



Beyond Oncology— UHC as a Driver for Health Equity

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Director General

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Awards & Honors

- Distinguished Achievement Award, Taiwan Society of Addiction Medicine (2024)
- Outstanding Alumnus, School of Medicine, National Cheng Kung University (2023)
- Xinglin Award, Taipei Medical Association (2022)
- Excellent Young Scholar Grant, Ministry of Science and Technology (2019–2021)
- National Anti-Drug Distinguished Service Award, Executive Yuan (2020)
- Full Member, National Institute on Drug Abuse (NIDA) (2017–Present)
- Best Paper of the Year, Taiwan Society of Addiction Medicine (2015)
- Sartorius Award, 5th Asian Congress of Schizophrenia Research (2014)
- Member, Phi Beta Kappa Society, Johns Hopkins University (2014)
- Lucy Shum Award for Excellence in Psychiatry, Johns Hopkins University (2014)
- Sommer Scholar, Johns Hopkins University (2012–2014)
- NIDA Women & Sex/Gender Differences Research Award (2012)

Public Service & Professional Experience

- Deputy Director-General, National Health Insurance Administration, MOHW (2024–2025)
- Director-General, Department of Mental Health, MOHW (2023–2024)
- Secretary-General, Taiwanese Society of Psychiatry (2021–2023)
- Member, Mental Illness Prevention and Control Advisory Committee, MOHW (2021–2023)
- Member, Taipei City Epidemic Prevention Committee (2021–2023)
- Board Member, Taiwan Society of Addiction Medicine (2020–2023)
- Member, Controlled Drugs Advisory Committee, MOHW (2019–2023)
- Secretary-General, Taiwan Society of Addiction Medicine (2018–2020)
- Advisory Member, Yilan Drug Abuse Prevention and Control Committee (2019–2023)
- Advisory Member, New Taipei City Mental Health Committee (2018–2020)



Education

- ▶ Ph.D. in Public Health, Johns Hopkins University
- ▶ M.D., National Cheng Kung University



1

Healthy Taiwan Policy

2

Promote the National Cancer Control Program
Three-arrow Strategy

3

Future Perspective on Digital Transformation



Healthy Taiwan Policy



1. Improve the Working Environment for Medical Personnel
2. Increase Mental Health Support
3. Foster nutritional awareness and encourage
4. **8-Year 888 Program**
5. Provide important cancer screening rates
6. **Establish a \$10 Billion TWD (¥50 billion) Cancer Drug Fund**
7. Increase the NHI Global Budget through diversified financial channels
8. Accelerate the integration of smart healthcare and health services
9. Review the salary structure of public healthcare professionals
10. Long Term Care 3.0

8-Year 888 Program

80% of patients with the 3 Highs/ CKD are enrolled in the care network

80% of patients in the care network receive lifestyle counseling

80% of patients with the 3 Highs achieve ultimate control

Delay the Deterioration of
Chronic Diseases and
Disabilities
**Improve the Healthy Life
Expectancy of the Population**

Goal for 2030: Reduce Cancer Mortality by 1/3



1

Enhance Early Cancer Screening

- Expand access and public awareness
- Improve detection rates at early stages

2

Focus on Genetic Testing and Precision Medicine

- Promote personalized treatment approaches
- Integrate genomic data into clinical care

3

Establish a \$10 Billion TWD Cancer Drug Fund

- Support R&D of breakthrough cancer therapies
- Accelerate access to novel treatments



健康台灣推動委員會

HEALTHY TAIWAN PROMOTION COMMITTEE



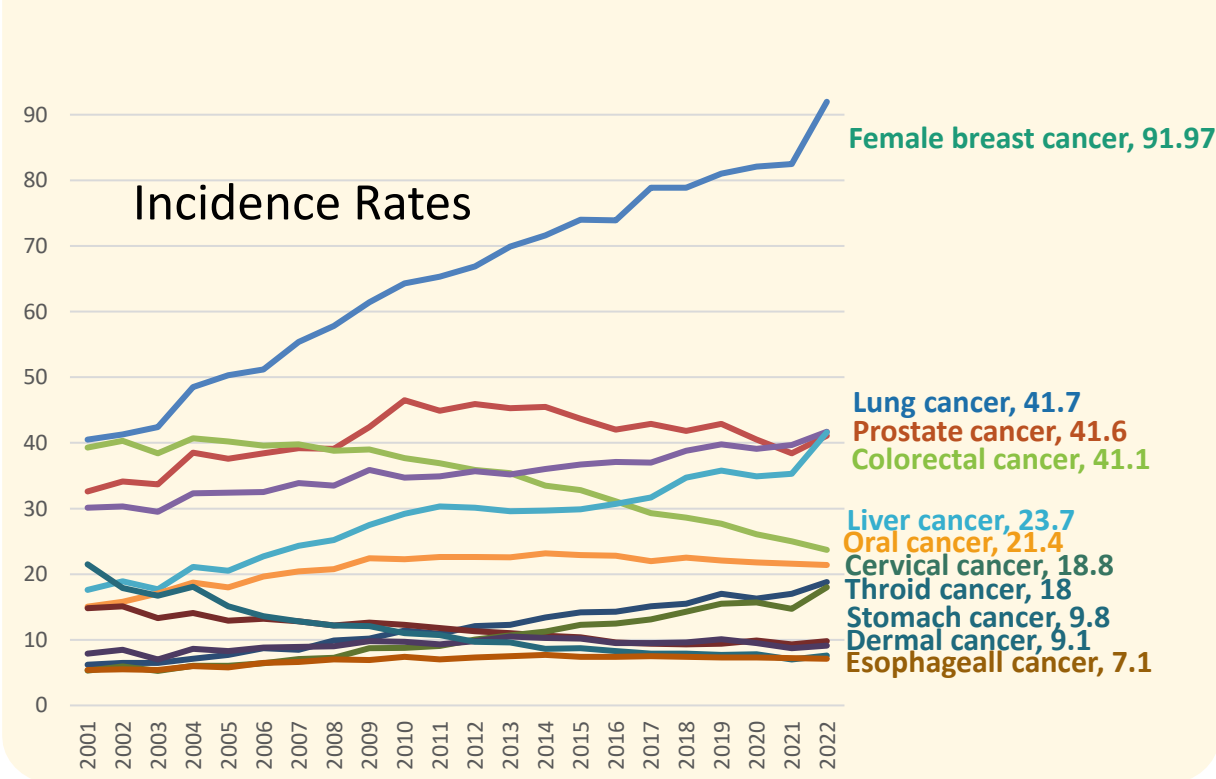
Promote the National Cancer Control Program Three-arrow Strategy

Cancer has ranked the first among the top ten causes of death since 1982 (~120,000 new cases/yr)

Standardized Incidence Rates

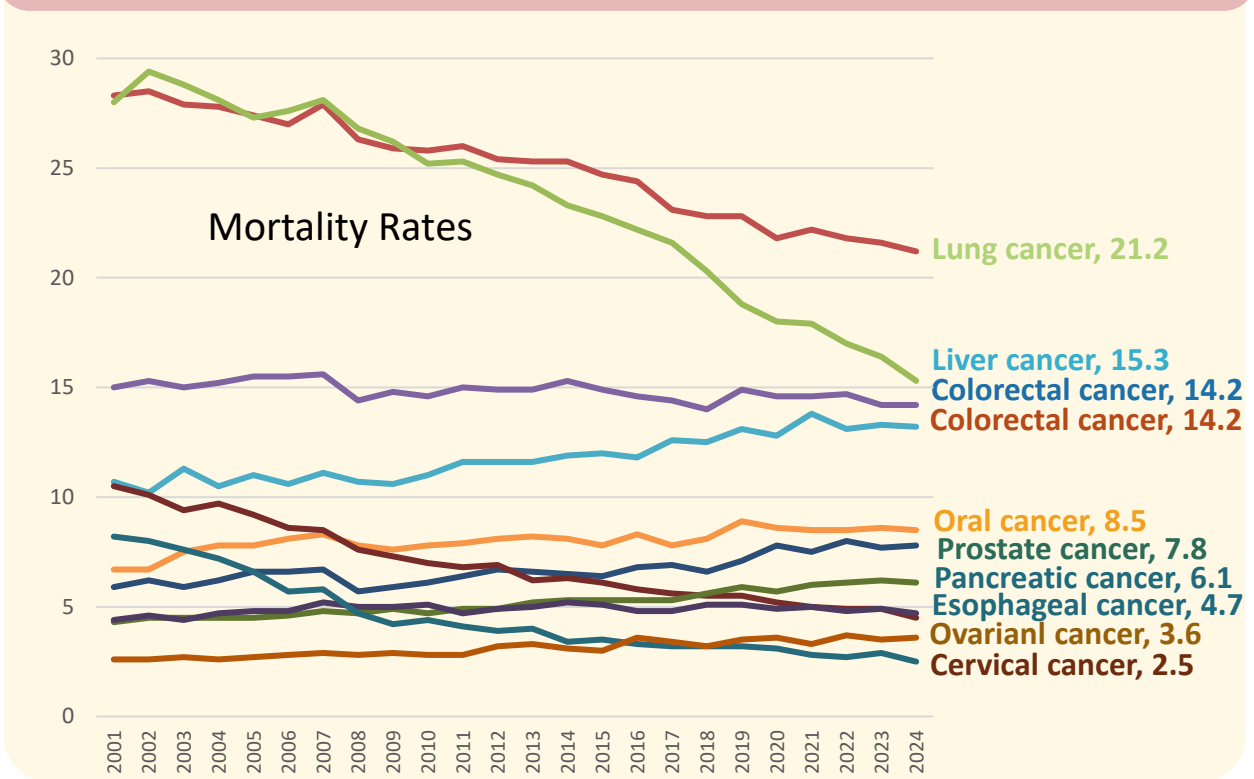


Breast, Lung, Prostate, Cervical and Thyroid cancer



Standardized Mortality Rates

Prostate and Ovarian cancer **increased**, others decreased



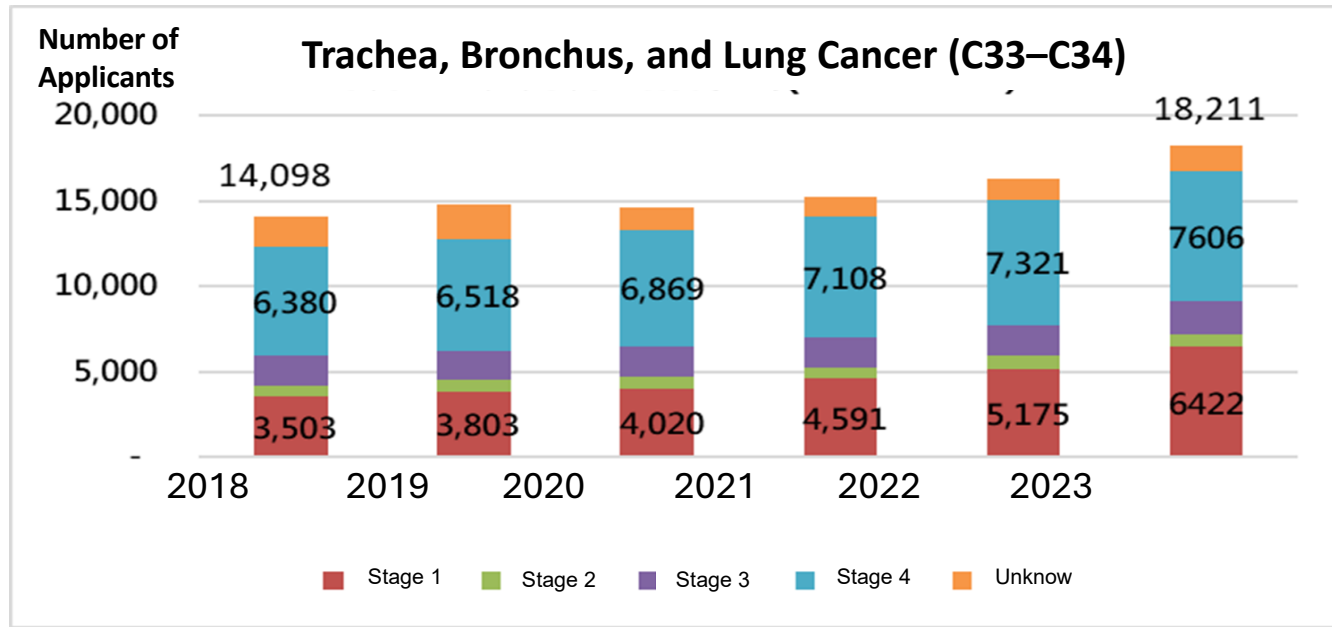
Note :

1. Source of incidence data: Cancer Registry, Health Promotion Administration, Ministry of Health and Welfare
2. The age-standardized rate (per 100,000 population) was calculated based on the 2000 World Standard Population

- Note : 1) Cause of death statistics provided by the Department of Statistics; age-standardized rates are calculated using the 2000 World Standard Population as the reference.
2) Starting in 2008, cause-of-death statistics adopted the International Classification of Diseases, 10th Revision (ICD-10). Beginning in 2019, the 2016 version of the ICD-10 cause-of-death selection rules has been used.

■ **Cancer registry data (2017-2021):**
 5-year relative survival rate for early-stage cancer is generally **> 90%**, except for oral and liver cancer
 ■ **Late-stage diagnosis** at the time of first detection, such as **lung cancer**

Cancer Stage	0	1	2	3	4
Lung	>99.9	94.6	62.1	33.2	13.1
Liver	76.9	66.7	51.5	12.9	3.3
Colorectal	93.4	92.7	83.3	71.1	15.4
Breast	>99.9	>99.9	95.6	80.5	39.4
Oral	76.0	85.3	75.2	61.3	38.3
Cervical	99.6	91.5	73.6	55.4	22.5



- Since 2016, the No. of new applicants for the major illness cards for trachea, bronchi, and lung cancer has increased year by year (18,211 cards issued in 2023)
- Growth rate of approved cases in the **Stage 1** of applications has been the highest (24.8% in 2018 vs. 35% in 2023)
- **Stage 4** of approved cases: accounts for about 50%

Expand the Age Range for Screening Services



6.8 B (2025)

	Originally	Now
Colorectal Cancer	Individuals aged 50-74	aged 45-74, and those aged 40-44 with a family medical history
Cervical Cancer	Women aged ≥ 30	Women aged ≥ 25
Breast Cancer	Women aged 45-69	Women aged 40-74
Lung Cancer	Men aged 45-74 and Women aged 40-74, Heavy smokers (30 pack-years)	Heavy smokers (20 pack-years) and those with a family medical history (Parents, Children, Siblings)
Stomach Cancer	Nationwide expansion of Helicobacter pylori fecal antigen testing for individuals aged 45-74	

Adjust the Subsidy for Screening Expenses

- **Colorectal Cancer:** From 200 to 400 NTD per case
- **Cervical Cancer:** From 430 to 630 NTD per case
- **Oral Cancer:** From 130 to 250 NTD per case

Introduce New Screening Tools and Services

- **HPV Testing Services:** For individuals aged 35, 45, and 65
- HPV Vaccination for Middle School Boys
- Colorectal Cancer: New colonoscopy screening for high-risk groups

Goal for 2030: Reduce Cancer Mortality by 1/3



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Principles

Solid Tumors : Clinical Precision Therapy with Approved Cancer Drugs
Hematologic Cancers : Basis for Selecting Treatment Plans

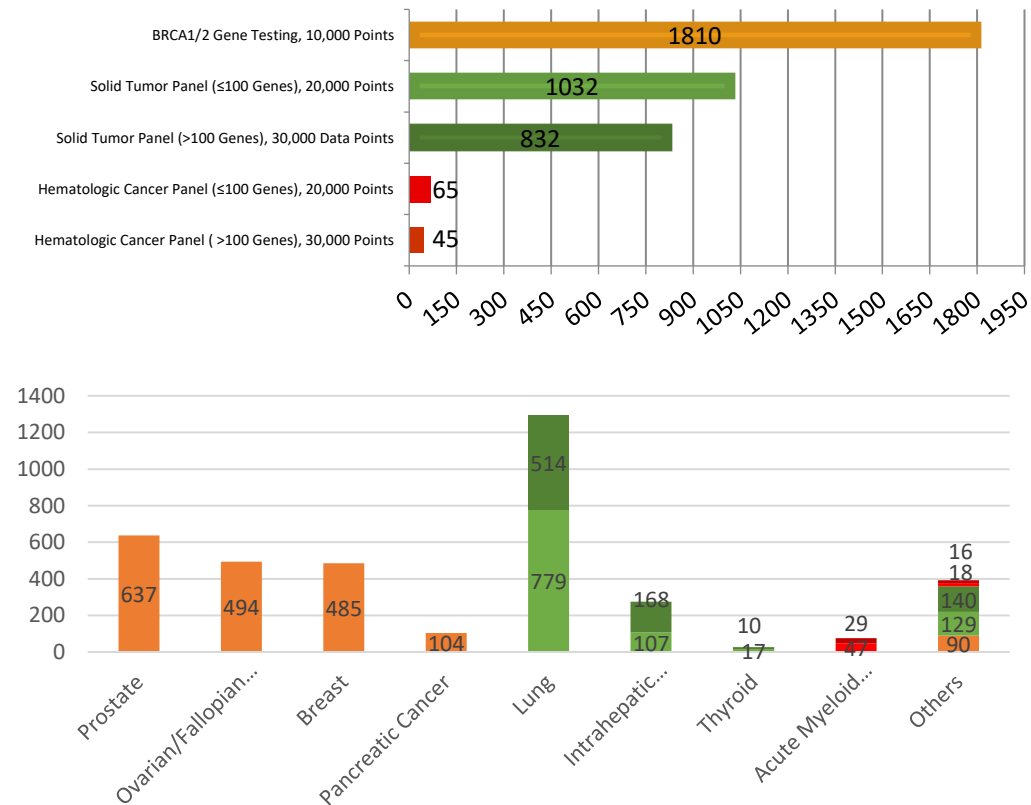
Cancers

12 Cancer Types **NGS Testing** (Effective May 1, 2024)
Single Gene Testing for 7 Cancer Types (Effective December 1, 2024)

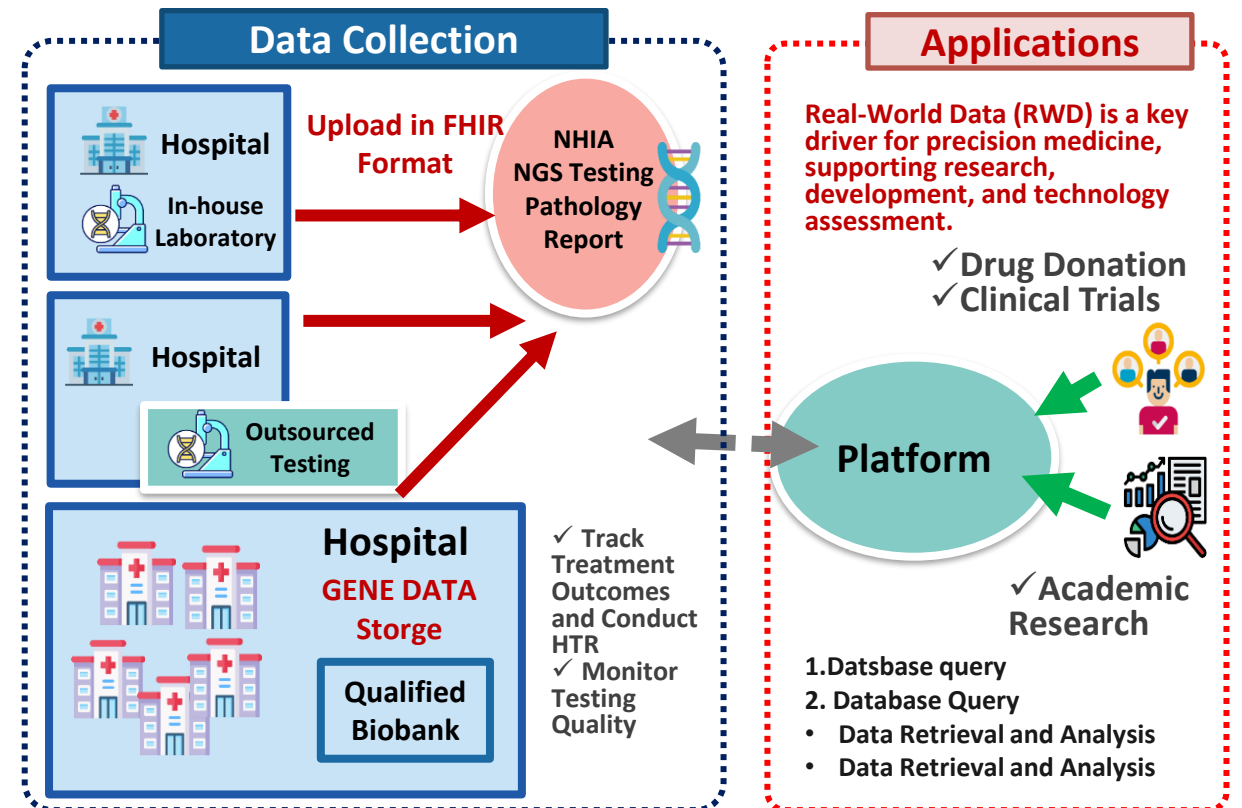
Targeted Therapy Companion Diagnostics

Coverage for 27 Cancer Drugs, Targeting 11 Genetic Loci for the Treatment of 10 Cancer Types
 1 cancer drug for the treatment of NTRK gene fusion in solid tumors (regardless of cancer type)

From May 2024 to August 2025: 56 hospitals claimed 3,874 cases



Genetic Biobank To Build A Precision Medicine Ecosystem



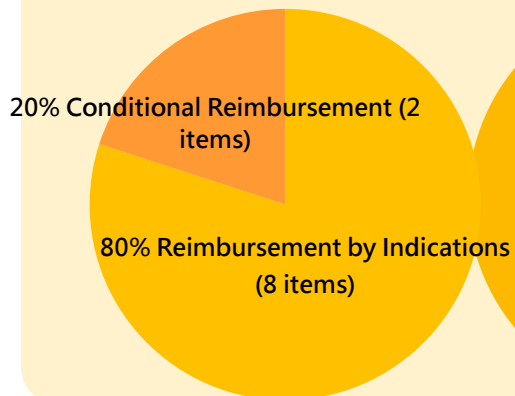
- Develop cancer treatment guidelines and strategies to address treatment gaps
- Prioritize alignment with NCCN International Treatment Guidelines **Category 1** and **Preferred Treatments**



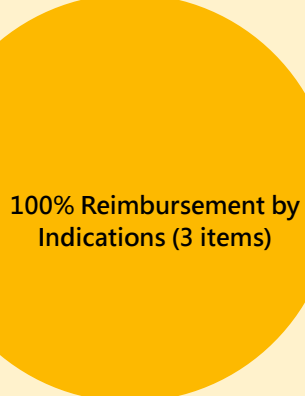
Results of Aligning NCCN Category 1 and Preferred Treatments (2025)

Lung Cancer: Stage IV survival rate at 13.1%; Targeting better outcomes for advanced disease

Non-Small Cell Lung Cancer
(Total: 10 Items)

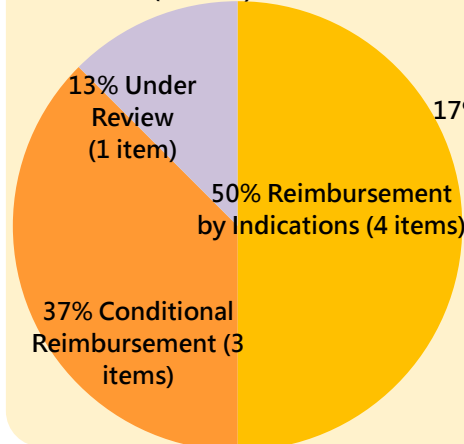


Small Cell Lung Cancer
(Total: 3 Items)

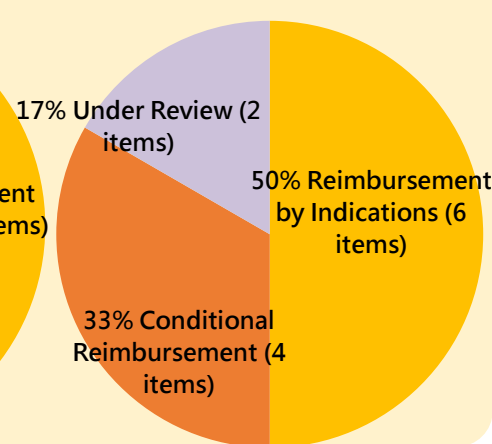


Breast Cancer: Improving Early and Late-Stage Treatment and Prognosis

Early-stage Breast Cancer
(8 Items)



Early-stage Breast Cancer
(12 Items)



Metastatic Colorectal Cancer: Addressing Gaps in NCCN International Treatment Guidelines to Improve Prognosis

NHI Coverage for Metastatic Colorectal Cancer: 1st, 3rd, and 4th-Line Targeted Drugs
Addressing 2L Treatment Gaps and Expanding Immunotherapy for 1L Treatment!

- Coverage for Bevacizumab-based Medications (March, 2025)
- Immunotherapy for First-Line Treatment of MSI-H or dMMR Colorectal Cancer (June, 2025)

【 Effective from Feb., 2026 】

Encorafenib: Expanded 1L Therapy

Key Achievements (as of Dec 1, 2025)

- **20** new cancer drugs included in the coverage / **9** major cancer types / **4,700** patient families benefited
- Average annual savings of NT\$1.3 million per person in drug costs

2023



International Cooperation

- Study visit to the UK's cancer drug fund system
- NHIA signed a cooperation agreement with the UK's NICE on Health Technology Assessment (HTA)

2024



Executive Yuan Directives on Accelerating the Establishment of the Cancer New Drug Fund

- Vice Premier Cheng of the Executive Yuan reviewed the NT\$10 billion Cancer New Drug Fund proposal (June, 2024)
- Premier Cho of the Executive Yuan instructed the use of a temporary payment mechanism and the allocation of government budget funds to expedite cancer drug coverage through the NHI Fund (July, 2024)

2025



Funding Allocation

- **NT\$5 B** allocated from the government budget (January, 2025)
- **President Lai announced** the establishment of a NT\$10 billion cancer drug fund at the "Healthy Taiwan National Forum" (April, 2025)
- **Additional NT\$5 B** allocated, with gradual accumulation towards the **NT\$10 B target** (2026)

2022 Supporting the Cancer Drug Fund

- The Taiwan Cancer Foundation proposed the "Taiwan Cancer New Drug Multi-Support Fund" policy recommendation (Mar., 2022)
- A Legislative Hearing was held at the Legislative Yuan (May, 2022)



Future Perspective on Digital Transformation



- Last Six Medical Visits
- Drug Prescriptions, Drug Allergies
- Catastrophic Diseases
- Organ Donation Consent
- Palliative Care
- Do Not Resuscitate (DNR)



NHIA

- Data management
- Infectious disease tracing and monitoring



Insured

- Identification
- Paper cards were consolidated into one smart card in 2004



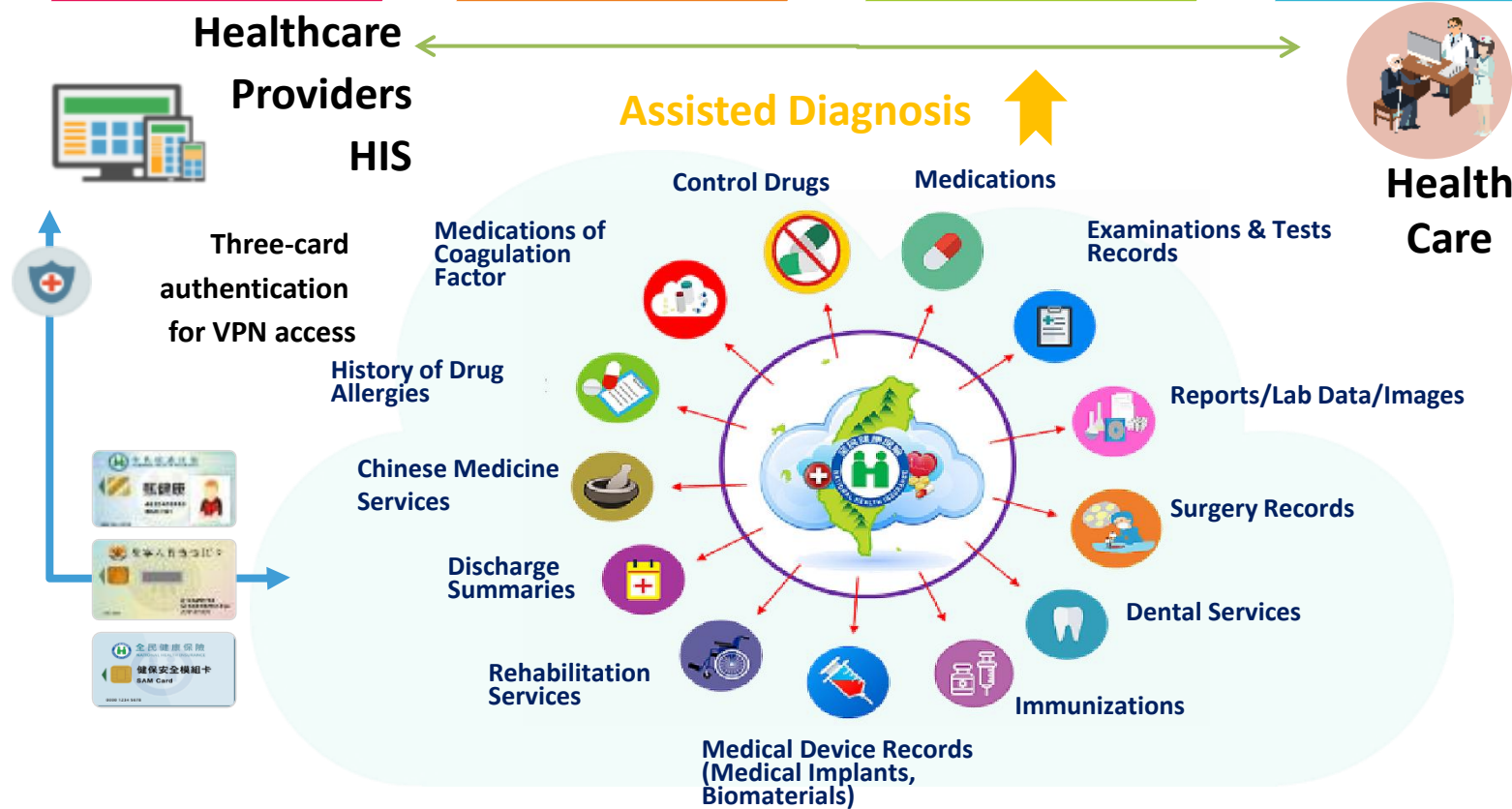
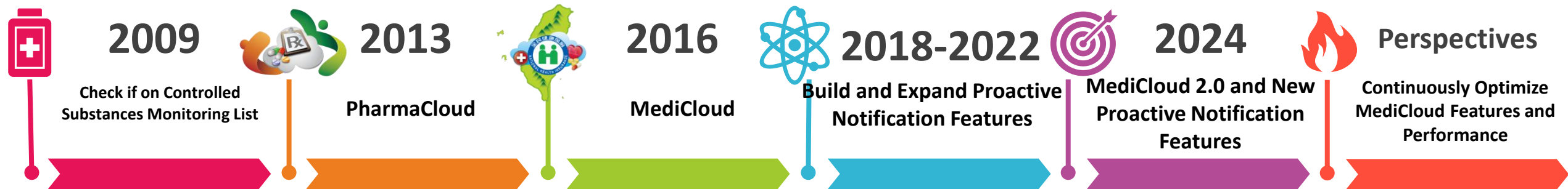
Healthcare Providers

- Authentication



Digital NHI Card

- One-time only QR CODE
- Home Health Care, Telemedicine, and Video Consultations widely applied



2.0

MediCloud 2.0
launched on June 17, 2024

- Proactive Prompting**
- ▶ Allergy Medications
 - ▶ Drug Interactions
 - ▶ Monitoring of Potential Hepatitis C Patients
 - ▶ NSAID Use and Kidney Function
 - ▶ Duplicate Medications/Tests

MediCloud 2.0 launched on June 17, 2024

Implementation Status

- **B2B Telemedicine Mode:** aimed at expanding access and improving healthcare
- **114** islands will be covered, with **6** local hospitals and **11** mobile medical stations implementing telemedicine to connect to **53** hospitals
- This plan is expected to reach 10,417 people (By Aug., 2025)

Item (No.)		2023	2024	2025 (Jan.-Aug.)
Specialized Telemedicine	Service Volume	People	2851	3908
		Services	4958	7238
	Consultations	People	624	707
		Services	3034	5413
Emergency Telemedicine	People	844	2986	
	Services	858	3050	

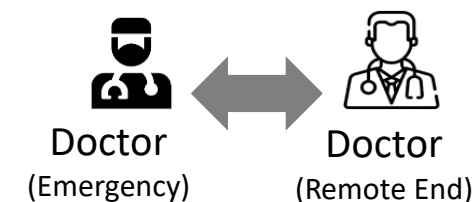


Specialized

Ophthalmology, Otolaryngology, Dermatology, Cardiology, Gastroenterology, Neurology, Pulmonology, Psychiatry (limited to correctional institutions)



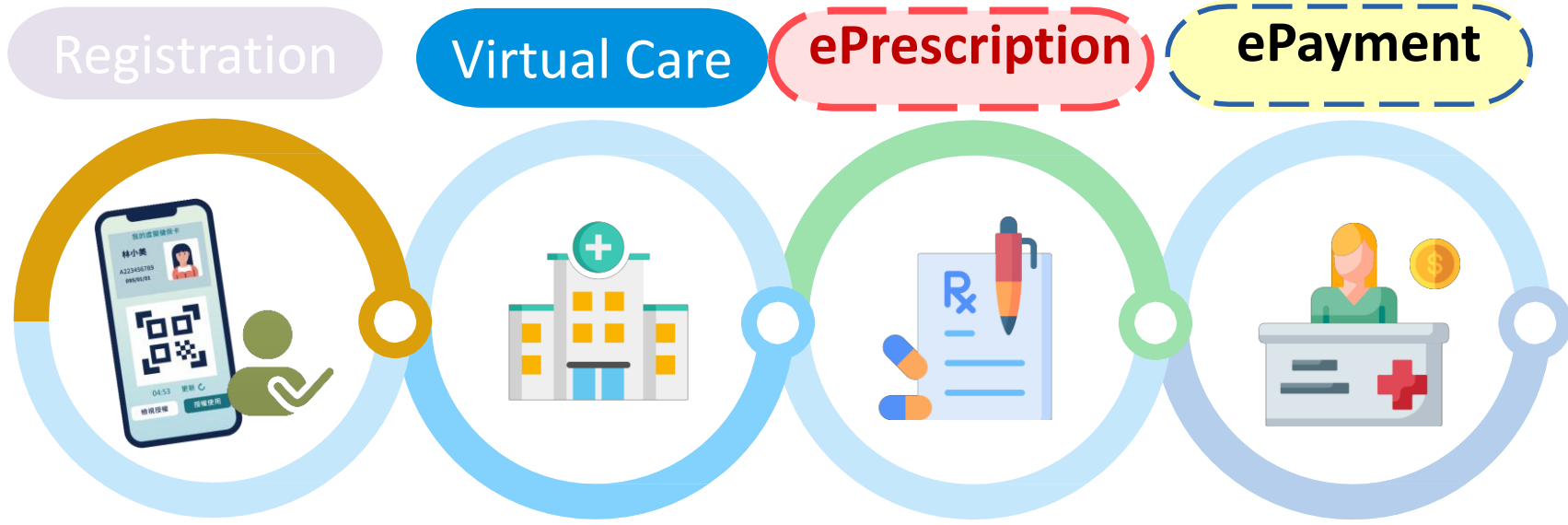
Emergency



- **Specialized telemedicine services will be expanded, and emergency consultations will no longer be restricted** (Aug., 2025)
- **Ensure Local Healthcare Resource Support:**
Medical specialties allowed for remote consultations are limited to those available at no more than three medical institutions in the local area

Goals

- Promoting cloud-based medical records, virtual health insurance cards, and electronic prescriptions will benefit remote, home-based, rural, and mobile medical services
- **Digital identity verification system:** provide the public with more convenient ways to access medical services



Front Side of ID Card



Authorize & Agree to Perform Medical Procedures

Physical Delivery of Prescription:
In-Person or by Delivery Services

Online Pay:
eHealth Pay, JKOPAY & APay

(appointment booking, consultation, examination and medication pickup)



Video consultation X Cloud HIS X Online Pay

As of April 2026 (based on data from the past three months):

- A total of **36 hospitals** are participating in the pilot; 32 have formally submitted applications using the FHIR format. Among oncology drug applications, **33% were submitted via FHIR**.
- Based on nationwide oncology drug applications, liver cancer treatments rank highest, with 26% submitted via FHIR, followed by colorectal cancer treatments at 21%.



Cancer Treatment Digital Governance Observation Meeting

1,136 participants

(Dec. 2, 2025)

Accelerating New Drug Inclusion: Establishment of HTA Unit

CHPTA: Designated Office of HTA

**Center for Health Policy and
Technology Assessment**

Dec. 27, 2024 Unveiling Ceremony

Jan. 01, 2024 Establishment of office

✓ **Mission :**

- 1) Enhance drug benefit appraisal and parallel review processes.
- 2) Support the implementation of temporary payment schemes for innovative drugs.

Dec. 2025

Draft Legislation for the National HTA Center submitted to the Legislative Yuan for deliberation

	CHPTA Designated Office (CDE HTA)	Administrative Legal Entity
Schedule	Short-term (2024-2025)	Mid-to-long Term Goal (2026-)
Staffing	110 individuals	300 individuals
Tasks	<ol style="list-style-type: none"> 1. Conduct Healthcare Technology Assessments (HS, HTA, and HTR) 2. Review New Health Technologies, Drugs, and Medical Devices. 3. Pharmacoeconomic Evaluation 4. Regulatory Analysis and Policy Evaluation 5. Personnel Training and International Collaboration 	<ol style="list-style-type: none"> 1. Conduct new health technology inclusion and innovative coverage reviews using scientific methods and data analysis 2. Develop and maintain healthcare service and disease treatment guidelines 3. Perform pharmacoeconomic evaluations and health outcomes assessments 4. Evaluate health policies and provide recommendations 5. Train HTA professionals and collaborate with global HTA organizations

Six Strategies for Advancing Precision Cancer Care

Building a Cancer Big Data Platform to Drive Efficient Resource Allocation

Digital transformation in cancer care to accelerate treatment effectiveness evaluation

Advancing patient-centered care by empowering patients and enhancing participation



Link public health and National Health Insurance (NHI) networks to increase cancer screening rates

Developing full-cycle quality metrics for timely diagnosis and optimal care.

Accelerating Precision Cancer Care Coverage and Aligning with International Standards

2025 Taiwan NHI at 30: Towards Sustainable Future



October 14, 2025 – Exchange meeting between Mr. Toshihiko Takeda and the National Health Insurance Administration (NHIA), along with the ceremony for awarding international think tank experts.



2025 Global Health and Welfare Forum in Taiwan

Minister of Health and Welfare Chung-Liang Shih,
Director General of the NHIA Lian-Yu Chen,
along with **25** senior health and social welfare officials from **13** countries
and over **40** experts from more than **10** countries

Health for ALL

