Cancer (IARC) has confirmed that betel nuts are Group 1 carcinogens. Betel-quid chewing is one of the leading causes of oral cavity in Taiwan. Over 8,000 new cases of oral cavity have been reported since 2012. Compared to smokers and alcoholics, betel quid chewers are at a higher risk to develop oral cavity.

As shown in the 2012-2018 long-term care chart (Figure 3-4, note 3), the rate of male adults aged 18 and over who chew betel quids decreased by 43.1%. Between 2012 and 2021, the rate among junior and senior high school students decreased by 74.0% and 51.6% respectively (Figure 3-5).



1. Source: Behavioral Risk Factor Surveillance Surveys (BRFSS) from 2012 to 2017, 2018 Health Promotion Survey (HPS), and Adult Smoking Behavior Survey (ASBS)
2. Betel-quid chewing rate refers to individuals who have consumed betel-quid within the past 6 months
3. The HPA stopped handling health promotion behavior surveys and adult smoking behavior surveys in 2019

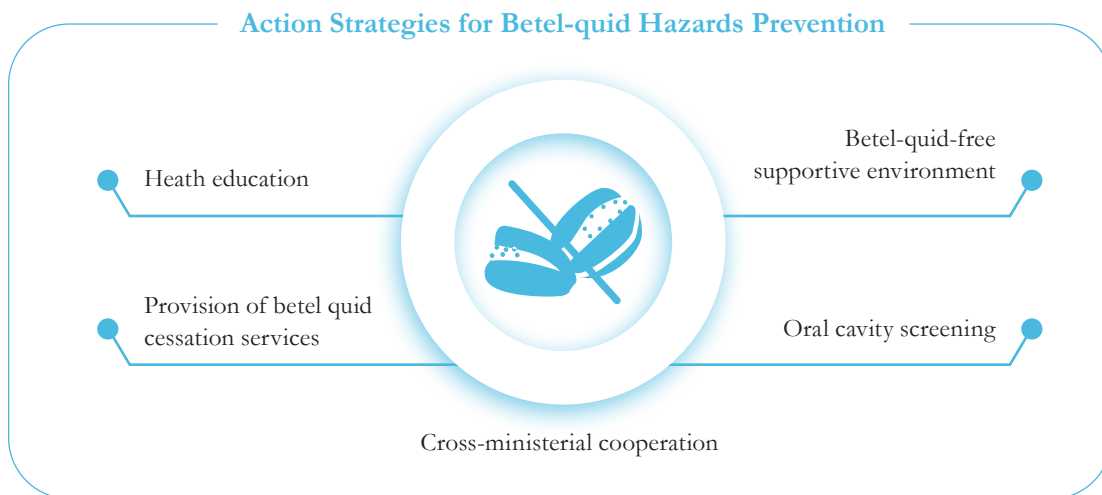
Figure 3-4 Betel-quid chewing rate among adult males over 18 in Taiwan



1. Source: Global Youth Tobacco Survey (GYTS)
2. Betel-quid chewing rate: students that have chewed betel-quid at least once in the past 30 days

Figure 3-5 Betel-quid chewing rate among adolescents

In 1997, the Executive Yuan declared December 3rd as “Taiwan Betel Nut Prevention Day” to raise public awareness of betel quid hazards. Government agencies at all levels implement measures for the prevention of betel quid hazards and strive to create betel-quid-free environments in communities, on campuses, at military bases, and at workplaces with high betel quid chewing rates through cross-ministerial cooperation and tapping of NGO resources.



Policy Implementation and Results

1. Multi-channel education campaign

HPA conducted betel hazards prevention work in communities and workplaces, encouraging those who chew betel quids or smoke tobacco to resist and quit betel quid and receive oral cancer screening services. We also worked with the MOE to conduct an advocacy campaign to reduce access to betel quids among adolescents.

2. Inter-disciplinary connection of government agencies to jointly prevent betel-quid chewing

HPA establishes supportive betel-quid-free environments through usage management, decrease of supply, and expansion of screening services through cross-departmental and cross-unit cooperation.



Cross-department and inter-agency cooperation to promote betel quid hazards prevention in the betel nut industry

Construction companies (construction sites)

Search for construction companies that are willing to implement the mechanism through industry-level promotion

- Public works quality management refresher course organized by the Public Construction Commission, Executive Yuan
- Cooperation with Construction Occupational Safety and Health Committee, Occupational Safety and Health Administration, Ministry of Labor
- A list of public projects and contact person information

Central Government Agencies

-Health Promotion Administration
Occupational Safety and Health Administration, Ministry of Labor

Increased incentives for participation by manufacturers and laborers

- Developed an environment that favors not producing betel quids to improve participation mechanisms
- Provided cancer screening at production sites, incorporating Occupational Safety and Health Excellence Award (OSHA) winners

Local government construction management agency

Provision of a list of public projects and contact person information

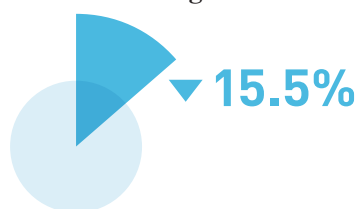
Local government health agencies and hospitals on the Cancer Prevention Quality Improvement Program

Providing special services such as advocacy on betel quid health hazards and oral cavity mucous membrane inspection

3. Decrease of supply and reinforcement of environmental inspections

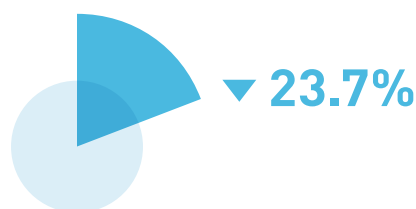
Achievements in the decrease of betel nut planting areas and production amounts

Planting Areas



44,959 hectares in 2014
Land reduced to 38,007 hectares in 2022

Production Amounts



121,434 metric tons in 2014
Annual land production reduced to 92,658 tons in 2022

Physical Activity Promotion



The four risk factors – lack of physical activity, smoking, excessive drinking and unhealthy diet – account for almost 70% of all deaths worldwide. In 2011, the WHO indicated that lack of physical activity can impact on personal health (Figure 3-6), increase medical expenditure and social costs, and put a significant burden on the government and the rest of the population. In the “Global Action Plan for the Prevention and Control of NCDs 2013-2020” proposed in 2013, reducing the prevalence rate of insufficient physical activity was added to the global targets.

According to the results of the “Exercise Status Survey” launched by the Ministry of Education in 2022 (Figure 3-7), the proportion of Taiwan’s regular exercise population has increase from 30.4% in 2012 to 34.0% in 2022, a total growth of 3.6%.

Lack of physical activity

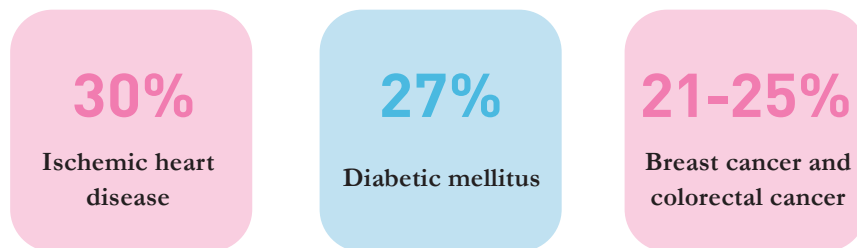
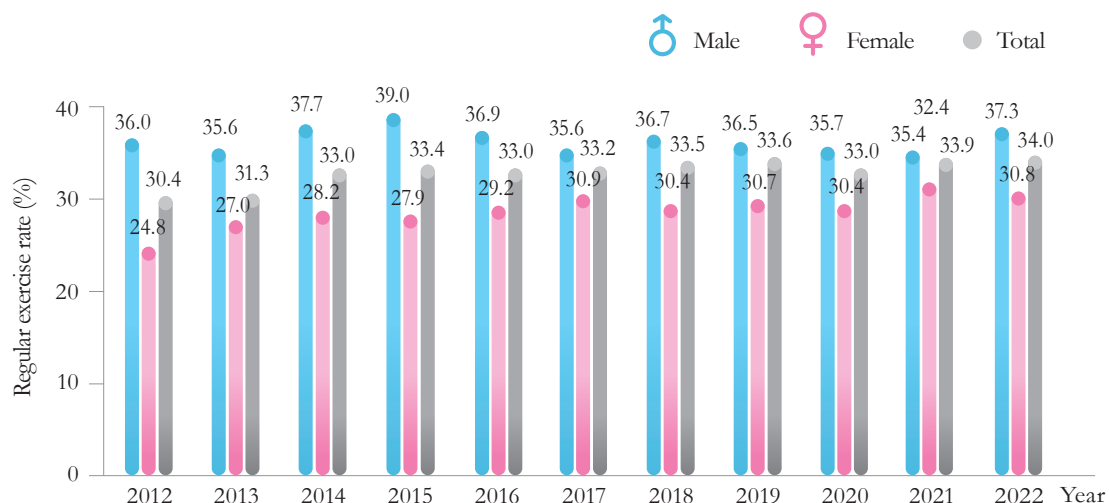


Figure 3-6 Impact of lack of physical activity on individual health



- Source: Ministry of Education’s 2012-2015 “Exercise City Survey” and 2016-2022 Exercise Survey
- “Regular exercise” is defined as exercising at least 3 times a week, at least 30 minutes each time, with a heart rate of 130 beats, or people will pant and sweat under this exercise intensity.

Figure 3-7 Proportion of regular exercise population among people over 13 years old in Taiwan from 2012 to 2022



Policy Implementation and Results

1. Cross-ministerial collaboration on promoting national physical fitness

On November 11th, 2022, the 2022 “Exercise Healthy and Happy Life” International Symposium on Sport and Health Policy for All was co-organized by HPA and MOE. The seminar invited official representatives from domestic and foreign academic circles, industry circles, the Environmental Protection Agency, the Tourism Bureau of the Ministry of Transportation and Communications, etc. Two international speakers from the University of Sydney in Australia and the Sports Promotion Office of the Korean Sports Promotion Foundation (KSPO), shared their practical experience in health promotion. By integrating public activities, health policies, localized resources and characteristics, thus to jointly develop high-quality healthy activity environment. Approximately 300 people attended the meeting.

2. Multimedia programs to promote diverse physical activity

With targeting the advocates as health bureau/center personnel and community sports and health instructors, HPA develops physical movement guides for people in different age groups, chronic disease patients and other special groups. It also makes handbooks and films that are shown on various media channels, allowing people to obtain related information from different channels.

The association continues to carry out initiatives aimed at the health and fitness of the people in Taiwan, encouraging people to exercise anytime and anywhere, and organizes health promotion on the theme of physical activity and online and offline walking activities. At the same time, it is also matched with the seasons to promote physical activity, encouraging people of all ages, including children, students, office workers and the elderly, to maintain physical activity habits. To this end, a total of 9 press releases were released.

3. Promotion of health-related physical fitness and body weight in cooperation with units in different areas

Schools	Establishment of health promoting schools Promotion of healthy body weight Health-related physical fitness and healthy diets
Workplaces	Workplace health promotion Implementation of regular exercise at the workplaces
Communities	Promoting community hiking trails Physical activity courses for community residents Training of seeded teachers
Hospitals	Promotion of green transportation Planning of outdoor bikeways on the hospital premises Free bicycle rental services Installation of bicycle parking racks on the hospital premises Organization of cycling activities for employees

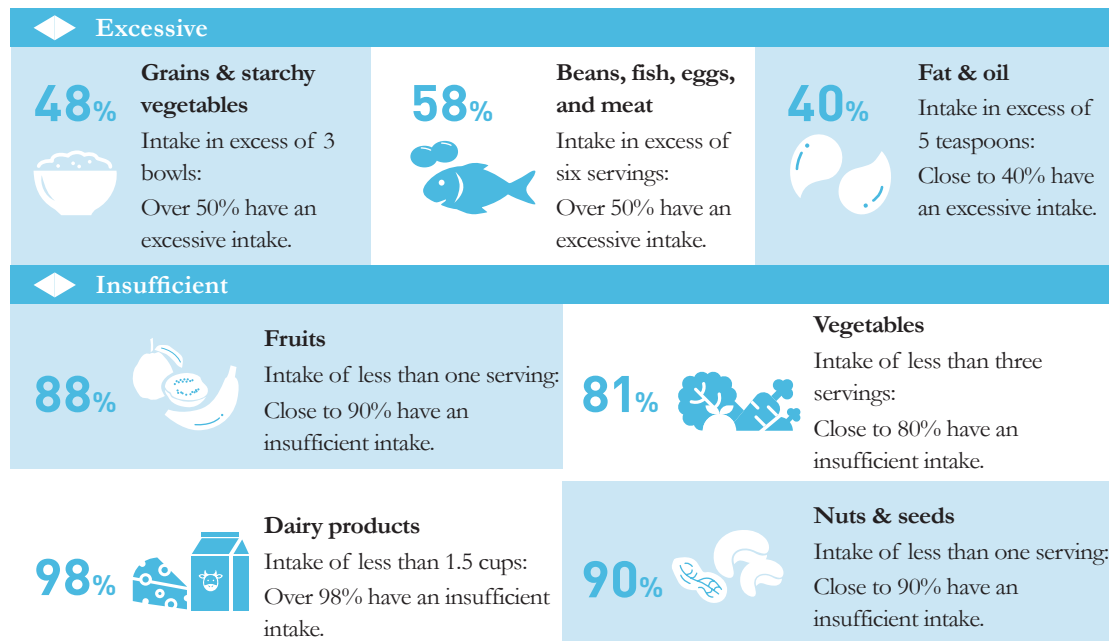
National Nutrition



The “Nutrition and Health Survey” in Taiwan for 2017-2020 indicates that our citizens’ daily diets still fail to conform to the recommended standards and ratios.

A large amount of research shows that unhealthy diets are one of the main causes of non-communicable diseases. It is hoped that by monitoring the health of citizens, setting healthy public policies, disseminating nutrition knowledge through diverse channels and advocating the importance of a healthy diet, the level of people’s health can be raised and chronic diseases prevented.

Intake of the six food categories among citizens aged 19 to 64



1. Source: Nutrition and Health Survey in Taiwan for 2017-2020
2. In accordance with the recommended number of servings for the six food categories based on a daily calorie demand of 2,000
The recommended daily intake of grains & starchy vegetables, beans, fish, eggs & meat, and fat & oil for adults aged 19-64 is three bowls, six servings, and five teaspoons, respectively.
3. In accordance with the Daily Dietary Guidelines, the intake of vegetables, fruits, dairy products, and nuts & seeds should reach three servings, two servings, 1.5 cups, and one serving, respectively.



In 2022, the prevalence rate of reaching 3 servings of vegetables per day for adults is 17.0%, and the prevalence rate of 2 servings of fruits is 16.5%. The daily salt intake of adult males is less than 8.8 grams, less than 7.0 grams for women.

Policy Implementation and Results

1. Formulating public health policies

- (1) HPA has regularly conducted the nutrition and health survey in Taiwan, and published the results. It monitors nutrition status and body weight trends by systematic and sustainable methods, and establishes evidence-based national nutritional policies.
- (2) HPA actively promotes the enactment of the Nutrition and Healthy Diet Promotion Act and has submitted a draft to the Executive Yuan.
- (3) A ban on trans fat is promoted in cooperation with the Food and Drug Administration, while a ban on PHOs (partially hydrogenated oils) in food products was successfully imposed on July 1st, 2018.
- (4) The texture modified diet has begun to develop. Since 2022, Taiwan has continued to make revisions based on domestic and foreign evidence bases, and comprehensively considers the needs of an elderly-friendly dietary environment, including the dining environment, service process, meals, packaging, etc., to plan and guide and promotion work, and establish relevant guidelines and norms to meet the needs of the public.
- (5) In order to upgrade the related knowledge of diet nutrition for people in Taiwan, HPA worked with Taiwan Agricultural Research Institute, Council of Agriculture, Executive Yuan. We focused on the nutrients that the citizens might lack the knowledge of, or are important for health promotion. We used seasonal local food to develop diverse recipes, and came up with “Food Calendar” manuals. In addition, we also showed easy-to-follow demonstration films. The hope is that people can easily implement diet knowledge in their daily lives, in order to reach the goals of improving diet nutrition intakes for all citizens.

2. Constructing a health supporting environment

- (1) Food calorie and nutrition labelling has been promoted, healthy procurement principles set, and the public and private sectors encouraged to buy “healthy” food.
- (2) In 2022, the diet promotion has set up the elderly as the main target group, and continues to promote the establishment of “Community Nutrition Promotion Centers” in local governments. In addition, sub-centers have been established in remote areas to improve the overall community nutritional care services. By the end of 2022, more than 70,000 elderly people have been served, and a total of 1,300 community catering or elderly bases and elderly institutions have been counseled to provide age-friendly and healthy diets.

3. Revising various nutrition standards

In 2018, the “Daily Diet Guide,” “Citizens’ Dietary Indicators,” and other new-version nutrition criteria were issued. In addition, a study cycle of every 5 years was established in 2021. In the following year, the “Dietary Reference Intakes (DRIs)” Eighth Edition was announced, with the addition of chapters on Calcium, Iodine, Vitamin D, Carbohydrates, Proteins, Lipids, Sodium, Potassium, Iron, Magnesium, and Descriptions of Terms.

4. Advocating nutrition knowledge

In coordination with current events and festivals, we use many methods such as press releases, press conferences and advocacy cards, to spread the importance of a healthy diet. In 2022, the

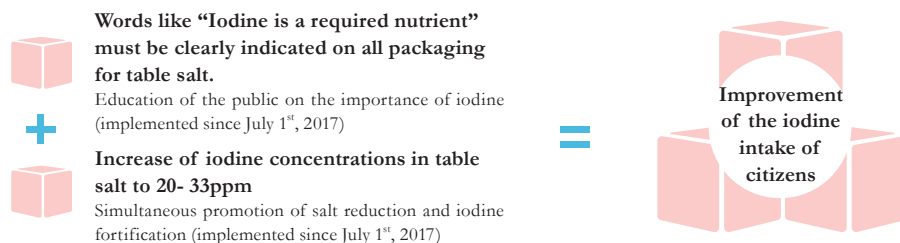
promotion of whole grains and unrefined grains will be strengthened. This time, we conducted a seed nutritionist workshop, developed multiple materials, and handled marketing and promotion activities through different channels, combining the resources of inter-ministerial committees, the county and city health bureaus, and community nutrition promotion centers for joint promotion.

Nutrition and Healthy Diet Promotion Act

2019	2021	2022
Discussion at the DPP Policy Research Taskforce Conference (April 2019) Convening the NGOs Conference (April 2019)	Explanation and communication at the public hearing of the National Nutrition and Healthy Diet Promotion Act, proposed by Tsai Pi-ru of the Executive Yuan (March 2021)	The draft amendment has been submitted to the Executive Yuan (2022.2.21) Internal review held (2022.3.16) According to the review results, it has been revised and submitted to the Executive Yuan again (2022.4.7). Communication meeting of the Policy Group of the Democratic Progressive Party Group (2022.3.23)

Implementation of iodine policies

Between 2014 and 2017, the iodine intake of citizens over 7 years of age only met the minimum standards prescribed by WHO. The HPA, therefore, actively promotes salt iodine labeling and policies governing increase of maximum iodine concentrations in salt.



Constant monitoring of iodine concentrations in the urine of citizens and the iodized salt coverage rate in school and household lunches

Obesity Prevention

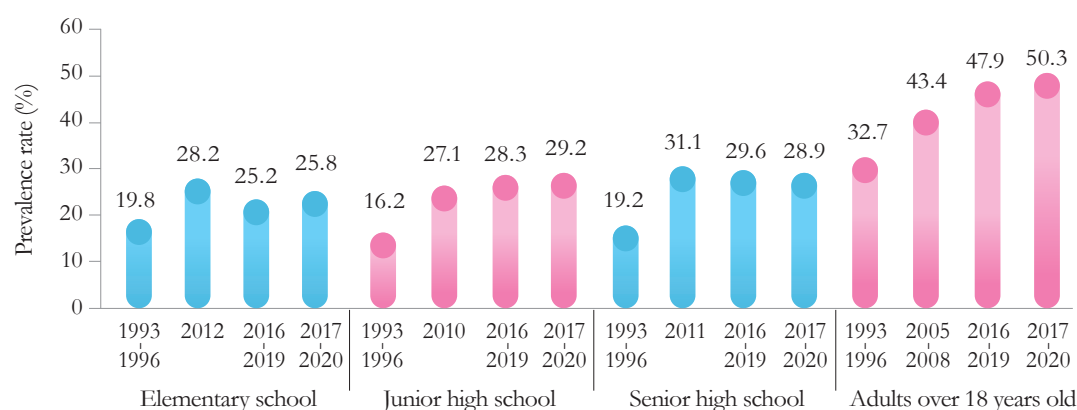


Status Quo

According to the Nutrition and Health Survey in Taiwan, NAHSIT, the prevalence rate of overweight and obesity among people in the country over the age of 18 was 47.9% from 2016 to 2019, and 50.3% from 2017 to 2020. This value shows that obesity is still an important issue for Taiwanese (Figure 3-8). The main cause of obesity is that calorie intake is higher than calorie expenditure, and other influencing factors such as diet, physical activity, social environment factors, etc.

Main reasons for the increase in the prevalence of overweight and obesity in Taiwan

- Westernized diet habits, food refining, and the intake of too many calories
- Watching TV, surfing the Internet, other static sedentary lifestyles, and insufficient amount of physical activity
- Sugary drinks, unhealthy foods with high calorie, and many other foods without calorie nutrition labeling and identification
- Insufficient mass transit system and sports and leisure facilities
- Less access to health education messages, limited financial capacity, and easy access to low nutrition, high calorie foods among vulnerable groups
- Unhealthy food advertising gifts with a lot of calories, fat and sugar



1. Source: Nutrition and Health Survey in Taiwan
2. Standard BMI for elementary, junior high and senior high school students is based on the Ministry of Health and Welfare's 2013 "Recommended BMI for Children and Adolescents."
3. For an adult, a BMI of ≥ 24 kg/m² is overweight or obese.

Figure 3-8 Overweight and obesity prevalence in Taiwan

Target Indicators

Based on the non-communicable disease prevention global action plan from 2013-2020, the HPA designated 2025 as the year to fulfill the global voluntary target of "Stop the trend of rising obesity," by which time the overweight and obesity prevalence rate among school-aged children and adolescents will no longer be rising.

Policy Implementation and Results

1. Promoting obesity prevention and cooperation in all settings

- Building healthy cities, with health promoting hospitals, workplaces, schools and communities
- Implementing breastfeeding regulations in public places to enhance breastfeeding rates and reduce childhood obesity
- Conducting the "Nutrition and Health Survey in Taiwan" to monitor bodyweight trend
- Referring to WHO's "Ending Childhood Obesity," and establishing children and adolescent obesity prevention framework in Taiwan

2. Improving the obesity-causing environment

HPA further strives to establish healthy diet supply systems. The Administration offers guidance to businesses in the development of healthy box meals, and menus with clearly labeled calorie amounts, and implements healthy procurement and school nutrition standards.

3. Reorienting health services

According to “Evidences-based Guideline on Adult Obesity Prevention and Management,” the service process of obesity prevention and treatment was developed. This method combines the early intervention of relevant units such as primary medical institutions to provide multiple and different obesity prevention and control strategies in different fields and different life cours.

4. Strengthening community action

HPA integrates inter-agency resources, builds heathy body environments to drive a social atmosphere conducive to healthy bodyweight management.

5. Developing people’s skills to implement healthy living

Educational tools, teaching materials, and health manuals with incorporated healthy body weight concepts were developed for children and adolescents. Health communication videos such as “Less Sugar,” “Less Salt, Better Health,” and “Body Exercise” were broadcast on TV and YouTube to enhance the literacy of citizens in the field of healthy weight management.

Accident and Injury Prevention



The main causes of accidental death in Taiwan in the last 10 years have been transportation accidents, falling, poisoning through exposure to and contact with a toxic substance, accidental drowning, and exposure to smoke, fire and flame, and so on (Figure 3-9).

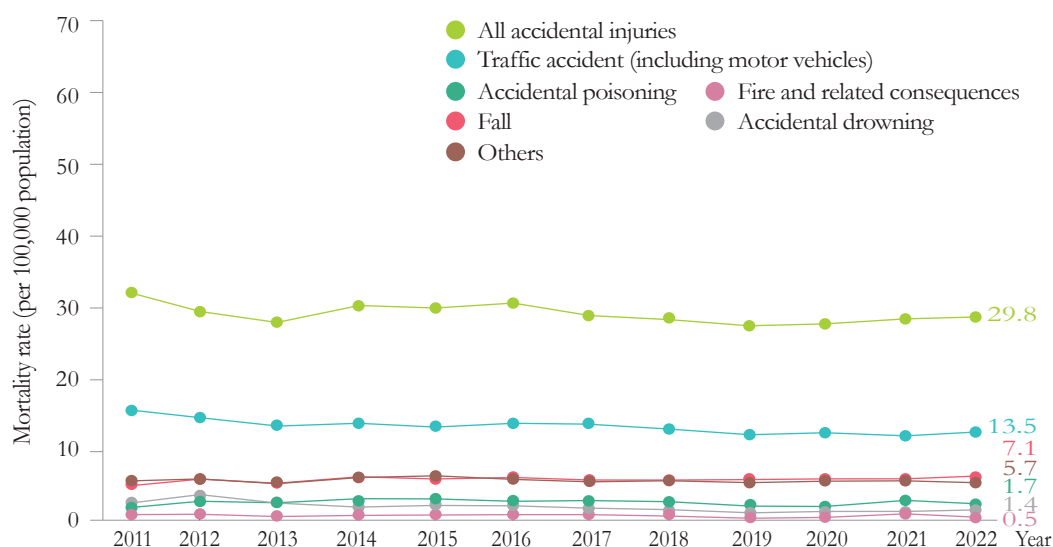
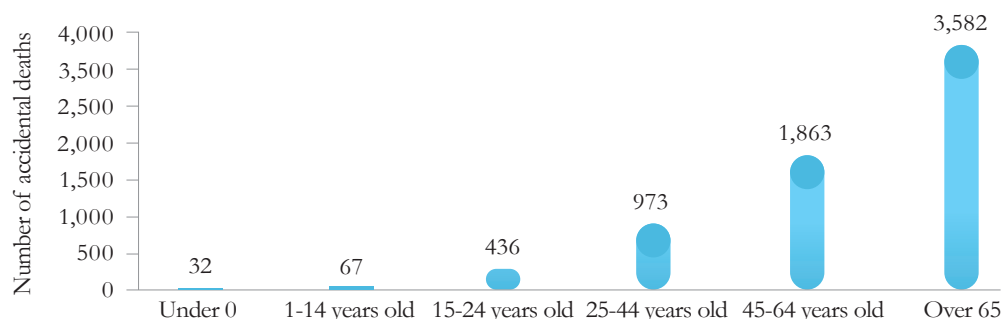


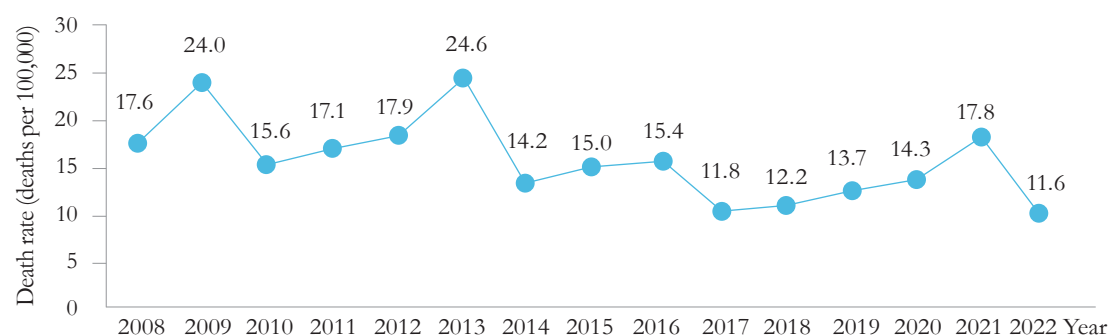
Figure 3-9 Main causes of accident mortality rate in Taiwan from 2011-2022

In addition, a total of 3,582 senior citizens died from accidental injury, and the mortality rate in over-65s was 89.3 per hundred thousand, which is relatively high compared with other age groups (Figure 3-10).



Source: 2022 Causes of Death Statistics, MOHW

Figure 3-10 2022 Number of accidental deaths by age



Source: 2022 Causes of Death Statistics, MOHW

Figure 3-11 SIDS Death rate in Taiwan 2008-2022

Policy Implementation and Results

1. Prevention of sudden infant death syndrome

Through the MOHW's causes of death statistics, we continue to monitor the death rate and number of deaths of sudden infant death syndrome. Referring to the evidence-based suggestions of the American Academy of Pediatrics, improvement measures for "Avoiding sudden infant death syndrome" have been included in the Children Health Handbook and are listed under children health education service items provided by doctors.

Infant and young children accidental injury prevention strategy promotion by HPA

Preventing sudden infant death syndrome

Maternal Health Education Handbook

The Maternal Health Education Handbook and Children Health Education Handbook include a health education section on “Shaken Baby Syndrome,” which informs caretakers about the risks of shaking a baby, so as to avoid vigorous shaking or rocking to stop baby from crying.

Children Health Handbook

We included the “Newborn Care Tips: Sudden Infant Death Preventive Measures” and “A safe sleeping environment” into the children health handbook, and these have become the children health educational service items provided by the physicians.

2. Establishment of a safe home environment for young children

In line with the policies and bills of various agencies, maintenance of child safety and home safety and other aspects of safety are cooperatively promoted to raise the quality level of children education and care to promote their safety and health.

3. Promoting the senior fall prevention model

Combining healthy cities, community health building, and community care bases, HPA is guided by the characteristics and needs of the elderly in the community to promote the health promotion of the elderly in the community. We promoted the “Elderly Fall Prevention Education” through multiple channels, enhanced the public’s awareness of fall prevention, and reduce various risk factors for the elderly to fall.



4

Healthy Environment

Friendly and livable environment

Healthy Cities	60
Health Promoting Schools	62
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more than **90%**

More than 90% of cities and counties in Taiwan participated in the promotion of healthy cities.



3,871 schools

By the end of 2022, a total of 3,871 schools under the level of high school/vocational high school were fully initiating the health promoting school program. A further 148 colleges and universities also opted to join the ranks of health promoting schools.



1,673 workplaces

In 2022, there were 1,673 certified healthy workplaces.



136 health care organizations

In 2022, Taiwan had 136 health care organizations that were successfully certified and entitled to join the International HPH Network.



In 1986, WHO introduced 5 priority actions for health promotion in the Ottawa Charter: building healthy public policies, creating supportive environments, strengthening community actions, developing personal skills, and reorienting health services. These five actions are applicable to health promotion in various settings, including healthy cities and communities, health promotion schools, healthy workplaces, and health promotion hospitals.



Healthy cities and communities

Health values and principles are incorporated into urban planning. Health promoting public policies are formulated through cross-departmental and inter-disciplinary cooperation, while diversified basic networks are created through the utilization of non-governmental resources and existing healthcare systems. The goal is to foster community participation and build partnerships to solve community health issues and realize healthy lifestyles.



Health promoting schools

Health promotion competence is integrated into campus life and education through the formulation of school health policies. In addition, a campus environment conducive to health learning is created through the integration and participation of community resources with the ultimate goal of improving the overall health of faculty and staff members and students.



Healthy workplaces

HPA works with employers, employees and society to promote the health and well-being of workers in the workplace. It emphasizes improving workplace organization and the work environment, encouraging employees to adopt healthy lifestyles as a basis for the development of their individual skills and professionalism.



Health hospitals

Health promoting hospitals are medical or health service organizations aiming to “improve the health benefits for patients, employees and communities through the development of structures, cultures, decision-making and procedures.” This is organizational change as a strategy to improve health from the medical processes.

Healthy Cities



Status Quo

In 1986, a total of 21 European cities met in Lisbon, and collectively decided to develop city health and promote healthy city plans. In response to the concept of a “healthy city,” Taiwan first introduced the concept of a healthy city in 1995.



Target Indicators

More than 90% of cities and counties in Taiwan participated in the promotion of healthy cities.



Policy Implementation and Results

A total of 13 cities and counties and 8 regions received guidance in the promotion of healthy cities. As non-governmental organizations, they were permitted to join the Alliance for Healthy Cities (AFHC), which is actively supported by the WHO Western Pacific Regional Office (WPRO) as a non-governmental organization.

1986	21 European cities met in Lisbon.
1995	Taiwan introduced the Healthy City concept for the first time.
1997	WHO proposed 20 steps for the development of Healthy Cities.
2002	Taipei City declared this year as the “First Year of the Healthy City.”
2003	Healthy City Program was promoted by Tainan City.
2007	The Alliance for Healthy Cities was established.
2019-2020	In 2019, 12 cities/counties and 13 areas in Taiwan joined the Alliance for Healthy Cities (AFHC).
2021	In 2021, a total of 13 cities/counties and 8 areas in Taiwan joined the Alliance for Healthy Cities (AFHC).
2022	In 2022, a total of 13 cities/ counties and 11 areas in Taiwan joined the Alliance for Healthy Cities (AFHC).

Figure 4-1 Development of healthy cities

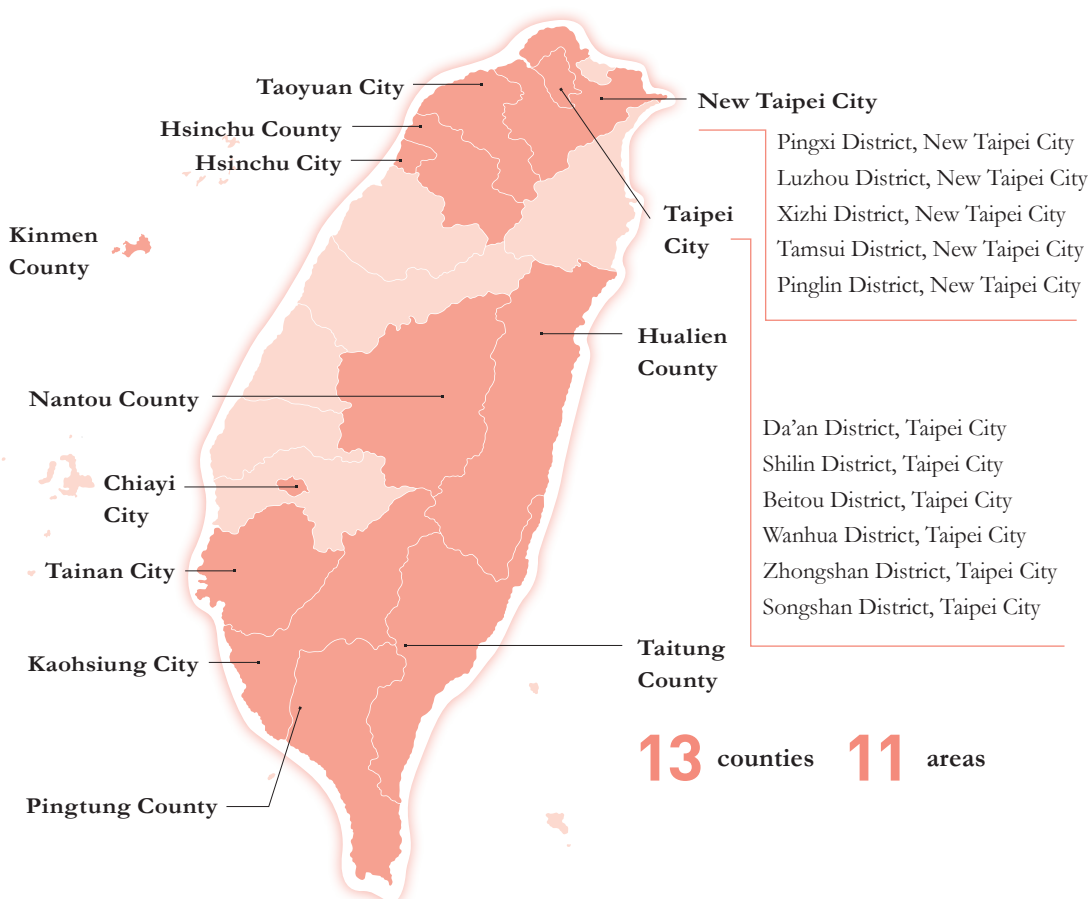


Figure 4-2 Cities, counties, and areas permitted to join the AFHC, actively supported by the WHO WPRO as a non-governmental organization in 2022

Table 4-1 List of AFHC awards won by Taiwan in 2021

Award	Recipient
Best Poster Award	Taipei Healthy City Association (3) Tainan Healthy City Association (3) Chiayi Healthy City Association (1)
Best Poster Popularity Award	Taipei Healthy City Association (1) Chiayi Healthy City Association (1)
Beyond COVID-19 Global Photography Award	Tainan Healthy City Association (1)
Best COVID-19 Global Community Plan Award	Tainan Healthy City Association (2)

Source: https://www.alliance-healthycities.com/htmls/awards/index_awards.html (AFHC official website)

*Awarded once every 2 years

Health Promoting Schools

Status Quo

The World Health Organization defines health promoting schools as “schools that are constantly strengthening their capacities as a healthy setting for living, learning and working.” Since 2002, both the former Department of Health and MOE have worked in accordance with the six major components of health promoting schools set by WHO: school health policies, school physical environments, school social environments, community relationships, individual health skills, and health services. The goal of setting these components is to develop school health policies, foster consensus between teachers and students, promote community participation, and provide health services that ultimately create a school environment which nurtures a healthy living environment and improves the overall health of children and adolescents. In April 2002, the former Director of the Department of Health, Ming-liang Lee, and former Minister of MOE, Jong-Tsun Huang, signed a “Joint Declaration on Health-promoting Schools” to declare the collaboration to promote school health activities.



1996	Promote “Four-Year Program to Improve Student Health.”
2002	Sign “Joint Declaration on Health Promoting Schools.”
2004	Sign “Health Promoting Schools Program.”
2005-2007	Establish support systems as platforms for schools to exchange experiences.
2008-2009	Establish “Health Promoting Schools Promotion Center.”
2010	MOE drafted 9 indicators to allow schools at different levels to conduct performance evaluations.
2011	HPA introduced a plan for health promoting school certification and international connections.
2012	HPA drafted national health promoting school certification standards.
2014	MOE continued to develop the “Health Promoting School Promotion Center” of the former Department of Health, and handle the connection plan.
2012-2019	A total of 374 schools were certified as health promoting schools around Taiwan.
2020	Drew up the “Health promoting school 3.0” framework and strategy.
2021-2022	The “Health Promoting School 3.0” Program Standards were established.

Figure 4-3 Development of Health Promoting Schools



Policy Implementation and Results

1. Comprehensive promotion of a health promoting school program, with many schools opting to participate

By the end of 2022, a total of 3,871 schools under the level of high school/vocational high school were fully initiating the health promoting school program. A further 148 colleges and universities also opted to join the ranks of health promoting schools.

2. Six issues promoted by health promoting schools

According to the 6 scopes of health promoting schools of WHO, we promote healthy body weight, oral healthcare, visual healthcare, tobacco and betel-quid prevention and control, healthcare for people (including drug use safety) and sex education (including AIDS prevention).

3. The 4th Health Promoting Schools International Certification Golden Quality Award Unveiling Ceremony in 2019

The plaque unveiling ceremony was held for five Gold Award winning schools in the 4th Health Promoting Schools International Certification: Lianshin Elementary School in Yunlin County, Beipu Elementary School in Hsinchu County, Puzih Junior High School in Chiayi County, Jingpu Elementary School in Chiayi County and Xinjia Elementary School in Tainan City. The successful health promoting model of each school was used to raise the profile of international certification commendation.

4. Preliminary Framework for the Development of the Health Promoting Schools 3.0 in 2020

The initial framework for Health Promoting Schools 3.0 was developed in accordance with the WHO and UNESCO's joint 2018 Global Standards for Health Promoting Schools, the UN SDGs and evidence-based results of Health Promoting Schools. In September 2020, we announced the Global Standards and Indicators for Health Promoting Schools and their Implementation Guidance. We worked with the Ministry of Education to develop health promoting school standards with UN SDGs and local characteristics. We also drew up the framework and strategy of "Health Promoting Schools 3.0."

5. Development of "Health Promoting Schools 3.0" Standards in 2021-2022

Based on the global standard for "Health Promoting Schools" (HPS) published by the World Health Organization (WHO) and UNESCO and integrating the essential elements of current Taiwan's Health Promoting Schools, the standard for the third generation of Health Promoting Schools has been developed. The standards encompass eight major aspects: government policies and resource allocation, formulation of whole-school health policies, involvement of all school members, school-community partnership, establishment of a healthy school environment, creation of a positive social-emotional school environment, integration of health into the school curriculum, and effective use of health services and resources.

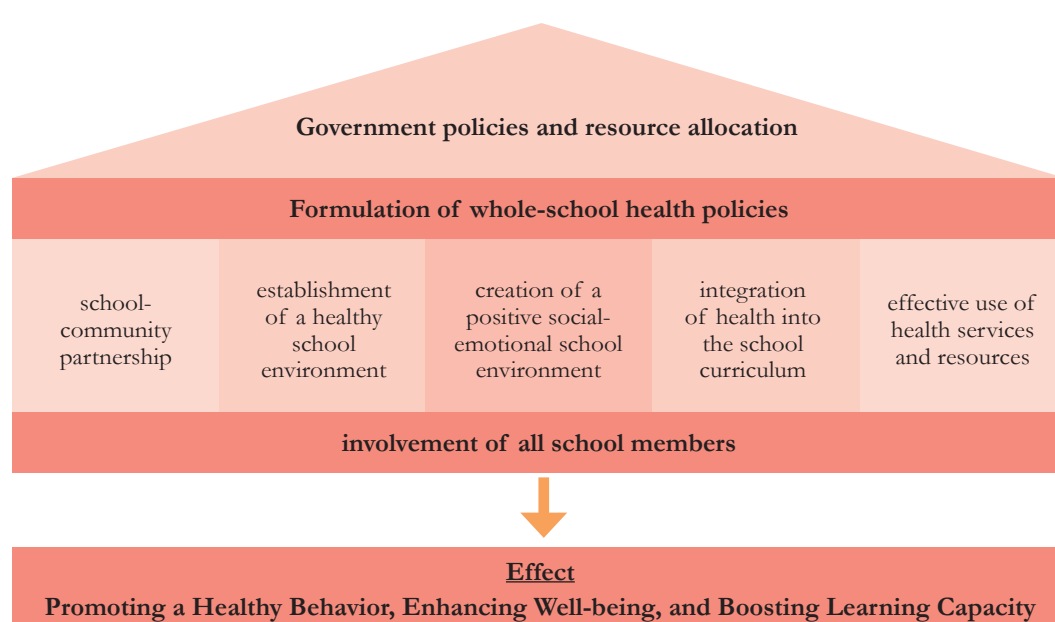


Figure 4-4 The eight major aspects of "Health Promoting Schools 3.0"

Healthy Workplaces

Status Quo

In the 4th International Conference on Health Promotion in 1997, WHO clearly revealed that a healthy organization should include 4 major elements: health promotion, occupational health and safety, human resource management and sustainable development. As such, creating a healthy workplace means not only decreasing the occurrence of occupational diseases but also proactively protecting and promoting the health of every worker in the workplace.

- 2003 ▶ The “Workplace Tobacco Hazards Prevention and Control Guidance Program” was implemented to provide in-depth workplace counseling.

- 2006 ▶ A “Healthy Workplace Promotion Center” was established in 3 regions to provide on-site consultation about healthy workplace environments.

- 2007 ▶ Healthy workplace accreditations were initiated.

- 2012 ▶ The number of healthy workplaces receiving accreditation was incorporated as an evaluation indicator of the “Work Program for Subsidized Local Promotion of Healthcare.” The goal is to encourage public health bureaus and centers to work with workplaces to implement employee health promotion and create friendly and healthy work environments.

- 2015 ▶ The “Tobacco Hazards Prevention Badge” was no longer issued in the context of healthy workplace accreditation, but the “Health Initiation Badge” and “Health Promotion Badge” was still awarded.

- 2017 ▶ The Healthy Workplace Creativity Golden Pin Award competition was held for the first time.

- 2022 ▶ A total of 1,673 units certified as healthy workplaces.

Target Indicators

In 2022, there were 1,673 certified healthy workplaces in Taiwan and HPA handled the selection and commendation of excellent healthy workplaces.

Policy Implementation and Results

1. Advancing health promotion and tobacco hazards prevention and control in workplaces, HPA encourages workplaces to advance health promotion issues, including physical activity, healthy diets, tobacco, and betel-quid hazards prevention, healthy bodyweight management, 4 main cancer screenings, adult preventative care services, chronic disease management, women’s workplace health and mental health promotion.

- (1) In 2022, onsite guidance was provided to 278 workplaces and 4 healthy guidance workshops were held.
- (2) HPA actively promotes Healthy Workplace Certification, including the Health Initiation Badge and Health Promotion Badge. In 2022, a total of 1,673 workplaces passed the certification. The certification content is as follows:

- A. Health Initiation Badge: A workplace that has achieved results in smoking prevention better than those required in the Tobacco Hazards Prevention Act, and a workplace that has already begun activities related to health promotion
 - B. Health Promotion Badge: A workplace that has used the 2010 WHO Healthy Workplace Framework and Model to assess and delineate workplace employee health problems, formulate an annual plan, and take concrete action
- (3) In 2022, we commended 30 workplaces as outstanding in this regard and 4 staff as Excellent Healthy Workplace Promoters.

2. HPA conducts surveys of the health promotion and smoking status of the working population every two years and tracks the effectiveness of a healthy workplace promotion continuously.

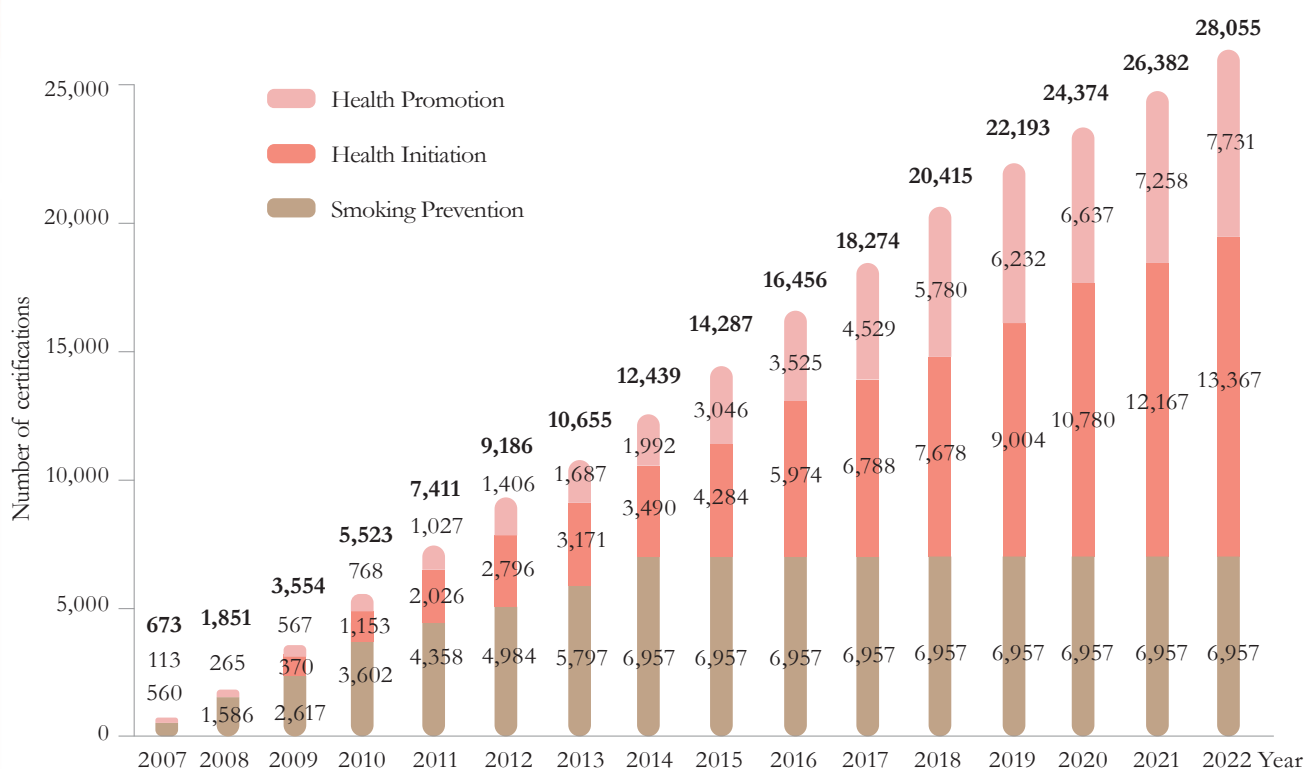


Figure 4-5 Cumulative number of certified healthy workplaces from 2007 to 2022

Health Promoting Institutions

Status Quo

The WHO published the “Implementing Health Promotion in Hospitals: Manual and Self-Assessment Forms” to provide hospitals with a structure, system, process and quality assessment for evaluating their own health promotion policy. This acts as a program and guide to the implementation and continued improvement of health promotion services.

Over 600 hospitals representing 20 national or regional networks from countries across Europe, America, Asia, Africa, and Oceania have joined the International Network of Health Promoting Hospitals and Health Services (HPH).



Target Indicators

A total of 136 hospitals became members of the International HPH Network by the end of 2022.



Policy Implementation and Results

Health promoting hospital and international cooperation

(1) Training and growth of health promoting hospitals

In 2022, Taiwan had 136 health care organizations that were successfully certified and entitled to join the International HPH Network, including 136 hospitals, (Figure 4-6, 4-7). The Taiwan HPH Network has remained the largest network within the international network since 2012.

- 2002 ▶ Taipei City took the lead in setting healthy hospital evaluation standards.

- 2005 ▶ Taipei Municipal Wanfang Hospital became the first hospital in Asia to gain membership in the International HPH Network.

- 2006 ▶ HPA applied to the WHO International HPH Network to establish a “Taiwan Health Promoting Hospital Network” and became an official member of the network, as well as the first online member in Asia.

- 2007 ▶ HPA established the Taiwan Society of Health Promoting Hospitals.

- 2008 ▶ HPH has grown to include 6 networks (US, Australia, Japan, South Korea, Hong Kong and Taiwan), with 239 member hospitals in 8 countries.

- 2016 ▶ As an “observer,” Taiwan network joined the Governance Board and was responsible for promoting in the Asia-Pacific region and conducting conference.

- 2019 ▶ HPA and HPH Clinical Health Promotion Journal (CHP) jointly published a special issue on Taiwan: “Health Promoting Hospitals and Health Services Development and Achievements in Taiwan.” For the first time, 15 papers were published in a special issue at an international conference, sharing Taiwan’s diverse achievements in health promotion and medicine.

- 2020 ▶ Taiwan has 137 healthcare institutes that are certified with international health promotion hospital memberships.

- 2021 ▶ Taiwan has 136 hospitals that are certified with international health promotion hospital memberships.

- 2022 ▶ Taiwan has 136 hospitals that are certified with international health promotion hospital memberships.

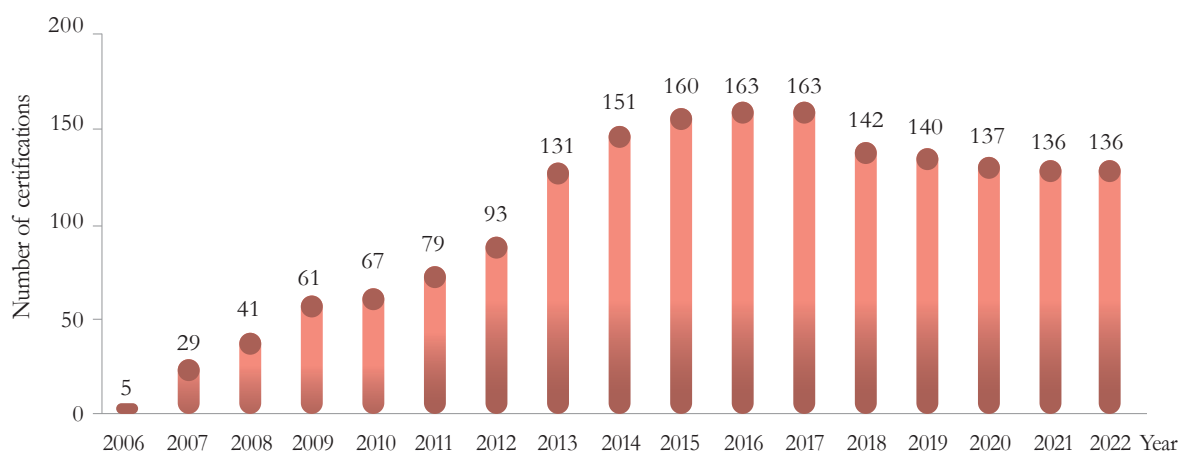


Figure 4-6 Number of members of HPH Network 2006-2022 in Taiwan

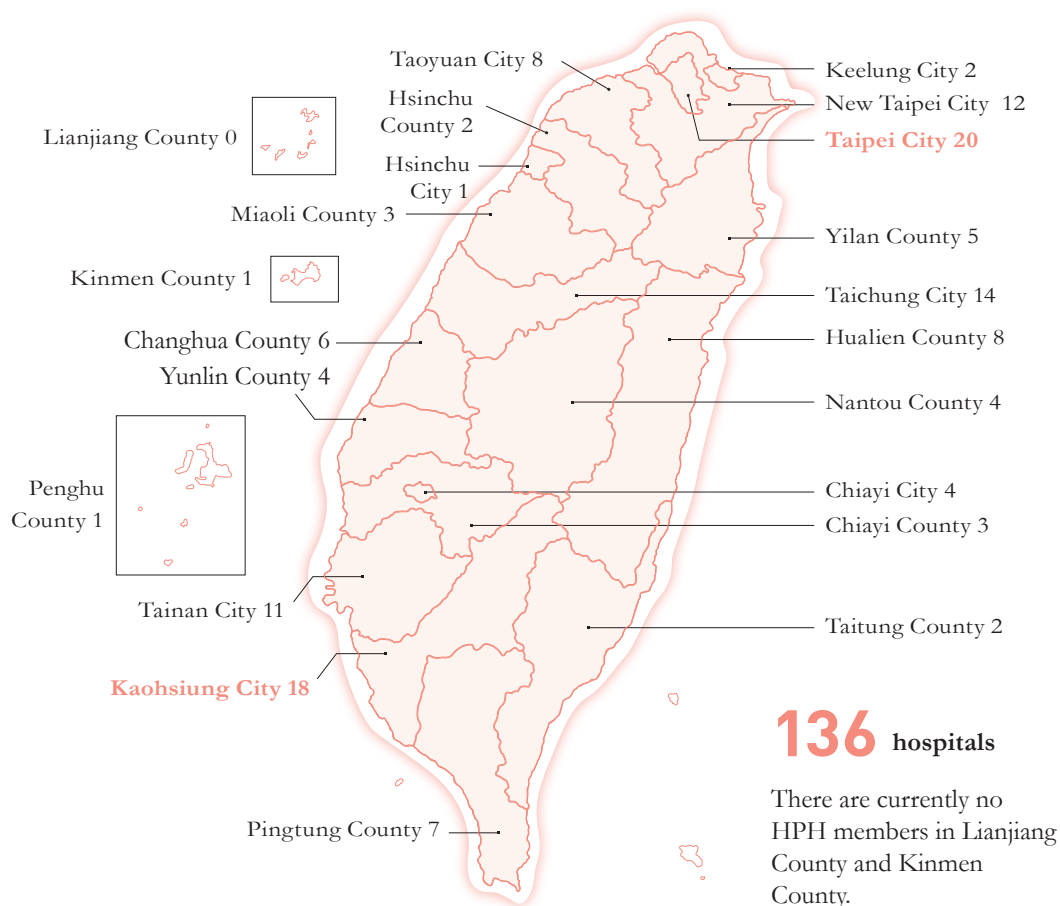


Figure 4-7 2022 HPH Network membership by city and county

(2) Promotion of Health Promoting Hospital 2.0, leading international development

To encourage hospitals at different levels to join “Health Promoting Hospital 2.0” initiative and engage in health promotion efforts, the HPA streamlined the process for hospitals to join the “Health Promoting Hospital 2.0” program. Additionally, it enhanced the provisions for health-promoting hospitals based on hospital levels and divided the original provisions into “Medical Center and Regional Hospital Version” and “Regional Hospital Version.” Furthermore, the HPA is planning to merge similar programs, such as Healthy Hospitals, Diabetes Health Promotion Institutions (DHPI), and Chronic Kidney Disease Health Promotion Institutions, to reduce the administrative costs associated with individual hospital evaluations.

- 2009 ▶ The International HPH Secretariat adopted a resolution to commission Taiwan to direct the promotion of climate and environmental issues emphasized by WHO.

- 2010 ▶ A task force on HPH and Environment was established.

- 2014 ▶ The four-year stage mission of the international committee ended and its role was taken over by a civic group.

- 2019 ▶ The Sustainable Health Hospital Blueprint and Advanced Indicators and Guide were formulated to help hospitals move towards the objective of sustainable health.

- 2020 ▶ Indicator/guide of environmentally friendly hospital literacy materials were revised and produced.

- 2021 ▶ 2021 certification clauses were optimized and simplified, and health promoting hospital 2.0 guide and example developed.

- 2022 ▶ HPA Improved the provisions for health-promoting hospitals based on hospital level. The original clause will apply to the “Medical Center and Regional Hospital Edition,” while a separate “Regional Hospital Edition” was developed. There were also plans to study and formulate an advanced plan for the future of health hospitals, aiming to encourage the participation of more hospitals in health promotion.



5

Healthy Aging

New stage of happy aging

Active Aging	72
Debility Prevention and Dementia-friendly Environment	74
Age-friendly Environment	77





22 cities

All 22 cities and counties in Taiwan promoted age-friendly cities.



100%

100% coverage was achieved in early stage debility prevention and health promoting services.



HPA organized basic staff training for community prevention and delay of disability. As of 2019, a total of 4,173 instructors and 857 helpers had been trained.



94 communities

The government implemented the Dementia-friendly Community Program. A total of 94 dementia-friendly communities were established between 2018 and the end of 2022.



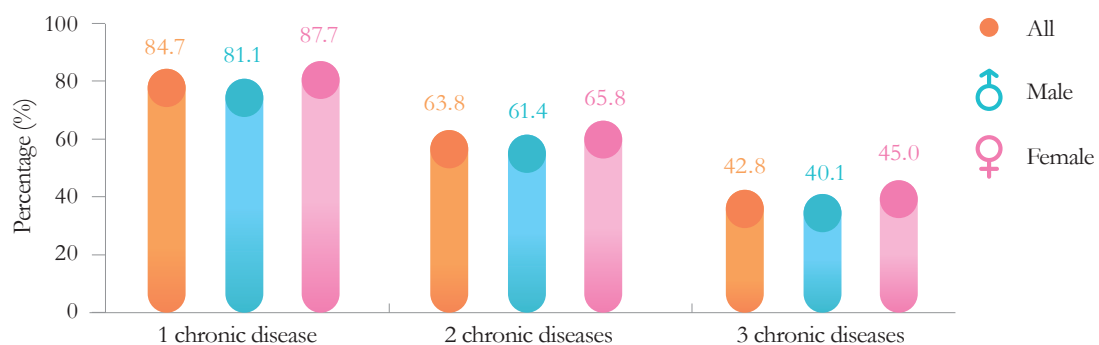
Active Aging

Status Quo

The average life expectancy in Taiwan for those born in 2019 was 80.86 years, 77.69 years for men and 84.23 years for women.

As the “2017 National Health Interview Survey” demonstrated, as high as 84.7% of the seniors reported that they had been diagnosed by a doctor with at least one chronic disease, with elderly women reporting a higher rate than men (Figure 5-1).

Studies show that the most common chronic diseases among seniors are hypertension and diabetes mellitus, while women are vulnerable to osteoporosis.



Source: 2017 National Health Interview Survey

1. Sample size: 3,283 (1,531 male; 1,752 female)

2. The 17 types of chronic diseases include: hypertension, diabetes, heart disease, stroke, lung or respiratory diseases (bronchitis, emphysema, pneumonia, lung disease, and asthma), arthritis or rheumatism, gastric ulcers or stomach illness, liver or gallbladder disorder, hip fractures, cataracts, kidney disease, gout, spinal bone spurs, osteoporosis, cancer, hyperglycemia and anemia.

3. Weighted percentages

Figure 5-1 Citizens aged 65 or above who report that they have been diagnosed with chronic diseases

Target Indicators

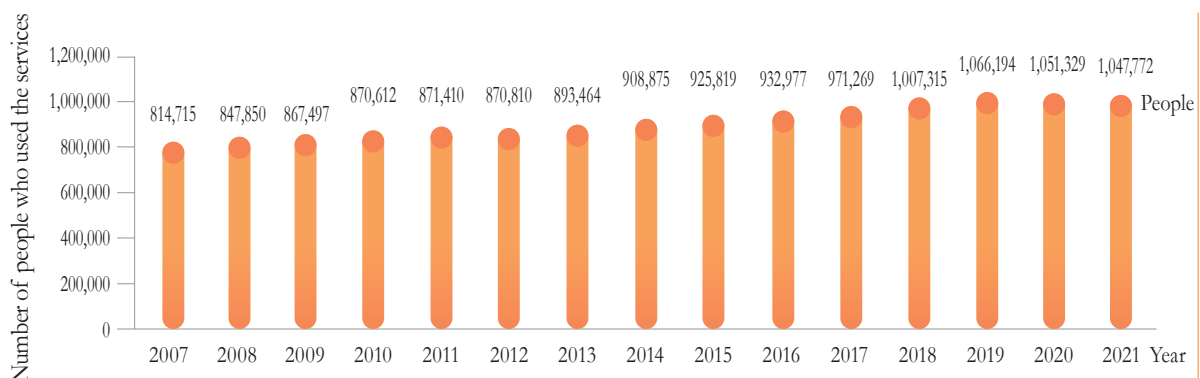
1. In 2021, approximately 1,000,000 seniors over 65 used Adult Preventive Healthcare Services.
2. All 22 cities and counties in Taiwan promoted Age-friendly Cities.
3. HPA continuously guides care organizations to provide age-friendly services, and promotes the number of age-friendly health care organizations to exceed 880 by 2022 (including the number of clinics passing the self-assessment of age-friendly services).

Policy Implementation and Results

Policies governing preventive healthcare services, integrated screening services, and health promotion for seniors are implemented in accordance with the unique characteristics and needs of seniors in communities. Relevant issues include healthy diets, exercise, fall prevention, drug safety of seniors, chronic disease prevention, health screening, and blood pressure measurement. In addition, HPA promotes Age-friendly Healthcare Institutions and Cities with the goal of creating age-friendly healthcare environments and services.

1. Seniors using adult preventive healthcare services

The government provides preventive healthcare services once a year to seniors over 65. The service includes a physical examination, blood and urine tests and a health consultation (Figure 5-2). Local health bureaus are encouraged to work with primary medical institutions to integrate healthcare resources, improving service accessibility by providing community-based screening. Of the 1.048 million seniors who used this service in 2021, abnormalities in cholesterol, blood pressure and blood sugar were discovered in 256,000 (24.3%), 238,000 (22.6%) and 101,000 people (9.6%), respectively.



Source: National health insurance payments for preventive healthcare services

Figure 5-2 Utilization of adult preventive healthcare services by seniors aged 65 or above between 2007 and 2021

2. Promoting senior health

(1) Integrating local resources to promote senior health

Through health bureaus and community medical institutes, we integrated local resources such as healthy cities, safe communities, health promoting communities, community care centers and senior citizens learning centers. In addition, health promotion activities were conducted according to the specific characteristics and needs of seniors in communities. The aim is to strengthen their independence and allow them to live healthy and autonomous lives. When seniors are less dependent, they can also play a more active role in society.

(2) Utilizing technology to deliver health awareness to remote communities

Using information technology as a vehicle to overcome the inconvenience of the transportation and the shortage of teachers, HPA provides remote health promotion

teaching or consultation services for rural and indigenous seniors and develops a localized service model based on the different needs of elders in the community, so as to increase the activity and healthy aging of for rural and indigenous seniors. In 2022, HPA provided a total of 111 classes (including seniors exercise, diet, food, and nutrition) at a total of 20 community venues in first-level remote areas and aboriginal ethnic areas of eight counties and municipalities, including Yilan, Pingtung, Miaoli, Taoyuan, New Taipei, Chiayi, Taichung and Taitung Counties. Additional 76 courses have been provided to the general public and community, with the total number of contacts reached by the interactive online courses amounting to 44,595 people.

(3) Improving senior tobacco cessation counseling hotline services

In 2022, a total of 2,594 seniors aged 65 and older received Taiwan Smokers' Helpline (TSH) services.

Debility Prevention and Dementia-friendly Environment

Status Quo

Rapid population aging and chronic disease can lead to increased occurrence of health issues such as disability and dementia, putting a heavy burden on the nation's long-term care system. According to statistics from the Ministry of the Interior, in 2022, people over the age of 65 accounted for more than 17.56% of the total population of Taiwan, making it officially an "aging society." By the end of 2021, the number of over-65s was almost 3.94 million, approximately 16% of the population. In 2017, MOHW's Senior Citizen Situation Survey showed that debility in people over 55 (based on the Study of Osteoporotic Fractures (SOF) criteria) increases with age. Multiple chronic diseases can substantially increase the risk of debility and disability. HPA's 2017 health survey showed that 85% of over-65s had at least 1 type of chronic disease, and 64% had at least 2 types of chronic diseases.

The WHO points out that regular physical activity of moderate intensity helps reduce the risk of cardiovascular diseases, diabetes, colon cancer, breast cancer, depression, and hip joint or spine fractures. Academic research indicates that adequate exercise also reduces the risk of debility and dementia. The WHO suggests that those aged 65 years and above should do at least 150 minutes of moderate-intensity physical activity throughout the week. It also recommends that seniors perform physical activity to promote balance and prevent falls three times a week.

Target Indicators

100% coverage was achieved in early stage debility prevention and health promoting services.



1. Deepening sports health training

A sports intervention model that is evidence-based and can reverse frailty has been developed. A total of 16 hours of training courses were offered to medical and sports professionals, and a Resource Toolkit was provided for use in community teaching by instructors who have completed training.

Basic training was provided for staff involved in community prevention and delay of disability. From 2019, a total of 4,173 instructors and 857 assistants had completed training.

HPA has organized the “Preventive and Deferred Disability Care Program for New Teacher Training Scheme” to train a total of 96 professional teachers, 1,572 instructors and 76 facilitators by 2022 to expand the capacity of training teachers.

HPA has developed multiple empowerment courses, running ICOPE and Vivifrail training courses in 2021 as part of the “ICOPE and Vivifrail Intervention Staff Training Pilot Program.” Also in 2021, we combined inter-departmental resources for “Disability Prevention and Delay Instructor Training” to meet the needs of instructors in the field, and set up the “Disability Prevention and Delay Instructor Training Management System.” In 2022, a total of 15,000 instructors nationwide were given 15 credits (5.4 hours) of online training as part of a senior health integrated evaluation pilot scheme. Existing trainers (including professional trainers and instructors) of the “Preventive and Deferred Disability Care Services Program” are required to complete 15 points (5.4 hours) of online training by June 30, 2022, and about 1,703 professional trainers and 9,360 instructors completed in accordance with the deadline.

(2) Organizing community-based and proactive health management

Focusing on frail, sub-healthy and healthy elders, HPA subsidized 22 counties and cities to organize 585 community-based elderly health promotion courses in 2022, including exercise intervention, healthy aging and cognitive function training, serving about 17,000 people. Analyzing the data of participating seniors, the 12-week intervention is helpful in maintaining and providing seniors with interpersonal interactions, emotional functioning, and reducing the number of falls.

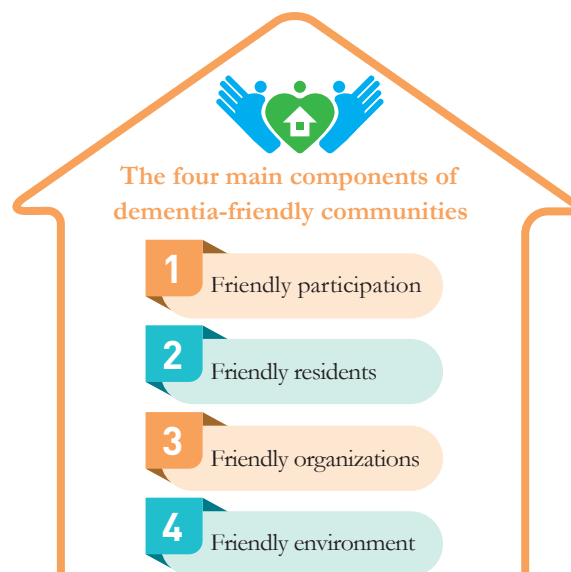
Starting from August 1st, 2022, more than 4,000 prevention and delayed disability service sites nationwide use the ICOPE Self-Assessment Scale to conduct pre- and post-test assessments for seniors, and then review or refer to hospitals if there are any abnormalities.

3. Advocating healthy life in old age

In 2021, to address the aging society, promote the healthy aging of senior citizens and extend prevention capacity, HPA engaged in “Disability Prevention and Delay Multi-activity Exercise Modular Film and Learning Material Creation” project. Based on the “Integrated Care for Older People Guidelines” issued by the WHO in 2019, we produced 10 “Senior Health Integrated Evaluation” videos. Based on EU’s “Vivifrail Physical Exercise Passport,” we produced 7 Vivifrail senior exercise videos and printed Vivifrail handbooks, posters and leaflets. We also issued the press release of “Seniors Exercise at Home – get in shape and stay healthy” and “Senior Sitting Exercises – keep moving well” to encourage senior citizens to maintain active lives.

4. Promoting dementia prevention work

(1) The government implemented the Dementia-friendly Communities Program, establishing 94 dementia-friendly communities from 2018 to the end of 2022, providing courses and events for over 1.9 million people. The program also recruited 453,000 dementia angels (residents) and 11,000 dementia-friendly organizations, linking community resources and support networks to proactively care for and support dementia sufferers and their families (Figure 5-6).



- (2) For its “Dementia-friendly Integrated Resource Platform,” HPA collected and published a wealth of dementia and dementia-friendly community education materials developed by HPA and various county and city governments. Various types of handbooks, infographics, films, leaflets and presentations, were provided for the whole nation and frontline health workers to download, read, and share. In 2022, to expand dementia-friendly fields, HPA integrated dementia-friendly service processes (including in transport, art and finance), and developed dementia-friendly angel training leaflets and media, and released the advocacy podcast series “What you don’t know about dementia sufferers – Let’s chat over a cup of coffee and find out!” We also compiled the “Dementia-friendly starts with a smile – Dementia-friendly service handbook,” and developed a series of online courses such as “Wonderful Memories of a Good Life” to provide dementia caregivers with the necessary resources.
- (3) For World Alzheimer’s Month, HPA conducted a dementia-friendly advocacy campaign to highlight the experiences and challenges faced by dementia sufferers in their daily lives and help create a dementia-friendly society. In May 2022, a press conference on “Grandpa from the Forgotten Planet, Understanding Dementia through Picture Books” was held to encourage school-age children to take the initiative in caring for the elders and the demented in their families. “With dementia friendliness you won’t get lost, Hope action +1” was held in August to advocate for support, understanding, and solidarity with the demented and their families. A press conference on the release of the “Be Your Own Gold Medalist in Health” dementia-friendly microfilm was organized in September, to call for the public’s attention to dementia, so as to raise the awareness of dementia, so as to work together to create a caring and accommodating environment that is friendly to the dementia community.

5. Increasing opportunities for elders’ social participation

HPA continues to organize the “Elderly Active Aging Competition,” allowing community groups and local elders to form teams to participate in the competition through exercises, to move their bodies and limbs, to prevent and delay disability, to interact with team members, to increase interpersonal and social participation, and to practice local aging and active aging.

In 2022, there were a total of 252 teams from 21 counties and municipalities participating in the competition, with a total of 6,945 elders, the average age of whom is 67 years old, and the cumulative total of 580,000 participants in the past 12 years.

6. Promoting the Senior Fitness Club subsidy program

In order to delay elderly debility and dementia, HPA came up with the “Forward-looking Infrastructure Development Program—urban and rural project 2.0 Public Service Point Maintenance—Senior Fitness Club Subsidy Plan.” On September 17th 2020, Executive Yuan approved the plan. This plan is scheduled from 2021 to 2025, with a total of 288 service points and total budget of NT\$ 288 million. In 2022, a total of 20 service points in 76 counties and cities were approved, continuing to expand the services they provide.

7. Hospitals promoting the Senior Healthcare Program for Disability Prevention and Delay

In response to population aging, since October 2019, HPA subsidized hospitals to expand screening and prevention strategies for delaying senior debility and disability. These strategies helped senior citizens to maintain their existing levels of ability while receiving acute medical treatment, reducing the level of disability. Community resource transfer networks were also established, enabling seniors to obtain continuously integrated assessment and care services. In 2022, a total of 34 hospitals have been subsidized and around 180,000 emergency patients, 10,000 inpatients and 13,000 outpatients used the service. In addition, HPA has compiled the practical experience of hospital staff and the results of implementation and compiled the “Hospital Development of Elderly Friendly Service Models with the Concept of Delayed Disability” for the reference of hospital health care staff for further promotion.

8. Promoting elderly health integrated evaluation for early discovery of functional problems

In 2020, HPA introduced Integrated Care for Older People (ICOPE) and provided integrated evaluations for community elders who are over 65 years of age, covering cognitive functions, mobile abilities, nutrition, hearing abilities, vision, and depression status. The evaluations enabled early discovery of functional deterioration and early intervention and utilization of related resources, in order to achieve the goals of prevention and delaying the onset of disability. In 2022, HPA has set up an official LINE account for “Elderly Measurement of Six Forces” to enhance public awareness, with a cumulative total of more than 70,000 friends. It has also piloted the provision of functional assessment for the elderly over 65 years of age, with a service for about 83,000 people, and has provided relevant counseling on intervention resources for cases of assessment irregularities.

Age-friendly Environment



The HPA has promoted age-friendly cities since 2010. In 2019, it made age-friendliness a main focus, and promoted an age-friendly, dementia-friendly and caring community program. The building of a healthy public policy framework includes environment, services

and policies. We need to improve facilities and services to better connect communities, businesses, charities and religious groups to build community partnerships. In this way, the strength of the community is enhanced so that seniors, those suffering from dementia and chronic illnesses or receiving palliative care are no longer merely looked after, but also able to live independent and autonomous lives. They may even be able to participate in society by being volunteers, sharing their experience and knowledge, or assisting homecare. The ability to continue to make a contribution brings them closer to the target of “less illness, slower aging and living well,” enhancing quality of life well into old age.

Policy Implementation and Results

1. Promoting age-friendly cities

The WHO published its “Global Age-friendly Cities: A Guide” in 2007, which focused on eight domains to improve and create age-friendly urban environments (Figure 5-3). Based on these eight domains, Taiwan made Chiayi its first pilot age-friendly city in 2010, and in 2013, the project was extended to all 22 counties and cities in the country. Taiwan is the first country in the world to have all its cities and counties sign agreements to promote age-friendly cities. In 2022, subsidies were provided to all 22 municipalities to create 174 age-friendly communities.



Figure 5-3 Eight domains of focus in the WHO’s “Global Age-friendly Cities: A Guide”

(1) Promoting age-friendly cities from public policies to county and city environments

Municipal and county governments are encouraged to incorporate the promotion of age-friendly cities into their administrative policies and establish age-friendly city promotion committees as decision-making centers for program implementation with the mayors/magistrates as chairpersons.

(2) Building an age-friendly supportive environment

To improve the urban environment, reduce barriers and increase social engagement, HPA has subsidized local governments to develop special plans based on the needs of the elderly population.

(3) Increasing the powers of cities and counties to promote age-friendly cities

In order to expand the impact of age-friendly actions, HPA has empowered community health promotional workers to focus on the needs of the elderly, utilize community resources and increase partnership relationships. To increase the capacity of health

promotion work, we also guide the promotional programs of counties and cities, and connect local health service networks for both healthy and sub-healthy elderly.

(4) Conducting age-friendly cities selection events

In order to support and encourage local governments to work across different bureaus and departments, HPA conducted the “Healthy City and Age-friendly City Award” selection event. In 2022, a total of 361 works were nominated and 43 agencies were selected for the award (Figure 5-4).

Items	Award categories	Statistics of submissions	Award nominees
Outstanding awards	County and city division	2	2
	Township, city, and district division	1	1
Healthy city award	City partnership award	56	5
	Resilience and innovation award	32	5
	Health equality award	42	5
	Green city award	69	5
	Accessibility award	44	5
Age-friendly city award	Longevity award	69	5
	Innovation award	20	5
	Active award	26	5
Total		361	43

Figure 5-4 2022 Healthy city and age-friendly city award selection status

2. Promoting institution certification and widespread adoption of age-friendly healthcare

(1) The promotion of “Certification of Age-friendly Hospitals and Health Services”

HPA has developed “Taiwan’s Framework of Age-friendly Hospitals and Health Services Version 1.0,” based on the three main age-friendly health care principles from WHO’s “Toward Age-friendly Primary Health Care” published in 2004 and the five standards of Health Promoting Hospitals (HPH). The framework encompasses four standards and 60 items. The core values of this framework are “health,” “humanity,” and “human rights,” and the vision is to promote health, dignity and participation for persons of older ages. The framework was launched in 2010. In 2017, due to the simplification of the assessment policy, HPA consolidated the recognition of age-friendly hospitals and health services into Healthy Hospital Certification. For the service patterns of different health care institutions, we developed Taiwan’s Framework of Age-friendly Hospitals and Health Services Version 2.0. This encompasses management policy, communication and services, friendly environment, health promotion (in long-term care service institutions for employee and resident health promotion) and community services and referrals (Figure 5-5). From 2021, HPA have also promoted self-assessment of age-friendly clinics, and developed a self-assessment form.

WHO	3 Principles of age-friendly care	5 standards for health promoting hospitals
Age-friendly Healthcare Framework	Core values: Health, humanity, human rights	Mission statement: Enhance the health, respect and participation of seniors
Age Friendly Health Care Organizations (Health Centers and Clinics)	5 major criteria	Provide elderly-friendly support and medical services and integrate local resources to provide reference for the creation of an age-friendly health promotion service area.
Healthy Hospitals	8 major criteria (Criterion 6 is age-friendly)	

Figure 5-5 Understanding age-friendly health care organizations in our country

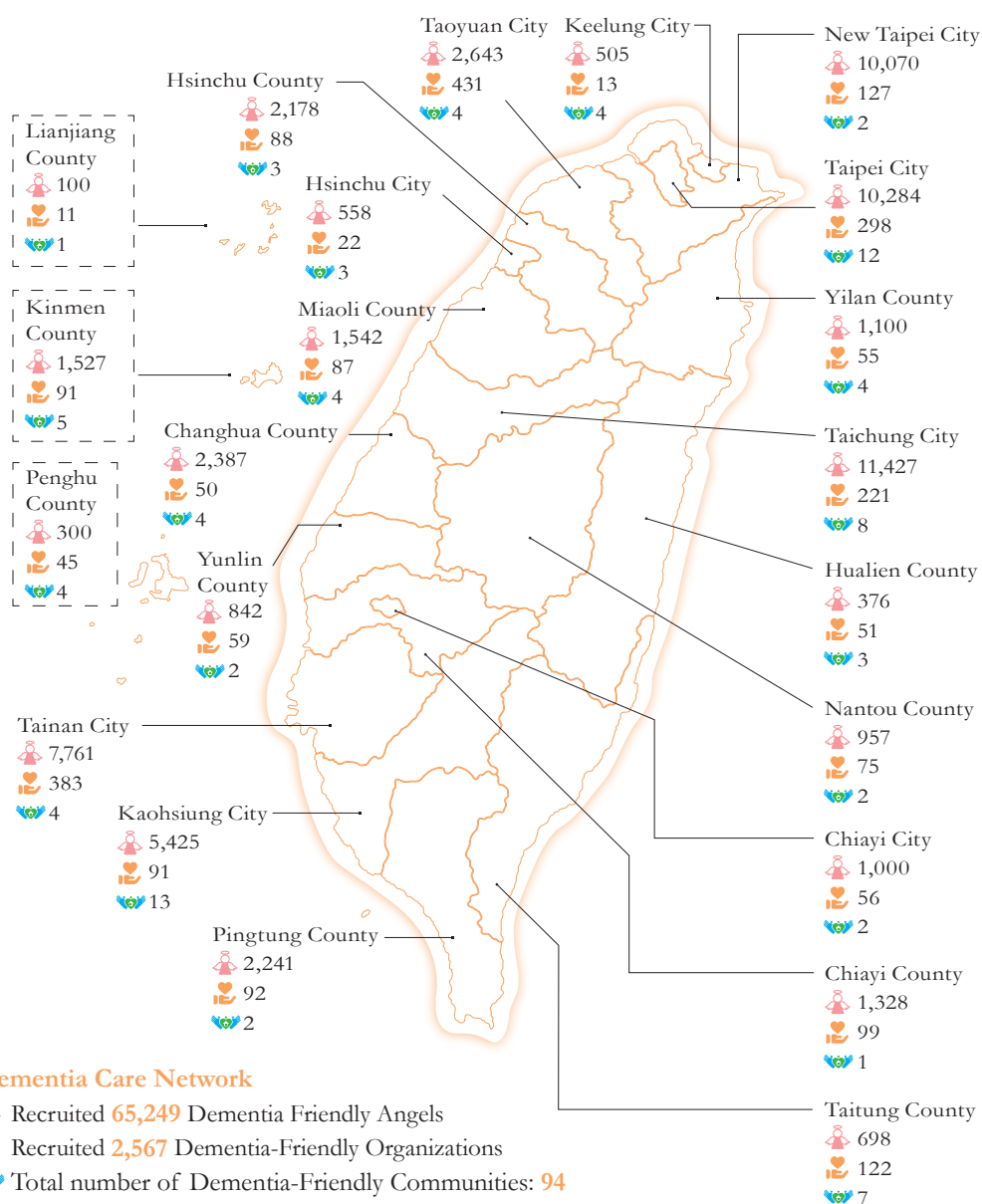
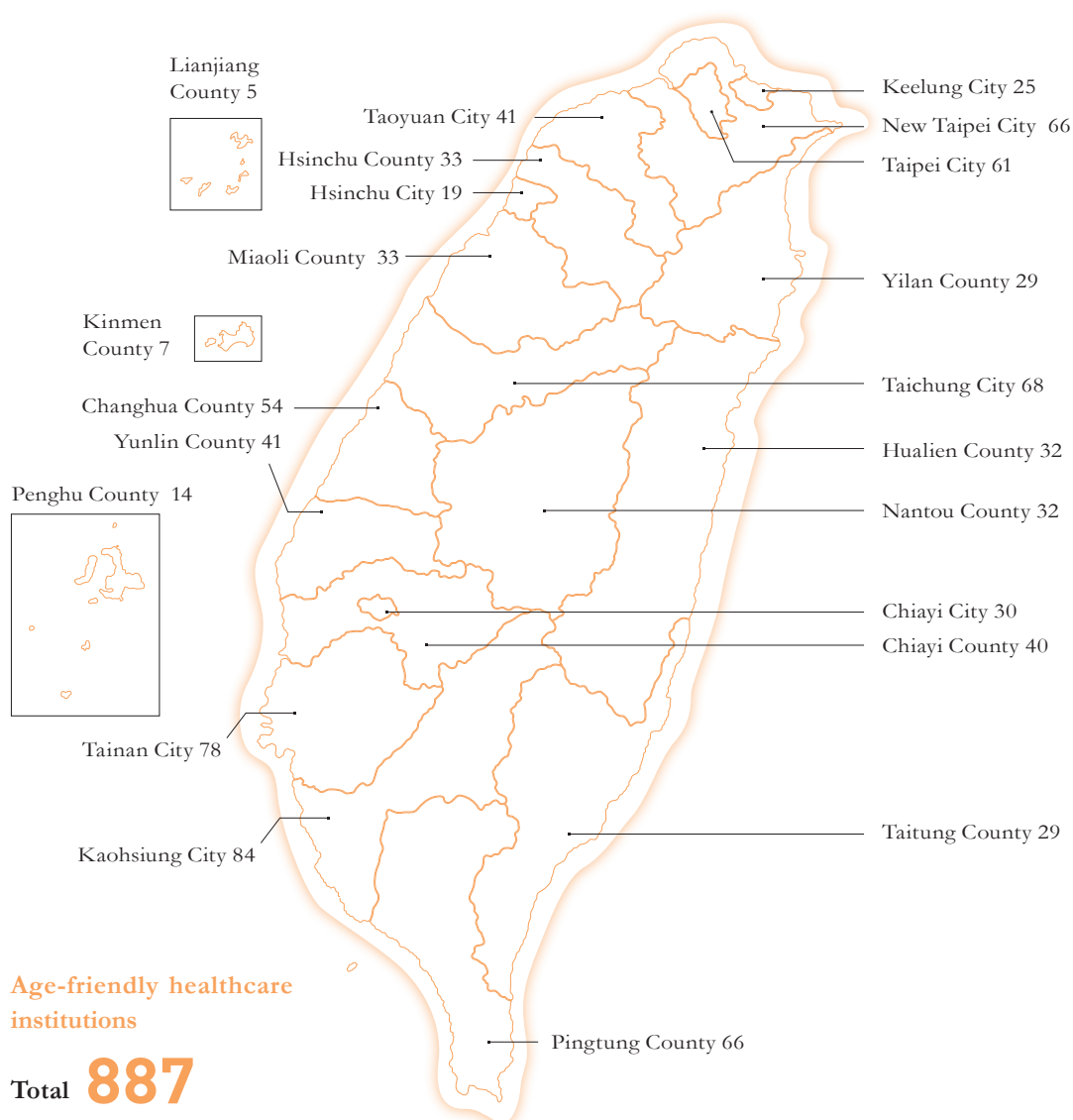


Figure 5-6 Achievements of dementia care network in 2022

(2) Age-friendly hospitals and health services guidance and development

1. To further drive the trend of age-friendly healthcare, in 2022, local health bureaus in each county and city integrated and recruited healthcare institutions within their jurisdiction and guided their continued implementation of health promotion work and age-friendly services.
2. To simplify and optimize certification operations, HPA collected and analyzed the opinions of healthcare institutions (health centers, long-term care institutions and clinics) on application of the certification provisions. Strategies to increase the capacity of age-friendly care institutions, such as continuous monitoring work and increased training, were discussed.



NB: In 2021, due to the pandemic, certification was suspended in line with MOHW's "two year suspension of hospital evaluation." The validity of existing certification was extended by two years, and self-assessment of age-friendly clinics was implemented.

Figure 5-7 Distribution of age-friendly healthcare institutions in 2022

6

Non-Communicable Disease Prevention

Inquiry of chronic disease prevention

Prevention and Control of Major Chronic Diseases

84

Cancer Prevention and Control

90





362, 254

By 2022, 362 diabetes health promotion institutions have been established.

There are a total of 254 kidney disease health promotion institutions.



96.7%

In 2022, promote the establishment of a total of 578 diabetes support groups, covering nearly 96.7% of the country's townships and urban areas.



50.0%

A total of 50.0% of women aged 30 to 69 received cervical cancer screening in the past 3 years.



33.8%

A total of 33.8% of women aged 45 to 69 received mammography screening in the past 2 years.



30.0%

A total of 30.0% of people aged 50 to 74 have received colorectal cancer screening in the past 2 years.



In 2021, chronic disease was the leading cause of death (Table 6-1) in Taiwan. These diseases, which are a common problem during the aging process, account for almost 60% of all deaths. HPA aims to achieve early detection through health screening and active creation of a health-supportive environment.

Table 6-1 10 Leading Causes of Death in Taiwan 2021

	Cause of death	Hypertensive disease	Crude death rate (Note 1)	Standardized death rate (Note 2)
1	Malignant neoplasms	51,656	220.1	118.2
2	Heart disease (other than hypertensive disease)	21,852	93.1	45.6
3	Pneumonia	13,549	57.7	25.3
4	Cerebrovascular disease	12,182	51.9	25.2
5	Diabetes mellitus	11,450	48.8	23.8
6	Hypertensive diseases	7,886	33.6	15.2
7	Accidental injury	6,775	28.9	20.0
8	Chronic lower respiratory tract diseases	6,238	26.6	11.7
9	Nephritis, kidney diseases, and kidney pathology	5,470	23.3	10.9
10	Chronic liver disease and cirrhosis	4,065	17.3	10.4

Source: Cause of Death Statistics, MOHW

Note: 1. Death rate calculated per 100,000 people

2. The standardized death rate is based on the 2000 WHO world population and age structure.

Prevention and Control of Major Chronic Diseases

Status Quo

According to the Nutrition and Health Survey in Taiwan (NAHSIT) conducted between 2017 and 2020, about 5.23 million people suffer from hypertension, 5 million suffer from hyperlipidemia, and an estimated 2.16 million people over the age of 20 suffer from diabetes (Figure 6-2, Figure 6-3, Figure 6-4). Among the top ten causes of death in Taiwan, diseases related to hypertension, hyperglycemia and hyperlipidemia include heart disease (ranked 2nd), cerebrovascular disease (ranked 4th), diabetes (ranked 5th), hypertensive disease (ranked 7th) and kidney disease (ranked 9th).

To prevent early deaths caused by chronic diseases, HPA designated major chronic disease prevention and control targets (Figure 6-1), classifying metabolic syndrome, diabetes, cardiovascular disease and kidney disease as the main targets for prevention and control. Working with local governments and NGOs to reach communities, we conducted health education and advocacy for prevention and control of the “three highs” and metabolic

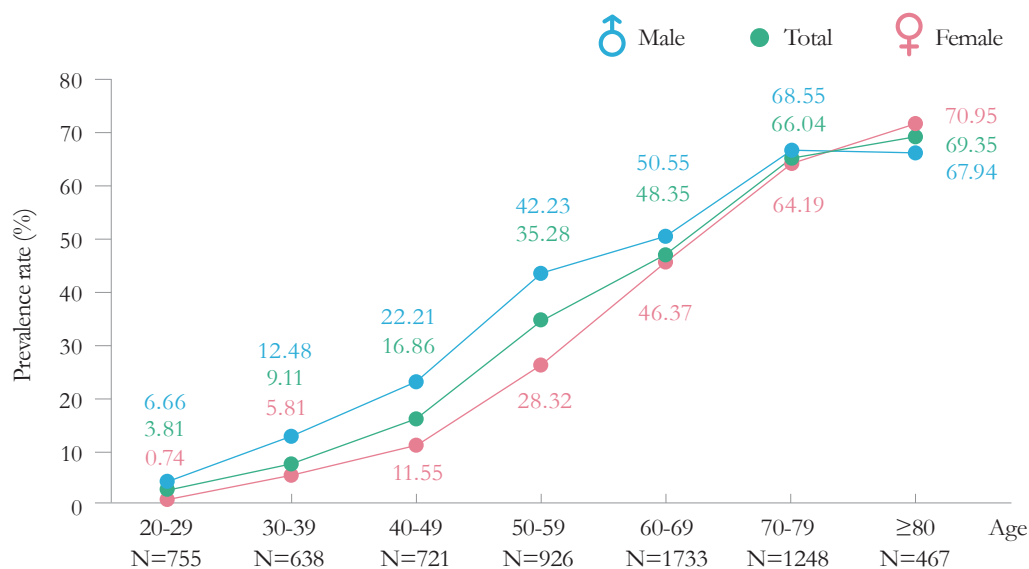
syndrome. On world holidays (Hypertension Day, Heart Day, Diabetes Day, Stroke Day etc.), we coordinated with international campaigns to strengthen health advocacy efforts. In addition, to enable improvement of early disease management for cases of anomalies in the “three highs” (blood sugar, cholesterol and blood pressure), excessive waist circumference and obesity detected in health checkups, we enacted the “Metabolic Syndrome Management Program” in cooperation with the National Health Insurance. Simultaneously developed training courses for medical personnel education, so as to strengthen the professional knowledge of clinical medical personnel in the management of metabolic syndrome, help patients to take appropriate health management steps as early as possible, and encourage healthier lifestyles to avoid disease progression. Those already suffering from major chronic diseases such as diabetes, cardiovascular disease or kidney disease are referred to the appropriate NHI program, helping patients to obtain high quality care and guidance from multi-disciplinary medical teams, reducing disease complications and preventing the occurrence of disability and death.



Preventive goals for major chronic diseases

- Improvement and maintenance of the health of middle-aged and elderly people
- Prevention and delay in the occurrence of chronic diseases
- Enhancement of life quality for patients, family members, and caregivers

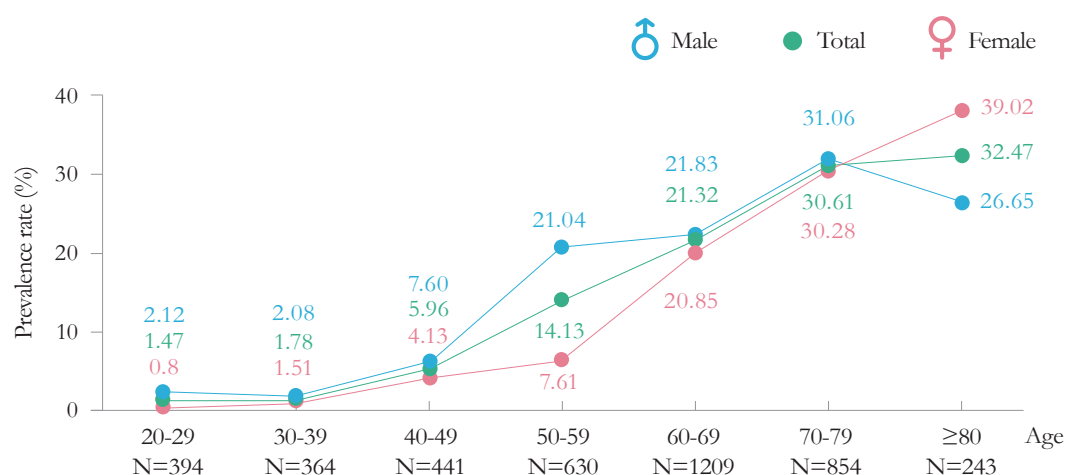
Figure 6-1 Preventive goals for major chronic diseases



Source: Nutrition and Health Survey in Taiwan (NAHSIT), 2017-2020

1. Denominator: Sample with blood pressure measurement values of health check stations. Home blood pressure measurement values are adopted for conversion if no health check station measurements are available.
2. Numerator: Definition of high blood pressure: Systolic pressure ≥ 140 mmHg, diastolic pressure ≥ 90 mmHg, or answer yes on anti-hypertensive medications
3. The results were weighted.

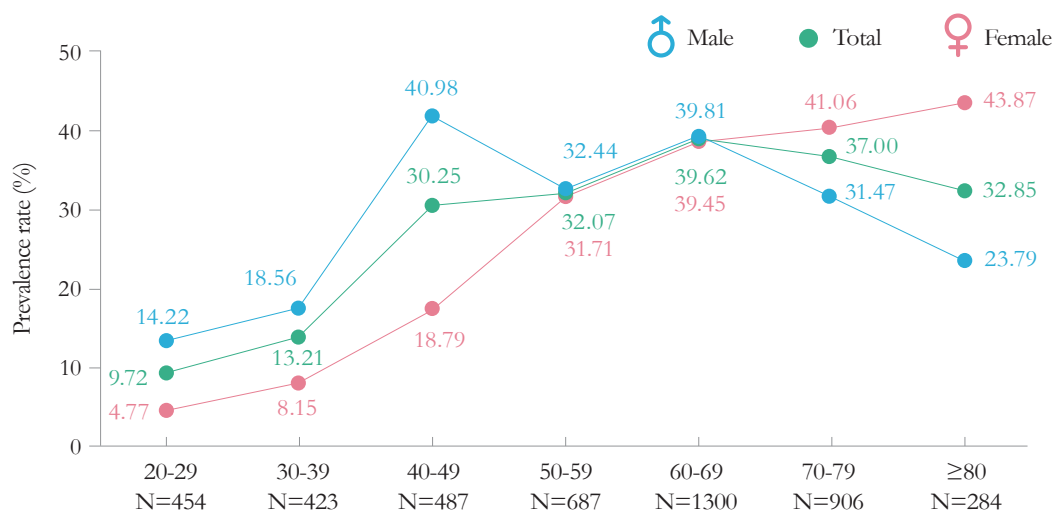
Figure 6-2 Prevalence of hypertension by gender and age, 2017-2020



Source: Nutrition and Health Survey in Taiwan (NAHSIT), 2017-2020

1. Denominator: Sample with fasting blood glucose test
2. Numerator: Definition of hyperglycemia: fasting blood glucose $\geq 126\text{mg/dL}$ (7.0mmol/L) or patients on antihyperglycemic medications
3. The results were weighted.

Figure 6-3 Prevalence of hyperglycemia by gender and age, 2017-2020



Source: Nutrition and Health Survey in Taiwan (NAHSIT), 2017-2020

1. Denominator: Sample of inspected results with excessive cholesterol or triglycerides
2. Numerator: Definition of hyperlipidemia: Total cholesterol $\geq 240\text{mg/dL}$, or triglycerides $\geq 200\text{mg/dL}$, or patients on anti-hyperlipidemic medications (including self-proclaimed use of anti-hyperlipidemic medications or use of medications with anti-hyperlipidemic effects without self-proclaimed use)
3. The results were weighted.

Figure 6-4 Prevalence of hyperlipidemia by gender and age, 2017-2020



Target Indicators

1. As of 2022, there are 362 diabetes health promotion institutions, and 254 kidney disease health promotion institutions.
2. In 2022, a total of 578 diabetes support groups have been established, covering 96.7% of the country's townships and urban areas.



Policy Implementation and Results

1. Raising health awareness among the public

(1) Diversifying health care promotion

We designed educational leaflets, posters, and self-care manuals for the prevention of hypertension and strokes and promotion of adult health checks.

(2) Diversifying promotion channels

We organized press conferences, large-scale educational activities, and promotion through various channels for international chronic disease awareness days, with the aid of health bureaus, NGOs, and community resources.

- A. In 2022, through TV, radio, magazines, and Internet activities, the people have been informed about “prevention of metabolic syndrome,” “screening of hepatitis B and C,” “prevention and treatment of high blood pressure,” “function assessment of the elderly,” “Adult Preventive Health Care” and “Chronic Disease Risk Assessment” health care knowledge. Such delivery methods have reached at least 71 million people.
- B. In order to coincide with the United Nations World Diabetes Day in 2022, together with the Taiwanese Association of Diabetes Educators, The Diabetes Association of the Republic of China (Taiwan), Formosan Diabetes Care Foundation, TAPD and the Taipei City Government, we have jointly promoted “Education to protect tomorrow” to raise people’s awareness and understanding of diabetes prevention.
- C. The HPA organized an online activity to promote the prevention and treatment of high blood pressure “Measure blood pressure together 722GO Health.” The campaign promoted the 722 principles of home blood pressure measurement: “7” mean measuring for seven consecutive days, “2” mean measuring once after getting up in the morning and before going to bed at night, “2” mean measuring twice each time, and taking the average value. Such good blood pressure management is implemented to encourage people over the age of 18 to master their own blood pressure values and provide health education information related to blood pressure through activities. More than 8,000 people were invited to participate in this activity.

- D. In 2022, in conjunction with the Taiwan Millennium Love Health Foundation, the “2022 Metabolic Syndrome Health Examination and Publicity Activities” were held, with the main axis of “Measuring the waist for health,” providing free waist measurement tools to allow the public to implement waist measurement. In addition, through prize giving and lottery activities, the public is encouraged to record their waist circumference, blood pressure, and calf circumference on the NHI Express APP, so as to monitor their health by themselves. Nearly 50,000 people participated in the lottery, and a total of 582,000 paper rulers were distributed. Social media campaigns for the campaign reached 44.6 million people.
- E. In conjunction with the 2022 World Kidney Day, the HPA held a press conference on “Kidney Pressure Control and Health Care” with the Taiwan Society of Nephrology. The event was reported by TV stations, a number of print media and Internet media to strengthen the public’s attention and awareness of kidney diseases.
- F. Through multi-channel advocacy and working with citizen groups, we celebrated three international chronic disease holidays. For example, for World Stroke Day, we hosted a press conference to promote “8 Risk Factors for Stroke” and discrimination of stroke symptoms. On World Heart Day, we held a press conference to remind citizens about heart health to improve the awareness and knowledge of cardiovascular health among people in Taiwan. In conjunction with the “Go Red for Women Day,” we organized the “Celebrities Stand Up” Facebook campaign, live broadcasting and dressing in red online action to care for women’s cardiovascular health. All of these activities increased public attention and knowledge of cardiovascular disease prevention and control.

2. Urging high-risk groups to pay attention to health promotion by improving their behavior and ability to manage their own health

(1) Support groups operating over short distances

In order to improve and strengthen the accessibility of health promotion for high-risk groups of diabetes and diabetes patients, we actively promote support groups for diabetics in Taiwan (Figure 6-5). Among them, promotion activities such as healthy eating, weight control and blood sugar monitoring were carried out.

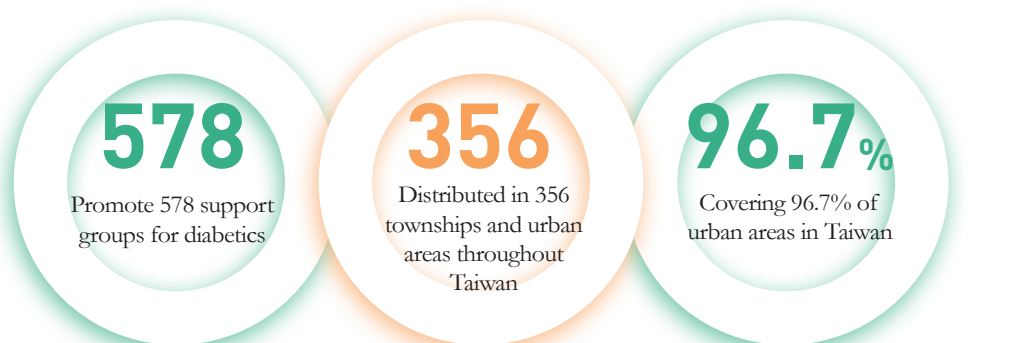


Figure 6-5 Increase the accessibility of health promotion for high-risk diabetics

(2) Manpower improvement and training courses

In order to take into account the service quality of adults for preventive health care, the “Adult Preventive Health Care Service Training Course” has been conducted, and 3 sessions have been conducted in 2022.

3. Promoting self-awareness and self-management in health

(1) Accreditation of diabetes shared care

We promoted the diabetes shared care network across 22 municipalities, and operated a medical personnel accreditation system with reference to HPA’s “Diabetes Shared Care Network Medical Personnel Accreditation Standards.” We simplified the accreditation process for nurses and nutrition specialists, and extended the validity period of accreditation. As to 2022, a total of more than 15,000 clinical caregivers are certified.

(2) Importance on preventive management

As of 2022, there are a total of about 362 diabetes health promotion institutions, providing 1,100 diabetes health educators with trainee and internship opportunities. Focusing on the management of chronic illnesses such as early-stage diabetes and early-stage chronic kidney diseases and strengthening prevention and health protection, the HPA established a primary clinic community treatment network for chronic disease assessment and treatment procedures to improve the quality and capacity of on-site chronic illness prevention and control services.

(3) Excellent healthcare certification badge

In 2022, the HPA held an award ceremony for diabetes health promotion organizations with excellent performance. A total of 5 hospital-level organizations were commended for the feature model award, and 5 were awarded the overall execution achievement model award. In addition, there are 5 grassroots clinics with a total of 5 model awards for new diabetes programs and 10 model awards for overall implementation results.

(4) Comprehensive advocacy of COPD

By making good use of multiple channels to promote smoking cessation prevention, the HPA promotes pulmonary obstruction medical consultation questionnaires, and provides 1-minute 358 step-up test and pulmonary obstruction health education materials. Through the above methods, we will strengthen the public’s use of early assessment tools for pulmonary obstruction and improve self-awareness of the disease.

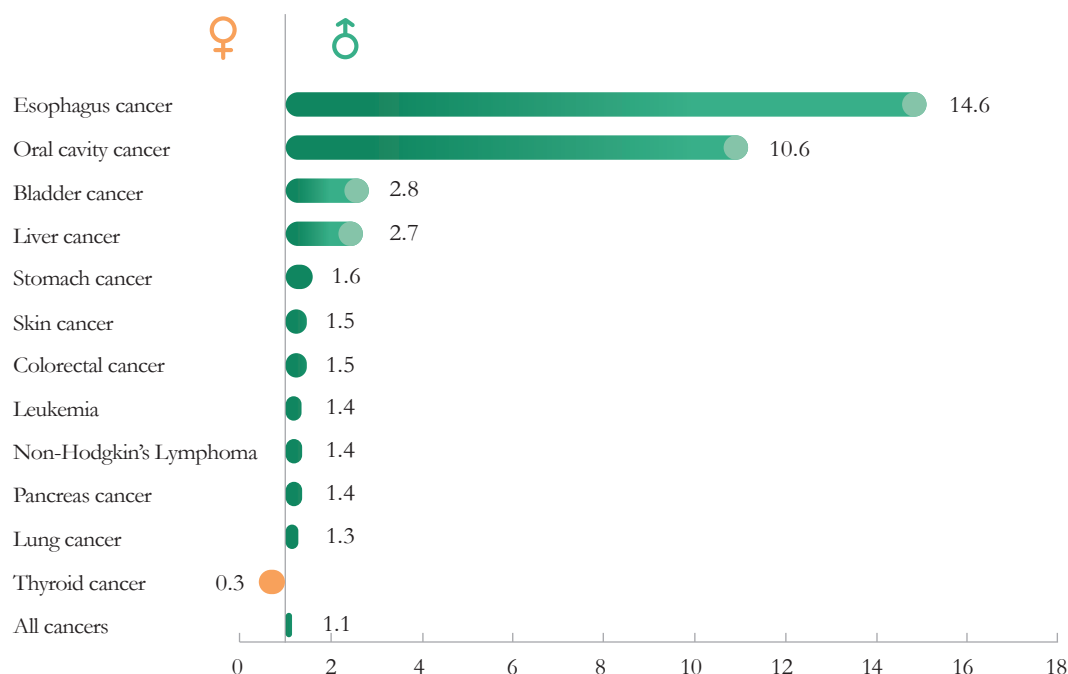
Cancer Prevention and Control

Status Quo

In 1979, the Ministry of Health and Welfare (formerly the Department of Health, Executive Yuan) issued an administrative order that asked hospitals with 50 beds or more to submit summarized reports containing the epidemiological details of all newly detected cancers as well as their diagnosis and treatment processes. The objective was to establish a nationwide cancer registration system. In 2003, the Cancer Control Act went into effect. Article 11 of the statute stipulates that “in order to build up a databank related to cancer control, medical care institutions engaged in cancer control shall submit relevant information to academic research institutions commissioned by the central competent authority,” in order to collect cancer related information.

1. Incidences of cancers

Data shows a total of 121,979 people were newly diagnosed with cancer (63,893 men and 58,086 women), and the standardized incidence rate was 311.3 per 100,000 population (336.2 men and 292.8 women) in 2020. According to the sex ratio of cancer standardized incidence rate, the risk of cancer in men is 1.1 times higher than that in women. Among them, the incidence of esophageal cancer and oral cancer in men is 14.6 and 10.6 times that of women due to higher smoking and betel nut chewing behavior in males (Figure 6-6).



1. Source of data: Cancer registry 2020, Health Promotion Administration, MOHW (excluding carcinoma in situ)
2. Age-standardized incidence rates were calculated using the WHO's world population age structure in 2000. (Unit: per 100,000 people)

Figure 6-6 Sex ratio of age-standardized incidence rates of major cancers in Taiwan in 2020

Inferred from the number of new cancer cases, the top ten cancers in Taiwan in 2020 are (1) colorectal cancer, (2) lung cancer, (3) female breast cancer, (4) liver cancer, (5) oral cavity cancer, (6) prostate cancer, (7) thyroid cancer, (8) stomach cancer, (9) skin cancer, (10) Non-Hodgkin's lymphoma (Figures 6-7, 6-8, and 6-9 show the occurrence of cancer in the country).

2. Statuses of cancer deaths

Based on the statistics of the Ministry of Health and Welfare, in 2022, a total of 51,927 people died of cancer (31,158 men and 20,769 women), accounting for 24.9% of all deaths. The cancer standardized death rate was 116.0 per 100,000 population (male 151.4, female 85.6). In 2022, the top ten causes of cancer death in Taiwan will be (1) lung cancer, (2) liver cancer, (3) colorectal cancer, (4) female breast cancer, (5) prostate cancer, (6) oral cavity cancer, (7) pancreas cancer, (8) stomach cancer, (9) esophageal cancer, (10) ovary cancer (cancer death information for people in Taiwan are seen in Figures 6-10, 6-11, 6-12).

Primary Cancer Site / New Cases / Age-standardized Incidence Rate (per 100,000 people)

1	Colorectal	16,829	40.5
2	Lungs, trachea and bronchus	16,370	39.1
3	Female breast	15,259	82.1 ^{*1}
4	Liver and intrahepatic bile duct	10,982	26.1
5	Oral cavity, oropharynx and hypopharynx	8,277	21.8
6	Prostate gland	7,178	34.9 ^{*2}
7	Thyroid gland	4,932	15.7
8	Stomach	4,257 (3,522)	9.9 (8.1)
9	Skin	4,232	9.5
10	Non-Hodgkin's Lymphoma	3,118	8.1
All cancers		121,979	311.3



1. Source: Cancer Registry 2020, Health Promotion Administration, MOHW.
2. Ranking is based on new cases.
3. Age-standardized incidence rates were calculated using the WHO's world population age structure in 2000.
4. ^{*1}Per 100,000 female population; ^{*2}Per 100,000 male population
5. Gastrointestinal stromal cell tumor (GIST) cases of gastric cancer are regarded as malignant tumors from the year of diagnosis in 2020 (only High Risk GIST is required to report before the year of diagnosis in 2019). Therefore, the brackets below gastric cancer are the number of cases and standardized incidence rate excluding GIST.

Figure 6-7 Statistics on the incidence of top ten cancers in Taiwan in 2020

Primary Cancer Site / New Cases / Age-standardized Incidence Rate (per 100,000 people)

1	Colorectal	9,477	48.6
2	Lungs, trachea and bronchus	8,877	44.7
3	Oral cavity, oropharynx and hypopharynx	7,474	40.9
4	Liver and intrahepatic bile duct	7,617	39.1
5	Prostate gland	7,178	34.9
6	Esophagus	2,668	14.2
7	Stomach	2,464 (2,114)	12.3 (10.5)
8	Skin	2,324	11.5
9	Leukemia	1,549	9.9
10	Non-Hodgkin's Lymphoma	1,719	9.5
All cancers		63,893	336.2



1. Source: Cancer Registry 2020, Health Promotion Administration, MOHW.
2. Ranking is based on age-standardized incidence rate.
3. Age-standardized incidence rates were calculated using the WHO's world population age structure in 2000.
4. Gastrointestinal stromal cell tumor (GIST) cases of gastric cancer are regarded as malignant tumors from the year of diagnosis in 2020 (only High Risk GIST is required to report before the year of diagnosis in 2019). Therefore, the brackets below gastric cancer are the number of cases and standardized incidence rate excluding GIST.

Figure 6-8 Statistical data of the top ten cancers in men in 2020

Primary Cancer Site / New Cases / Age-standardized Incidence Rate (per 100,000 people)

1	Female breast	15,259	82.1
2	Lungs, trachea and bronchus	7,493	34.6
3	Colorectal	7,352	33.3
4	Thyroid gland	3,715	23.5
5	Corpus uteri	3,032	16.3
6	Liver and intrahepatic bile duct	3,365	14.3
7	Ovary, oviduct, and broad ligament	1,824	10.7
8	Stomach	1,793 (1,408)	7.9 (6.1)
9	Skin	1,908	7.8
10	Cervix	1,436	7.8
All cancers		58,086	292.8



1. Source: Cancer Registry 2020, Health Promotion Administration, MOHW.
2. Ranking is based on age-standardized incidence rate.
3. Age-standardized mortality rates were calculated using the WHO's world population age structure in 2000.
4. Gastrointestinal stromal cell tumor (GIST) cases of gastric cancer are regarded as malignant tumors from the year of diagnosis in 2020 (only High Risk GIST is required to report before the year of diagnosis in 2019). Therefore, the brackets below gastric cancer are the number of cases and standardized incidence rate excluding GIST.

Figure 6-9 Statistical data of the top ten cancers in women in 2020

Primary Cancer Site / New Cases / Age-standardized Mortality Rate (per 100,000 people)

1	Trachea, bronchia and lung	10,053	21.8
2	Liver and intrahepatic bile duct	7,781	17.0
3	Colon, rectum and anus	6,853	14.7
4	Female breast	2,834	13.1
5	Prostate	1,830	8.0
6	Oral cavity	3,479	8.5
7	Pancreas	2,769	6.1
8	Stomach	2,277	4.9
9	Esophagus	1,980	4.8
10	Ovary	765	3.7
All cancers		51,927	116.0



1. Source: Causes of Death Statistics, MOHW.
2. Ranking is based on order of crude death rate.
3. Age-standardized mortality rates were calculated using WHO's world population age structure in 2000.

Figure 6-10 Top 10 cancer deaths in Taiwan in 2022

Primary Cancer Site / New Cases / Age-standardized Mortality Rate (per 100,000 people)

1	Trachea, bronchia and lung	6,294	29.9
2	Liver and intrahepatic bile duct	5,202	25.2
3	Colon, rectum and anus	3,951	18.8
4	Oral cavity, oropharynx and hypopharynx	3,192	16.6
5	Esophagus	1,836	9.3
6	Prostate	1,830	8.0
7	Pancreas	1,465	7.0
8	Stomach	1,391	6.5
9	Non-Hodgkin's Lymphoma	815	4.0
10	Bladder Cancer	751	3.4
All cancers		31,158	151.4



1. Source: Causes of Death Statistics, MOHW.
2. Ranking is based on order of crude death rate.
3. Age-standardized mortality rates were calculated using the WHO's world population age structure in 2000.

Figure 6-11 Top 10 cancer deaths in men in 2022

Primary Cancer Site / New Cases / Age-standardized Mortality Rate (per 100,000 people)

1	Trachea, bronchia and lung	3,759	14.9
2	Colon, rectum and anus	2,902	11.2
3	Female breast cancer	2,834	13.1
4	Liver and intrahepatic bile duct	2,579	9.6
5	Pancreas	1,304	5.2
6	Stomach	886	3.5
7	Ovary	765	3.7
8	Cervix uteri and uterus, part unspecified	608	2.7
9	Non-Hodgkin's Lymphoma	575	2.3
10	Leukemia	509	2.5
All cancers		20,769	85.6



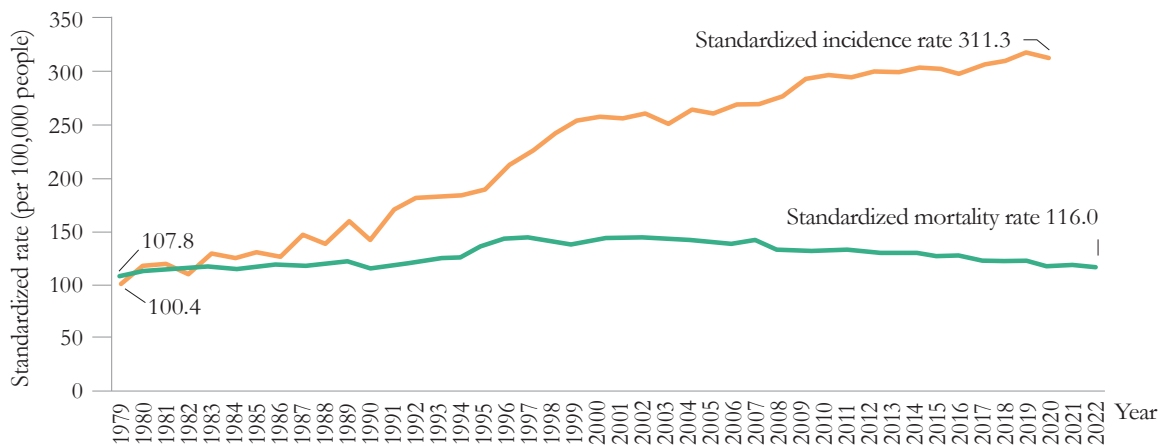
1. Source: Causes of Death Statistics, MOHW.
2. Ranking is based on order of crude death rate.
3. Age-standardized mortality rates were calculated using WHO's world population age structure in 2000.

Figure 6-12 Top 10 cancer deaths in women in 2022

3. Trends in cancer incidence and mortality in recent years

Since 1982, cancer has been in the top ten causes of death for people in Taiwan. According to the year 2000 world standard population age composition, the standardized mortality rate among people in Taipei was 115 per 100,000 people in 1982. The rate rose each year to a peak of 144.3 per 100,000 people in 1997, and it will be reduced to 116.0 people by 2022. The standardized incidence rate of cancer has also increased from 110.9 per 100,000 person-times in 1982 to 311.3 in 2020 (Figure 6-13), and in recent years there has been a small reduction.

Additionally, based on analysis of changes in cancer standardized incidence rate over the decade from 2011 to 2020, all cancers in men decreased by 3.5%. Among them, non-Hodgkin's Lymphoma had the highest increase (21.0%), and liver cancer had the largest decrease (27.0%). The increase of all cancers in women was 11.8%, among which thyroid cancer had the highest increase (72.8%), and liver cancer had the largest decrease (32.8%) (Figure 6-14, Figure 6-15).



1. Sources: HPA 2020 Cancer registry data and 2022 Cause of Death Statistics from the Ministry of Health and Welfare
2. Age-standardized rate: based on the WHO's standard world population age structure in 2000

Figure 6-13 Trends in cancer incidence (1979-2020) and mortality (1979-2022)

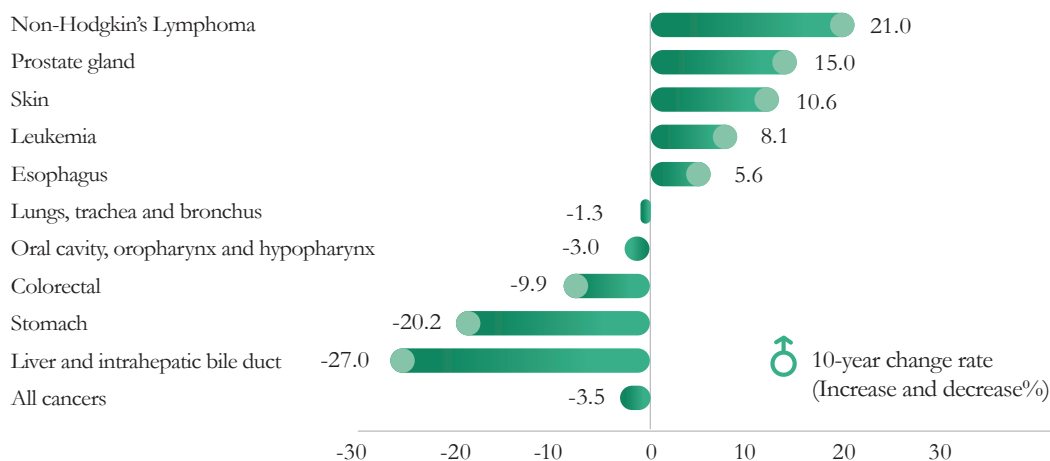


Figure 6-14 The 10-year rate of change in the age-standardized incidence of cancer in men from 2011 to 2020



Figure 6-15 The 10-year rate of change in the age-standardized incidence of cancer in women from 2011 to 2020



Target Indicators

Improving the cancer screening rate:

1. Achieved a cervical cancer screening rate of 50.0% among women aged 30-69 over the past three years
2. Achieved a mammography screening rate of 33.8% among women aged 45-69 over the past two years
3. Achieved a colorectal cancer screening rate of 30.0% among people aged 50-74 over the past two years



Policy Implementation and Results

1. HPV Vaccination

Studies have confirmed that the occurrence of cervical cancer is mainly caused by a persistent infection of human papilloma virus (HPV). In Taiwan, HPV vaccines currently on the market have all been certified by the World Health Organization as safe and effective, and capable of preventing at least 70% of cervical cancers caused by HPV infection (Figure 6-16). At present, more than 100 countries around the world require citizens to routinely receive HPV vaccine. The HPA has gradually introduced the vaccine in accordance with the recommendations of the World Health Organization, giving priority to girls with an economic disadvantage or residing on offshore islands and in mountainous aboriginal areas. The HPA has also started universal junior high schools' girls HPV vaccination from December 25th, 2018. By the end of 2022, approximately 308,000 people have completed their first dose of HPV vaccination. About 91.7% of the girls in junior high school enrolled in 2021 have received their first dose.



HPV vaccine position paper

The primary subject of the vaccine would be 9-to-14-year-old girls who have not yet become sexually active, for whom it is most effective.

Figure 6-16 Human papillomavirus vaccines: WHO position paper, May 2022

2. Promotion of screening for leading cancers

Evidence shows that widespread screening greatly reduces incidence and mortality rates. In particular, pap smears can reduce incidence and mortality rates of cervical cancer by 60-90%. Mammograms can reduce breast cancer mortality rates by 41%; fecal occult blood tests can reduce colorectal cancer mortality rates by 35%; and oral mucosa tests can reduce oral cancer mortality rates by 26%. Low-dose computed tomography lung cancer screening can reduce lung cancer mortality by about 20% in heavy smokers. In recent years, the government has gone to great lengths to improve cancer screening (Figure 6-17).

1995	Pap smear screening offered to women over the age of 30
1999	Oral cancer screening offered to all smokers and betel quid chewers over 18 years of age
2002.07-2004.06	Two-stage breast cancer screenings launched: high-risk women first identified by means of questionnaires before undergoing mammograms
2004	Fecal occult blood test offered to all citizens aged 50-69
2004.07	Mammogram screening offered to all women aged 50-69 in the context of preventive healthcare services
2009.11	Expansion of the scope of breast cancer screening to include women aged 45-69
2010	Screening subsidies extended to women aged 40-44 with a family history of breast cancer within the second degree of kinship (grandmothers, mothers, daughters, and sisters)
2010	HPA began to incorporate screenings for colorectal cancer and oral cancer into preventive health care services. Screenings for oral cancer were made available to people over the age of 30 who smoke or chew betel quids (including those who have quit).
2013.06	In order to safeguard the health of more people and meet the needs of different age ranges and societal groups, in June 2013, the government changed the age of those eligible for colorectal cancer screening to 50-74, while the age of eligibility for oral cancer screening for aboriginals who chew betel quids (or have given it up) has been lowered to 18.
2021	Continue to offer evidence-based cancer screening services
2022.07	The Lung Cancer Early Detection Program was launched. This detection plan provides high-risk groups of lung cancer (heavy smokers aged 50-74, males aged 50-74 / females aged 45-74 with a family history of lung cancer) once every 2 years for low-dose computed tomography lung cancer screening.

Figure 6-17 Cancer screening promotional schedule

3. Continued promotion of 4 cancer screenings and lung cancer screening started in July 2022

(1) Perceptual appeals to strengthen multiple channels of communication

Cancer screening services and cancer prevention and control-related health communication activities have been actively expanded in cooperation with health bureaus, health centers, hospitals, clinics and NGOs, and promoted through diverse media channels and educational and promotional videos. A total of 3 recorded broadcasts of 30 seconds were produced in Mandarin, Taiwanese and Hakka, reminding the public to regularly accept the five types of cancer screening and their importance.

Furthermore, a phone survey showed that 70% of respondents said they knew which types of cancer screening were subsidized by the government to be free of charge, and 84.7% of respondents expressed satisfaction with cancer screening services.

In the “2022 Ministry of Health and Welfare Policy Implementation Satisfaction Rate Report,” the satisfaction rate was 92.3% for the 4 major cancers (cervical cancer, breast cancer, colorectal cancer, and oral cancer).

(2) Subsidies for hospitals to make cancer screening part of their organizational culture

In 2022, HPA commissioned 231 medical institutions to conduct “Cancer Control Quality Improvement Program and Comprehensive Cancer Prevention Promotion Program.” These programs required hospitals to set up outpatient screening reminder systems, establish one-stop service windows for referral of positive cases, work with local health authorities to undertake community screening and organize in-house health education and betel nut cessation classes. In addition, the programs use the “Health Promoting Hospital” model developed by WHO to guide hospitals to promote in-house cancer screening. This altered the previous approach that tended to prioritize treatment over prevention, and drove reform of the treatment-based culture and operational approach of hospitals.

(3) The main outcomes of cancer screening

In 2022, Taiwan’s five cancer screenings, including cervical cancer, breast cancer, colorectal cancer, oral cancer and lung cancer, reached 4.381 million person-times. A total of about 9,926 cancers and 47,000 precancerous lesions have been discovered, and more than 56,000 lives have been successfully saved.

1. Cervical cancer

In 2022, a total of 1.983 million Pap smears were provided for women over the age of 30. The screening program found about 13,000 cervical precancerous lesions (including carcinoma in situ) and 1,343 cervical cancer cases. The rate of women aged 30 to 69 receiving cervical cancer screening in the past three years is 50.0% (Cervical Cancer Screening Database).

2. Breast cancer

In 2022, a total of 0.857 million breast cancer screenings were provided for women aged 45 to 69, with a screening rate of 33.8%, and 4,783 breast cancer cases were discovered.

3. Colorectal cancer

In 2022, a total of 1.216 million fecal occult blood tests were provided for people aged 50 to 74, with a screening rate of 30.0%. Among them, about 31,659 cases of precancerous lesions and 2,393 cases of colorectal cancer were found.

4. Oral cavity

In 2022, a total of 302,000 oral cancer screenings were provided for people over 30 years old who chew betel nuts (including quitters) or smoke, and found a total of 2,890 oral precancerous lesions and 1,037 oral cancer cases.

5. Lung cancer

In 2022, a total of 23,000 LDCT lung cancer screenings were provided to high-risk groups of lung cancer (heavy smokers aged 50-74, men aged 50-74 / women aged 45-74 with a family history of lung cancer). A total of 370 lung cancer cases were found, among which 322 were early stage (stage 0 + stage 1) lung cancer, accounting for 87.0%.

Table 6-2 Cancer prevention and control items and achievements






Item	Subject	Screening policy
 Cervical cancer	Women over age 30	Pap smear test once a year. (Recommended at least once every 3 years)
 Breast cancer	1. 45-69-year-old women 2. 40-44-year-old women with a paternal grandmother, maternal grandmother, mother, daughter, or sister who have been diagnosed with breast cancer	One mammogram checkup every 2 years
 Oral cavity	1. Those aged 30 or above who chew betel quids (or have given up) or smoke 2. Aboriginal people aged 18-29 who chew betel quids (or have given up)	One oral mucus checkup every 2 years
 Colorectal cancer	People aged 50-74	One fecal occult blood test every two years
 Lung Cancer	1. Heavy smokers aged 50-74 (with a smoking history of more than 30 packs/year, willingness to quit or less than 15 years of quitting) 2. Males aged 50-74 / females aged 45-74, and their parents, children, brothers and sisters have suffered from lung cancer	A low-dose computerized tomography examination every 2 years




Table 6-3 Total number of screenings for 5 types of cancer from 2010 to 2022 (unit: 10,000 people)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	215	215	215	218	218	217	217	217	218	219	206	179	198
	53	56	67	69	73	77	79	84	86	88	79.9	66.9	85.7
	80	87	98	98	101	94	93	78	74	60	45.4	37.2	30.2
	102	79	112	103	124	118	126	128	131	134	122.8	108	121.6
	-	-	-	-	-	-	-	-	-	-	-	-	2.3
Total	450	437	492	489	524	506	512	508	508	501	454.1	391.1	438.1

*Screening rate of the 4 major cancers reduced due to Covid-19.

*Lung cancer screening service launched from July 2022.

Table 6-4 Three cancer screening rates (%) from 2010 to 2022




	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	72	-	77	76	73.5	74.5	72.1	72.5	70	54.8	53.2	51.5	50.0
	21.8	29.7	32.9	36	38.4	39.5	39.3	39.9	39.9	40.0	38.0	32.9	33.8
	23.4	32.2	34.2	38.2	40.7	42.0	40.7	41.0	40.8	40.9	37.7	32.5	30.0

*As of 2018, target value estimation methods have been adjusted and revised and regular monitoring is now based on screening quality indicators such as positive predictive values and detection rates.

*The cervical cancer screening rate data from 2011 to 2018 comes from telephone surveys. The 2019 data comes from the screening database afterward (excluding screening at one's own expense).

*Lung cancer screening is carried out for high-risk groups, and it is difficult to estimate the number of parameters, so the screening rate is not calculated.

Table 6-5 Number of people with 3 types of precancerous lesions detected by screening from 2010 to 2022

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	11,985	10,369	9,637	9,996	10,756	10,474	10,071	9,655	10,072	12,903	14,886	11,977	13,135
	2,081	3,845	3,445	3,703	4,370	4,095	3,572	3,435	3,654	3,518	3,243	2,890	2,890
	21,102	18,765	23,775	26,207	36,229	33,529	34,725	35,090	34,052	35,462	35,345	31,611	31,659
Total	35,168	31,693	36,857	39,906	51,355	48,098	48,368	48,165	47,778	51,883	53,474	46,478	47,684

*The number of cervical precancerous lesions from 2011 to 2018 does not include carcinoma in situ; the number of carcinomas in situ is included after 2019.

Table 6-6 Number of people with 5 cancers detected after screening from 2010 to 2022

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	5,656	4,797	4,045	4,191	4,186	4,014	3,833	3,951	3,992	1,108	1,251	1,149	1,343
	2,550	2,820	3,166	3,307	3,459	3,701	4,047	4,530	4,380	4,458	4,340	3,806	4,783
	1,659	1,428	1,232	1,274	1,395	1,361	1,322	1,231	1,312	1,098	1,104	1,004	1,037
	2,101	1,953	2,001	2,030	2,490	2,352	2,349	2,598	2,463	2,600	2,381	2,191	2,393
	-	-	-	-	-	-	-	-	-	-	-	-	370
Total	11,966	10,845	10,444	10,802	11,751	11,428	13,091	11,859	12,147	9,264	9,076	8,150	9,926

*The data in Figures 6-3 to 6-6 includes carcinoma in situ (the number of cervical carcinomas in situ has been included in the number of precancerous lesions after 2019).

*Lung cancer screening services have been offered since July 2022.

(4) Quality improvement of cancer screening services

- A. The Taiwan Society of Pathology was commissioned to carry out the qualification review and quality improvement of cancer pathology for suppliers in charge of cervical cell pathological diagnosis. In 2022, a total of 125 units have passed the certification, and 42 follow-up reviews have been completed.
- B. The Radiological Society of the Republic of China has been commissioned to conduct reviews of the qualifications of medical care institutions engaged in mammogram screening as well as follow-up reviews and quality enhancement tasks. By the end of 2022, a total of 219 medical care institutions had passed such reviews.
- C. For institutions conducting fecal occult blood test, the HPA commissioned the Corporation Aggregate Taiwan Society of Laboratory Medicine to conduct qualification checks and ensure service improvement work. A total of 155 institutions conducting fecal occult blood tests had been checked by the end of 2022. The group also completed 2 external quality control tests and extended onsite assistance to institutions that failed to meet standards.

4. Quality of cancer treatment

(1) Promotion history of cancer care quality certification

In 2005, HPA promulgated the Regulations for Cancer Care Quality Assurance Measures pursuant to the Cancer Control Act and entrusted hospitals with program implementation to enhance the quality of cancer diagnosis and treatment. In 2022, a total of 94 hospitals were entrusted to implement the “Comprehensive Cancer Prevention and Control Program.” The HPA also makes constant efforts in the field of cancer care quality certifications (see Figure 6-18 for the implementation history) due to the fact that quality of cancer treatment has a huge impact on the survival rates of cancer patients. By 2022, a total of 66 hospitals nationwide had passed such certifications, which have been listed as a main evaluation criterion for applying medical centers. In addition, relevant information is posted on the official website as a reference for citizens seeking medical treatment.

2005	Commissioning of National Health Research Institute to plan a “Cancer treatment quality accreditation” system
2008	The “cancer treatment quality accreditation” system officially launched, with the first version of accreditation standards based on structural and process indicators
2011	The second version of accreditation standards launched, with new items such as medical imaging quality, radiotherapy quality, clinical trial information, personnel training, and case-by-case management system added to the list
2015	The third version of accreditation standards launched, focusing on process and outcome indicators with a new benchmark for psychological consultation services added to the list
2018	The fourth version of accreditation standards launched, using bonus points to encourage hospitals to provide palliative care for terminal cancer patients
2022	A total of 66 hospitals in Taiwan have passed the certification.

Figure 6-18 Brief history of cancer treatment quality accreditation

(2) Significant enhancement of the quality of cancer care

In addition, a total of 13 core measurement indicators for cancer treatment have been developed to facilitate monitoring of the treatment and care for the most common cancers in Taiwan. These core indicators are utilized by hospitals for independent internal monitoring of cancer care quality. In addition, expert groups analyze cancer treatment indicators based on cancer-related data files submitted by hospitals to monitor cancer control and prevention implementation conditions in each hospital and achieve the goal of care quality enhancement.

5. Cancer patients and palliative care

(1) Caring services for cancer patients

By 2022, a total of 89 hospitals have established “Cancer Resource Centers” to integrate internal and external resources. The centers allow dedicated registered nurses, social workers and psychologists to provide high-quality integrated cancer resource services that meet needs through institutionalized service processes in a timely manner. These personnel assist patients in communicating with different teams at the hospital in order to help them and their families to reintegrate into the community after treatment. Approximately 75,000 person-times have been served in 2022. In addition, the Hope Foundation for Cancer Care has been entrusted to train dedicated personnel for cancer resource centers, improve service capabilities for cancer patients, and assist in resource integration so that resources can be effectively linked and used.

(2) The importance of hospice and palliative care

Since 1996, the Ministry of Health and Welfare has been fully committed to the provision of hospice and palliative care. In 2000, it adopted a “Pilot Program for the Incorporation of Hospice and Palliative Care into NHI coverage.”

In 2004, HPA implemented “Hospice Shared Care Services” on a trial basis in eight hospitals in cooperation with Taiwan Hospice Organization. In 2005, subsidies were extended to 34 hospitals. As of November 2022, there are 85 hospitals providing hospice hospitalization, 488 hospitals providing home hospice care 139 Class A, 380 Class B. Some medical institutions have both Class A and Class B qualifications and 164 hospitals shared care services. As of December 2022, a total of 10,778 cancer patients have received hospice hospital services, 10,318 cancer patients have received hospice home services (including 8,896 Class A patients and 3,274 Class B patients), and 32,276 cancer patients have received hospice care services (Figure 6-20). In this way, the utilization rate of palliative care for cancer patients has been greatly increased. In 2021, the rate of palliative care for cancer patients in the year before their death is 62.3%.

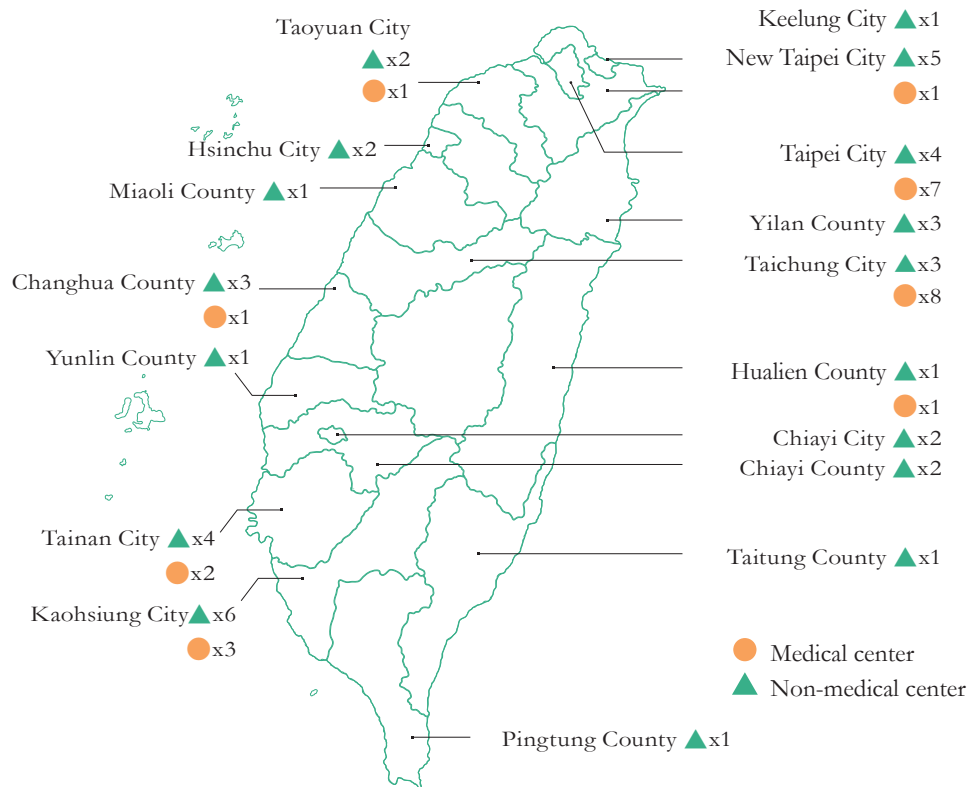


Figure 6-19 Distribution map of hospitals that passed cancer care quality certification in 2022



Figure 6-20 Number of institutions providing hospice care services in Taiwan by November 2022

7

Peculiar Groups

Trajectory of warm caring

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Menopause growth camps were also held in combination with local health units and women's groups to increase people's menopause literacy.



In 2022, an online workshop for menopausal health care was organized for health professionals, covering menopause-related symptoms, health care information, and strategies for care and management of common problems, with a total of 496 participants.



A complete network of rare disease treatment services was developed, assisting patients with rare diseases to obtain the appropriate care and subsidies, and guaranteeing their right to receive medical treatment.



93.3%

The completion rate of having reproductive health guidance and consultations reached 93.3% or more for new immigrant spouses in 2022.



23.19%

Adult preventive healthcare services were accessible to 158,755 physically and mentally disabled people in 2020, with the overall utilization rate of 23.19%.



The WHO published “Life in the 21st Century: A Health Plan for All,” in which the concept of “health equality” was specifically put forward. It also indicated that different strategies and response models should be used for groups of differing genders, races, and incomes, as well as mental and physical disabilities. Bridging the health divide through the three key concepts of health promotion, health protection, and disease prevention, we need to adopt different strategies, programs, methods, interventional measures as the primary task in the field of health equity.

Women’s Health

Status Quo

Taiwan is an aging society. In 2021, the average life expectancy for women reached 84.3 years in Taiwan, with middle-aged and elderly women over the age of 50 accounting for 41% of the total female population. The average age for menopause is around 50 years old, indicating that women still have a long-life journey after menopause. According to the Nutrition and Health Survey in Taiwan (NAHSIT) conducted on 2,967 people over the age of 50 from 2017 to 2020, 8.1% have been diagnosed with osteoporosis in at least one part of the AP spine and dual femur. Among them, 5.7% are men and 10.2% are women. Not only do more women suffer from osteoporosis, the condition worsens with age. According to the results of the 2017 National Health Interview Survey (NHIS), the percentage of people reporting osteoporosis diagnosed by a physician increases with age, with a significant increase for post-menopausal women. About 1 in 5 women over the age of 50 suffers from osteoporosis (20.4%), with the rate reaching as high as 30.2% for those over 65. The survey also points out that 40.2% of women aged between 45 and 49 as well as 88.1% of women aged between 50 and 54 have irregular menstrual period or menopause.

Policy Implementation and Results

1. Holding menopause growth camps

A total of 13 menopause growth camps were held in combination with local health units and women’s groups to increase people’s menopause literacy.

2. Arranging menopause training courses for healthcare professionals

To improve the quality of counseling services for common symptoms of menopausal women, online workshops and learning courses on menopause for medical professionals were organized by the HPA nationwide. Over 9,000 personnel participated in the training.

1. Fatigue
2. Memory problems, inability to concentrate
3. Insomnia
4. Dry skin, more lines or wrinkles
5. Dry eye

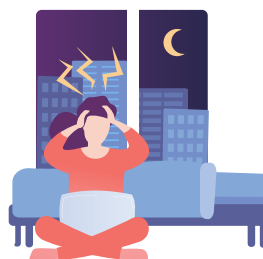


Figure 7-1 Five most common menopause symptoms in 2021

Prevention and Treatment of Rare Diseases



Status Quo






In order to encourage early diagnosis and treatment of rare diseases and help patients get the drugs and special nutritional foods 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 rare disease patients. Three legal amendments were adopted in January 2005, December 2010, and January 2015, respectively. By the end of 2022, a total of 19,780 rare disease cases had been reported.



Target Indicators

The objective is to build a comprehensive treatment network for rare diseases, thus helping patients to secure the care and subsidies they need, in turn upholding their right to medical treatment.

Countries offering legislative protection for rare disease patients

					
	U.S.A.	Japan	Australia	European Union	Taiwan
Year of Legislation	1983	1993	1998	2000	2000
Name of Act	US Orphan Drug Act modified the Federal Food, Drug and Cosmetic Act	Partial Amendments Law amended two previous Laws	Additions made to the Regulations to the Therapeutic Goods Act 1989	Regulation (EC) No. 141/ 2000	The Rare Disease and Orphan Drug Act
Definition of Prevalence of a Rare Disease	75/100,000	40/100,000	11/10,000	20/100,000	1/10,000
Legislative protection	1. Research and development of drugs 2. Research and development of medical equipment and nutritional supplements required by rare disease patients	1. Research and development of drugs 2. Research and development of medical equipment required by rare disease patients	Research and development of drugs	Research and development of drugs	1. Promoting rare disease prevention 2. Providing drugs for use



Policy Implementation and Results

1. Assistance to patients in the acquisition of adequate services

(1) Ensuring the right to medical treatment

Since September 2002, designated rare diseases have been included on a list of major injuries and illnesses entitled to special claims under the National Health Insurance program. This means that patients can receive treatment without making a co-payment. Furthermore, in accordance with Article 33 of the Rare Disease and Orphan Drug Act, the HPA is also responsible for appropriating budgets to subsidize the diagnosis and treatment of rare diseases along with orphan drugs not covered by National Health Insurance.

(2) Establishing a review system

The Review Committee for Rare Diseases and Orphan Drugs was established. By the end of 2022, the Committee had reviewed, certified and declared 240 rare diseases. They had also listed 128 orphan drugs and 94 nutritional supplements, determined their indications, and reviewed applications for treatment subsidies.

2. Solid Structure of Medical Network

The Special Nutrient Food and Emergency Orphan Drug Logistics Center was set up to store and supply 49 special nutrient foods and 11 emergency drugs. Moreover, medical subsidies are provided for rare diseases not covered by the National Health Insurance. The Rare Disease Prevention Scheme is subsidized in line with the Regulations for Incentive Subsidies for Rare Disease Prevention and Treatment. Medical services for genetic and rare diseases are provided through genetic counseling centers in 14 approved medical centers. In addition, care assistance is provided in accordance with the Regulations for Healthcare Services for Rare Disease and Rare Genetic Defect with 13 centers jointly providing services such as psychological support, reproductive care, and care consultation for patients and their families.

Implementation results for the Rare Disease Medical Network in 2022

49 special nutrient
foods

HPA subsidized
10 rare disease prevention
schemes.

Approximately
NT\$
60,000,000

HPA subsidized the Special Nutrient Food and Emergency Orphan Drug Logistics Center to stock up and supply a total of 49 special nutrient foods and 10 emergency drugs with a budget, costing approximately NT\$60,000,000.

- HPA provided an additional NT\$80,000,000 in medical subsidies for rare diseases not covered by the National Health Insurance (Special nutrient foods and emergency drugs are included).
- HPA subsidized 8 rare disease prevention schemes.
- The genetic counseling centers of 14 medical centers were approved to provide medical services for genetic and rare diseases.
- Thirteen centers were contracted to offer services such as psychological support, reproductive care, and care consultation for patients and their families, with over 7,278 people served in 2022.

2022 Subsidies for rare disease not covered by National Health Insurance

- Household medical care equipment needed to sustain life:
1,148 people
- Special nutrient food and emergency drugs: **1,283** people
- Low-protein white rice and noodles: **31** people
- Domestic and foreign diagnostic fees: **45** people
- Nutrition consultation fees for rare metabolic disorders: **616** people

Total subsidies for
3,123
individuals

3. Active advocacy through various media

HPA conducted a satisfaction survey for rare disease treatment services. In 2022, a total of 3,145 questionnaires were returned and 96% of respondents were at least satisfied with the overall treatment service. HPA also produced a short film on rare disorders. The film was posted on HPA's website and Facebook page, and presented at an educational exhibition held by the Taiwan Foundation for Rare Disorders.

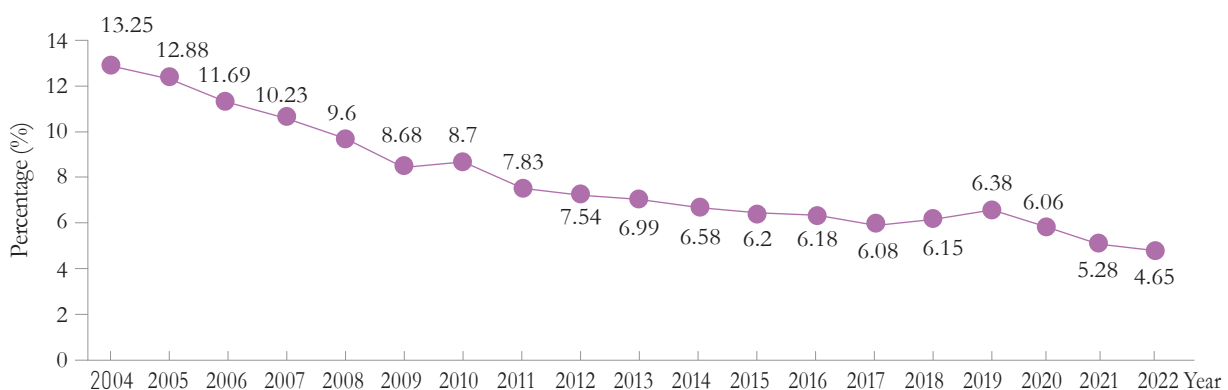
Disadvantaged Group Health Promotion

New Immigrant Reproductive Health



Status Quo

In 2022, the number of foreign and Chinese spouses reached 12,650, with spouses from foreign countries and China/Hong Kong/Macao accounting for 3.43% and 1.63%, respectively. The newborns whose mothers are not ROC citizens accounted for 4.65% of all births in 2022 (Figure 7-2).



Source: Department of Statistics, Ministry of the Interior

Figure 7-2 Percentage of births with a foreign parent, 2004-2022

Target Indicators

The completion rate of having reproductive health guidance and consultations reached 90% or more for new immigrant spouses in 2022.

Policy Implementation and Results

1. Reproduction care and registered healthcare card management

Due to the language barrier and differences in customs and cultural background, new immigrants are more likely to face issues with under-utilization of health services or difficulty accessing information on medical treatment. Therefore, from 2021 they will be included in the subsidized local comprehensive health care plan. The completion rate for the “Reproductive Health Guidance for New Immigrants” evaluation indicator in 2022 was 93.3%.

2. Interpreter training to reinforce communication

To minimize language barriers for new residents in need of medical care, local health bureaus are encouraged to apply for the “Project for Interpreter Training for New Residents” from the “New Immigrant Development Fund” of the Ministry of the Interior to assist staff of health bureaus/centers with interpreting for reproductive health guidance.

3. Prenatal subsidies and complete healthcare

HPA provides subsidies for prenatal examinations to foreign mothers who have recently immigrated and are not yet covered by National Health Insurance. In 2022, total subsidies of NT\$1,077,864 were provided in around 1,512 cases.

4. Formulation and issuing of health education materials in multiple languages

“Maternal Health Handbook” and “Children Health Handbook” were released in five languages and distributed to health bureaus in all cities and counties to be forwarded to medical care institutions for the provision of reproductive healthcare services.



Healthcare for Yu Cheng Patients

Status Quo

In 1979, in the Taichung and Changhua regions, contamination of rice bran oil from polychlorinated biphenyl (PCB, used as a heating medium in the deodorization stage of rice bran oil refining) and its thermal denatured byproducts through splits in pipes, led to over 2,000 residents suffering from PCB poisoning (Yu Cheng Patients).

According to research, PCB poisoning may cause immediate effects such as chloracne, pigmentation, and eyelid gland dysfunction. Furthermore, it may cause damage to the liver, immune system, and nervous system. The government established a healthcare system for Yu Cheng patients and continues to provide services in order to safeguard their right to healthcare (Figure 7-3).

1979	The government conducted registration of Yu Cheng cases, blood tests, medical treatment and healthcare services, while local health bureaus provided follow-up visits, health education and treatment referrals.
1997.03	The government provided copayments for National Health Insurance (NHI) outpatient and emergency services expenses in NHI contracted hospitals and clinics for Yu Cheng patients.
2011	The government formulated the “Implementation Guidelines for Healthcare Services for PCB Poisoning Patients,” and now subsidizes copayments for NHI inpatient expenses of first-generation Yu Cheng patients (irrespective of category) to partly cover medical costs and care services such as a free annual health checkup.
2015.02.04	The Yu Cheng Patients Health Care Services Act was promulgated. In addition to the continued provision of original services, the prescribed birth year limit of first-generation Yu Cheng patients was raised from 1979 to 1980. When Yu Cheng patients who are listed as service recipients die before this Act takes effect, surviving spouses and linear descendants can apply for a one-time solatium of NT\$ 200,000. In addition, a Yu Cheng Patient Healthcare Promotion Committee was established.
2016.11.16	We amended Article 4 and 12 of the Yu Cheng Patients Health Care Services Act to relax the criteria for recognition as a Yu Cheng patient with poison exposure certificates as the main review requirements. Eligibility for solatium is extended to include parents if no spouse or linear descendant exists. The application deadline was extended to August 9 th , 2020.
2022	On September 5 th , 2022, the announcement was made to amend the “The Standard of Criterion for Polychlorinated Biphenyls (PCBs) and Polychlorinated Dibenzofurans (PCDF) Concentrations in Blood.” Continuing to provide health care services for suspected Yu Cheng Patients in accordance with the “Yu Cheng Patients Health Care Services Act” to protect their rights to medical treatment and legal assistance.

Figure 7-3 The course of government assistance to Yu Cheng patients

Target Indicators

Create a healthcare system for Yu Cheng patients, continue to provide healthcare services and guarantee their right to medical treatment.



Policy Implementation and Results

1. Registration services

By the end of 2022, a total of 1,892 cases were registered by the HPA, including 1,210 first-generation Yu Cheng patients and 682 second-generation Yu Cheng patients.

2. Protection of rights and interests

Since 1979, following the occurrence of PCB poisoning (Yu Cheng), the government has actively provided various healthcare services, in order to protect the medical rights and interests of patients.

3. Healthcare

We conduct health bureau/center educational training all over the nation. The staff of local health bureaus/centers conduct home visits to encourage and assist Yu Cheng patients in accessing free health checks at the hospital. In 2022, a total of 469 Yu Cheng patients received the service (with a 24.8% participation rate).

4. Medical subsidies

By the end of 2022, HPA subsidized outpatient copayments for 17,709 Yu Cheng patients, and inpatient copayments for 86 patients.

5. Solatium for blood relatives

Regarding payment for blood relatives of Yu Cheng patients, the acceptance dates for applications ran from August 10th, 2015 to August 9th 2020. As of the end of 2019, a total of 272 Yu Cheng patients' solatia had been paid by the government.

6. Collective promotion

In 2022, the Ministry of Health and Welfare continued to organize the Council of Healthcare for Yu Cheng Patients. We invited representatives from the Health Promotion Administration, the Ministry of Labor, the Ministry of Education, as well as Yu Cheng patients, experts and scholars, and representatives from the Taiwan Yu Cheng Victims' Support Association to promote healthcare for these patients.

Promoting Healthcare for the Physically and Mentally Disabled



Status Quo

According to social welfare statistics from the Ministry of Health and Welfare, in 2021, there were 1,203,754 disabled people in Taiwan, the majority of them male (55.49%). The most represented age category was the over 65s (45.40%), followed by 50-59 (16.24%). When differentiated by type of disability, nervous system and psychological or learning disability was the largest group (29.81%), followed by the movement-related functions of nerves, muscles and bones (28.96%).

The government provides adult preventive healthcare services once every three years for citizens aged 40-64 to facilitate early interventional health management and early detection of risk factors such as hypertension, hyperglycemia, and hyperlipidemia, chronic cardiovascular and hepatic disease, and nephrosis. Polio patients aged 35 or above, seniors aged 65 or above, and indigenous citizens aged 55 or above are entitled to adult preventive healthcare services once a year.

Hospitals certified as health-promoting hospitals as well as age-friendly hospitals take the initiative to provide holistic healthcare and resources for health education, building a friendly environment that will help improve the right to health of the physically and mentally disabled.



Target Indicators

Establish public health policies and create a healthy environment in order to promote health, provide the most appropriate prevention healthcare services, and protect the medical rights and benefits of all patients.



Policy Implementation and Results

1. All kinds of screenings and important services

Preventive healthcare services are provided to facilitate the most appropriate preventive measures, early detection and intervention for each life stage of the physically and mentally disabled, including reproductive healthcare, preventive healthcare for children and adults, cancer screening, etc. Among them, adult preventive healthcare services were accessed by 158,755 physically and mentally disabled people in 2020, with the overall utilization rate of 23.19%.

Health Promotion for Indigenous



Status Quo

Statistics released by the Council of Indigenous Peoples reveal that Taiwan has around 580,000 indigenous citizens, accounting for 2.5% of the total population. In order to care for indigenous people, HPA provides preventive healthcare cycles covering all stages and areas of the human lifecycle. Through the integration of local resources in the communities, we promote community participation and understanding, local health needs, and collectively solve community health issues.



Target Indicators

Continue to enhance the provision of adult preventive health services to indigenous people and acquire an understanding of the conditions of its utilization.

Policy Implementation and Results

1. Smoking cessation services

As of the end of 2022, there were 3,463 medical institutions contracted to provide cessation services without copayment, covering 99.4% of townships and cities nationwide. Through mobile medical care programs, the coverage could be increased to 100%.

2. Oral cancer screening services

In counties and cities with high rates of betel quid chewing by indigenous people, we provide tobacco and betel quid health risk prevention advocacy services. In 2022, a total of 7,4000 indigenous people over the age of 18 received the examination of the oral mucosa. Among them, 80 people were found to have precancerous lesions, and 11 people cancer.

3. Management of Chronic Diseases

In 2022, the “Promoting Integration of Chronic Disease Prevention and Management Program” was organized, which includes subsidies to 22 county and city health bureaus to strengthen publicity for the prevention and treatment of the three highs and related risk factors, and to set up a local care network with the Chronic Care Model (CCM), and a care model was promoted as shown in Figure 7-4. Tracking the rates of abnormality after intervention, improvements were seen in blood sugar, cholesterol and blood pressure.

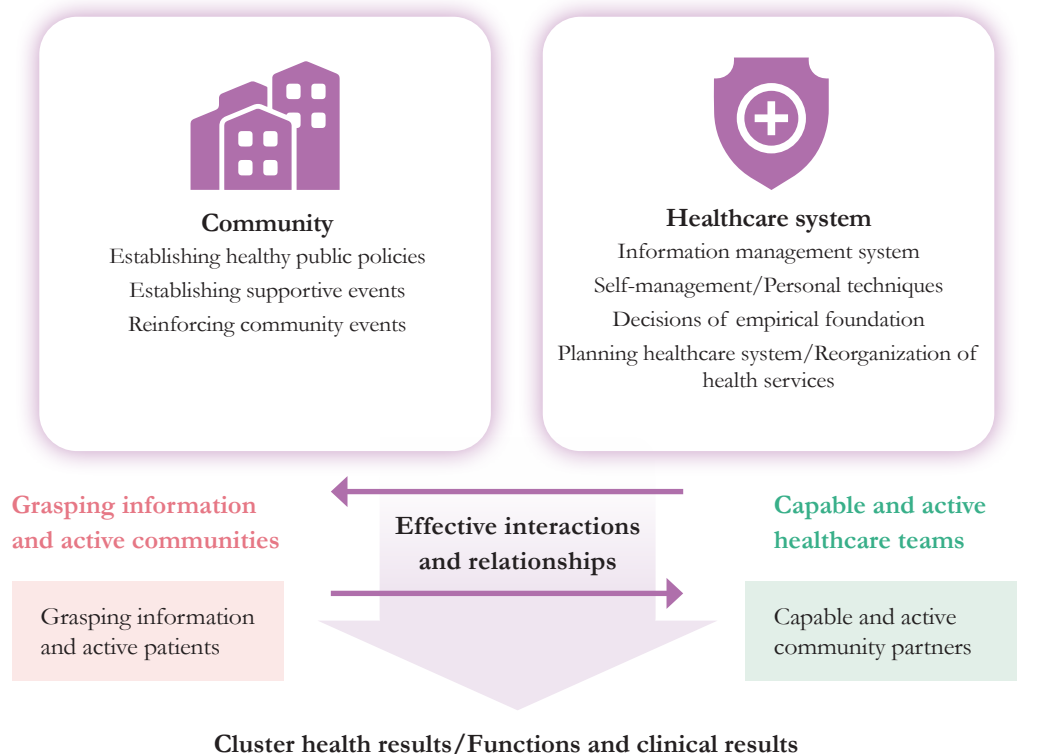


Figure 7-4 Implementation model for chronic diseases management programs

Table 7-1 Enhancing preventive healthcare service for indigenous people

Time	Important services
2010	Since July 1 st , we provide indigenous people who are 55 years or older with adult prevention healthcare services once a year, in contrast with the 65 years of age required for the general population.
2011	We printed the “Adult Prevention Healthcare Service Manual–Aboriginal Version,” and distributed it at 55 indigenous public health centers to indigenous people who met the eligibility criteria.
	Subsidies were given to vaccinate junior high school girls in mountainous aboriginal areas and low-income households against human papillomavirus (HPV).
2012	To increase the maternal health of indigenous women and the health of their children, local communities have been subsidized to promote hygiene care projects to include the health of indigenous child-bearing women (aged 20-45). We also provide comprehensive guidance on maternal care of the pregnant and puerperal periods, baby care, etc., as well as counseling and referral services.
2013	On March 1 st , for indigenous people who receive tobacco cessation services in mountainous regions and outlying islands, their medicine fee is partially covered.
	On June 1 st , indigenous people who chew betel quids (including those who have quit) can receive one oral mucus checkup every two years from as early as 18 years of age.
2015	On November 1 st , for indigenous people who receive tobacco cessation services not in mountainous regions or outlying islands, their copayment medical fee is also partially covered.
2019	On June 1 st , the regulations were relaxed so that indigenous people between the ages of 40 and 60 are entitled to one Hepatitis B and C screening in conjunction with adult preventive healthcare services.
2020	On September 28 th , the regulations were relaxed for people aged 45-79 (indigenous people 40 to 79). They are entitled to one Hepatitis B and C screening in conjunction with adult preventive healthcare services.
2021	The Chronic Care Model (CCM) were introduced in 30 mountain villages for the “Three Highs Prevention and Management.”
2022	We fully expanded the management of anomalies in the “Three highs” (blood sugar, cholesterol and blood pressure) and the “Three Highs Prevention and Management” in 55 indigenous areas.

8

Health Promotion Infrastructure

Communication, promotion,
exchanges, and collaboration

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The Wellness Cloud for health promotion platform and mobile app were maintained and expanded, providing the public with a convenient all-in-one comprehensive health management tool.



We used multiple channels to disseminate health information, and set up health education information network.



6 million views

The Health 99+ Education Resource Website provides the latest information. The Website currently lists 3,600 items of health materials. It has attracted more than 6 million views.



More than 60% response rate

HPA worked with National Health Research Institutes to conduct the National Health Interview Survey (NHIS). The number of interviewees reached 24,305, representing a response rate of 63.2% from 2021 to 2022.



In 2022, 7 hospitals in Taiwan were awarded Gold Forum membership of the Global Network for Tobacco Free Healthcare Services.



With rapid advancements in media and web technologies, the acquisition and distribution of health information has been transformed from a passive to an active pursuit. In order to provide public health services geared towards health promotion to meet public demand, local health bureaus must serve the people whilst simultaneously emphasizing quality, availability, accessibility, timeliness, and cost efficiency. Public bodies must regularly and systematically undertake health surveillance work, continuously collect data related to citizens' health and risk factors and make optimal use of health communication channels. These actions provide a foundation for health promotion strategies.

The HPA is eager to share its accomplishments in health promotion with the international community. We draw upon various media sources, including the Internet, to facilitate international communication and cooperation, thus realizing our vision of a global village.

Health Literacy



In order to improve health literacy regarding tobacco hazards, cancer, chronic disease prevention, women and children's health, active aging, and healthy weight management, HPA improved the health literacy of citizens through the following three strategies (Figure 8-1).

- 1 Upgrading the accessibility of health information
- 2 Developing health evaluation tools and adopting focused communication tactics
- 3 Expanding the accessibility of preventive healthcare services and treatment services, in order to raise the level of individual health literacy and decision-making

Figure 8-1 Empowerment strategies



1. Bringing health information closer

(1) Analyzing information requirements and evaluating communication channels

Health literacy is disseminated through diverse channels including the creation of educational materials based on research, assessments, testing, revisions, and monitoring.

(2) Coordinating with important festivals to deepen local advocacy

Information is provided in line with the holidays and important issues of the day to promote non-communicable disease prevention through working with schools, communities and convenience stores, via Internet, magazines, radio stations, TV, and vehicle advertisement.

(3) Establishing and developing smart technology and communicating health literacy

Social media platforms such as Facebook and Line are leveraged to target young people to increase health literacy and promote HPA information, clear up misinformation and share accurate knowledge, with the online digital learning platform providing continuing education for health professionals.

(4) Developing suitable and diverse regional communication methods for all communities

To address the digital disparity between urban and rural areas, HPA used radio, television, cable television, telephone voice messages and text messages to provide local residents with important health information.

(5) Promoting health communication and upgrading the quality of teaching materials

The teaching materials are upgraded and verified by experts using the assessment tools for health education materials, with health literacy indicators set up as the basis for development of future material.

2. Tailored strategies for health literacy and evaluation tools**(1) Simplified information and in-depth explanation**

The Institutional Health Navigator information has been simplified to facilitate understanding for end users.

(2) People-centered improvement of health literacy

According to the results of evaluation surveys with different regional and group characteristics, we have adopted different promotional strategies. We work within relevant fields and targeted groups to create media advocacy for topics such as healthy diet, regular exercise, healthy weight, and tobacco hazards prevention.

3. Expanding the accessibility of prevention healthcare for better decision-making

- (1) Adult preventive healthcare services: we encourage early detection and early treatment, provide health consultations, and improve self-care and health literacy.
- (2) Provision of toll-free phone consultation services to the public through professional recommendations

Health Communication**Status Quo**

In order to strengthen policy advocacy and disseminate health information, HPA have combined social media and the “Health 99+ Education Resource Website” to disseminate health information and enhance the knowledge of national health promotion.



Policy Implementation and Results

1. Transmitting health knowledge via multiple channels

- (1) Utilizing the Facebook fan page to proactively disseminate health knowledge and healthcare service information, we draw public attention to health promotion and disease prevention, to promote healthy living for the entire population, and to enhance public health awareness, reaching an average of more than 1.5 million people per month. In addition, we proactively send out health information through our official LINE account, and have optimized the function of the chatbot to assist in guiding the public to inquire about the health information or services they need according to their individual needs.
- (2) The “Health 99+ Education Resource Website” was established to enhance the circulation of health education materials and to complete the digital collection of various health education resources. It provides health education resources and health-related information for the general public and professionals through various health theme areas, such as news, clarification of inappropriate health information on the Internet, and online health testing services. The accumulated collection of leaflets, brochures, posters and multi-media promotional information amounted to more than 3,600 items, and the website continues to enhance its user-friendliness and service functions, with an average of more than 500,000 visits per month.



HPA Facebook fan page



HPA LINE



Health 99+ Education Resource Website

2. Encouraging the creation of diverse and high-quality teaching materials

To improve the quality and increase the quantity of domestically produced health promotion education materials, HPA organized the Health Communication Material Contest, encouraging the development of high-quality health promotion materials by a diverse range of people. Of the 794 items collected from the event, 442 met the “Health-Literacy-Friendly Material Review Index” criteria, all of which were added to the HPA Health 99+ Education Resource Website for the public to browse and use.

Health Surveillance



Status Quo

Continued to advance health surveillance surveys for population at all stages of the lifespan, the collected and application of monitoring data for the life-course health promotion, diets and nutrition, and prevention and control of non-communicable disease (Figure 8-2).

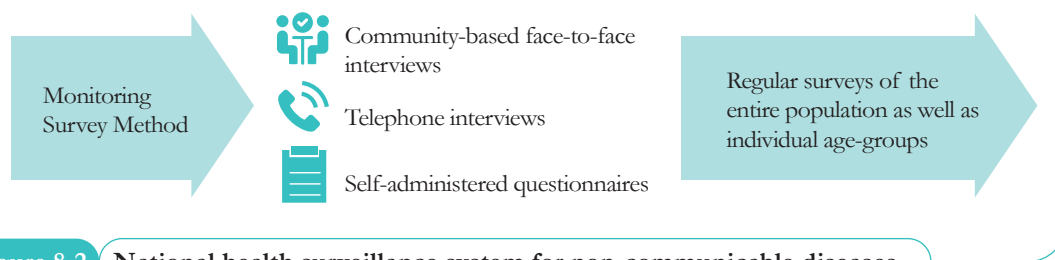


Figure 8-2 National health surveillance system for non-communicable diseases

Policy Implementation and Results

Goal-oriented national health surveillance data are collected and analyzed in accordance with national health policy reference needs. The goals lie in the gradual perfection of national health and non-communicable disease surveillance mechanisms and constant enhancement of surveillance system performance. Personal interviews of community residents, telephone surveys, and self-administered questionnaire surveys are jointly implemented specifically (Figure 8-2) to collect unobtainable information from existing registration or reporting systems to provide objective evidence for policy formulation and effectiveness assessment (Figure 8-3).

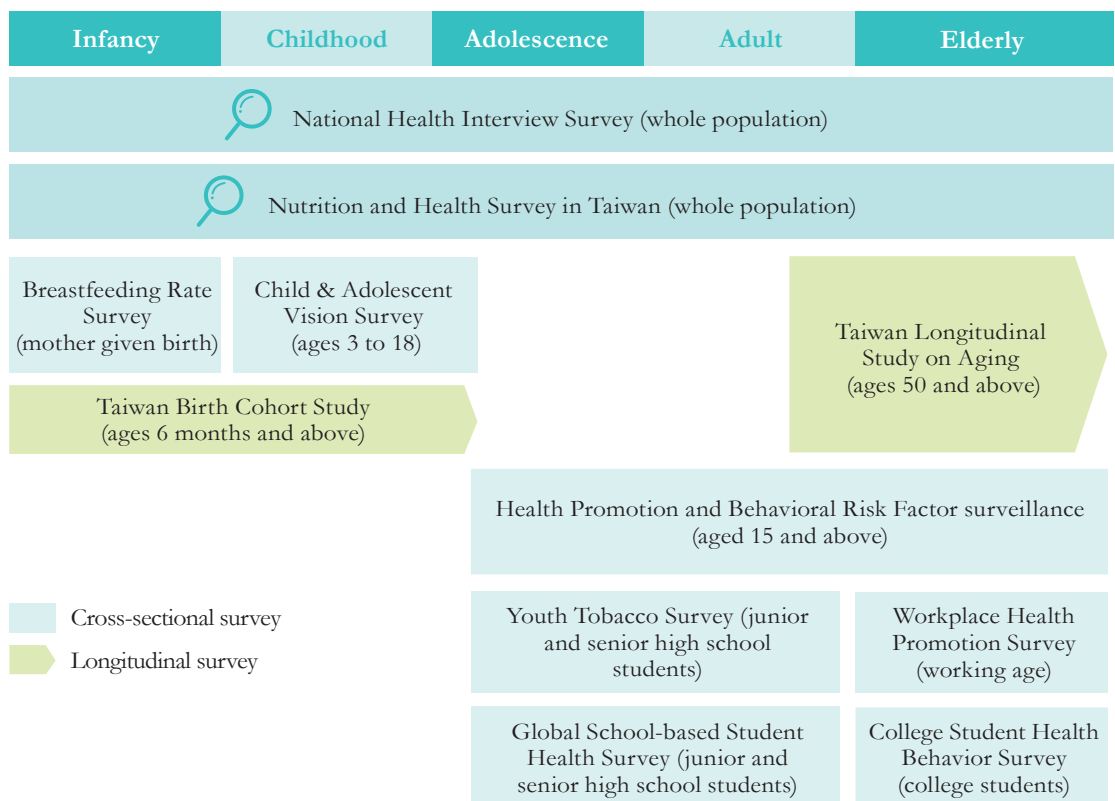


Figure 8-3 Important monitoring surveys over the years

1. National Health Interview Survey

To monitor the changing trends in citizens' health and service needs and to investigate the associated factors, the HPA conducts the National Health Interview Survey (NHIS) in cooperation with the National Health Research Institutes. The series of survey was initiated in 2001, then conducted in a four-year interval. This cross-sectional health interview survey is currently the largest scale health survey conducted in a single year in Taiwan. The most recent survey was completed in 2021. The 2021 survey was planned and designed based on previous surveys, but the content was updated to follow global health trends in order to be aligned with major international organizations. In response to population aging and age-related health issues being more focused, the survey sample size for over 65 years was larger. The area of 2021 survey was broadened to include Kinmen County and Lianjiang County, two counties located on offshore islands. However, due to pandemic of COVID-19, the survey fieldwork was postponed till the epidemic prevention measures were loosening. The survey fieldwork continued to implement until the end of 2022, and those respondents who could not complete the survey would be completed later. The number of interviewees reached 24,305, representing a response rate of 63.2% from 2021 to 2022.

2001	Development of national health interview survey
2005	Completion of datasets with national and city/county representativeness
2009	Full adoption of a computer-assisted personal interview system (CAPI)
2013	ISO 9001 certification acquired for survey standards and operations
2017	Online transmission of computer-assisted personal interview data
2021	Survey was broadened to include Kinmen County and Lianjiang County

Figure 8-4 Milestones of National Health Interview Surveys in Taiwan

2. Nutrition and Health Survey in Taiwan

To provide reference applications for citizens' nutrition and non-communicable disease policy formulation. From 2013 onward, the survey was administrated by the HPA, sampling and interviews are conducted on a 4-year cycle to establish continuous and timely national representative monitoring data, which are accumulated and updated year by year. The data collection items include questionnaires, physical examinations, and biochemical tests. From 2018 to 2019, in response to the goal of elderly nutrition monitoring, the questionnaire added more elderly-related questions. The elderly sample was oversample to increase the representativeness of the subgroups with different backgrounds and characteristics. Data collection for the third wave of the 4-year survey was due to take place from 2021 to 2024, due to the impact of the COVID-19 pandemic the survey stopped in May 2021 following the Central Epidemic Command Center epidemic prevention measures. A digitalized survey is being developed to provide a sustainable health monitoring mechanism that will have continuity and connection with the results of previous surveys. The survey has been restarted in 2022 and conducted by both face-to-face interviews and video interviews.



Figure 8-5 Contents of the Nutrition and Health Survey in Taiwan

3. Taiwan Birth Cohort Study

The HPA commissioned the “Taiwan Birth Cohort Study” in 2003 to understand the growth, development, and health conditions of children born in Taiwan and investigate social environments’ influence on child health and development. The research participants are a probability sample of infants born in 2005. A baseline survey was conducted at the age of 6 months of the participants, with follow-up surveys at ages of 18 months, 3 years, 5.5 years, 8 years, 12 years, and 15 years. In 2022, a web-based survey was conducted, on the pilot sample, as well as face-to-face household interviews and self-administered questionnaire conducted on the main study sample. This year, we held a panel discussion regarding the research results from the study date at the Population Association of Taiwan annual meeting. In addition, 3 meetings on policy translation of research results were organized to enhance the business engagement. The key findings of research using data collected from age 7 to 12 of the birth cohort were

summarized for preparing the forthcoming monograph focusing on the health profiles of school-age children in Taiwan.

4. Taiwan Longitudinal Study on Aging

In response to the potential impacts of the aging population on the economy, medical care, family, and society, the HPA selected random samples of middle-aged and elderly people in Taiwan and completed a baseline survey of the sample in 1989, with follow-up surveys every 3 to 4 years afterwards. The data collected will be used to understand the changes in the health trajectories of middle-aged and elderly people in Taiwan, to explore the factors affecting health and active aging, and to compare the health differences of ethnic groups with different backgrounds and characteristics, as well as to provide references for policy planning or service design and evaluation. Nine waves of surveys have already been completed. In 2022, based on the latest findings of the survey, the survey report was published by analyzing the important data collection items. In 2023, the planning and design of the survey questionnaires are carried out.

5. Breastfeeding Rate in Survey

To monitor the status quo of breastfeeding, factors affecting breastfeeding, and the use of friendly environments and resources in Taiwan, the HPA has conducted annual telephone surveys since 2008, and has changed the surveys to a biennial basis since 2016. By using the “Birth Reporting System” records, the HPA to randomly selected mothers who have household registration and gave birth to infant over 6 months of age in the survey year and conducted this survey, to learn about their of breastfeeding during the hospitalization period after delivery, during the time that the babies are 1, 2, 4, and 6 months of age. In 2022, a total of 12,087 cases were interviewed, and the data were analyzed to understand the current situation of breastfeeding and the results of the promotion of a mother-infant-friendly environment in Taiwan.

6. College Students Health Behavior Survey

In order to understand the lifestyles, physical activities, dietary habits, sex-related attitudes and behaviors, as well as the use of tobacco, alcohol, betel nut, and other substances among college and university students nationwide for reference in health promotion policy planning and evaluation of intervention effectiveness. Since 2019, the HPA has transformed the original survey on smoking behavior for college students and included other health behaviors to conduct the College Student Health Behavior Survey (CSHBS) in a two-year interval. A sample of school departments in each region of the country will be selected and anonymously self-administered with web-based questionnaires. In 2022, a total of 8,564 cases completed the survey, and the survey data will be used to monitor the current situation and compare trends.

7. Adolescent Smoking and Health Behavior Surveys

In Taiwan, HPA conducts the Global Youth Tobacco Survey (GYTS) and Global School-based Student Health Survey (GSHS), designed and developed by the WHO and the US Centers for Disease Control and Prevention, to monitor adolescents’ smoking and health behaviors. The implementation of these two surveys is shown in Figure 8-6. Initially, the surveys were administered to junior high school and senior/vocational high school (including junior college

grade 1-3) students on a rotational basis. Anonymous self-administrated questionnaires were filled out simultaneously by students in the sampled classes.

Since 2011, the GYTS has been carried out for junior high school and senior/vocational high school students ever year. Considering the adequate time interval to see the impact of policy and changes in prevalence rates of the health behavior, the GYTS was changed to a biennial survey in 2019. Since 2012, the GSHS has been carried out for junior high school students in an odd year and senior/vocational high school students in an even year. Also, the GSHS changes the survey rotation to a biennial survey for junior high school and senior/vocational high school students within one year since 2019.

Through the GYTS and GSHS, the current status and the changing trends of adolescent smoking and health-related behavior were monitored and provided to related sectors as reference for policy formulation on youth tobacco control, tobacco hazards prevention on campus, and health promotion services planning.

Two surveys were conducted in 2021. However, due to the impact of the COVID-19 pandemic, the GYTS was changed from a paper self-administered questionnaire to an online questionnaire. The online survey was conducted from mid-June to the end of July. A total of 28,632 students filled out the questionnaires. The GSHS ended in mid-May, and was completed by a total of 6,680 students.

Since 2004

In order to continue monitoring the status and long-term trends of adolescent smoking and other health behaviors, we have conducted adolescent smoking behavior monitoring surveys based on the Global Youth Tobacco Survey, designed and developed by the WHO and the US Centers for Disease Control.

Since 2006

We have further referred to the Youth Risk Behavior Survey, conducted by the US Centers for Disease Control and Global School-based Student Health Survey by the WHO. We focused on the important health behaviors that cause death, disease, disabilities or social problems, and undertook monitoring surveys. The range of topics investigated covered tobacco, alcohol, betel-nut chewing and other health behaviors and lifestyles.

Since 2012

To link up with the world and for collection of internationally comparative data, the HPA made use of our accumulated survey experiences across the years for the redesign of the surveys and started working with the US Centers for Disease Control to conduct the Global School-based Student Health Survey in Taiwan.

Since 2019

Since 2019, due to the fact that it takes some time to see changes in health behavior prevalence rates, the annual survey has been changed to biennial surveys. This will make better use of limited questionnaire space, and ensure that the surveillance information is helpful for the policy implementation of adolescent health promotion.

Figure 8-6 Development process of adolescent smoking and health behavior surveys

8. Health Promotion and Behavioral Risk Factor Surveillance

To continuously monitor and understand national health issues and service needs, and to provide reference for policy formulation and evaluation of policy effectiveness, HPA integrated the “Health Promotion Surveillance Survey (HPPS)” with the “Adult Smoking Behavior Survey (ASBS)” in 2021. The Health Promotion and Behavioral Risk Factor Surveillance (HPBRFS) will be conducted on a yearly and quarterly basis, incorporating the

needs of different monitoring items in terms of the survey cycle and sample size into the survey design, as well as utilizing the combination of yearly and quarterly survey questions and the design of periodic, rotational, or additional question groups. The design of additional question sets was used to collect national, county, and city health promotion and health behavior survey data, for the predefined age groups to be analyzed. Also, to reflect the increase in cellphone usage and lower the coverage rates among the population in landlines, the dual-frame design, combining landlines and mobile phone surveys was adopted in 2021. Four quarterly surveys were completed in 2022, with 24,185 valid landlines samples and 8,679 valid cellphone samples.

9. Child Death Review For Children die under 6 years of age

To integrate quantitative and qualitative data to explore the circumstances and context of children's deaths insights for prevention and intervention action plan, the HPA developed the child death review (CDR) mechanism. And since 2020, child death review has been gradually implemented in counties and cities. A total of 13 counties and cities have already participated by the end of 2022. The results of the discussion of 90 children death cases of the participating counties and cities in 2021 have been collated, and the analysis report was published in November 2022 to provide reference for relevant organizations to discuss action plans for preventing child deaths.

International Cooperation



Status Quo

As well as participating in APEC and WHO related technical conferences, HPA also actively launched exchanges, collaborations and experience sharing with various industries and WHO interational cooperation centers, international academic institutions, as well as various national governments. To date, Taiwan is a member of 6 major international health promotion organizations, including the International Union for Health Promotion and Education (IUHPE), the International Network of Health Promotion Foundations (INHPF), the Union for International Cancer Control (UICC), the Global Network for Tobacco-Free Healthcare Services (GNTH), the International Network of Health Promoting Hospitals and Health Services (HPH) and the Asia-Pacific Academic Consortium for Public Health (APACPH).

Additionally, in 2022, HPA held 4 international conferences in Taiwan, including the 2022 Global Health and Welfare Forum in Taiwan, the APEC Conference on Achieving One Planet from 4E: Eat, Exercise, Ecology, Economics and the 19th International Network of Health Promotion Foundations Annual Meeting. We also took part in 16 major international conferences, forums, workshops and seminars held abroad and online. The HPA also hosted 44 foreign guests from 16 countries.



1. Participating in large-scale international conferences to gain global recognition

(1) 2022 Global Health and Welfare Forum in Taiwan

The 2022 Global Health and Welfare Forum in Taiwan was held from October 30th to 31st at the Chang Yung-Fa Foundation International Convention Center. The theme of the conference is “One Health: Advancing Health and Well-Being for All.” As the world is gradually returning to normal life after the epidemic, the forum starts from the concept of “One Health” and explores how human beings can co-exist and co-prosper with the ecosystem (the foundation of health). The HPA calls for the importance of global solidarity, connects with the topics of digital technology and non-communicable disease prevention, and at the same time combines the concept of well-being that has recently been emphasized by the WHO. Meanwhile, HPA also incorporates the concept of well-being that WHO has recently emphasized, and actively brings out the psychological and social dimensions beyond physical health. The forum invited Prof. Liette Vasseur, Chair of the UNESCO Chair in Community Sustainability: From Local to Global, Prof. Jozef Suvada, Advisor to the Prime Minister of Slovakia on Health, Prof. Martin McKee, Director of Research at the European Observatory on Health Systems and Policies and President of the British Medical Association, Dr. Clemens Martin Auer, President of the European Health Forum Gastein and former Vice-President of the European Union, and Academician Chen Chien-Jen, the former Vice President of Taiwan. They shared the concept of “One Health” and inspired countries to work together to achieve “Global Health.” This year’s Forum was a hybrid of physical and online events with 1 keynote speech, 3 plenary sessions and 5 parallel sessions. There were 900 domestic attendances at the physical conference, with experts, scholars, health department officials, and general participants from 50 countries. The Forum was live broadcast simultaneously on YouTube and Facebook to encourage real-time interactions from around the world. The Webex, Facebook and YouTube broadcasts exceeded 6,000 views in total.

2. Standing on the global stage: participating in international conferences or forums

(1) Health Promotion and Non-Communicable Disease Prevention in the Asia-Pacific Region Forum

In August 2017, Taiwan HPA and Asia-Pacific Academic Consortium for Public Health (APACPH) jointly established the Collaborating Centres for Health Promotion (CCHP). HPA has participated in the 53rd APACPH annual conference, which was held in Manila, Philippines. During the conference, HPA organized the Health Promotion and Non-Communicable Disease Prevention in the Asia-Pacific Region Forum on September 22, 2022. The theme of the forum is “Achieving SDG3: Promoting Good Health for all” with a focus to share on topics, including digital transformation in public health, NCD management/diabetes monitoring and action, maternal and child health, and health workforce. Over 70 participants from Singapore, the Philippines, Japan, Indonesia, and Taiwan have joined the forum.

(2) The 19th International Network of Health Promotion Foundations (INHPF) Annual Meeting

The 19th International Network of Health Promotion Foundations Annual Meeting was held in Taipei, Taiwan virtually on August 17th, 2022. The theme of the meeting is “Health Promotion Policy for Global Action.” Over 13 countries and around 244 experts and officials from the field of health promotion participated in the annual meeting. The meeting invited Dr. Jui-Yuan Hsueh, Taiwan Minister of Health and Welfare and Dr. Sandro Demaio, Chair of INHPF and CEO of Victorian Health Promotion Foundation to give opening remarks. Dr. Suvajee Good, Regional Advisor for Health Promotion and Social Determinants of Health, WHO South-East Asia Regional Office has delivered a keynote speech titled “The Importance and Direction of Health Promotion in the 21st Century”. In addition, we have invited representatives from Victorian Health Promotion Foundation (VicHealth), Western Australia Health Promotion Foundation (Healthway), Thai Health Promotion Foundation (ThaiHealth), Korea Health Promotion Institute (KHPI), and Southeast Asia Tobacco Control Alliance (SEATCA) to share their best practices and experiences on policy making. HPA also invited Prof. Kuo-Liong Chien from the School of Public Health at National Taiwan University, and Dr. Chih-Cheng Hsu, Deputy Director of Institute of Population Health Sciences at National Health Research Institutes, representing Taiwan. The meeting aims to explore innovative health promotion approaches to build a healthier and sustainable society through global action.

3. International experience sharing and the International Cooperation Plan promotion

- (1) To deepen HPA’s participation in APEC and strengthen multilateral cooperation with our New Southbound neighboring nations, HPA have joined 3 sub-working groups under Health Working Group (HWG). From 2018 to 2022, we successfully gained APEC funds for the projects as follow: 2018 “APEC Conference on Smart Healthcare for Non-Communicable Diseases (NCDs) and their Risk Factors Prevention and Control,” 2019 “APEC Conference on Urbanization, Population Aging and Technology Innovation,” 2020 “Achieve One Planet from 4E: Eat, Exercise, Ecology, Economics,” 2021 “Community-based Non-Communicable Diseases (NCDs) Integrated Care Model in



Chinese Taipei,” and 2022 “Empowering the Next Generation-Investment in Preventable Infant Deaths by a Healthy Start.”

On March 17th 2022, HPA conducted the hybrid APEC Conference on Achieving One Planet from 4E: Eat, Exercise, Ecology, Economics at the Chang Yung-Fa Foundation International Convention Center. With the original concept of “New Healthy Lifestyle,” advocating the dual benefits of environmental sustainability and economic development through green diet and lifestyle campaigns, the topic has gained the support and influence of international experts and scholars as well as professionals from economies all over the world. A total of 10 APEC member economies including Canada, the US, Thailand, Singapore, Indonesia, Peru, Vietnam, and the Philippines participated online, with 243 domestic representatives from the government, industries and the academy joining online and physically.

- (2) To strengthen international collaboration in the Adolescent Smoking and Health Behavior Monitoring Surveys and related issues, HPA conducted cross-cultural and international comparative research. Starting in 2004 and 2012 respectively, HPA worked with the US Centers for Disease Control and Prevention to conduct the Global Youth Tobacco Survey (GYTS) and the Global School-based Student Health Survey (GSHS), and has continued to collaborate on refining youth health survey methods.
- (3) In order to promote tobacco free hospitals, we joined the Global Network for Tobacco-Free Healthcare Services (GNTH), and transformed network certificate standards into evaluation indices and key points for the service qualities of tobacco-free hospitals in Taiwan.

The Global Network for Tobacco-Free Healthcare Services (GNTH) began promoting its Gold Forum certification in 2009, and Taiwan was nominated for certification in 2012. By 2022, there are 35 hospitals with Gold Forum membership, the highest number of member hospitals in the world. Seven more Taiwanese hospitals (Chia-Yi Christian Hospital, Tamsui MacKay Memorial Hospital, Hsin-Chu Cathay General Hospital, Ten-Chen Hospital, Liouying Chi Mei Hospital, Chi Mei Medical Center and Kaohsiung Municipal Ta-Tung Hospital) were awarded Gold Forum membership in 2022, out of only 16 hospitals worldwide.

- | | |
|-------------|---|
| 1999 | ▶ Global Network for Tobacco Free Healthcare Services was established. |
| 2011 | ▶ Taiwan joined the Network in 2011 and became the first network in the Asia Pacific region. |
| 2022 | ▶ <ul style="list-style-type: none"> • A total of 215 hospitals joined • A total of 83 hospitals joined the Gold Forum, and 35 are in Taiwan, which was the most Gold Forum members in the world. |

9

Appendix

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2022 HPA Chronological Highlights

Time	Highlights
1	
1/13	The Executive Yuan deliberated and approved the draft amendment to the Tobacco Hazards Prevention Act. The amendment was submitted to the Legislative Yuan for review on January 14 th , 2022.
1/27	The HPA proposed “Accelerating Implementation of Cancer Control Programs in APEC Economies through Innovation and Partnership” during the fourth thematic workshop on “Implementation, Governance, and Evaluation of Cancer Prevention and Control Programs.” The workshop saw participation from around 56 experts both domestic and international, representing 14 countries, including Taiwan, Australia, Canada, New Zealand, the Philippines, Singapore, Peru, Sri Lanka, Indonesia, Malaysia, Papua New Guinea, Japan, the U.S., and Thailand. The closing speech was delivered by Academician Jian-Jen Chen from the Academia Sinica.
1/28	The Asia-Pacific Economic Cooperation (APEC) invited the HPA to participate in “Accelerating and Expanding HPV and Cervical Cancer Screening and Testing in APEC Region (21 Member Economies)” policy dialogue on January 28 th , 2022. In Session 1, “Integration of HPV and Cervical Cancer Screening and Testing in the National Healthcare System,” the HPA invited experts to discuss the current status of cervical cancer screening and diagnosis. The dialogue also covered topics such as diagnosis and treatment and the impact of the COVID-19 pandemic on HPV and cervical cancer screening, testing, and follow-up.
3	
3/17	The HPA hosted the “APEC Conference on Achieving One Planet from 4E: Eat, Exercise, Ecology, Economics” at the International Chang Yung-Fa Foundation Convention Center. The conference introduced the innovative concept of the “New Healthy Lifestyle,” promoting the dual benefits of environmental sustainability and economic development through eco-friendly dietary choices and active living. This concept gained support and resonance from international experts, scholars, and professionals in economies worldwide, resulting in a combined participation of 243 individuals both online and in person.
3/18	To showcase the achievements of community nutrition promotion centers across local governments, share innovative approaches to inter-regional collaboration, and acknowledge the efforts of local governments in community nutrition initiatives, the HPA organized the “Nationwide Observation Meeting of Community Nutrition Promotion Center Achievements” at the Chang Yung-Fa Foundation International Conference Center. This event invited colleagues from city and county health bureaus, community dietitians, inter-regional partners, and community-based personnel to participate.

4

4/13

The addition of the announcement “Beta-Propeller Protein-Associated Neurodegeneration” (BPAN) as a rare disease and the revision of the names of three existing rare diseases, including “3-Hydroxy-3-Methylglutaric Acidemia, Hyperlysinemia and Progressive Familial Intrahepatic Cholestasis” (PFIC), was made.

5

5/15

To alleviate the economic burden on the public and provide more incentives for smokers to quit, starting from May 15th, 2022, the co-payment for smoking cessation medications was be waived for all individuals.

5/16

The HPA hosted an online workshop titled “Implementing Health-Promoting Inter-sectoral Policies to Contribute to Social Change – Supporting Schools to Become a Foundation for Healthy Lives” during the 24th International Union for Health Promotion and Education (IUHPE) World Conference on Health Promotion. The workshop featured Shi-Li Jia, Deputy Director from HPA, and Prof. Didier Jourdan, UNESCO Chair in GHE, together with experts from domestic and international contexts. They discussed the impact of cross-sectoral policies and human resources on students’ health literacy, aiming to enhance global visibility. The workshop saw a total of 50 participants engaging online.

5/18
and
5/23

In the 18th meeting of the Social Welfare and Environmental Hygiene Committee of the Legislative Yuan, they conducted a review of the proposed amendments to the “Tobacco Hazards Prevention Act.” The examination involved a detailed assessment of all 47 articles. Out of these, 11 were approved during the review, and the remaining articles were set aside for further consultation among political parties.

7

6/30-7/1

The HPA and the Pingtung County Health Bureau co-organized the “2022 Annual National Health Care Conference” with the theme of “Partnering for a Healthier Future: Open, Connect, Balance.” It invited people from health bureaus from various local governments nationwide, as well as divisions and departments within HPA to participate both in person and via video. The open speech was delivered by Minister Chen Shih-Chung of the Ministry of Health and Welfare. The conference included the presentation of the 14th Golden Institute Award, displaying posters of the accomplishments of the award, and hosting two keynote speeches to share insights into health policies and promotional programs, with engaging discussions.

7/1

On July 1st, the Lung Cancer Early Detection Program was launched. This program is designed to offer free lung cancer screening services using low-dose computed tomography (LDCT) once every two years. It is aimed at male individuals aged 50 to 74, female individuals aged 45 to 74, with a family history of lung cancer, as well as heavy smokers aged 50-74.

7/13

Four conditions were newly classified as rare diseases, including “craniospinal dysplasia,” and the names of 2 rare diseases, including “Kabuki syndrome,” were updated.

7/22

The HPA, in collaboration with the United States and Thailand, organized the APEC LSIF “Accelerating APEC Cancer Prevention and Control Program.” This program focused on cancer prevention, cancer screening and early detection, accessible cancer treatment, as well as implementation, management and assessment of cancer prevention and control initiatives. Four international online workshops were conducted, with 12 to 14 member economies participating in each session. Over 200 cancer prevention and control experts from around the world engaged in these meetings to share advancements in cancer prevention policies. As a result of the efforts, a comprehensive report titled “Best Practices and Recommendations for Collaborative Cancer Prevention with APEC” was completed. The report promotes collaborative cancer prevention and control efforts in the Asia-Pacific region.

8

8/17

On August 17th, 2022, the HPA convened the 19th International Network of Health Promotion Foundations (INHPF) Annual Meeting under the theme of “Global Action on Health Promotion Policies.” The event brought together 244 health promotion experts, scholars, and health officials from over 13 countries.

9

9/26-27

The HPA, in collaboration with Chang Gung University of Science and Technology, jointly organized the “2022 Basic Public Health Core Competency Training for Health Clinic Personnel” under the theme of “Public Health Heart, Heritage, and Health Care.” Newly recruited nursing personnel from health centers across all counties and cities nationwide participated in the event. Minister Hsueh Rui-yuan from HPA delivered a speech during the opening the press conference, while Member Wang Hsiu-hung of the Examination Yuan shared her practical experience in public health. This effort marks a significant milestone in advancing the localization of community health services.

10

10/15-16

The HPA participated in the “2022 Taiwan Public Health Joint Annual Conference” held by the College of Public Health, National Taiwan University, organized by various professional associations including the Taiwan Public Health Association. Director-General Chao-Chun Wu was invited to deliver a speech at the opening and the forum on “Professional Development and Manpower Planning for Certification in Public Health in Taiwan.” During the event, a total of 14 papers were presented by different departments, and a dedicated session was held for “Nutrition and Health Survey in Taiwan (NAHSIT)” discussions. These sessions facilitated valuable exchanges and discussion on matters concerning the health of the Taiwanese population.

10/18

“Guidelines for the Assessment and Recognition of Rare Diseases” was published.

10/19

On October 19th, 2022, the Global Network for Tobacco-Free Healthcare Services (GNTH) organized the “Global Network Online Seminar and Gold Award Forum.” Seven award-winning hospitals from Taiwan were invited to participate and share their experiences in promoting tobacco-free hospital environments. Additionally, Dr. Lin Ji-Wei (Director of the Taiwan Network Association) and Dr. Hong Wei-Jie from E-Da Hospital were invited as keynote speakers during the event.

10/20

On October 20th, 2022, HPA entrusted Changhua Christian Hospital to host the “2022 Quitline in Smoking Cessation for Youth Online International Conference.” Experts and scholars from Switzerland, Thailand, and Hong Kong were invited to give lectures, while representatives from Changhua Christian Hospital in Taiwan shared their insights. This conference can serve as an important reference for the future endeavors in utilizing Quitline services to promote youth smoking cessation.

10/20-21

On October 20th and 21st, the HPA invited Professor Didier Jourdan from the Faculty of Education at the Clermont Auvergne University in France. Professor Jourdan also served as the head of UNESCO Chair Global Health Education Program and the director of the WHO Collaborating Center for Research on Education and Health. The purpose of his involvement was to conduct an online workshop for the “International Network of Health-Promoting Schools Project.” The event brought together county and city health bureaus, education bureaus, and experts to work together to advance the International Network of Health-Promoting Schools. Approximately 990 individuals participated.

11

11/1

The revised curriculum for smoking cessation service personnel took effect on November 1st, 2022, reducing the the training hours for acquiring smoking cessation service certificate.

12

10/28,
12/16
and 29

The Legislative Yuan’s Social Welfare and Environmental Hygiene Committee engaged in cross-party consultations regarding the retention of provisions in the proposed amendment to the Tobacco Hazards Prevention Act.

HPA Websites



Website of HPA, MOHW

Provision of different types of information related to HPA services and website sections for different health-related topics in line with public needs



Health 99+ Education Resource Website

Collecting health-related hygiene education materials, and making them available for distribution and use, to enhance public knowledge



Website of Information of Healthy Workplace

Provision of information on methods for implementation of health promotion campaigns at workplaces all over Taiwan, as well as healthy workplace certifications and applications



Cancer Registry Interactive Query System

Providing data on cancer incidence and epidemiology for queries by the general public, academic circles, and health units as a reference for cancer prevention and control programs and relevant assessments by health administration units and hospitals



Maternal Care and Counseling Website

A cloud-based maternal and infant healthcare platform enabling new generation expectant mothers to access pregnancy and childbirth-related knowledge and cloud-based management tools during pregnancy periods and prenatal checkups in a convenient manner



Website of Smoking Cessation Service and Management

Provision of smoking cessation service information including application as contracted smoking cessation institutions, smoking cessation service policies, regulations and related information, and lists of healthcare institutions contracted for smoking cessation services



Information Website for Tobacco Product Ingredients

Pursuant to the provisions set forth in Article 8 of the Tobacco Hazards Prevention Act, the provision of tobacco product ingredients, additives, and emissions reported by manufacturers and importers periodically and voluntarily to give the public a better understanding of tobacco product ingredients and associated hazards



HPA provides toll-free service helplines

Maternal and infant health care helpline: 0800-870-870

Tobacco hazards complaints hotline: 0800-531-531

Smoker's cessation helpline: 0800-63-63-63



Questionnaire
feedback

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Promoting Your Health



HPA

Health Promotion Administration,
Ministry of Health and Welfare



HPA Official Website

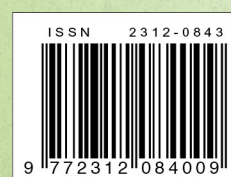


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Address: No.36, Tacheng St., Datong Dist.,
Taipei City 103205, Taiwan (R.O.C.)

Website: <https://www.hpa.gov.tw/>

Telephone: +886-2-25220888



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