行政院所屬各機關出國報告
（出國類別：參加國際會議）

出席亞洲開發銀行
「INclusive, Sustainable, Prosperous and REsilient (INSPIRE) Health Systems in Asia and the Pacific Health Forum」
會議報告

服務機關：衛生福利部中央健康保險署
姓名職稱：陳亮妤副署長
派赴國家/地區：菲律賓馬尼拉
出國期間：114年7月7日至7月11日
報告日期：114年7月21日

摘　　要

應亞洲開發銀行（Asian Development Bank, ADB）邀請，由健保署陳亮妤副署長於 2025 年 7 月 7 日至 11 日赴菲律賓馬尼拉，參加「INSPIRE: Inclusive, Sustainable, Prosperous, and Resilient Health Systems in Asia and the Pacific」健康論壇。該論壇為 ADB 於亞太地區推動健康體系改革的重要平台，聚焦於三大核心議題：全民健康覆蓋（Universal Health Coverage, UHC）、健康資產管理（Capital Health Assets Management Program, CHAMP）、以及偏鄉與弱勢族群健康服務可近性（Last Mile Health Services Delivery）。論壇邀集來自亞太各國政府、國際組織、學術機構與非政府組織代表共同參與，進行政策經驗與技術創新之交流。

臺灣健保制度自 1995 年實施以來，已成功整合原有多項社會保險，建立單一保險人制度，實現 99.9%人口涵蓋率，並提供涵蓋門診、住院、牙科、中醫、預防保健等全面性醫療服務。健保署此次受邀於 7 月 7 日主題論壇擔任與談人，7 月 8 日及 7 月 10 日擔任演講者，分別就全民健康覆蓋政策、數位基礎建設與創新應用、偏鄉健康照護推動成果進行經驗分享。

在 7 月 7 日 UHC 議題場次，陳副署長說明臺灣如何透過全民健保、風險調整機制與補充保費設計，確保制度財務穩定與公平性，並強調高齡化社會下維持高品質醫療服務的策略。與會代表對臺灣能以中等保費支出提供高涵蓋率與高滿意度的制度成果，表示高度肯定。

於 7 月 8 日 CHAMP 議題場次，陳副署長分享數位健康基礎建設成果，包括健保 IC 卡、健康存摺 App、雲端藥歷、電子處方箋與虛擬健保卡

等，並介紹「健保醫療雲端系統（MediCloud）」如何整合病歷、檢驗、影像等資訊，提升診療效率與病人安全。此外，亦分享「888 慢性病照護計畫」的推動成果，截至 2024 年已有 316 萬名三高患者納入管理，並透過 AI 風險預測與社區健康團隊進行個案追蹤與生活型態介入，提升疾病控制率與照護品質。

在 7 月 10 日 Last Mile Health Services Delivery 議題場次，陳副署長介紹「山地離島醫療照護計畫（IDS）」、「遠距醫療給付制度」等政策，說明如何克服地理與人力障礙，提升山地離島與偏遠地區民眾的醫療可近性。特別是自 2021 年起遠距醫療納入健保給付，2024 年擴大至矯正機關與資源不足地區，並結合虛擬健保卡與視訊診療平台，提供無縫式照護服務。為縮小山地鄉的健康不平等，承藉花蓮慈濟醫院自 2022 年起承辦「山地鄉全人整合照護執行方案」的成功經驗，2025 年健保積極規劃升級版方案，加強健康篩檢及個管師介入，鼓勵醫療院所建立垂直水平合作模式，以及結合在地其他照護資源提供連續性、周全性醫療服務，提升民眾健康，目前已擴大到臺灣 7 個鄉鎮部落試辦。

論壇期間，陳副署長亦與來自菲律賓、泰國、印尼、越南、蒙古、馬來西亞等國代表進行雙邊交流，針對數位健康技術合作、遠距醫療納保制度設計、慢性病管理模式與癌症新藥基金設計等議題深入討論。多國代表對我國「健保快易通 App」與「My Health Bank」平台表示高度興趣，並探詢公私協力之模式、跨國合作之可能性。

綜上所述，本次出訪除強化我國健保制度之國際能見度與政策影響力，亦有助於拓展亞太區域合作網絡，為未來推動健保經驗輸出、數位健康外交與區域健康治理合作奠定良好基礎。

目 次

壹、緣起及目的

亞洲開發銀行（Asian Development Bank, ADB）成立於 1966 年，為亞洲地區之多邊性國際開發援助機構，現有 69 個成員國，其中 50 個來自亞洲。ADB 致力於協助開發中會員國促進經濟與社會發展，推動亞太地區的包容性、韌性與可持續成長，並透過創新的金融工具與戰略夥伴關係，改善民眾生活、建設高品質基礎設施。

為回應亞太地區面臨的健康挑戰，ADB 於 2025 年 7 月 7 日至 11 日，在其位於菲律賓馬尼拉的總部舉辦首屆「INSPIRE: Inclusive, Sustainable, Prosperous and Resilient Health Systems in Asia and the Pacific」健康論壇（簡稱 INSPIRE Health Forum）。本次論壇為 ADB 首次舉辦之大型亞太公共衛生發展會議，旨在激發創新並推動健康體系轉型，強化區域內健康治理與跨國合作。

論壇設有 82 場全體與分組會議，涵蓋氣候與健康、全民健康覆蓋（UHC）、健康融資、疫情與傳染病、非傳染性疾病與心理健康、數位健康創新、藥品與供應鏈、營養與兒童發展、私部門參與、多部門合作等主題。與會者包括來自十餘個會員國的部長與副部長、衛生與財政官員、聯合國與多邊開發銀行代表、國際發展組織、學術機構、慈善基金會、健康保險機構、產業界與公民社會等 800 至 1,000 人，為亞太地區健康政策與實務界的重要交流平台。

亞洲開發銀行為促進亞太地區健康體系之永續發展與韌性，舉辦 INSPIRE 健康論壇，本次論壇目標包括：

1. 發展中會員國（DMCs）在實現 UHC、疫情應對、氣候與健康行動及改善健康之執行成果。

2. 分享健康系統改革經驗，特別是在基礎設施、人力資源、法規、融資與數位健康等領域。

3. ADB 在健康系統強化、UHC、疫情與氣候健康應對方面的關注與支持。

4. 促進創新健康倡議與解決方案的開發與部署。

5. 擴大私部門在健康領域的參與與合作。

臺灣健保制度自 1995 年實施以來，已成功建立單一保險人制度，實現 99.9%人口涵蓋率，並持續推動數位轉型與健康公平性政策，為亞太地區具代表性的全民健康覆蓋實踐案例。健保署此次應邀參與三場主題論壇，包括「Universal Health Coverage」、「Capital Health Assets Management Program (CHAMP)」及「Addressing Last Mile Health Services Delivery」，分別探討及分享「如何落實全民健康覆蓋（UHC）政策」、「健康資產管理與財務永續策略」、「數位健康科技應用與創新模式」、「強化偏鄉與弱勢族群健康照護可近性」，健保已有多年推動經驗，故本次目的如下：

1. 分享臺灣健保制度推動全民健康覆蓋之政策及執行情形。

2. 分享健保推動數位健康轉型方面之執行與成效。

3. 分享健保對於偏鄉與離島地區健康照護推動策略與挑戰。

4. 強化與亞太各國之合作網絡，拓展國際參與機會。

5. 提升我國健保制度於國際健康治理領域之能見度與影響力。

貳、會議行程

日期	行程內容
7 月 6 日(日)	往程至菲律賓馬尼拉
7 月 7 日(一)	參加「Universal Health Coverage: Sustaining National Health Insurance & launch of UHC PEERS」主題論壇，並擔任與談人，介紹臺灣健保制度與挑戰
7 月 8 日(二)	出席「Capital Health Assets Management Program (CHAMP)」論壇，擔任演講者，介紹健保數位基礎建設與資源配置策略
7 月 9 日(三)	出席「Healthy Aging: The Integral Role of Long-term Care」，由陳亮恭院長擔任演講者，說明臺灣長期照護之推動情形
7 月 10 日(四)	參加「Addressing Last Mile Health Services Delivery」場次，擔任演講者，分享臺灣偏鄉與離島健康照護推動成果
7 月 11 日(五)	回程台北

參、會議重點

一、7月7日

(一)論壇議題

本場次聚焦於如何在亞太地區實現「全民健康覆蓋」Universal Health Coverage（UHC），強調健康體系應具備包容性、可近性與財務保護功能。討論重點包括，健康財務制度設計、弱勢族群納保策略、健康服務品質與公平性、數位科技在 UHC 推動的角色。

(二)臺灣經驗分享

1. 臺灣健保制度自 1995 年實施以來，健保制度整合原有多項社會保險，以單一保險人模式，實現 99.9%人口涵蓋率，提供全面性醫療服務，實現全民涵蓋；並於 2013 年推動第二代健保，強化財務公平性。

2. 醫療體系以民營為主，無強制轉診制度，民眾就醫自由度高，醫療資源密度亦屬亞洲前段；民眾滿意度自 2000 年以來穩定提升，2024 年達 91.2%，顯示制度深獲民眾信賴。

3. 自 2000 年推動總額支付制度、風險調整與補充保費設計，確保財務穩定與公平性。

4. 慢性病與癌症照護創新政策，健保推動「888 慢性病整合照護計畫」整合家庭醫師制度、AI 風險預測、社區健康團隊與數位追蹤管理，提升健康成果並減少疾病負擔；「癌症登月計畫」設立 100 億元癌症新藥基金，推動早期篩檢、精準醫療與基因檢測納保。

5. 建立癌症資料庫，推動數位轉型與個人化照護，提升治療成效與資源效率。

6. 在 COVID-19 疫情期間展現高度韌性，透過健保 IC 卡與雲端藥歷系統即時掌握就醫與用藥資訊，協助疫情監測與資源調度，顯示臺灣進入高齡化社會下的制度韌性與快速應變能力。

(三)結論:

自 1995 年推動全民健康保險制度以來，臺灣已實現 99.9%的人口涵蓋率，確保民眾享有全面性醫療保障。2013 年進一步推動第二代健保，加強費用分擔機制，促進財務公平與永續性。健保制度下，不分地區、身分，皆享有可近性強的醫療服務，健保涵蓋率及給付範圍，已落實「健康平權」理念，並於亞太地區居領先地位；與會代表對我國如何以不高的保費支出，提供高品質醫療服務表示高度關注。

二、7 月 8 日

(一)論壇議題

本次聚焦 Capital Health Assets Management Program (CHAMP)，協助各國有效盤點與配置健康資源，透過健康資產管理平台提升服務效率。討論重點包括，醫療設施與設備管理、醫療人力資源規劃、數位健康基礎建設、公私協力與資本投資策略

(二)臺灣經驗分享

1. 第二代健保制度則透過補充保費機制強化財務公平性、總額預算制度合理控制醫療費用，建立穩健的財務架構。

2. 分享數位健康基礎建設成果:

   (1). 健保 IC 卡整合個人醫療資訊，自 2004 年全面推行，為全球首創。

   (2). 2013 年建置以病人為中心的雲端藥歷系統，2016 年再升級為「健保醫療資訊雲端查詢系統（MediCloud）」，將病人在不同院所就醫的資料(病歷、檢驗、影像)等資訊整合在同一個平台，提供各院所的醫師於臨床處置、開立處方，以及藥師調劑或提供病人用藥諮詢時，可透過網路查詢病人就醫資料，提升診療效率與病人安全。

   (3). 2014 年建置「全民健保健康存摺」系統，民眾持自然人憑證於健保署全球資訊網查詢或下載個人最近一年的就醫資料，2017 年升級為健康存摺 App 提供個人健康紀錄查詢、疫苗接種、慢性病用藥、檢驗報告等功能。

   (4). 電子處方箋平台提升用藥安全，減少重複用藥與交互作用風險。

(5). 虛擬健保卡支援視訊診療與身分驗證，截至 2024 年底已有逾 99 萬人註冊，539 家醫療機構提供服務。

(6). 推動「888 慢性病照護計畫」，整合 AI 風險預測、社區健康團隊與數位追蹤管理，2024 年已有 316 萬人納入。

(三)結論:

　　健保數位建設發展，自 2004 年導入健保 IC 卡，整合個人基本就醫資訊，提升行政效率；2013 年推動健保雲端醫療系統（MediCloud），供醫事人員查閱病歷、檢驗報告、影像等資料；2014 年推出健康存摺，2017 年升級為健康存摺 APP，讓民眾能隨時查詢個人健康紀錄與用藥資訊，打造個人化健康管理平台，累計逾 3.8 億次使用；臺灣數位健康基礎建設成熟，造就高效率、透明的支付制度，為我國未來智慧醫療發展奠定重要基礎。
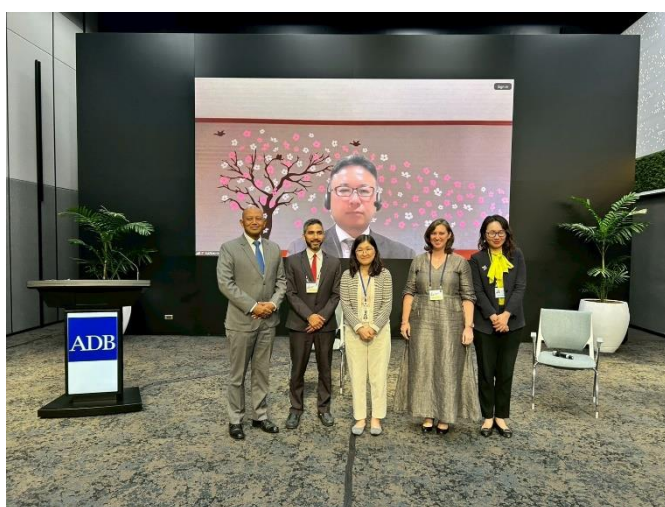
三、7 月 9 日

(一)論壇議題

本次聚焦 Healthy Aging: The Integral Role of Long-term Care，亞太地區正快速邁入高齡社會，長期照護已成為實現全民健康覆蓋與健康老化不可或缺的一環。討論重點包括：

1. 建構可近、可負擔且具品質的長照體系

2. 發展社區為基礎的整合照護模式

3. 強化長照人力資源與財務永續性

4. 數位科技與創新服務在長照中的應用

5. 公私協力與多部門合作推動長照永續發展

(二)聆聽臺灣陳亮恭醫師演講分享臺灣經驗

臺灣自 2007 年起推動長期照護政策，歷經長照 1.0、2.0 至即將上路的 3.0，在「健康長壽：長照的不可或缺角色」議題中，亞洲由陳亮恭作為代表，分享台灣從長照 1.0 到 3.0 的歷程，及長照銜接醫療的照護模式。

1. 各國皆須避免因法源、財源不同造成服務體系的片段化，以人為核心做整合，建構連續性的照護體系。高齡醫學的整合照護，也須成為國家培育醫事人才的核心訓練。

2. 長照不應是單純的照顧，而是整合在健康老化這個持續性過程的一環。台灣過去 20 年推動整合照護，每個體系建置過程都是片段化的，因為是基於不同法源、預算、專業而建立；但要走向以人為中心的照護，服務端必須大量整合，降低服務體系的片段化。

3. 比較亞洲、歐洲過去 20 年的健康和不健康餘命，發現歐洲 OECD 國家在人口老化程度、平均餘命、健康餘命均高度相近；全球表現最好的是日本、韓國、台灣、新加坡，老年人口比例高、平均餘命超過 80 歲，健康餘命卻也是全球最長，但亞洲其他國家均有顯著落差。

4. 比較不健康餘命，在類似餘命情況下，日本、韓國與 OECD 國家的不健康餘命大約為 10 年，新加坡較短，台灣不健康餘命僅 7 年多。但目前不健康餘命占壽命 9.2％，賴清德總統希望降至 8％，是超高標的目標、也更值得努力。

(三)結論:

高齡化社會對全球皆帶來挑戰，台灣推出的長照、公共衛生等政策，讓台灣的健康餘命來到 72 歲，絕大多數的亞洲國家多落在 60 歲到 65 歲間，顯示台灣政策能有效處理高齡化挑戰。相較於台灣作為已開發國家的策略，開發中的經濟體常需同時面對多重國家挑戰而較難複製，但面對未來 20 年的發展趨勢，世界各國均需要發展相對應的政策與服務，追求國家與人民的福祉。
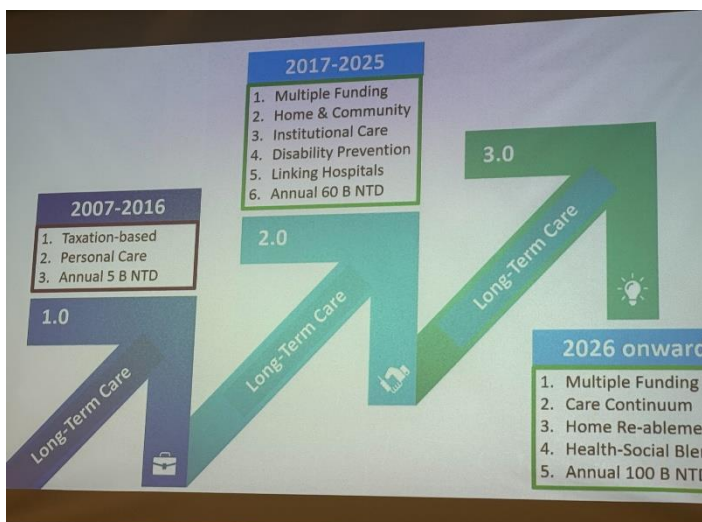
三、7 月 10 日

(一)論壇議題

本次聚焦 Addressing Last Mile Health Services Delivery，探討如何克服地理、社會與經濟障礙，將健康服務延伸至偏鄉、離島與弱勢族群。重點包括：偏鄉醫療人力配置與誘因設計、遠距醫療與行動健康科技應用、社區參與與在地健康治理、健康公平性與社會包容性政策。

(二)臺灣經驗分享

1. 為達到醫療平權目標，滿足山地離島地區當地居民醫療需求及改善就醫可近性，全民健保自 1999 年起推動 IDS 計畫，涵蓋 52 個偏遠與離島鄉鎮，針對原住民社區與醫療資源不足地區，提供巡迴診療、醫療團隊訪視與整合照護。2024 年有 99 家符合資格的地區醫院參與，獲得約 5.6 億元補助，2025 年更編列 9 億元預算，以支持醫療資源升級與照護品質提升。。

2. 為增進山地離島及偏僻地區民眾專科醫療可近性，自 109 年 12 月 29 日起推動遠距計畫，初期適用於 IDS 涵蓋地區，2024 年擴大至偏鄉及矯正機構。現有 123 家地區醫療院所與 53 家合作醫院，共同提供 61 個偏遠鄉鎮的遠距診療與健康諮詢服務，藉由視訊科技消弭地理障礙，有鑑於計畫成效良好，民眾滿意度高，為進一步擴大遠距計畫服務涵蓋率，自 114 年 8 月起取消遠距會診專科別限制，並擴大適用地區，預計將有 180 萬人受惠。

3. 花蓮慈濟醫院是全台首間於 2022 年承接健保署「全人整合照護計畫」第一期計畫，於花蓮縣秀林鄉推動以「預防及醫療並重」為主的全人整合照護方式，由傳統論量計酬轉型為論人計酬支付方

式，透過跨專業照護團隊，提供社區篩檢、健康促進與慢性病管理，並運用醫療與數位工具建置全人資料庫，精準分析鄉民面臨的健康問題與需求，試辦 3 年照護對象於鄉內就醫次數占率達44%，若以評核指標「每 10 萬人口可避免住院數」，不論在急性、慢性疾病指標，均較全國為高。因此，健保 2025 年積極規劃升級版方案，目前已擴大到臺灣 7 個鄉鎮部落試辦。

(三)結論：

　　臺灣健保開辦初期，已透過醫療團隊送服務至偏鄉地區，近年來更結合數位科技與在地照護模式，有效縮短城鄉醫療差距。相較於其他國家，健保在政策整合、資源配置與公私協力方面具高度效率，提供一

個可供國際借鏡的「健康平權」實踐範例，亞太國家向來關注我國如何克服地理障礙與人力不足問題，並詢問遠距醫療納保法規與執行機制。

肆、心得及建議

一、 本次參與亞洲開發銀行 INSPIRE 健康論壇，深刻體認到亞太地區各國在推動全民健康覆蓋（UHC）、數位健康轉型與偏鄉照護方面，是會員國的共同挑戰。臺灣健保制度以其高涵蓋率及高滿意度、數位化程度與制度韌性，獲得與會各國代表高度肯定，顯示我國在區域健康治理中具備重要的示範與引領角色。

二、 此次分享的政策成果，充分展現臺灣健保制度的三大優勢：一是高涵蓋率與高滿意度，二是數位健康基礎建設成熟，三是對弱勢與偏鄉族群的照護持續強化。以數位健康為例，健保署推動的健保 IC 卡、健康存摺 App、虛擬健保卡、雲端藥歷與電子處方箋等工具，已成為醫療服務不可或缺的基礎設施，遠距影像診療技術，已成功應用於偏鄉地區，提升診斷效率與照護品質，並促進全人整合照護的實踐。

三、 在重大疾病照護方面，健保署持續擴大癌症新藥給付，接軌國際治療指引，並透過「癌症新藥暫時性支付專款」機制，加速創新藥物的可近性與公平性。這不僅提升病患存活率與生活品質，也展現健保制度在兼顧財務永續與醫療創新的平衡能力。

四、 在慢性病管理方面，健保署推動的「888 慢性病照護計畫」與糖尿病、腎病整合照護模式，透過早期篩檢與個案管理，成功提升糖尿病與初期腎病患者的照護品質，並減少併發症發生率。這些成果顯示，健保制度已從「疾病治療導向」逐步轉型為「健康促進與預防導向」。

五、 在偏鄉照護方面，健保署「整合型醫療照護計畫（IDS）」與遠距醫療納保制度的推動成果。這些實例不僅展現我國在偏鄉健康服務的創新模式，也提供其他發展中會員國可參考的實務經驗。

六、 根據本次論壇參與經驗與與會各國代表的回饋，提出以下建議，供未來國際參與與政策推動參考：

(一) 強化國際參與與深化合作交流

台灣健保在亞洲具有明顯成果可以成為區域亮點的議題，本次亞銀首次舉辦健康論壇，而臺灣首度參與，已獲各國熱烈回應。每兩年舉辦一次的 INSPIRE 健康論壇，或許可成為我國產官學研界應該共同參與的重要活動，並藉此機會，邀請友邦與合作國家之政策官員、醫療專業人員來臺研習，深化雙邊合作關係。

(二) 藉由健保數位資訊基礎，持續發展智慧醫療

臺灣在健保數位化基礎建設上已打下穩固根基，為智慧醫療的發展提供有力支撐。透過健保 IC 卡、健保醫療雲端系統（MediCloud）及健康存摺，建立起全國性的健康資料網絡，有效整合個人病歷、檢驗影像及用藥資訊。未來藉由遠距醫療，促進精準預防、智慧管理與個人化照護等策略，逐步提升醫療效率，引領全民健康管理邁向智慧化新階段。這不僅強化醫療韌性，也為臺灣在全球智慧健康領域奠定領先地位。

伍、附錄

WEEK AT A GLANCE Inclusive, Sustainable, Prosperous and Resilient Health Systems in Asia and the Pacific

	7 JULY (MON)	8 JULY (TUE)	9 JULY (WED)	10 JULY (THU)	11 JULY (FRI)
9:00-10:15	**SPECIAL EVENTS & MEETINGS** • Launch of Future Health Accelerator course • Building Health into Development: Health Impact Assessments • Inclusive Health Access • Mobilizing Private Sector Innovation: Strengthening Health Systems in Asia & the Pacific	**PARALLEL SESSIONS** • T1 The Bellagio HEAT & Health Framework • T5 Achieving Impact through Private Equity & Venture Capital Fund Investment in Healthcare • T3 Building Diagnostic Readiness for Future Pandemics • T2 UHC Reforms in the Philippines • T7 Investing in Actions Addressing Disability • T5 Private Health Insurance & UHC	**PLENARY** Tapping the Demographic Dividend: Strengthening Early Childhood Development **PARALLEL SESSIONS** • T1 Sustainable & Resilient Health Systems & Infrastructure: Thailand, Armenia & India • T5 Strategic Reforms on Health Financing: Indonesia, Viet Nam, Turkey & Mongolia on the UHC Frontline • T2 Cancer Care: Innovative Models from Assam, India & the Philippines	**PARALLEL SESSIONS** • T1 Resilient Pacific Islands Health Infrastructure & Health Systems: Kiribati, Papua New Guinea & Fiji • T5 Health Taxes • T3 From Response to Resilience: Lessons from ADB's Health Sector Technical Assistance Support to Address COVID-19 • T1 Indonesia's Health System Transformation • T4 Leveraging Innovative Health Technologies through Venture Investment • T2 Transforming Nursing: New Approaches from Pakistan & the Philippines	**SPECIAL EVENT** • Multilateral Financing for Pandemic Preparedness Symposium
10:45-12:00		**PLENARY** Climate & Health Initiative	**PLENARY** How Pandemic Response Drives UHC	**PLENARY** Preparing for Future Health Threats	
13:15-14:30		**PARALLEL SESSIONS** • T3 One Health & Regional Partnerships for Health: GMS, CAREC, South Asia & BIMP-EAGA • T10 Partnership with PRC Fund for Health Impact • T7 Non-Communicable Diseases Innovations • T2 Financing PHC & Community Health Workers: Reaching the Unreached & Enhancing & Nurturing Resilient & Inclusive Community Health Workers (ENRICH) • T10 Blended Financing & Partnerships	**PARALLEL SESSIONS** • T3 Advanced Warning & Response (AWARE) Systems • T1 Sustainable & Resilient Health Systems & Infrastructure: Pakistan, Philippines & Papua New Guinea • T7 Healthy Aging & Long-Term Care • T2 Addressing Last Mile Health Services Delivery for UHC • T10 Asian Coalition for Financing Research, Vaccine Development & other Innovations (Part 1)	**PARALLEL SESSIONS** • T3 Strengthened Drug & Vaccine Manufacturing & Regulation • T1 Global Heat Health Information Network • T7 Investing in Mental Health • T1 Financing Best Buys in Health • T10 Healthcare Industry & Climate Change: Partnerships for Impact (Part 1)	
14:35-15:50		**PARALLEL SESSIONS** • T9 Artificial Intelligence & Health Services: Lessons from PRC • T6 Tourism & Health • T8 Tackling Child Malnutrition: Policies & Practices • T4 Bridging Gaps: The Role of the Private Sector in Achieving UHC • T10 The Asian Collective for Health Systems (TACHS) with CSEP & JHPIEGO	**PARALLEL SESSIONS** • T9 Logistics & Supply Chain for UHC • T6 Transport, Health & Air Pollution • T4 Behind the Deal: What Makes Healthcare PPPs Work (or Fail)? • T2 UHC Reforms in India: Bringing Demand & Supply Side Reforms Together • T10 Asian Coalition for Financing Research, Vaccine Development & other Innovations (Part 2)	**PARALLEL SESSIONS** • T9 Access to Medicines: Transformative Solutions for a more Sustainable, Efficient & Cost-effective Pharmaceutical Sector • T6 Addressing Lead Poisoning • T3 Ending ComplEX & Challenging Infectious & Tropical Diseases (ExCITD) • T8 A Growing Concern: Tackling Obesity in Asia & the Pacific • T10 Healthcare Industry & Climate Change: Partnerships for Impact (Part 2)	
16:10-17:30	**OPENING PLENARY** Universal Health Coverage: Sustaining National Health Insurance & launch of UHC PEERS	**PARALLEL SESSIONS** • T9 Investing in Medical & other Health Professional Education & Health Workforce • T2 Investing in Patient Safety • T2 Capital Health Assets Management Program (CHAMP) **SPECIAL EVENTS** • Innovations Marketplace • Healthy & Nutritious Food Demonstration	**PARALLEL SESSIONS** • T9 Digital Innovations & Use of GIS and Earth Observation in the Health Sector • T3 From Crisis to Confidence: Building a Pandemic-Ready Asia & the Pacific • T2 Strengthening Thailand's Health System **SPECIAL EVENTS** • Innovations Marketplace • Healthy & Nutritious Food Demonstration	**CLOSING PLENARY** Insights, Agreements & Next Steps Ministers' Reception	**Legend** Plenary Parallel Sessions Special Events & Meetings *Track 1: Climate & Health* *Track 2: Universal Health Coverage* *Track 3: Pandemics & Infectious Diseases* *Track 4: Private Sector & Health* *Track 5: Financing for Health* *Track 6: Multisectoral Action* *Track 7: NCDs, Aging, Disability & Mental Health* *Track 8: Nutrition & Child Development* *Track 9: Innovations for Health* *Track 10: Partnerships*
18:00-20:00	**UHC Night**	**Partners' Night**	**Knowledge & Solutions Night**		

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Inclusive, Sustainable, Prosperous and Resilient (INSPIRE) Health Systems in Asia and the Pacific
ADB Headquarters, Manila, Philippines
7-11 July 2025
SESSION PLAN

The Opening Plenary Session on Universal Health Coverage (UHC): Sustaining National Health Insurance and Launch of UHC PEERS
Moderated by Dr. Nishant Jain

Session description
As the current pandemic has shown, health is a human right and is also essential to development. Good health improves learning, worker productivity, and income thereby contributing significantly towards economic growth. Countries across the world have taken concrete steps to move towards universal health coverage (UHC). As it is often said that achieving UHC is a journey, and countries are at different stage in their path towards UHC. Some countries like Thailand, Turkey, Japan, South Korea etc. have moved much further which others like Indonesia, India, Philippines etc. are trying to move ahead faster. UHC is not only about covering higher percentage of population but also about what all is being covered and how it is reducing out of pocket expenditure.

UHC is that more than technical it is a political choice and such countries where there is a strong political will behind UHC have traditionally done much better than others. This session will include speakers from selected countries where they will share their experience including success factors and challenges on their path towards UHC. They will talk about both technical and non-technical issues that have helped them to move ahead and current challenges they are facing. Experiences from countries outside the region will also be shared for cross pollination and learning.

UHC PEERS: To facilitate peer to peer learning among DMCs and sustain UHC efforts, ADB has decided to set up a peer to peer Network on UHC called UHC Practitioners and Experts knowledge Exchange and Resources (UHC PEERS). The aim of this initiative is to create "A network of practitioners and policymakers from developing member countries (DMCs) and developed countries in Asia and Pacific who exchange

knowledge with each other as peers and co-develop knowledge products that help them to achieve and sustain UHC". The UHC PEERS will also interact and exchange with countries in other regions outside Asia to learn and share.

- **Key themes / questions**

- Importance of political will for UHC: experiences across the world has shown that political will is most important factor for countries that have successfully moved towards UHC. How can this be utilized by countries?

- How to fund UHC: What should be the best way to fund UHC efforts in DMCs Is UHC. Should it be only tax funded or contributory aspect can play an important role. What percentage of GDP countries are spending to achieve and sustain UHC. How has been the experience of sin taxes or earmarked taxes for UHC across DMCs.

- How to cover informal sector in UHC: The biggest challenge had been to cover informal population in the UHC programs and most of the time countries have use taxes for this purpose. Are there other successful ways to do this.

- What challenges are being faced in achieving UHC: What has been the main challenges encountered in terms of implementing UHC efforts e.g. registration, quality of care, hospital management, frauds etc. and steps that have been taken to manage those.

- Role of technology for UHC: What role can technology play to catalyse UHC efforts in terms of making it more effective, efficient and improving access. Can new tools like AI/ML play an important role in UHC efforts.

- Human resources for health: Pandemic has shown that without adequate number of well-trained human resources for health care it is very difficult to manage any challenge in health care. How countries are trying to ensure production, retention and training of human resources for health care sector.

- Role of private sector in UHC: What is the role that can be played by private sector to compliment efforts of Government for UHC.

- **Achieving SDG related to health:** How are countries performing with health SDGs, especially related to UHC, What are the major challenges being encountered?

- **Linkage between UHC and Climate resilience:** As we are moving towards climate resilient health systems, what role can UHC efforts play to make the health systems in general and health facilities in particular, climate resilient.

- **Session outcome**

Better understanding of the issues involved in journey of countries towards UHC by the policymakers. Exposure to UHC journey of countries in Asia and other regions.

Launch of UHC PEERS Network, facilitated and supported by ADB for peer to peer learning and knowledge sharing on UHC

Target audience

Policymakers and practitioners from DMCs who are working in the health or finance sectors. Development partners, philanthropic organizations and non-government organisations will also find this session very useful. Experts working in the fields of UHC, public health, digital health, primary health care etc. can learn and contribute in this session.

Run of Show

Introduction (3 mins)	Dr. Nishant Jain, Senior Health Specialist, ADB (Moderator)
Opening remarks (5 mins)	Leah Gutierrez, Director General, ADB
Special Remarks (5 mins)	Ms. Lena Nanushyan, First Deputy Minister of Health of the Republic of Armenia
Setting the Context for UHC (10 mins)	Prof. Soonman Kwon, Republic of Korea
Experience sharing by India	CEO, National Health Authority, India

(10 mins)	
Experience Sharing by Indonesia (10 mins)	Prof. Ghufron Mukti, President Director, BPJSK, Indonesia
Experience Sharing by Philippines (10 mins)	Edwin Mercado, President and CEO, Phil Health, Philippines
Experience Sharing by Thailand **(10 mins)**	Mrs. Waraporn Suwanwela, Deputy Secretary General, NHSO, Thailand
Experience Sharing of EMRO Countries (15 mins)	Dr. Awad Mataria, Director, EMRO, WHO
Commentary from partners **(15 mins)**	Dr. Susy Mercado, DPM, WHO Dr. Lian-Yu Chen DDG, National Health Insurance Administration Ms. Breshna Orya, Global Fund
Q&A by Audience **(10 mins)**	Moderated discussion
Summary and Closing Remarks **(5 mins)**	Dr. Eduardo Banzon, Director, ADB
Launch of UHC PEERS Network before official dinner	Ms. Ayako Inagaki, Senior Director, ADB Dr. Eduardo Banzon, Director, ADB Senior Government Representatives Representative from development partners

Available support from ADB

ADB Technical Assistance (examples):

- Strengthening Universal Health Coverage in India – Supporting the Implementation of Pradhan Mantri Jan Arogya Yojana; Supporting the National Health Authority (NHA) with the implementation of the Ayushman Bharat Digital Mission.
- Using Digital Technology to Improve National Health Insurance in Asia and the Pacific

ADB loans (examples):

- Programmatic Approach and Policy- Based Loan for Subprogram 1 Build Universal Health Care Program (Philippines)

ADB Publications/Support Material (example):

- **Universal Health Coverage for Inclusive Growth: Supporting the Implementation of the Operational Plan for Health, 2015–2020**
- **Universal Health Coverage resources by World Health Organization**

Key ADB Contact:

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Inclusive, Sustainable, Prosperous and Resilient (INSPIRE) Health Systems in Asia and the Pacific
ADB Headquarters, Manila, Philippines
7-11 July 2025
SESSION PLAN

Universal Health Coverage Track
Capital Health Assets Management Platform (CHAMP)
Event: INSPIRE 2025 Health Forum
Date: 8 July 2025
Time: 4:10 PM – 5:30 PM
Venue: Auditorium 1(c), ADB Headquarters
Session Team Members: Rakesh Ayer (Session Lead), Michelle Apostol

Background

Capital Health Assets (CHA)—including health facilities, diagnostic tools, medical devices, and digital systems—are the foundation of any health system's ability to deliver quality care. Yet across ADB's Developing Member Countries (DMCs) in Asia and the Pacific, persistent challenges such as underutilization, uneven distribution, maintenance gaps, and limited workforce capacity continue to undermine health service delivery.

The Capital Health Assets Management Platform (CHAMP) is being conceptualized as a collaborative initiative to address these systemic inefficiencies. It aims to optimize the planning, procurement, deployment, and management of CHA through an integrated approach that blends technology, policy, and institutional capacity.

Drawing on experiences from various DMCs—this session will highlight cross-country challenges and innovations in managing CHA. It will explore how CHAMP can support governments and development partners in advancing resilience, efficiency, and equity in healthcare delivery.

Objectives

- To share practical experiences and tools to enhance CHA governance and utilization.

- To explore digital inventory and procurement platforms to strengthen transparency and asset tracking.

- To examine Kaizen and Total Quality Management (TQM) approaches for continuous improvement in equipment use and service delivery.
- To identify cross-country strategies for scaling CHAMP as a regional public good.

Key Themes
- **Digital Transformation:** Leveraging digital platforms to enhance inventory, logistics, and procurement of medical equipment.
- **Operational Efficiency:** Applying continuous improvement principles (e.g., Kaizen, TQM) to equipment deployment and service delivery.
- **Financing & Sustainability:** Identifying sustainable approaches for repair, maintenance, and lifecycle planning of capital assets.
- **Capacity Building:** Strengthening the workforce for biomedical engineering, diagnostics, and digital health management.
- **Country and Regional Experiences:** Sharing lessons from Nepal, Chinese Taipei, and global partnerships including the UNICEF and Nick Simmons Institute (NSI).

Target Audience

Health system planners, infrastructure experts, procurement officials, digital health specialists, development partners, and policymakers engaged in healthcare delivery and reform.

Expected Outcomes
- Clearer understanding of systemic challenges and innovations in CHA management across countries.
- Actionable strategies for integrating CHAMP into national and regional health planning.
- Enhanced regional dialogue and collaboration for asset optimization and sustainability.
- Insights on applying quality improvement and digital tools to overcome operational barriers.

Draft Agenda

Time	Activity
4:10 – 4:15	Opening Remarks: Session Lead. Welcome and framing remarks highlighting the importance of CHA and CHAMP's philosophy.
4:15 – 4:23	Presentation: Nepal Case Study. Lessons from the

	medical equipment survey, insights on operational challenges, and ways forward.
4:23 – 4:31	Chinese Taipei's experience in optimizing the use and innovations in capital health assets management.
4:31 – 4:39	JICA Presentation: Kaizen and TQM Principles. Applications of quality improvement in healthcare asset utilization and management.
4:39 – 4:47	UNICEF: oxygen systems strengthening, including supply, logistics, and implementation challenges and innovations
4:47 to 5:05	NSI: What does it take to build a biomedical workshop? Its relevance, use, and NSI's experience.
5:05 – 5:28	Panel Discussion & Q&A: Moderated discussion exploring common challenges, country-specific innovations, and CHAMP's potential. Every presenter joins the panel discussion.
5:28 – 5:30	Summary & Closing: Key takeaways and next steps.

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SESSION PLAN

Session Track	**Track 2: Universal Health Coverage**
Session Title	**Addressing Last Mile Health Services Delivery for Universal Health Coverage**
Date	**Thursday, 10 July 2025**
Time and room	**9 – 10:15 am Manila time (Room: TBC)**
Focal ADB staff	**Dai-Ling Chen, Health Specialist**
About this session	Providing equitable, quality, and affordable healthcare is crucial for achieving the Sustainable Development Goals (SDGs). Despite its importance, many countries face significant challenges in extending the last mile of health service delivery to provide accessible, affordable, and needed health care, especially to the populations who live in remote and hard-to-reach areas. This difficulty stems from geographic barriers, inadequate infrastructure, unreliable utility services, and a shortage of healthcare professionals. Additionally, government financial constraints and broader socio-economic disparities further complicate the health care access in these areas.

While countries have made efforts to address the challenges of last-mile health service delivery, concerns remain regarding the sustainability, effectiveness, and efficiency of these initiatives. Often, solutions are implemented on an ad hoc basis rather than through systematic, institutionalized approaches.

To effectively tackle the issues faced by remote populations, a comprehensive strategy is essential. This strategy should consider elements such as human resources, health financing, infrastructure, technology, and mobility. Adopting innovative technologies, providing policy and financing incentives, localizing the necessary healthcare workforce, and enhancing collaboration with non-health sector stakeholders are also vital steps toward sustainable solutions. Coordinated efforts involving local governments, non-governmental organizations, and communities can also ensure the effectiveness and sustainability of solutions.

Moreover, extreme weather events and incremental disasters driven by climate change significantly disrupt health services, particularly in remote and hard-to-reach areas. Such challenges are compounded by demographic transitions and changing disease patterns, which also necessitate a more responsive approach to improve last mile health service delivery.

Countries in the region are actively seeking ways to enhance last-mile health services. To address these pressing questions, this session brings together representatives from four developing member countries with diverse geographic settings and service delivery contexts. They will share |

	their experiences, efforts, and lessons learned in improving health service delivery for remote and hard-to-reach populations.
Guiding question for the discussion	• What is your country's remote and hard-to-reach area setting? • What are health issues of the population in remote and hard-to-reach areas of your country that requires a special attention? • What is your country's strategy and policies on addressing last mile health service delivery issues in remote and hard-to-reach areas? • What are innovations that your country adopted for ensuring the equitable access to health care in remote and hard-to-reach areas? • Is climate change currently affecting health service delivery in remote and hard-to-reach areas? If yes, what is the country's solution to address such negative impact? • What are the challenges that your country is currently facing to sustain the delivery of effective and responsive health care services to the population in remote and hard-to-reach areas? • Is the country considering any reform on health financing, health workforce, health governance, or other aspects to address those challenges? • What is technology's role in addressing last mile health service delivery issues in your country? • What is the way forward?
Moderators	• Dai-Ling Chen, Health Specialist, ADB
Opening remarks	TBC
Panelists	• Ms. Aminath Shaina Abdulla, Deputy Director General, Ministry of Health, MLD • Dr. Arjuna Thilakarathne, Deputy Director General of Medical Services, Ministry of Health, SRI • Dr. Leslie Ann Luces, Provincial Health Officer of Aklan, PHI • Dr. Lian-Yu Chen, Deputy Director General, National Health Insurance Administration, TAP
Closing remarks	• Takafumi Kadono, Country Director, ADB Sri Lanka Resident Mission

Session Format:	**Lightning talk / Panel discussion**
	• *All panelists will provide a quick 8-10-minute summary of their views on challenges of providing equitable health services in remote and hard-to-reach areas and share their country's respective policy, strategy, and efforts to improve last mile health care service delivery. (40 minutes)*
	    o *Panelists may focus on one or two of below aspects when structuring your presentation. Please do not try to discuss all the aspects as it will make the presentation too broad and superficial.*
	        ▪ Reforms on health care system to enable a tailored approach for delivering services in resource constraint remote and hard-to-reach setting.
	        ▪ Human resources for Health (Incentivizing health professionals to work in remote areas, localizing the necessary healthcare workforce, etc.)
	        ▪ Health financing (Financial incentives to service providers, National Health Insurance, etc.,
	        ▪ Investments in Health Infrastructure
	        ▪ Adopting innovative technology to overcome geographic constraints

	- Enhancing collaboration with non-health sector stakeholders for enhancing the integration and continuity of care, etc. *The following panel discussion will be open-ended, where the participants will be encouraged to engage each other, rather than all questions flowing from the moderator. (15 minutes)* *Moderator will then summarize the key threads of the discussion and invite Q&A from the audience which can be directed to any panelist. (10 minutes)*
Session agenda	Opening & Introduction: 9:00-9:05 am Panelist Presentation: 9:05 – 9:45 am (10 minutes per panelist) Panel Discussion: 9:45 – 10:00 am O&A: 10:00-10:10 am Closing remark: 10:10-10:15 am