Contents

[Abbreviations 3](#_Toc73108672)

[Articles 1, 2, 3 and 4: Purpose, definition, general principles, and general obligations 5](#_Toc73108673)

[Article 5: Equality and nondiscrimination 13](#_Toc73108674)

[Article 6: Women with disabilities 20](#_Toc73108675)

[Article 7: Children with disabilities 24](#_Toc73108676)

[Article 8: Awareness raising 31](#_Toc73108677)

[Article 9: Accessibility 37](#_Toc73108678)

[Article 10: Right to life 49](#_Toc73108679)

[Article 11: Disasters and humanitarian emergencies 51](#_Toc73108680)

[Article 12: Equal recognition before the law 56](#_Toc73108681)

[Article 13: Access to justice 58](#_Toc73108682)

[Article 14: Liberty and the security of the person 63](#_Toc73108683)

[Article 15: Freedom from torture or cruel, inhumane, or degrading treatment or punishment 69](#_Toc73108684)

[Article 16: Freedom from exploitation, violence, and abuse 71](#_Toc73108685)

[Article 17: Protecting the integrity of the person 80](#_Toc73108686)

[Article 18: Liberty of movement and nationality 81](#_Toc73108687)

[Article 19: Living independently and being included in the community 82](#_Toc73108688)

[Article 20: Personal mobility 90](#_Toc73108689)

[Article 21: Freedom of expression and opinion and access to information 96](#_Toc73108690)

[Article 22: Respect for privacy 102](#_Toc73108691)

[Article 23: Respect for home and the family 106](#_Toc73108692)

[Article 24: Education 112](#_Toc73108693)

[Article 25: Health 119](#_Toc73108694)

[Article 26: Habilitation and rehabilitation 132](#_Toc73108695)

[Article 27: Work and employment 132](#_Toc73108696)

[Article 28: Adequate standard of living and social protection 142](#_Toc73108697)

[Article 29: Participation in political and public life 147](#_Toc73108698)

[Article 30: Participation in cultural life, recreation, leisure, and sport 149](#_Toc73108699)

[Article 31: Statistics and data collection 158](#_Toc73108700)

[Article 32: International cooperation 159](#_Toc73108701)

[Article 33: National implementation and monitoring 160](#_Toc73108702)

# Abbreviations

|  |  |
| --- | --- |
| APP | Application |
| ATM | Automated teller machine |
| BARC | Bankers Association of the Republic of China |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| CPRPD | Committee for the Promotion of the Rights of People with Disabilities |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CYDs | Children and youth with disabilities |
| DPOs | Disabled people’s organizations |
| FSC | Financial Supervisory Commission |
| ICF | International Classification of Functioning, Disability and Health |
| IEP | Individualized education plan |
| LTCSA | Long-Term Care Services Act |
| MOC | Ministry of Culture |
| MOE | Ministry of Education |
| MOHW | Ministry of Health and Welfare |
| MOI | Ministry of the Interior |
| MOJ | Ministry of Justice |
| MOL | Ministry of Labor |
| MOTC | Ministry of Transportation and Communications |
| NGO | Nongovernmental organization |
| NHI | National Health Insurance |
| PCYWRA | The Protection of Children and Youths Welfare and Rights Act |
| PDPA | Personal Data Protection Act |
| PDRPA | People with Disabilities Rights Protection Act |
| SDGs | Sustainable Development Goals |
| SEA | Special Education Act |

# Articles 1, 2, 3 and 4: Purpose, definition, general principles, and general obligations

1. Human rights model for legislative and administrative measures
2. The term “people with disabilities” in this follow-up report refers to individuals who have submitted applications for eligibility determinations that have been approved under the People with Disabilities Rights Protection Act (hereinafter referred to as the PDRPA). Such qualified individuals, determined through a disability assessment, are eligible to apply for government grants; these individuals are the cases reported herein, and thus, the number of cases presumably deviates from the actual prevalence rate of individuals subject to long term physical, mental, intellectual, or sensory impairments. Those who do not actively apply for disability qualification assessment are, however, entitled to apply for relevant services in accordance with the Special Education Act (hereinafter referred to as the SEA) and Long-Term Care Services Act (hereinafter referred to as the LTCSA)[[1]](#footnote-1) if necessary. Individuals diagnosed with dementia or those recognized as middle-aged and older employees (aged 45 years or older) are allowed to apply for job accommodation services, through which they are able to remain employed. The Republic of China (hereinafter referred to as Taiwan) initiated the National Health Insurance (NHI) program in 1995 and has ensured that every citizen has had an equal right to medical care since then. Furthermore, the body of statistical data reported in this follow-up report covers the period between 2016 and 2019 and highlights the relevant progress achieved during the four years after the initial report was published.
3. Disability classification in Taiwan was first proposed in the Welfare Law for Handicapped Persons promulgated in 1980, with an emphasis on medically based classification of specific disease categories, physical impairments, and functional constraints. In 2007, said act was renamed the PDRPA, in which the human-rights-based approach specified in the Convention on the Rights of Persons with Disabilities (hereinafter referred to as the CRPD) was adopted, emphasizing that disability is an evolving concept, encompassing a diversity of experiences. The PDRPA is expected to provide a more favorable classification model, as it is based on the International Classification of Functioning, Disability and Health (hereinafter referred to as the ICF) published by the World Health Organization. The PDRPA defines people with disabilities as those with a specific deviation or loss resulting from physical or mental impairments who are thus limited or restricted to be engaged in the ordinary living activities and participation in the society. The act also specifies that each disability ID shall be effective for no longer than five years. Where a person’s disability condition changes, they are entitled to apply for reappraisal and a needs assessment at any time.[[2]](#footnote-2)

1. Eligibility assessment of people with disabilities in Taiwan is closely aligned with the national welfare scheme framework, which provides for various welfare services for individuals with a valid disability ID (including health insurance, tax relief, and public transportation discount). Moreover, people with severe disabilities are entitled to higher cash grants. Under the provision and funding principles of personal care and family support services for people with disabilities, the level of disability is irrelevant. Because activity participation and environmental factors differ considerably between individuals, the bodily structure and functions of individuals are prioritized as indicators in disability eligibility assessments. Along with the needs assessment system,[[3]](#footnote-3) the disability assessment system in Taiwan aims to provide appropriate services for individuals in need.
2. To ensure the feasibility of the ICF system and that the system meets the requirements of people with disabilities and to strengthen the link between needs assessment and the subsequent provision of services, the Ministry of Health and Welfare (hereinafter referred to as the MOHW) continued communicating with people with disabilities and their representative organizations[[4]](#footnote-4) in 2020 and plans to review the Interview Guide and Procedures of Welfare and Service Needs Assessment for People with Disabilities in 2021. This will allow for more comprehensible information on relevant welfare services to be provided, allowing people with disabilities to autonomously select suitable services.
3. In accordance with data compiled by the MOHW in December 2019, the number of people with disabilities in Taiwan totaled 1.18 million, accounting for 5.03 percent of the total population (Tables 1.1, 1.2A, and 1.2B). Specifically, 661,690 were male (accounting for 55.76 percent of people with disabilities population and 5.65 percent of the male population), and 525,050 were female (44.24 percent of people with disabilities population and 4.41 percent of the female population). The number of people living with disabilities aged 65 years or older was 513,315, constituting 43.25 percent of the total disabled population in Taiwan. Children and youth with disabilities[[5]](#footnote-5) (hereinafter referred to as CYDs) totaled 51,844, constituting 4.37 percent of the total disabled population (Table 1.3).
4. To incorporate the perspective of equal rights for people with disabilities into policy development and implementation, the MOHW devised the Regulatory and CRPD Impact Assessment Checklist in 2018, the assessment items of which were designed on the basis of Article 3 (General principles) of the CRPD. In March 2020, the MOHW requested government agencies to refer to these assessment items during the enactment and amendment of relevant rules and regulations and to ensure their compliance with CRPD principles. Additionally, the MOHW, following the launch of the National Human Rights Action Plan, intends to develop a standard system of human rights impact assessments for acts and medium- and long-term projects by 2024.[[6]](#footnote-6)
5. Universal design and accessibility
6. The Design Specifications of Accessible and Usable Buildings and Facilities were amended and enacted in January and July 2019, respectively, with the principles of perceptible information, low physical effort, and size and space for approach and use added. The act serves as the basis for accessible facility design of buildings and aims at creating a comprehensive accessible environment. The Ministry of the Interior (hereinafter referred to as the MOI) plans to add appropriate universal design principles when necessary.[[7]](#footnote-7)
7. The second edition of the Handbook on Humanity-Oriented Urban Transportation Planning was finalized in October 2018, adding universal design principles and indicators applicable to pedestrian walkways. Specifically, equitable use, simple and intuitive, tolerance for error, low physical effort, perceptible information, and size and space for approach and use have been included in the handbook as principles for establishing pedestrian walkways on urban roads, thereby facilitating the construction of convenient and accessible pedestrian facilities.
8. In 2020, the draft of the amendment to the PDRPA included principles of universal design, and the amended act is scheduled to come into effect in 2021. To promote construction of user-friendly accessible transportation systems for everyone, including people with disabilities, the elderly, and people with mobility difficulties, all public transportation systems must follow the Regulations Governing the Installation of Disabled Facilities in Public Transportation. Regulations for accessible facilities are specified in the building design and construction regulations of the Building Technical Regulations and the Design Specifications of Accessible and Usable Buildings and Facilities.
9. Universal design principles are included in both general and special education settings and curricula; for instance, in the basic concepts, teacher training, and student promotion specified in the Curriculum Guidelines of 12-Year Basic Education: General Guidelines. For more detail, please refer to Article 8: Awareness raising (Points 58 and 59) and Article 24: Education (Point 198).
10. The MOHW is currently implementing universal design initiatives, such as promoting certification of ageing-friendly healthcare institutions, encouraging clinics to construct patient-friendly environments, devising a handbook on providing an accessible environment in medical institutions, developing patient-friendly medical service procedures, and guaranteeing medication safety for people with visual impairment. For more details, please refer to Article 25: Health (Points 212-223).
11. In 2019, the MOHW compiled the Guide for Accessible Meetings and Events for Persons with Disabilities after consulting people with disabilities and their representative organizations. The MOHW proceeded to review and revise the guide in 2020; the revised guide helps public and private sector entities verify whether the physical environment and information provided satisfy the diverse requirements of people with disabilities, thereby ensuring their participation in meetings and activities to foster inclusivity.
12. CRPD implementation by central and local governments
13. To raise disability awareness among personnel at government agencies and to ensure compliance with the CRPD obligations of local governments and administrative authorities, the MOHW requested local governments to establish a CRPD promotion initiative in 2018. In 2019, the Ministry prioritized disbursing grants for disability training schemes and disability awareness campaigns, encouraged local governments and social welfare organizations to promote relevant programs, and allowed the provision of courses related to the CRPD training scheme and awareness raising as a social welfare performance indicator for local governments. On the basis of the foregoing, they assessed the results of CRPD promotion by governments at all levels.[[8]](#footnote-8)
14. At present, governments at all levels have established ad hoc groups to advocate for the rights of people with disabilities; such groups constitute a critical mechanism for people with disabilities and their representative organizations to engage in relevant legislative and policymaking processes. In 2020, the draft to the PDRPA amendment stipulated that the number of people with disabilities in such groups must be at least a quarter of the total number of group members, thereby guaranteeing the participation of said people.[[9]](#footnote-9)
15. The total annual budget for programs related to people with disabilities prepared by central and local governments increased from NT$81.1 billion in 2016 to NT$93.5 billion in 2019 (Table 1.4). Budget line items include direct and indirect budgets. Direct budgets include personal cash grants and tax credits. For example, living allowances for people with disabilities totaled approximately NT$21.3 billion annually, and the special deduction of individual income tax by people with disabilities in both 2018 and 2019 amounted to NT$200,000 per capita (Table 1.5). Tax exemptions (including deductions on individual income tax, commodity tax, and vehicle license tax) totaled roughly NT$10.9 billion, and other social insurance payment and cash grants[[10]](#footnote-10) amounted to NT$15 billion. Indirect budgets refer to preferential measures and services aimed at reducing the burden of people with disabilities and include budgets for social insurance subsidies (including labor insurance, NHI premiums, farmers’ health insurance, and national pensions) totaling NT$7.9 billion; other indirect budgets include disbursements to educational programs, with a budget of NT$15.9 billion (Table 1.6), NT$1.7 billion for public transportation discounts, NT$15.4 billion for home-, community-, and institution-based services, and NT$5.4 billion for other welfare services (Table 1.7).
16. To publicize the provisions of the CRPD to the public and people with disabilities, the government, in collaboration with people with disabilities and their representative organizations, published easy-to-read and Taiwan Sign Language versions of the CRPD in 2017 and 2018, respectively.[[11]](#footnote-11) In 2019, the government invited disability studies experts and relevant authorities to amend the Chinese version of the CRPD, after which the revised text, attempting to fully convey the depth of meaning of the original CRPD text[[12]](#footnote-12), was submitted to the Legislative Yuan in June 2020. Other accessible formats of the CRPD, including Braille books and audiobooks, are expected to be completed in 2021.

# Article 5: Equality and nondiscrimination

1. Legal protection for equality and nondiscrimination
2. Article 7 of the Constitution states that all citizens of Taiwan, irrespective of sex, religion, race, class, or party affiliation, shall be equal before the law; Article 159 specifies that all citizens shall have equal opportunity to receive an education. Similarly, Article 184 of the Civil Code provides that a person who, intentionally or negligently, has wrongfully damaged the rights of another is bound to compensate him for any injury arising therefrom. Article 5 of the Employment Service Act specifies that an employer is prohibited from discriminating against any job applicant or employee on the basis of disability and anyone who violates this article shall be fined between NT$300,000 and NT$1,500,000. Regarding measures adopted by the government to provide equality of opportunity and achieve equality of outcomes for women and children with disabilities, who are prone to multiple forms of discrimination and intersectional discrimination, please refer to Articles 6 and 7.[[13]](#footnote-13)
3. The PDRPA stipulates that the dignity and legal rights and interests of people with disabilities shall be respected and guaranteed. Such persons shall not be discriminated against and anyone who violates the regulations is subject to a fine. Article 82 of the PDRPA assigns local governments the responsibility for quelling community opposition to welfare care facilities/institutions when they provide residence arrangement service for people with disabilities in a community. Between 2015 and 2019, four cases related to community opposition to the establishment of welfare care facilities/institutions for people with disabilities were reported, which were resolved with the aid of local governments; these governments also promoted and enhanced public understanding of people with disabilities and their right to live on an equal basis with others.
4. The Gender Equality Committee of the Executive Yuan, the MOI, the Ministry of Education (MOE), the Ministry of Labor (MOL), the MOHW, the Council of Indigenous Peoples, and the Ministry of Justice (MOJ) have handled matters related to violations against antidiscrimination or equality protection rules under their jurisdiction. To improve antidiscrimination legal protection in Taiwan, the MOJ commissioned the research paper *Whether Taiwan Should Enact a Comprehensive Antidiscrimination Law and Recommendations for Legislation* in June 2019. The research advanced a draft of the Equality Act, which provides specific definitions of direct and indirect discrimination and stipulated related remedial procedures, including complaints, objections, applications for review, and appeals.
5. The government has been reviewing and revising legislation and administrative measures not in compliance with the CRPD since December 2016 to ensure the elimination of discriminatory terms toward people with disabilities and substantial effects on the rights of people with disabilities. As of September 2020, 423 pieces of legislation and administrative measures had been amended (92 percent), and 39 amendments (8 percent) were under review or had been submitted to the Legislative Yuan for approval. Other measures concerning amendments that had yet to be completed by December 2019 were also proposed and made public.[[14]](#footnote-14)
6. From 2016 to 2019, the Control Yuan launched 43 investigations into violations of the rights of people with disabilities, most of which were related to social security (27.9 percent), followed by those associated with the right to life and health (18.7 percent) and equality (16.3 percent) (Table 5.1). The Control Yuan proposed corrective measures in 17 of these investigations (39.5 percent).[[15]](#footnote-15)
7. Reasonable accommodation in regulations and measures
8. To help personnel at government departments at all levels understand that reasonable accommodation is a necessary and appropriate modification needed in a particular case by people with disabilities and legitimate conditions, the MOHW hosted four workshops in 2018 with 150 attendees in total. In 2020, the MOHW organized education and training programs for local government personnel and developed first-stage guides and teaching materials for reasonable accommodation as a reference for entities in all fields.[[16]](#footnote-16)
9. Parts of provisions, such as the Educational Fundamental Act, the SEA, Regulations Governing National Examination Rights for People with Disabilities, and Guidelines for the Implementation of and Subsidies for Job Accommodation for People with Disabilities, conform to the spirit of reasonable accommodation. The Prison Act and Detention Act, both amended in 2019, stipulate that prisons and detention centers shall protect the rights and interests of inmates and defendants with disabilities, adopt appropriate measures like reasonable accommodation, and provide accessible assistive measures keeping in mind prison characteristics, the condition of existing facilities, and the individual needs of inmates with disabilities.[[17]](#footnote-17) Drawn up in 2020, the draft amendment to the PDRPA states that when handling a case, government agencies, schools, institutions, juridical persons, and organizations shall provide necessary and appropriate reasonable accommodation that does not impose a disproportionate or undue burden and accords with the needs of people with disabilities on the grounds of their individual conditions (refer to Table 5.2. for relevant regulations).
10. The concept of reasonable accommodation has been included in Article 4 of the Educational Fundamental Act, which stipulates that special protection for the education of people with disabilities shall be provided keeping in mind their autonomy and particular characteristics in accordance with relevant laws and regulations to support their development. In 2019, the government commissioned research on the amendment of the SEA, discussing the obligation of reasonable accommodation as well as regulations on how the denial of reasonable accommodation constitutes discrimination. Regarding curricular accommodation, the Curriculum Guidelines of 12-Year Basic Education: General Guidelines incorporates essential concepts of the CRPD, mandating that schools make appropriate modifications and adjustments in line with the specific needs of students and avoiding the imposition of a disproportionate or undue burden on the school, teacher(s), or government. Moreover, the Handbook on the 12-Year Basic Education Curriculum Accommodation of All Learning Areas for Students with Disabilities is available for teachers as a reference. Based on the Implementation Regulations Governing Special Education Curricula, Teaching Materials, Teaching Methods, and Assessments, schools are permitted to flexibly adjust courses and course duration to meet individual student needs.
11. The Regulations Governing National Examination Rights for People with Disabilities were established to ensure fairness and equal rights for people with disabilities. Under these regulations, students with disabilities may apply for disability-related testing accommodations. In cases where such accommodations are deemed reasonably necessary and do not impair examination integrity, the review committee for the protection of national examination rights for people with disabilities will approve the provision of testing accommodations. Please refer to Article 24: Education for regulations on services and measures for in-school and entrance examinations for students with disabilities.
12. To help employees with disabilities eliminate work obstacles, the MOL established the Guidelines for Implementation of and Subsidies for Job Accommodation for People with Disabilities, which offers affected persons the possibility of attaining an improved workplace environment, equipment, and conditions and covering the costs of necessary assistive technologies at work and working method adjustments. Upon application by an employer or disabled person, the MOL performs a document review and conducts an onsite visit, after which it may authorize a subsidy of at most NT$100,000 for each case. Where applicants dispute the approved subsidy amount, they are entitled to apply for a secondary review from the unit granting approval or submit a petition.
13. Legal aid and remedies
14. The Constitution and various acts codify the rights of the people. These rights are protected by Taiwan’s judicial system. Administrative courts and intellectual property courts are responsible for resolving public law disputes and intellectual property disputes involving litigation, respectively. Juvenile and family courts hear cases concerning the rights of women and children. In the event an individual does not agree with the decision of the court of first instance, he/she may appeal to a higher court for judicial review under relevant statutory provisions. Those with doubts concerning the constitutionality of any act or final and binding decision of a court may file a petition with the Constitutional Court seeking an interpretation; such interpretations are binding on all government agencies and people in Taiwan.[[18]](#footnote-18)
15. In addition to the remedies stated under Article 16 of the Constitution, when people with disabilities have sought a legal remedy but are denied relief, they may make an appeal, file a claim, or otherwise petition to protect their rights based on Article 8 of the Act to Implement the Convention on the Rights of Persons with Disabilities. The MOHW has entrusted the Legal Aid Foundation with providing legal advice since September 2018 and representation services since December 2019. As of June 2020, legal advice and representation have been provided in 7,343 and 77 cases, respectively. The Judicial Yuan regularly reviews performance reports of the Project of Legal Aid for People with Disabilities submitted by the Legal Aid Foundation and requests improvements accordingly, thereby protecting the litigation rights of people with disabilities.[[19]](#footnote-19)
16. To help individuals subject to an order of commencement of guardianship and assistance accurately express their ideas during family court proceedings and mitigating their stress, Article 11 of the Family Act provides that when a person subject to an order of commencement of guardianship or assistantship expresses their will or makes a statement, the court, when necessary, shall notify the competent authorities in the municipal or county (city) government(s) to appoint a social worker or other appropriate personnel to be present, who shall be granted the opportunity to be heard. Statistics related to the rights and interests of people with disabilities, including records of the commencement of guardianship and assistantship, records of petitions filed based on the Mental Health Act, number of appearances during which people with disabilities were accompanied by social workers, and records of guardian ad litem designations, are detailed in attachments (Tables 5.3 and 5.4).

# Article 6: Women with disabilities

1. The Gender Equality Policy Guidelines in Taiwan focus on the rights of women with disabilities to go to school, apply for a job, seek medical care, and receive home care services as well as their right to juridical services after having been subjected to sexual abuse. To keep up with trends and respond to suggestions from persons from all walks of life, the Executive Yuan is revising the Gender Equality Policy Guidelines by combining them with the Convention on the Elimination of All Forms of Discrimination Against Women (hereinafter referred to as CEDAW), the Concluding Observations and Recommendations of the Third Report on the CEDAW, the Concluding Observations of the Initial Report on the CRPD, and also Sustainable Development Goal 5: achieve gender equality and empower all women and girls. In particular, the Executive Yuan aims to expand the protection of underprivileged groups’ rights (i.e., indigenous peoples, new immigrants, minors, the elderly, people with disabilities, women living in rural or remote areas, and sexually diverse populations) to respond to social changes and international trends.[[20]](#footnote-20)
2. Personal safety
3. Local governments have established emergency service centers that are always open as emergency shelters for women with disabilities who experience abuse. The centers, depending on individual needs, provide services such as rental of assistive technologies, interpretation, medical care accompaniment, and legal aid. Through their connections with relevant welfare resources, the centers can refer those lacking the ability to care for themselves to disabled welfare institutions for further placement.
4. At present, 37 shelters have been established to provide emergency short-, medium-, and long-term sheltering services for female victims of domestic abuse of all ages and disabilities. In 2019, all shelters admitted 108 women with disabilities, accounting for 8.2 percent of all shelter residents.
5. Right to education
6. Taiwan has enacted the Compulsory Education Act, the SEA, and the Gender Equity Education Act to protect the right to education for women with disabilities to prevent them from being refused admission to school because of their gender or disability.
7. Special education is provided for any student with a disability[[21]](#footnote-21) regardless of gender who is assessed and identified as having special needs in learning per the SEA, offering them the equal opportunity to education. All students, regardless of gender, must receive compulsory education (elementary and junior high levels); according to special education statistics, the male to female ratio among students with disabilities is approximately 7:3 (Table 6.1). In senior high school, the dropout rate is slightly lower among female students with disabilities compared to their male counterparts. In higher education institutions, the percentage differences in suspension and dropout rates between males and females are both lower than 1 percent. For data on school admissions, dropouts, and suspensions in children with disabilities, please refer to Article 24: Education (Point 200).
8. Regarding affirmative action for women with disabilities, a subsidy item about care beds was added to the Application Procedures for Subsidies to Improve Accessibility of Campus Environments in 2019. This prioritizes disbursement of subsidies to schools admitting women with physical disabilities and increases women’s mobility when engaging in school activities.[[22]](#footnote-22)
9. To encourage participation in sports activities by women with disabilities, the MOE offers opportunities for sports participation by encouraging nongovernmental organizations (NGOs) to host sports events for people with disabilities. Between 2016 and 2019, the number of participants was 70,314, among whom 34,691 were female (approximately 50 percent of total participants; Table 6.2). The 10th Review Committee of Awards for Outstanding Athletes with Disabilities and Their Accomplished Coaches recruited an additional female member with a disability in 2019.
10. Right to work and employment
11. According to a 2019 survey conducted by the MOL, the labor force participation rate and unemployment rate in women over 15 years old with disabilities were 14.7 percent and 8.1 percent, respectively. Compared with data in the 2016 survey conducted by the MOHW, the labor force participation rate increased by 0.6 percent, whereas the unemployment rate decreased by 0.4 percent, for an increase of 4,334 employed people. The results indicate that the employment status of women with disabilities has gradually improved. Additionally, a 2019 survey revealed that the regular monthly income for each woman with disabilities averaged NT$25,046, with an increase of NT$3,027 compared with the amount of NT$22,019 in 2016, indicating that the salary of women with disabilities has gradually increased. For the employment status of people with disabilities, please refer to Article 27: Work and employment.
12. To help women with disabilities find jobs, the MOL has improved case management on vocational rehabilitation and supported employment services and has helped arrange public childcare family support services, thereby reducing these women’s family care burden. Furthermore, the MOL encourages them to attend group discussions, relevant activities, and counseling to help them overcome family-related difficulties and enhance their willingness to seek employment; moreover, funds for preemployment preparation and employment stabilization services have increased year by year. A budget of roughly NT$9.1 million was granted for said services in 2020, a 20 percent increase compared with the amount in 2019. Employment service centers throughout Taiwan actively provide relevant services for said women by creating flexible job opportunities depending on family care requirements. Specifically, these centers provide individualized employment preparation services (e.g., interview training and resume writing) as well as awards and subsidies; the number of job referrals is considered an indicator of these centers’ performance; the aim of these efforts is to encourage employers to employ women with disabilities. In 2019, the job referral rate was 66.5 percent, representing an increase of 2.3 percentage points compared with 64.2 percent in 2018. Pursuant to the MOL Directions for Establishing the Committee on Training and Employment Promotion for People with Disabilities, a committee comprising 16 to 20 members shall be established, with each member serving a tenure of two years. Five to seven members shall be representatives of people with disabilities, and representation of a diversity of disabilities shall be considered. To enable women with disabilities to engage in the planning and launching of policies for employment promotion among people with disabilities, the government amended said directions in 2019.[[23]](#footnote-23)

# Article 7: Children with disabilities

1. Early intervention system
2. In 1993, the government implemented acts addressing early childhood intervention for children with developmental delays. In 1997, in accordance with the Child Welfare Act (now known as the Protection of Children and Youths Welfare and Rights Act, hereinafter referred to as the PCYWRA), social administration authorities collaborated with education and health authorities to jointly found a promotion committee for children with developmental delays. The Implementation Plan for Early Intervention for Children with Developmental Delays was also drafted to establish a mechanism to facilitate collaboration, communication, and coordination of early intervention services between central and local governments, enabling the provision of multifaceted professional services.[[24]](#footnote-24)
3. As stipulated in the PCYWRA, the government shall establish a development assessment mechanism for children age six years and younger and offer special care for early intervention, medical treatment, schooling, and family support to developmentally delayed children as needed. The central competent authority, together with the authorized agencies in charge of health and education, shall plan and implement bridging and coordinating mechanisms for screening, reporting, assessment, treatment, education, and other services associated with early intervention. The MOHW, MOE, and local governments must comply with the PCYWRA and, in line with their corresponding responsibilities, are to launch relevant services such as reporting of children with developmental delays, case management, and joint assessment. For those children who do not demonstrate improvement following an intervention, a disability assessment is to be conducted per the PDRPA to provide individual and family care support for caregivers of people with disabilities.
4. Statistics from 2019 early intervention services for children with developmental delays and service recipients are as follows:
5. A total of 28 reporting and referral centers have been founded. These centers together received 26,471 reports of children having or suspected of having developmental delays, representing a 10.5 percent increase over the 23,953 cases in 2018.
6. A total of 54 case management centers have been founded, and these centers opened 55,266 cases in 2019, an 8.2 percent increase from 51,094 in 2018. These centers also organized parent-child activities and parenting events as well as provided family support services in transition, respite care, emotional support, and development consultation. Moreover, the Work Rules Handbook on the Reporting and Referral Centers and Case Management Centers was published in 2019, with the aim of improving services provided by each department specialized in handling affairs related to cases.
7. In 2019, a total of 51 joint assessment centers for child development were founded, where 25,496 children suspected of developmental delays were assessed, among whom 16,784 were confirmed as having developmental delays (Table 7.1).
8. The MOHW supervises local governments in providing various services including NHI-covered early intervention, at-home intervention, community-based intervention, part-time intervention, and daytime intervention at early intervention institutions in accordance with the PCYWRA. As a result, children with developmental delays and their families can receive appropriate resources according to their needs.
9. The MOHW continues to promote the Implementation Plan for Providing Community-Based Interventions for Children with Developmental Delays in Remote Areas by providing childhood intervention, family support, community prevention, and community empowerment services through teamwork with social welfare, health, and education professionals. In 2019, these services were offered in 92 counties, townships, and districts, representing an increase of 13.6 percent over the 81 recorded in 2018. The Project of Deploying Intervention Resources in Areas with Fewer Resources (2019-2021) was also launched in 2019 and spans 12 counties, townships, and districts. Furthermore, the MOHW commissioned expert teams to write the ebooks *Guidelines for Community Intervention Services* (Including at-Home Interventions) and *Indicator Examples for Community Intervention Services* (Including at-Home Interventions); these works provide frontline staff with family-centered, community-based expertise and practical strategies.[[25]](#footnote-25)
10. To reduce the cost of intervention for children with developmental delays, each child may receive an allowance of NT$3,000 to NT$5,000 per month depending on his/her family’s financial status. In 2019, a total of 53,814 children received such an allowance, a 3.5 percent increase from the 51,973 in 2018. Allowance disbursements totaled NT$472.24 million in 2019, a 6.8 percent increase from NT$442.22 million in 2018.
11. Promulgated in 2019, the Promotion Project of Preschool Special Education (to be implemented from the 2019 through the 2023 academic year) aims to improve teachers’ professional competencies, enhance educational opportunities and learning outcomes, strengthen support systems and learning environments, and enrich special education resources in remote areas and offshore islands, thereby optimizing preschool education quality, increasing opportunities for young children to receive education, expanding inclusive education, and enhancing learning outcomes and quality.[[26]](#footnote-26)
12. School support and gender equality guarantee
13. To protect the right of CYDs to go to school, the MOE adopted various goals, including improving the identification rate of CYDs and their school attendance, providing for curriculum adjustment, and providing tuition benefits (i.e., exemption from tuition and miscellaneous fees and provision of scholarships and grants). To help students with medium to severe disabilities or those with special learning needs, the MOE has proposed increasing the standard hourly pay subsidy for professional staff, the subsidy for work in remote areas, and service frequency; through such efforts, the central government can lead and supervise local governments in promoting and providing relevant resources.
14. In the Directions for the Ministry of Education Subsidizing Municipalities and County (City) Governments for Disability Education, the base rates for the transportation allowance for itinerant teachers and professionals differ between counties and cities (urban and rural areas) because of varying traffic conditions. Subsides for local governments to handle special education administrative work also vary between counties and cities, with subsidies being higher in remote areas. Hourly pay for special-education-related professionals serving in remote areas is also scheduled to be increased.[[27]](#footnote-27)
15. Teaching assistants and special education student assistants shall receive orientation training of 36 hours or more and on-the-job training of nine hours or more. The MOE has collaborated with the MOHW to host a training program on the cleaning, suction, and removal of secretions within the oral cavity (the portion in front of the uvula) and artificial airways to improve the abilities of teaching assistants and special education student assistants.[[28]](#footnote-28)
16. Countermeasures against sexual violence incidents involving CYDs on campuses (including at special education schools) are as follows[[29]](#footnote-29):
    * 1. The MOE has requested that all schools concerned consider students’ disability types and characteristics and invite professionals with a special education background to form an investigative team to help uncover the truth and determine the educational intervention or assistance that will meet the concerned party’s needs.
      2. In 2018, the Project of Gender Inequality Prevention and Gender Empowerment in Special Education Schools was launched to help schools establish student-centered individualized programs that incorporate gender equality education into curricula, teaching, and school policies, thereby enhancing the gender equality competence of students.
      3. The reported numbers of sexual violence incidents at special education schools were 48, 55, and 37 in 2016, 2017, and 2018, respectively. In the event that a student with disabilities experiences sexual violence in schools, special education professionals are to be assigned to the investigative team. Various gender equality and self-protection courses as well as relevant guidance measures are included into the Individualized Education Program (hereinafter referred to as IEP). Additionally, a professional team comprising counseling psychologists, clinical psychologists, and licensed social workers is to be formulated to assist the student in question with subsequent guidance and support.
17. To improve prevention of sexual assault, sexual harassment, and other abuse among prisoners in juvenile correctional institutions, the MOJ promulgated the Concrete Measures for Correctional Facilities to Prevent and Process Sexual Assault, Sexual Harassment, and Sexual Bullying of Inmates and associated operational procedures. The measures and procedures involve promoting the concept of gender equality and educating corrections personnel and inmates about this concept, strengthening front-end prevention mechanisms such as life counseling, ward allocation management, and physical examination, and establishing clear rules for post-incident notification, investigation, victim protection (isolation protection, psychological counseling, legal advice, wound inspection and evidence collection, and medical services, etc.), privacy protection, and referral to judicial investigation.
18. The right of children with disabilities to be heard
19. In 2019, the Implementation Act of the Convention on the Rights of the Child was amended and promulgated. This provides that the Executive Yuan Task Force for Promoting the Welfare and Rights of Child and Youth include representatives of children and youth who engage in the promotion of relevant policies; the act also requires local government to promote, encourage, and provide assistance required by CYDs when participating in policy promotion. According to a 2019 survey on the coordination mechanism for direct participation of CYDs in local administrative affairs, seven representatives of CYDs are, on average, appointed to engage in local government affairs, accounting for 1-2 percent of the total population of CYDs nationwide; this percentage was similar to that (approximately 1.4 percent) of CYDs among the total children and youth population in 2019. As per amendments in 2020, the Enforcement Rules of the Special Education Act provide that students and their parents must be invited to participate in developing their IEPs. For the participation of students with disabilities in IEPs, please refer to Article 24: Education (Point 197).[[30]](#footnote-30)

# Article 8: Awareness raising

1. To combat negative stereotypes of people with disabilities, the government regulates mass media to prevent biased news reports under various acts and relevant regulations. Moreover, public and private sector entities have collaborated to organize disability awareness training and campaigns, aiming to increase the understanding of disability as diversity among the public and mass media.[[31]](#footnote-31)
2. Regulations of mass communication media
3. To prevent the use of derogatory or discriminatory language in the radio and television industry, the PDRPA and Mental Health Act mandate that discriminative titles or descriptions may not be used and reports that are nonfactual or mislead audiences to discriminate or hold prejudices against people with disabilities are not permitted. Channels that broadcast news are required to establish self-regulatory mechanisms, in which external scholars and experts or NGOs participate in the internal inspection of programs and customer complaints with the aim of reducing the occurrence of discriminatory language.
4. The National Communications Commission (NCC) has forwarded the Code of Media Reporting about Mental Illness released by the MOHW to media unions and associations, requiring that media businesses adhere to relevant regulations, thereby raising public awareness of issues including the right of people with disabilities to communication.
5. Between 2016 and 2019, local governments fined three online platforms for the use of discriminatory language. Cases concerning the use of discriminatory titles or descriptions by those in the radio and television industry and in violation of the Mental Health Act are forwarded to the MOHW by NCC. For cases that potentially violate the PDRPA, the NCC seeks professional advice from the MOHW and submits feedback for discussion by the Consultation Committee on Radio and Television Programs and Advertising, which is composed of experts and scholars from the fields of psychology, social science, and law as well as NGOs composed of people with disabilities or parents of people with disabilities, and civic groups; the results of such discussions are then subject to a final review by the NCC. Between 2016 and 2019, the NCC submitted three cases involving the use of discriminatory language to the committee and resolved to require businesses violating the prohibition of discriminatory language to undertake improvements.
6. Training in raising awareness of disabilities
7. Between 2016 and 2019, Taiwan implemented a training scheme on the important principles underlying the CRPD for its senior and executive civil servants to raise their awareness of the rights of people with disabilities and facilitate compliance with the CRPD during policy making, attracting 84,797 participants.[[32]](#footnote-32)
8. The Judges Academy annually hosts training programs for judicial personnel to study the protection of the rights of people with disabilities. Examples of such programs include 36-hour and 42-hour courses that were open to judicial personnel in charge of family matters in 2018 and 2019, respectively. Alternative courses are arranged for judicial personnel handling criminal cases, and education and training seminars for candidate interpreters (on-the-job training) are organized, including a lecture series on human rights.[[33]](#footnote-33)
9. To increase the understanding of law enforcement personnel concerning the rights of people with disabilities and to enable them to apply their knowledge during police interrogations, the MOI has developed CRPD annual training materials, provides data on relevant integration processes, requests police units (authorities) nationwide to improve promotion of relevant training, and requires compliance with the Code of Criminal Procedure, Domestic Violence Prevention Act, Sexual Assault Crime Prevention Act, and PCYWRA during police interrogation proceedings involving people with disabilities. Additionally, 18 workshops were held for criminal case personnel from 2016 to 2019, attracting 930 trainees for a coverage rate of 30 percent (the target trainees of these workshops were criminal case workers throughout the nation, totaling 3,095 people). The aforementioned workshops familiarize police officers with the importance of protecting the rights of people with disabilities, which will hopefully manifest in an appropriate attitude toward people with disabilities during the performance of duties and tasks.
10. Social work training is provided to personnel including civil servants who have passed a certification examination for social workers and comprises an introduction to the PDRPA and CRPD. The Protective Service Social Worker Training Project specifies that newly recruited personnel and in-service personnel must complete a training session of a specified number of hours. From 2017 to 2019, 17 training sessions were hosted (Table 8.1), attracting 1,340 participants in total. In 2019, the Implementation Project of Grade-Based Training for Social Worker (Supervisors) at Social Welfare Service Centers entailed introducing the rights of people with disabilities into courses, aiming to strengthen the professional competencies of social workers when serving said people and improve service quality.
11. Disability awareness campaigns
12. Under a human rights model of disabilities, the MOHW has developed training materials, promotion materials, and a battery of tests with items related to the general concept of CRPD. Workers at all government agencies handling CRPD matters have received training; related materials are available to governments at all levels, people with disabilities, and their representative organizations for jointly promoting the CRPD concepts.
13. To educate children about diversity beginning in early childhood, schools at all levels host in-class informational sessions, encourage coparticipation of students with disabilities and non-disabled students in class, and implement similar activities to help non-disabled students to understand people with disabilities. Teachers have begun to attend special education workshops to improve their competencies in inclusive education and creating a disabled-friendly campus. In 2018, the concepts of the right to equal participation, accessible environments, and sport activities for people with disabilities were used to design two children’s picture books. A reading reflection competition was also held, with 851 participants in total. Furthermore, the picture books were adapted into animated short films, which were broadcast 2.45 million times on a commissioned basis. In 2019, four parent-child sessions of presentations of children’s dramas adapted from picture book stories were organized with people with disabilities being invited to campus campaigns, attracting 1,000 sets of parents and children in total.[[34]](#footnote-34)
14. The MOE declares human rights education crucial in the Curriculum Guidelines for 12-Year Basic Education: General Guidelines. By creating curricula for elementary and junior high schools and implementing the tertiary counseling system, the MOE continues to help the Counseling Group for Human Rights Education to hold human rights-focused educational events, including member growth activities, county (city) workshops, district alliance exchange activities, annual seminars, and regional seminars. The MOE hosted 20 and 16 such activities in 2018 and 2019, respectively, with nearly 600 participants each year.
15. To increase understanding of disability culture among the public and mass media, the MOHW subsidizes local governments and social welfare organizations to jointly host CRPD awareness-raising campaigns each year (Table 8.2). Between 2015 and 2019, the ministry annually subsidized 420 such events, spending an amount totaling approximately NT$14 million. For example, the MOHW subsidized disabled people’s organizations (hereinafter referred to as DPOs) to shoot three documentaries centering on the daily life of a woman with visual impairment in 2018, a man with a psychosocial disability, and a pupil with physical disabilities; the three documentaries have been shared by 1,339 accounts on social media platforms.
16. To promote the importance of respecting the rights of people with disabilities, Taiwan continues to produce films, publications, and radio programs focusing on inclusive education, creating an inclusive campus, and preventing workplace discrimination. The government also gives out the Golden Wingspan Award and the Golden Eagle Award: A Celebration of Excellent People with Disabilities to convey to the public that disability can be part of everybody’s life that stereotypes about people with disabilities must be avoided, and that is imperative to respect one another.

# Article 9: Accessibility

1. Taiwan promulgated the Physically and Mentally Disabled Citizens Protection Act in 1997, providing a strong legal basis for the establishment of accessible environments. Competent authorities in the fields of construction, social welfare, education, health care, and transportation supervise and improve provision of such accessible environments. Local governments are to convene committees responsible for promoting the construction of accessible environments.[[35]](#footnote-35)
2. Building and environment
3. In accordance with the original Welfare Act for People with Disabilities, the MOI has mandated that 14 types of new public buildings have accessible facilities since 1988, has refused to grant a construction license to those failing to meet this regulation, and has gradually expanded the applicable scope. Since 2013, the regulation has been expanded to require the building of accessible facilities in newly constructed public and nonpublic buildings and additions to such structures. The MOI, aiming to promote the improvement of accessible facilities in public buildings, has invited experts, scholars, relevant agencies, people with disabilities, and their representative organizations to sit on the Committee for Supervising the Accessibility of Living Environments in Public Buildings since 2004. The committee is responsible for supervising local governments in the inspection and improvement of facilities. The number of cases on the government watch list was 51,380 (Table 9.1) in 2019, with 62 percent of them having completed improvement(s) by December of the same year, for a completion rate 12 percent higher than that in 2016. Plans call for existing buildings to be improved according to categories, stages, and regions. Between 2016 and 2019, the MOI issued subsidies totaling NT$259.17 million for pavement leveling projects in pedestrian arcades (Table 9.2); structures requiring immediate improvement were prioritized, including arcades in commercial districts, hospitals, scenic routes, public transit transfer stations, and community routes to schools.
4. The Implementation Regulations of Central Urban Regeneration Fund Subsidies for Self-Renewal Projects allow for simultaneous application for urban renewal subsidies and accessible facility or lifter construction subsidies for buildings at least 20 years old. Between 2016 and 2019, a total of 20 projects were subsidized upon approval, among which five involved outer wall renovation and accessible facility improvement. Of these, two have been completed.
5. The Regulations on Design Standards and Encouragement of Accessible Housing are mainly for new construction of dwellings that meet the standards of accessible housing design for which an accessible housing unit certificate[[36]](#footnote-36) or accessible housing certificate is being applied for with the local government.[[37]](#footnote-37) As of September 2020, 60 applications for an accessible housing certificate had been submitted nationwide, with projects approved in Taipei City and Taoyuan City. For projects involving accessible facility improvements to existing dwellings that meet accessible housing design standards, local governments may provide subsidies accordingly. The regulations have been expanded to allow for the construction of a home-use elevator in an existing dwelling/condominium of five floors or fewer. In 2018, subsidization standards were further expanded to apply to the construction of public elevators. Specifically, subsidies may be granted as long as co-owners (or unit owners) of the elevator account for more than half of the building’s total inhabitants and hold ownership of more than half of the shared area. Between 2018 and 2022, the government plans to subsidize 45 projects involving accessible facility improvements and elevator construction in dwellings/condominiums of five floors or fewer and 88 projects involving accessible facility improvements at a dwelling/condominium. As of September 2020, subsidies had been granted to six projects involving accessible facility improvement and elevator construction in a dwelling/condominium of five floors or fewer and another six involving accessible facility improvement in a dwelling/condominium.
6. The MOHW promulgated the Regulations on Subsidization for Medical Treatment and Auxiliary Appliances for People with Disabilities, providing subsidies for 21 accessible facilities[[38]](#footnote-38) in dwellings up to a maximum amount of NT$60,000 per household. Under these regulations, assistive technology centers are also to provide services such as assessment and consultation in accordance with applicants’ needs (Table 9.3).
7. The interior design of care institutions, senior citizen welfare institutions, disabled welfare institutions, and mental health care institutions shall meet the Design Specifications of Accessible and Usable Buildings and Facilities. Assessment indicators for accessible facilities were added to the 2020 assessment standards of said institutions to ensure the implementation of appropriate spatial and facility designs, and to ensure structure and facility designs comply with environmental and individual needs of people with disabilities as well. Accordingly, design of accessible facilities at such institutions will be improved.[[39]](#footnote-39)
8. The MOL developed the Implementation Project of Promoting Job Accommodation Service for People with Disabilities to subsidize improvements in work environments, equipment, and machines by employers as well as the provision of accommodation for working practices to eliminate workplace obstacles for people with disabilities. For the period 2016-2019, budgets for such subsidies totaled NT$96.51 million.
9. Each education authority issues special funds for schools to improve campus accessibility every year, and schools also raise funds independently. For the period 2016-2019, expenses for campus accessibility improvement reached NT$2.1 billion (Table 9.4), of which NT$1.983 billion was subsidies from government agencies. In 2018, the MOE commissioned the Disclosure Platform of Information on School Accessible Environments Project. The first stage involved higher education institutions, where students with disabilities and nondisabled students, NGOs, and experts in accessibility design were tasked with jointly identifying, registering, and publishing accessible facilities, services, and relevant information at schools, aiming to create disabled-friendly campus environments. As of 2019, information on 24 schools, 724 buildings, and 9,185 accessible facilities had been published, and numerous promotional videos had been uploaded to YouTube for public viewing.[[40]](#footnote-40)
10. Correctional institution facilities are mostly old, at an average age of 40-50 years. Such buildings are outmoded with respect to modern principles of incarceration, however, institutions can plan and construct basic accessible facilities to meet inmates’ needs and provide inmates in need with assistive technologies (e.g., wheelchairs, crutches, and walkers). Inmates with physical impairments or disabilities are mostly housed in patient wards, wards on lower floors, and special zones with centralized workshops and housing, enabling the provision of centralized care services. In addition to helping incarcerated patients to get out-of-prison medical treatment, correctional institutions may, in accordance with the Prison Act, apply for prisoner transfers to critical care or psychiatric rehabilitation centers or medical treatment on bail. Where the inmate in question has special needs, the correctional institution will provide appropriate accessible facilities, assistive technologies, or other suitable assistance; the inmate may also request that the institution make reasonable accommodations.
11. The Ministry of Economic Affairs (MOEA) has mandated that all commercial centers be built to meet legal obligations and provide accessible facilities. As concerns guidance provided for projects undertaken in the period 2016-2020, accessible facility establishment was a bonus item to garner a market appraisal rating of excellent.
12. Transportation and roads
13. According to the Survey Report of Living Condition and Needs among People with Disabilities in 2006, 2011, and 2016, the importance of taxis (including accessible taxis) as rated by people with disabilities who went out in the past month increased[[41]](#footnote-41) from 6.89 (2006) and 7.52 (2011) to 8.40 points in 2016. Similarly, the importance of city bus and subway systems increased from 13.24 (2006) and 20.54 (2011) to 23.91 in 2016, indicating that accessible public transportation strategies have been effective and that the number of people with disabilities taking public transportation has increased (Table 9.5).
14. Public transportation systems have adopted regulations on accessibility facilities for modes and stations, which are detailed in Articles 1-4 (purpose, definitions, general principles, and general obligations) and Article 9: Accessibility of this report, with penalties specified in the PDRPA. Accessibility facilities on the Taiwan High Speed Rail system, subway systems, and airlines follow relevant regulations. Other public transportation systems have been improved gradually.
15. In the first phase of the project undertaken by the Taiwan Railways Administration to ensure equal heights between train station platforms and cars, the height of platforms at 40 stations was increased to 115 cm by 2019. Efforts to increase the height of 219 platforms and provide step-free train cars are expected to be accomplished by 2022. Additionally, accessible elevators are scheduled to be installed in 149 stations that serve approximately 95 percent of passengers, and 182 stations will have such elevators by 2020, making the service available to 98.5 percent of all passengers (Tables 9.6-9.8).
16. By implementing projects related to public road transportation, the Ministry of Transportation and Communications (hereinafter referred to as the MOTC) continues to improve accessible services on city and intercity buses. As of 2019, the percentage of accessible buses had increased to roughly 67 percent of all city buses, and the percentage of routes with accessible intercity buses reached 83 percent. Through revising the original subsidy mechanism and implementing the Happiness Bus program (i.e., a demand-responsive transit service), the MOTC is aiming to improve bus services in remote areas. To provide more transportation options and greater freedom of movement for individuals with physical impairments, the MOTC encourages local governments and guides businesses to invest in accessible taxi services. As of August 2020, 980 accessible taxis for individuals with physical impairment were in service. To provide more appropriate accessible services, the government has invited people with disabilities to take such taxis as mystery customers and rate the service in service evaluation systems. (Tables 9.9-9.12). By 2019, a total of 2,164 rehabilitation buses were available to provide transportation services for people with disabilities (Table 9.13).
17. To improve the design of accessible facilities on vessels and the management of accessible equipment and facilities on new passenger ships, the Regulations for Administrating Passenger Ships stipulate that passenger ships manufactured after January 2017 must have accessible facilities installed. Since 2018, the MOTC has implemented subsidy programs to assist local governments in improving shore facilities and has encouraged businesses to improve accessible facilities on passenger ships. As of 2019, accessibility design on 19 of 31 fixed passenger ferry routes had been completed (Table 9.14).
18. To improve accessibility for people with various disabilities taking public transportation, the government has promulgated regulations pertaining to the standard operating procedures for serving passengers with disabilities and to the procedures for operating accessible facilities. The government has also requested public transportation personnel to provide human guides and to regularly attend service courses and facility operation trainings/simulations; station guides for people with disabilities are available at departure stations, on transportation carriers, and at destination stations, during which service responsibility is relayed from one staff member to the other, thereby ensuring the passenger’s safe arrival. The Project for Promotion of Accessible Transportation Environments, launched by the MOTC, invites people with disabilities and their representative organizations to inspect relevant accessible facilities and help improve service quality.
19. The MOI hosts the Evaluation Project of Urban Road Maintenance and Management and Sidewalk Accessibility every year, inviting people with disabilities and their representative organizations, experts and scholars, and the MOTC to form evaluation teams to perform onsite and policy assessments. These assessments are aimed at prompting local governments to emphasize maintenance of urban roads, effectively promote the construction of urban accessible sidewalks, and promote the idea of public rights of way. Through these efforts, pedestrian safety can be guaranteed. Local government data shows that the prevalence of sidewalks increased from 37 percent in 2016 to 42 percent in 2019.[[42]](#footnote-42)
20. Information accessibility
21. Since 2018, the MOHW has facilitated training for government personnel at all levels for the introduction to and promotion of the easy-to-read concept. The MOHW, Ministry of Culture (hereinafter referred to as the MOC), Central Election Commission, and nine local governments (including Taipei City) have produced easy-to-read publications on education, employment, election, cultural lifestyles, the Concluding Observations of the Initial Report of the Republic of China (Taiwan) under the CRPD, and COVID-19 epidemic prevention measures,[[43]](#footnote-43) thereby protecting the right of access to information of people with disabilities.[[44]](#footnote-44)
22. In May 2020, reminders concerning sign language interpreting and real-time translation were added to the Guide for Accessible Meetings and Events for Persons with Disabilities, which is a tool for local governments, people with disabilities, and their representative organizations to refer to during promotional activities.
23. In 2017, the NCC released the Web Accessibility Guidelines 2.0 and amended the Regulations for Issuing Web Accessibility Accreditation Badges for Websites of Government Agencies and Schools at All Levels to provide a reference for developers of mobile software (hereinafter, “apps”); the NCC also promulgated the Development Guidelines on Mobile Application Accessibility and is now drafting the Web Accessibility Guidelines 2.1, to which regulations on the use of mobile devices as well as detailed regulations related to amblyopia and cognitive impairment have been added.
24. When delivering an emergency alert to people with disabilities, the alert must produce a unique warning sound with vibration for rapid recognition when transmitted to the cellphone or terminal device of such a person. This function has been listed as a necessary item in product testing; a cellphone or terminal device must satisfy this requirement to be launched into the market. As of September 2020, type approval concerning the Public Warning System had been granted to 779 cellphone models.[[45]](#footnote-45)
25. Financial services
26. Banks are to create an accessible space and establish accessible service counters at their business premises, prioritize financial services for people with disabilities, purchase automated teller machines (ATMs)shorter than 120 cm, and ensure that bank teller counters and take-a-number systems for people with disabilities are at a suitable height. As of 2019, a total of 28,141 ATMs were deemed to fit the needs of wheelchair users, and 1,318 talking ATMs were qualified to serve individuals with visual impairment. The Financial Supervisory Commission (hereinafter referred to as the FSC) intends to continue encouraging and coordinating with banks to prioritize the installation of accessible ATMs to meet the needs of people with disabilities. A list of ATM locations can be obtained by clicking the Accessibility Service tab on the website of the Bankers Association of the Republic of China (hereinafter referred to as the BARC). Concerning activation and loss reporting of credit cards, every card issuer in Taiwan has provided services for telephonic card activation and card loss reporting (a nonowner of the card may also report a loss for the card owner in question). For the convenience of people with hearing impairment, the FSC has requested that the BARC create an exclusive consultation channel and has requested banks to provide online card activation and loss reporting services. When a person with a visual impairment independently opens a bank account in person, a bank clerk who is not responsible for the account opening or a friend or relative with full legal capacity and without visual impairment may witness the process and provide assistance for the person with visual impairment.
27. The FSC has promulgated the Friendly Finance Service Guidelines and the Q&A for the Practice of Friendly Financial Services to instruct financial institutions in providing suitable and friendly services that meet the individual needs of people with disabilities, including the provision of an accessible environment, services, communications, products, and information, and to exhort them to refrain from any discriminatory behavior. The FSC engages with people with disabilities and their representative organizations and reviews all matters covered in the Friendly Finance Service Guidelines; moreover, they request financial institutions to provide suitable consultation services in relation to the financial product or service requirement in question as well as user-friendly measures to meet the needs of people with disabilities, such as online bookings and in-home service.[[46]](#footnote-46)
28. In 2019, the FSC requested that the BARC, Taiwan Securities Association, Securities Investment Trust and Consulting Association of the Republic of China, Chinese National Futures Association, the Non-Life Insurance Association of the Republic of China, and the Life Insurance Association of the Republic of China to notify their members that newly recruited employees should receive education and training on providing friendly financial services to people with disabilities. The number of attendees at related programs over the past two years is listed in Table 9.15.
29. To provide basic financial services to people with disabilities, the FSC has required that banks add functions for designated and non-designated account transfers to their accessible online banking websites and apps. In the future, the FSC will continue encouraging banks to expand friendly financial services to meet the needs of people with disabilities.

# Article 10: Right to life

1. Because the execution of the death penalty is irreversible, the MOJ exercises utmost caution in reviewing death penalty cases and the implementation of the capital punishment. Only when every remedy procedure has been exhausted does the MOJ approve the performance of an execution. After obtaining the complete case files and evidence in a death penalty case as per a Supreme Prosecutors Office order, the MOJ appoints a counselor to comprehensively review all files related to the case, so as to ensure that the Supreme Prosecutors Office has complied with related procedures. The procedure requires the Office to reexamine the presence of any conditions to trigger a retrial, extraordinary appeal, or petition for constitutional interpretation (including pending petitions), as well as the mental state of the death row inmate in question. The MOJ then forms a review committee to assess whether the implementation of death penalty is appropriate. Subsequently, the MOJ, per the Implementation Guidelines for Reviewing Death Penalty Execution, queries the Judicial Yuan, Taiwan High Court, Supreme Prosecutors Office, and correctional institutions to determine whether a petition for constitutional interpretation, retrial, or extraordinary appeal is necessary or whether the inmate should be spared due to insanity, psychological disorder, or intellectual disability. Only when the MOJ confirms that no pardon is to be granted after consulting with the Office of the President does it approve an execution. To protect the rights of death row inmates, the aforementioned process is conducted with the utmost meticulousness.[[47]](#footnote-47)
2. To prevent injustice, the MOJ has promulgated the Directions of Prosecutorial Authorities Reviewing Finalized Conviction Cases. The ministry has established a committee for finalized conviction cases at the Taiwan High Prosecutors Office, with the aim of reviewing rejected retrial motions and extraordinary appeals. The chief prosecutor convenes the committee and invites other relevant chief prosecutors or appointed head prosecutors, prosecutors, forensic pathologists, crime scene investigators, criminal law scholars, attorneys, and retired judges or prosecutors to join the committee. The Taiwan Bar Association, regional bar associations, and other groups or organizations aiming to protect legal and human rights may urge the committee to review a finalized conviction case and to determine whether grounds for a retrial or extraordinary appeal exist as provided by the Code of Criminal Procedure. Regarding finalized death sentences, relevant organizations or groups may submit an opinion letter specifying their doubts about the case in question to the Taiwan High Prosecutors Office, which is reviewed by the aforementioned committee.
3. The Criminal Code of Taiwan accommodates individuals with mental disorders or intellectual disabilities by providing reduced punishments, including exemption from punishment and commutation. Where a defendant or inmate is deemed insane during the trial or pending imposition of the death penalty, the trial or execution shall be ceased. In accordance with the Guidance for Reviewing Death Penalty Cases, the MOJ shall meticulously review each death penalty case with great discretion and the mental health status of the inmate shall be given special attention. In the event of any doubt as to mental fitness, the death penalty shall not be imposed until the doubt is resolved. In collaboration with the Judicial Yuan, the MOJ actively engaged in amending Articles 465 and 467 of the Code of Criminal Procedure.

# Article 11: Disasters and humanitarian emergencies

1. To protect the rights of people with disabilities during disasters and emergencies, the central government has stipulated plans for disaster prevention and protection (DPP)[[48]](#footnote-48) pursuant to the Disaster Prevention and Protection Act and by referring to the Sendai Framework for Disaster Risk Reduction. In these plans, the Measures to Strengthen Disaster Prevention and Protection for Underprivileged and Low-Income Groups are specified in their own chapter, with the aim of satisfying the unique needs of people with disabilities during disasters. Since 2020, people with disabilities and their representative organizations have been invited to amend respective DPP plans[[49]](#footnote-49) adopted by governments at all levels, thereby increasing the feasibility of implementation.[[50]](#footnote-50)
2. To safeguard people with disabilities in the event of disaster emergencies, governments at all levels have ensured that their standard operating procedures for disaster emergencies (e.g., floods, debris flow disasters, and nuclear incidents) prioritize the protection of people with disabilities and other vulnerable people.
3. To ensure the participation of people with disabilities in disaster preparedness and emergency response, governments at all levels host DPP drills, disaster-resistant community drills, and events on the National Day for Disaster Preparedness every year, thereby strengthening public communication on disaster prevention and drills involving such persons (including disaster early warning and broadcast, disaster preparedness, emergency responses, evacuation, and sheltering).
4. To accelerate disaster response for people with disabilities, Taiwan organizes national disaster drills and provides simple online instructions for appropriate action during earthquakes on a dedicated website. The government provides easy-to-understand images of actions as well as posters that share information on how to respond to disasters with people with physical impairments (those relying on crutches, assistive technologies, or wheelchairs). The government also requires long-term care institutions and other institutions housing vulnerable people to employ emergency exit signs that flash or that both flash and emit sound, with the aim of improving emergency guidance for vulnerable populations.[[51]](#footnote-51)
5. To determine the status quo and needs of people with disabilities in regions susceptible to disasters, the government has created the National Welfare Information Integration Platform for People with Disabilities, which allows the government to acquire real-time information on said people and enables frontline DPP units to access such information to facilitate their efforts to protect people with disabilities from disasters.
6. To prevent health problems or life-threatening consequences befalling people with disabilities on life support equipment due to power outages, local governments regularly update their lists of housebound people with disabilities using life support equipment and notifies nearby branches of Taiwan Power Company and borough chiefs to provide for real-time assistance.[[52]](#footnote-52)
7. During the COVID-19 pandemic, Taiwan has, considering the needs of those with disabilities, proposed various support measures pertaining to epidemic prevention, psychological services, schooling, employment, and financial relief, including the free distribution of face masks for people with disabilities who live alone and experience physical impairment, living allowance bonuses for financially disadvantaged people, and emergency relief for which employed and unemployed people with disabilities may apply. Additionally, people with disabilities may apply for relevant services (e.g., at-home and community-based services) if their family, as their primary caregiver, cannot take care of them due to home isolation or home quarantine protocols. When home isolation or quarantine is required for a person with disabilities, professionals may wear personal protective equipment as recommended by the Central Epidemic Command Center to provide relevant services for the person if deemed urgently necessary. The MOHW intends to draft guidelines on responding to major infectious diseases that are applicable to various vulnerable populations.
8. To safeguard the right to know during disasters, the government has adopted the following measures to achieve disaster warning and information provision:[[53]](#footnote-53)
   1. The government has established the website called Easy to Do, which includes a disaster management platform for long-term care institutions and provides strategies of disaster risk reduction and response related to typhoons, floods, and earthquakes. The platform is aimed at strengthening disaster risk awareness as well as disaster management capabilities of staff working for social welfare institutions, nursing homes, and other similar institutions; the goal is to improve the effectiveness of disaster response and evacuation.
   2. During emergencies, people with disabilities may acquire disaster information and the latest updates through phone calls, sign language simultaneous interpretation on television broadcasts, radio broadcasting, the internet, social networking sites, the Platform for Disaster Prevention and Protection Information, and exclusive websites concerning the disaster information in question. The government has implemented accessible disaster prevention and warning services for people with visual and hearing (speech and language) impairment, including screen readers, voice assistants, and vibration alerts.[[54]](#footnote-54)
   3. To protect the rights of people with disabilities, the government created the 119 emergency app in 2020, which allows users to send text messages to the 119 emergency center. Furthermore, the app enables cellphone buttons to flash and helps people with hearing (speech and language) and visual impairment make emergency calls. Icons for emergency call shortcuts are intuitive (e.g., icons of a fire and of an ambulance), enabling individuals with dementia or intellectual disabilities to use the app. In 2019, the government designed images for earthquake drill practices and posters for people relying on crutches, assistive technologies, or wheelchairs to serve as a reference for people with disabilities.
   4. During the COVID-19 pandemic, the MOHW has been posting news releases, leaflets, and videos on mass media and social media such as Facebook, LINE, and Instagram to notify the public of the current pandemic status and epidemic prevention measures. The MOHW has also established the 1922 hotline for epidemic prevention and the Disease Control Butler, a chatbot on the LINE platform (available for real-time responses) for people with hearing, speech, or language impairments to inquire about epidemic-related information. For people with hearing, speech, or language impairment who undergo home isolation, local governments contact them using flexible approaches such as the LINE Bot, Health Reporting E-System, and two-way messaging.

# Article 12: Equal recognition before the law

1. People with disabilities are protected by the Civil Code and have legal capacity the same as other persons. The Civil Code provides for the commencement of a guardianship system to protect individuals who cannot make declaration of intention, receive declaration of intention, or who lacks the ability to discern the outcome of the declaration of intention due to mental disability. The Civil Code also establishes the assistance system to protect people who have insufficient capacity to make declaration of intention, receive declaration of intention, or who lack the ability to discern the outcome of the declaration of intention due to mental disability. This prevents such people from taking on legal obligations due to poor physical and mental health. Pursuant to the Civil Code, when electing guardians, for the best interest of the ward, the court shall first take the ward’s opinion and every other things into consideration. The Civil Code specifies that when enforcing guardianship relating the ward’s life, treatment, and financial management, the guardian shall respect the ward’s intent following the order of commencement of guardianship. The aforementioned regulations fulfill the spirit of supported decision-making and respect individual rights, will, and choices as required under the CRPD. For the number of cases on commencement of guardianship or assistance in the period 2016-2019, please refer to Table 12.1.[[55]](#footnote-55)
2. In 2019, the adult guardianship by agreement system was added to the Civil Code, allowing people concerned who still have mental capacity to draft an agreement with an agent and to name the agent as the person’s guardian upon the commencement of guardianship instead of waiting for the court to select a guardian in accordance with its responsibilities; should said people lose their mental capacity, a guardian can still be appointed at the person’s discretion according to the decision made before they lost mental capacity. According to their will and preferences, the people may appoint a guardian and decide the guardian’s powers and methods when handling relevant matters, all of which can be prewritten in the adult guardianship agreement; this system respects personal will, choices, and human dignity.
3. The government has promulgated the Precautionary Matters on Handling Adult Guardianship or Assistance by Municipality or County (City) Competent Authorities and the Regulations Governing Social Welfare Institutions in Handling Guardianship Matters for People with Disabilities. The two regulations specify precautionary matters to be considered by competent authorities and social welfare institutions if appointed as the guardian or assistant of a person with disabilities; the intention is to safeguard the person’s rights and quality of life. To mitigate the burden on citizens, local governments subsidize the assessment of guardianship or assistance declaration. Workshops on adult guardianship and assistance declaration have been organized in four counties/cities as a pilot project, aiming to improve the competencies of guardians and assistants for people with disabilities. In 2020, the government published guardianship declaration handbooks and easy-to-read promotional materials for the public.
4. To safeguard the rights to medical information, choices, and decisions for patients, the Medical Care Act regulates that medical staff of medical institutions shall notify the patient in question before a surgical procedure.[[56]](#footnote-56) In 2016, the government enacted the Patient Right to Autonomy Act, which took effect in 2019 and allows a declarant with total legal agency to accept or refuse medical treatment through advanced care planning and making advance directives; this act ensures patients’ right to a good death.

# Article 13: Access to justice

1. To safeguard human rights enumerated in the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the PDRPA, Article 99 of the Code of Criminal Procedure was amended and promulgated in 2020, specifying that where an accused has a hearing or speech impairment or has difficulties in understanding the language used, the service of an interpreter shall be used to safeguard the accused’s access to justice. Following the amendment to the Code of Criminal Procedure, the MOI regulated that during police interrogations, where the victim has a disability, his/her legal representative, spouse, lineal blood relative, collateral blood relative within the third degree of kinship, parent, family member, physician, psychologist, counselor, social worker, or other person the victim trusts, with the consent of the victim, may be present alongside the victim during the trial. The police officer may, upon petition of the victim or on his/her own authority, employ appropriate isolation facilities to prevent the victim from being seen by the accused or a third party, thereby protecting the victim’s privacy. Where the suspect, witness, or victim has a hearing or speech impairment or has difficulties in understanding the language used, an interpreting service shall be used during police interrogation; such persons may also be examined using written words or ordered to make a statement in writing.[[57]](#footnote-57)
2. To uphold the presumption of innocence and prevent bad faith acts by police officers, the MOI reviewed existing police interrogation techniques (for suspects and witnesses) and procedures and proposed the Syllabus for Police Interrogation Practice Courses, which introduces communication skills with suspects or defendants with disabilities through interpreting services and provides case studies. Since 2019, Central Police University and Taiwan Police College have offered relevant courses with rolling adjustment according to regular assessments.
3. Amended and enacted in 2019, the Juvenile Justice Act provides protective measures for youth with disabilities, including pretrial investigation (including into physical and mental states); the companionship and assistance of adults or experts during the interrogation or questioning of the youth in question; rights notification; isolated interrogation for adults and youth; prohibition of continuous and nighttime interrogations; protection of the rights to be heard and know judicial proceedings; assessment of physical and psychological conditions and behavioral observation in juvenile detention centers; placement of the youth in an appropriate institution to receive guidance and reformatory education as per the classification of the youth according to his or her condition, including physical and mental states; management of data confidentiality; and removal of criminal records. The amendment added that experts in child or adolescent mental health or other fields may be assigned if the youth is incapable of making a complete statement due to psychiatric or other mental disorders. Youth with hearing, speech and language, or multiple disabilities shall be provided with interpreting services to safeguard their right to be heard as well as other measures for the protection of rights in legal proceedings, such as the accompaniment of legal representatives, expanded breadth of rights notification, and separate custody from suspects or defendants in ordinary criminal matters.[[58]](#footnote-58)
4. Since 2006, the Judicial Yuan has adopted a contract system for interpretation services; high courts and their branches, high administrative courts, and intellectual property courts periodically recruit and contract with interpreters of various languages. At present, these courts have recruited 221 candidate interpreters, of whom 17 are sign language interpreters. Moreover, the service of real-time translation was added, with a list of candidate caption writers recommended by hearing impairment associations having been submitted to the Legislative Yuan for reference in May 2019.
5. The draft of the amendments to the Code of Civil Procedure adds Article 211-1, which stipulates that if technological equipment that enables audiovisual transmission is available at the court and at the location of the involved party, a motion may be filed with the court to conduct remote interrogation. The draft Adjudicating Rules Governing the Constitutional Court stipulates that when the Constitutional Court deems appropriate, remote adjudication may be conducted for the convenience of people having difficulties appearing in court and to address adjudication efficiency concerns. To ensure equal rights to litigation for people with disabilities and provide adaptations for individual differences, the Precautionary Matters on Handling Civil Procedures, amended in January 2020, requires that the court provide special consideration for people with disabilities during trials and give them more time to prepare for a case. In June 2020, the Precautionary Matters on Handling Administrative Procedure were amended, and for courts subject to the guidance document, judges are requested to fulfill their duty to ensure that litigation-related laws should contain provisions for reasonable accommodation as stated in the CRPD.
6. To fulfil the obligation to care for people with disabilities during litigation, the sample notice to appear for use by administrative courts at all levels was revised in August 2020; specifically, text such as individuals requiring accessible services due to disabilities or other conditions in the precautionary matters column was highlighted to identify the status of the litigation party in question.
7. The Citizen Judges Act specifies that any citizen aged 23 years or older who has been living in the jurisdiction of the district court in question for more than four months is qualified to serve as a citizen judge or alternate. As long as individuals do not have any negative characteristics as specified in the relevant provisions of the act, they are entitled to serve as a citizen judge or alternate and participate in a trial presided over by a professional judge. To prepare for the formal enactment of the Citizen Judges Act in 2023, the Judicial Yuan, while constructing citizen-judge-centered courts and relevant spaces and adopting measures that promote citizen judge participation, intends to safeguard the right to justice of people with disabilities and ensure the inclusion of diverse opinions from various fields during the trial before a judgment is made.
8. Statistics compiled by correctional institutions show that the number of people with disability IDs was 2,696 as of December 2019. In 2019, 50 individuals were spared imprisonment because of age, disability, or incapacity. Inmates with disabilities at MOJ-affiliated correctional institutions are to receive appropriate treatment pursuant to the Prison Act. Where inmates require medical treatment, the institution in question has them visit the outpatient clinic within the institution and arrange for subsequent health care services according to medical orders, such as prison-based follow-up outpatient treatment, medical treatment under escort, transfer to subsidiary medical units, and medical treatment on bail. A request for reasonable accommodation may be filed with the institution in question for inmates with special needs.[[59]](#footnote-59) To help inmates successfully reenter society and to connect corrections with judicial protection, the MOJ performs postincarceration investigations and reviews and promotes rehabilitation protection as well as other matters including assistance in returning home.
9. Following the initiation of the guardianship-by-agreement system specified in the Civil Code, the government amended Articles 164 and 165 of the Family Act by adding two statements on declaration of guardianship: matters concerning the contract termination of guardianship by agreement and those pertaining to guardian dismissal. The amended articles specify that a person subject to a guardianship declaration shall have the capacity to represent himself in proceedings during matters concerning guardian reelection, changes, and dismissal and contract termination of guardianship, thereby protecting said person’s right to procedural autonomy and to a fair trial. The amendment came into effect in June 2019.

# Article 14: Liberty and the security of the person

1. The Mental Health Act was formulated to promote patients’ health rights and safety. Matters pertaining to mandatory hospitalization are not specifically related to disability but are to protect patients with severe, short-term psychiatric disorders from harming themselves or others. The duration of emergency placement shall not exceed five days and attention shall be paid to the protection of the rights of patients with severe conditions. Mandatory examinations are to be completed in two days counting from the date of emergency placement. Emergency placement shall be terminated when the examination does not indicate the necessity of mandatory hospitalization or when permission for mandatory hospitalization is not obtained during the aforementioned five day duration. The Enforcement Rules on the Mental Health Act stipulate that the identity as a severe patient is terminated by a specialist physician after examination. This means that the termination process can only be initiated by a specialist physician. The problem regarding the lack of a time limit for autonomous termination of patients’ identity with severe psychiatric disorders was addressed by introducing regulations to the draft amendment to the Health Mental Act. Because the mandatory hospitalization system may deprive an individual of personal freedom, protective measures for severe patients have been specified; the patient in question or their protector may, pursuant to the Mental Health Act, apply for legal remedies from a court. In 2014, the Habeas Corpus Act was revised to enable habeas corpus applications in the context of mandatory hospitalization; persons objecting to a mandatory hospitalization ruling may seek a remedy through filing a petition for administrative review (Table 14.1). The number of mandatory hospitalization cases decreased from 791 in 2016 to 725 in 2019 (Table 14.2). To establish a system for protecting the human rights of people with psychiatric disorders, the Judicial Yuan notified local governments they are to encourage psychiatric institutions to post contact information for relevant parties that may assist in appeals and petitions from hospitalizations (e.g., phone numbers of the Legal Aid Foundation and patient rights associations). Additionally, the central government is to supervise and assess compliance with said requests as an indicator during county and city government assessments. When requested by patients, medical institutions shall appoint personnel to assist with application form completion and submission. To strengthen rights protection for patients with psychiatric disorders, the government plans to amend regulations concerning mandatory hospitalization and community treatment, the amendment drafts of which are still pending because consensus has yet to be reached among the authorities on specific issues.[[60]](#footnote-60)
2. The Mental Health Act specifies the process for handling cases involving mandatory hospitalization that limits personal freedom. To protect patients with psychiatric disorders, necessary treatment and protection are to be provided during mandatory hospitalization (i.e., emergency placement period). To safeguard said patients, ensure their living environment is adequate and they enjoy basic living conditions and medical treatment, and to prevent their being mistreated, specific guidelines and operating regulations are provided in the Psychiatric Hospital Accreditation Criteria, with the aim of safeguarding the right to medical treatment for people with disabilities. To achieve medical treatment or prevent abuse, accidents, suicide, or self-inflicted injury, psychiatric and care institutions may restrain patients’ bodies or limit their freedom of activity to specific protection facilities; necessity of continuing such patient restraint or curtailment of freedom of activity is to be regularly evaluated per relevant criteria. The MOHW stipulates in the Psychiatric Hospital Accreditation Criteria that an evaluation shall be performed once at least every 15 minutes, the compliance rate of which was 96 percent, 91.7 percent, and 100 percent in 2017, 2018, and 2019, respectively. The MOHW also has local governments conduct regular and random inspections of the implementation of said evaluations at various psychiatric care institutions. During hospitalization, where patients or their protectors perceive that a patient’s rights are being violated by the psychiatric care institution in question, they may file a written appeal to the local government where the institution is located. The competent local authorities shall then investigate and process the appeal and notify the applicant of the results.
3. The government has requested that psychiatric and medical institutions perform discharge planning for patients to connect patients with community psychiatric rehabilitation institutions and community-based follow-up and protection services handled by community care visitors. To provide community-based services for patients with psychiatric disorders, the government launched the Project to Reward Mental Health Institutions and Groups. In 2016, the government began funding the Enhancing the Quality of Community Care for Patients with Psychiatric Disorders Project, aiming to enrich community care resources for people with psychiatric disorders, encourage medical institutions to provide active community care, interventions, and follow-up for said patients at high risk, guide patients to regularly seek medical care, and help families to handle emergencies. Therefore, patients can receive proper medical care to reduce harmful behavior and acute attacks. Considering that community resources are insufficient and must meet a variety of needs, the government developed the Diverse Community Life Solutions for Patients with Psychiatric Disorders pilot project in 2019. This project expands community support by providing services including in-home accompaniment for patients experiencing severe emotional crises, communication promotion between family members, reducing the risk of domestic disputes, case management, family support, community living guidance, self-care instruction, employability empowerment, transition to employment, and community life solutions. In 2020, active services that reduce risk and rapidly resolve onsite disputes were added, allowing a patient in question to receive proper medical services. With assistance from psychiatric professionals who assess emergencies related to patients, police officers, firefighters, guards, social workers, and public health and medical staff can provide 24/7 Consultation Services for Psychiatric Medical Emergency Treatment. The service aims at assisting families in handling emergencies, preventing patients from causing harm to themselves or others, and reducing family members’ care burden. Following advances in psychiatric medical technology and increased average life expectancy, patients with psychiatric disorders are faced with long-term care problems caused by ageing. Based on the framework of existing long-term care services, the government has established a pilot service center and seven district service centers; the centers will gradually establish a long-term care service model for patients with psychiatric disorders, conduct personnel training, and improve the quality of care services for patients.
4. If police officers, while performing their duties, determine that a psychiatric patient or a person whose psychiatric conditions as specified in the Mental Health Act is at risk of harming himself/herself, they should notify the local competent public health authority to provide assistance or to jointly handle the matter pursuant to the Operating Procedures of Escorting Patients with Psychiatric Disorders enacted by the MOI. When necessary, public health and firefighting personnel should be notified to escort the patient to an adequate medical institution for treatment, so as to ensure his/her rights.
5. The LTCSA regulates that long-term care institutions and their personnel shall provide proper care and protection for the users of long-term care services and shall not...restrict physical freedom or engage in any other matters that infringes upon their interests; violations of said provision are subject to a fine. Governments at all levels have incorporated the concepts of reinforcement of social participation, provision of support in independent living, and encouragement of self-expression in living arrangements when developing assessment indicators of long-term care institutions. Similarly, the Regulations Governing the Accreditation of Nursing Institutions have included rights safeguards for persons concerned as a statutory assessment item, thereby securing institutional residents’ freedom of choice.
6. Personal care institutions providing particular living arrangements for people with disabilities, including residential social welfare institutions, nursing homes, mental health care institutions, and long-term care institutions, shall allow their service recipients to freely communicate with individuals outside those particular living arrangements; the aforementioned regulation is specified as one of the institutional assessment indicators.[[61]](#footnote-61)

# Article 15: Freedom from torture or cruel, inhumane, or degrading treatment or punishment

1. According to the Medical Care Act, when conducting human trials, medical care institutions should pay due attention to medical procedures and first obtain written consent from research subjects. The subjects of human trials must be adults with disposing capacity. Any human trial proposal shall first be reviewed and approved by medical technologists, legal experts, and impartial citizens or NGO representatives. An institutional review board must approve general human research other than human trials funded by the Ministry of Science and Technology (MOST) before being conducted according to the Human Subjects Research Act. MOJ-affiliated correctional institutions must not accept applications for inmate participant recruitment for any medical or scientific experiments to prevent inmates with disabilities from participating in any human research against their free will because of their mental disorders.
2. When on duty, officers at correctional institutions shall emphasize both internal security and inmates’ dignity and human rights; they shall not exceed the force reasonably necessary to achieve desired correctional objectives and are prohibited from torturing or inflicting cruel, inhumane, or degrading treatment or punishment on inmates. Where officers violate relevant correctional regulations or human rights conventions, the competent authority shall identify the administrative liability of the violator and provide relevant evidence to prosecuting authorities for investigation.
3. To safeguard service recipients’ rights and the quality of services provided by long-term care, disabled welfare, and nursing institutions, the MOHW, per the LTCSA, Nursing Personnel Act, and PDRPA, established regular assessments as well as random inspections, which are to occur once or twice annually. Through these measures, the MOHW can ensure that improper mobility and physical restraints and torture are absent from said institutions.[[62]](#footnote-62)
4. Disabled welfare institutions must tailor service plans (e.g., toilet training) to each service recipient to satisfy their obligations. The 2017 and 2020 Assessment Indicators for Disabled Welfare Institutions specify that institutions shall provide toilet training for service recipients or help them use the toilet. The government performs random inspections to ensure compliance with said regulations to ensure the provision of services that fit the individual needs of people with disabilities.
5. To help the staff of disabled welfare institutions develop expertise, the MOHW promulgated the Precautionary Matters on On-The-Job Training for Service Providers of People with Disabilities in 2018, requiring that service providers working with people with disabilities receive at least 20 hours of on-the-job training, including addressing rights protection and awareness of the need to protect the rights of people with disabilities. By receiving such training, service providers at disabled welfare institutions can acquire knowledge on how to safeguard the rights of people with disabilities.

# Article 16: Freedom from exploitation, violence, and abuse

1. The Human Trafficking Prevention Act categorizes exploitation into either sexual or labor exploitation. The regularly held Coordination Meeting for the Prevention of Human Trafficking, started by the Executive Yuan, coordinates and supervises relevant authorities in handing anti-human trafficking matters. In 2019, 92 foreign victims of human trafficking were sheltered, during which necessary services such as protection of their personal safety were provided. The government hosts human trafficking prevention education and training programs to raise awareness of, alertness to, and intention to report human trafficking affairs among relevant personnel specified in said act. Shelters and the provision of accommodation in shelters for human trafficking victims have also been improved.
2. Under the Crime Victim Protection Act, Taiwan protects the family members of deceased victims, seriously injured victims of criminal acts, and victims of sexual assaults; victims with disabilities who meet said conditions are also protected. Under the supervision of the MOJ and MOHW, the Association for Victims Support protects victims of criminal acts by providing legal aid, compensation application assistance, rehabilitation services, and other supportive services.
3. Provisions on reporting cases concerning protection from violence or abuse are specified in the Domestic Violence Prevention Act, Sexual Assault Crime Prevention Act, PCYWRA, Senior Citizens Welfare Act, and PDRPA. Reporting, case treatment, management, and statistical research can be performed via the Protection Information System. Where a reported case involves an individual with disabilities, local government must investigate within 24 hours after being notified or receiving the report and prepare an investigation report within four days after case processing to provide immediate assistance.[[63]](#footnote-63) In 2019, the Operating Rules on the Management System for Cases of Women and Children of the Police Administration were established for the newly established management system, facilitating comprehensive tracking of reported cases related to women and children.
4. The MOHW regularly convenes meetings of the Domestic Violence and Sexual Assault Prevention Committee and recruits scholars, experts, and representatives from NGOs and relevant institutions to participate in policy planning and implementation. Representatives of national DPOs are also invited to serve as committee members; these play an important supervisory role.
5. For the period 2016-2019, 70 percent of victims of reported domestic violence incidents were women, among whom 7.8 percent were people with disabilities. Approximately 11.5 percent of sexual assault victims were people with disabilities, and 8 percent of child and youth protective cases involved CYDs. Victims with disabilities of intimate partner violence (mostly women) accounted for 4.6 percent of reported incidents; women with psychiatric disorders and intellectual disability are high-risk groups. Percentages of people with disabilities among reported protective cases between 2016 and 2019 are detailed in Table 16.1.
6. To enable people with hearing or speech and language impairment to immediately receive necessary services, the 113 Children and Women Protection Hotline provides free-of-charge texting in emergencies. The MOHW requests local governments to continue developing and tailoring protection aids for domestic violence victims under various scenarios. In the event of family abuse, sexual assault, or a situation necessitating personal safety protection, people with disabilities can seek help from social administration departments or police offices nearby; social workers are then to evaluate the victim’s physical and mental status and needs and assist them by aligning relevant resources. For instance, shelters for such victims provide 24/7 services; in addition to private, public-private partnership, and public shelters, victims may be sheltered in disability institutions, hospitals, or designated hotels by the government according to their personal situations.
7. In 2020, the draft of the amended PDRPA[[64]](#footnote-64) included an addition that, in the event that social welfare institutions discover that people with disabilities under their care have been abandoned or experience physical or mental abuse, they shall report such circumstances to the local competent authorities. Violators of said reporting regulation are subject to punishment. The Principles and Precautions Concerning Suspected Sexual Assault Incidents in Disabled Welfare Institutions were revised in 2019, mandating that regulated institutions make inquiry with local governments whether a candidate employee or volunteer has a record of having committed sexual assault. If the competent authorities at any level discover that the staff of an institution has committed violent crimes, sexual harassment, or sexual assault and pled guilty to a charge of disorderly conduct that severely infringed upon the rights of people with disabilities, they shall—in accordance with the PDRPA—request the institution to suspend this staff member and order the transfer, layoff, or retirement of such persons or the termination of their labor contract according to relevant provisions. If the staff member is in charge of an institution, they shall no longer serve as the head of any disability institution.[[65]](#footnote-65)
8. Social welfare, long-term care, and nursing institutions have established a reporting system for sexual assault and sexual harassment and conducted reporting training and promotional education for relevant personnel. To reinforce the expertise and reporting responsibility of staff of disabled welfare institutions, the Assessment Indicators for Disabled Welfare Institutions specify that said institutions shall set up a prevention and reporting system for sexual assault incidents as well as include sexual assault prevention topics (including reporting) in on-the-job and promotional training.
9. The Regulations Governing Prevention and Control of Bullying on Campuses, Gender Equality Education Act, and Regulations on the Prevention and Handling of Sexual Assault, Sexual Harassment, or Sexual Bullying on Campus establish a prevention system and relevant measures, processing procedures, and remedies for addressing campus violence (bullying) and sexual violence incidents (including sexual violence) and require the reporting of a suspected incident within 24 hours of notice being given to the MOE-established Campus Security Report Center. In 2018, the MOE launched the Solution for Promoting Pilot Anti-bullying Schools and promulgated the Implementation Plan of Campus Anti-bullying in Schools at All levels. In 2020, the MOE amended and enacted the Regulations Governing Prevention and Control of Bullying on Campuses by considering principals and faculty as targets of regulation and expanding the enumerated types of campus bullying, thereby adapting the principles to current situations, establishing effective prevention mechanisms, and improving problem solving on relevant issues. The MOE Gender Equality Education Committee sets an annual agenda and handles sexual violence incidents accordingly every year. Specifically, to prevent sexual incidences on campus and promote effective investigations of such, the MOE hosts roughly eight training sessions for professionals every year, which attract 500 participants on average, and includes those completing the training in a talent pool. The number of trainees with a special education background has increased by 50 annually on average. For sexual violence incident prevention and school-based curricula/solutions in special education schools, please refer to Article 7: Children with Disabilities (Point 46(2)).
10. Gender equality and sexual violence training[[66]](#footnote-66) programs for judicial, police, medical, and social work personnel are as follows:
11. To increase human rights expertise and gender awareness among judicial personnel, professional courses related to special consultations for people with disabilities are included in orientation and on-the-job training centers for judges, associate judicial officers, notaries public, investigation and protection officers of juvenile matters, court clerks, court police, clerk assistants, court attendants, psychological test specialists, psychological counselors, administrative personnel, and mediators. These courses introduce the trauma responses of sexual assault victims with disabilities, consultation practices, and communication essentials, aiming to improve consultation competences of said personnel. The Judges Academy offered 192 gender awareness courses between 2016 and 2019, with a total of 10,049 participants.
12. The processing of sexual violence incidents involving children with disabilities is related to collaboration between social administration, police, educational, judicial, and youth correctional systems. To increase gender sensitivity toward children and underprivileged victims among relevant professionals, the Judges Academy hosted courses and workshops on juvenile case interrogation skills for judges in 2019. For the period 2016-2019, 22 basic and nine advanced Training Courses for Professionals on Women and Children Safety were held, with 1,041 and 427 attendants, respectively. At present, 241 out of 256 domestic violence prevention officers (94 percent) in 161 police precincts and 215 out of 469 members (46 percent) from the Women’s and Children’s Protection Division (including personnel, accounting, and general affairs officers) have completed basic training.
13. To improve police officers’ competence in transcribing police interrogations involving child victims and victims with mental disorders related to sexual assault, police authority personnel were recommended to attend the judicial interview training organized by the MOHW in 2017. Among approximately 1,944 sexual assault case officers, 213 completed the training (11 percent). The MOI training and certification projects were launched in 2018, since when relevant training has been held twice every year. A total of 100 sexual assault case officers from police authorities have been trained, with the intention that the judicial rights of victims of sexual violence and other underprivileged groups will be safeguarded.
14. Centralized training is conducted annually for qualified public social workers, including courses on the Domestic Violence Prevention Act and civil protection orders, laws and practices on sexual assault and sexual exploitation prevention, and women’s welfare and gender equality (including CEDAW) and relevant practices. These training programs are intended to develop social workers’ understanding of violence problems, reporting, and gender equality. For the period 2016-2019, a total of seven training sessions were held with 551 persons attending (Table 16.2).
15. The MOHW requires institutional staff to receive training on sexual assault prevention once every year, devised the Practice Handbook on Three Level Prevention of Sexual Assault Incidents in Disabled Welfare Institutions in 2018, and commissioned the holding of 11 training sessions for institutional staff in 2019. In 2020, the MOHW commissioned the compilation of the easy-to-read version of the Practice Handbook on Primary Prevention of Sexual Assault Incidents in Disabled Welfare Institutions as well as the implementation of a pilot project aimed at empowering disabled welfare institutions to develop teaching materials on sexual assault primary prevention to improve said institutions’ competencies in tailoring teaching materials on sexual assault prevention for various people with disabilities. In 2019, the MOHW published the Handbook on Sexual Assault Prevention in Child and Youth Placement and Educational Institutions, and hosted six training sessions for institutional staff that attracted 732 attendants, yielding training coverage of 43.8 percent.
16. To cultivate long-term care talents, the Regulations for the Training, Certification, Continuous Education Program, and Registration Conditions for Long-term Care Personnel stipulate that Level I general courses on long-term care shall comprise courses on gender and cultural perspectives in long-term care to enhance professionals’ awareness of gender equality. The guidelines focus on gender violence prevention and increasing gender care sensitivity and the competencies of relevant professionals. In 2018 and 2019, 22,656 and 20,869 individuals attended Level I courses, respectively.
17. Various medical personnel regulations require that medical personnel attend continuing education for a certain number of hours every six years to renew their license. For the continuing education program, gender issues is a mandatory course; therefore, medical personnel must complete a gender issues course. As of December 2019, the number of practicing nurses was 175,195; a total of 1,380 courses related to gender equality were offered from 2016 to 2019, with 204,861 attendees. There were 1,934 courses related to exploitation avoidance, violence reporting, and abuse during this period, attracting 140,080 attendees in total (Table 16.3). To reinforce nurses’ understanding of exploitation, abuse, case reporting of disabilities, and gender equality of people with disabilities, the MOHW requested local governments and nursing associations offering courses to incorporate the topics mentioned above into continuing education curricula for licensed nursing personnel in 2018 and 2019.
18. Gender equality training programs for education professionals include parent-teacher gender equality workshops, experience exchange seminars concerning the operations of gender equality education committees at higher education institutions, workshops on understanding and handling campus intimate partner violence, and training of professional investigators of gender equality incidents. In 2019, the aforementioned courses attracted 1,277 attendees. Teaching materials such as teaching materials on gender equality education for students with disabilities and the reference manual on gender equality education for counselors in resource rooms of higher education institutions were devised for organizers offering online courses or workshops; the materials are evaluated and revised after onsite teaching trials.

# Article 17: Protecting the integrity of the person

1. The Genetic Health Act stipulates that induced abortion or tubal ligation cannot be performed without a woman’s consent. If the woman is under guardianship or assistance, the consent of her statutory agent or assistant must also be obtained. In addition, the doctor performing the induced abortion or tubal ligation shall offer appropriate pre- and post-operative consultation services to ensure the recipient’s right to informed consent. Under the act, forced abortion and tubal ligation are not permitted. The MOHW has deliberated the revision and amendment of the Genetic Health Act and its renaming to the Reproductive Health Act with the removal of the article requiring that physicians advise their patient to receive sterilization or induced abortion. In addition, the MOHW adopted a resolution of the National Conference on Judicial Reform in 2017 regarding the implementation of an adequate judicial or administrative dispute resolution mechanism to safeguard the right of minors and married women to choose abortion.[[67]](#footnote-67)
2. The Mental Health Act aims to protect the right of patients with psychiatric disorders to health and safety; no special treatment for pregnant women with psychiatric disorders is addressed in the act. The MOHW, following investigations by each local government, has confirmed that psychiatric care institutions, with the patient’s willingness and in accordance with relevant provisions, have administered reasonable medical treatment to pregnant women with psychiatric disorders; the ministry has not received any petitions challenging coerced abortions by patients or their families.[[68]](#footnote-68)

# Article 18: Liberty of movement and nationality

1. Pursuant to the Nationality Act, acquisition of citizenship shall primarily be determined according to jus sanguinis and secondarily determined according to jus solis. Any individual can acquire nationality regardless of sex, religion, race, status, political opinion, place of birth, or disability. Except for nationality revocation as an administrative disposition or because of a violation of law, the Nationality Act is equivalently applicable to people with disabilities with respect to the acquisition, loss, restoration, and revocation of nationality.
2. The Household Registration Act stipulates that any nationals under 12 years of age born in the ROC, including those with disabilities, shall be subject to birth registration. Where an abandoned or helpless child is found and reported to a police authority by the finder or a child and youth welfare institution, the police authority will then issue an official document specifying the finder’s name, time and place where the child was found, and physical characteristics of the abandoned or helpless child, which an applicant shall submit to a household registration office for household registration of the child.
3. The existing regulations on entry into and departure from the nation allow entry or departure as long as the person in question presents the required documents and is not subject to any restrictions on entry to or exit; the regulations equivalently apply to people with disabilities without discrimination. Notably, Article 18 of the Immigration Act requires that the government shall prohibit an alien from entering the nation if they have a contagious disease, a mental disease, or other diseases that may jeopardize public health or social peace. An investigation revealed that no cases of refused entry due to a mental disease have occurred since 2013. Nevertheless, to safeguard the liberty of movement for people with disabilities, the government has removed terms including mental disease in the draft amendment to the Immigration Act, which was approved after a review by the Executive Yuan in March 2019; upon enactment, the government will enforce the amendment.[[69]](#footnote-69)

# Article 19: Living independently and being included in the community

1. To facilitate the independent living of people with disabilities in the community, public respect and understanding of these individuals must be enhanced; accessible environments must also be developed, such as improved physical facilities and transportation services within communities and the provision of accessible residential facilities. During policy making and implementation, the government attempts to ensure comprehensive engagement of people with disabilities. For specifics on such measures, please refer to Article 8: Awareness raising, Article 9: Accessibility, Article 28: Adequate standard of living and social protection, and Article 33: National implementation and monitoring.
2. Support for independent living
3. To help people with disabilities independently make decisions and choices and be responsible for their decisions or choices, support for independent living was added to the PDRPA as a legal service in 2012. Each local government is to provide empowerment, peer support, and personal assistant services for people with disabilities as well as implement the Independent Living Program. In 2018, three independent living service centers were founded, one each in northern, central, and southern Taiwan where visitors can try independent living services, thereby empowering people with disabilities to live independently in communities.
4. Statistics of independent living support are detailed as follows:
5. Since the inclusion of independent living support in the social welfare fund under the national government budget[[70]](#footnote-70) starting in 2012, the independent living support budget increased from roughly NT$24.68 million in 2016 to approximately NT$61.90 million in 2020, or growth of 150 percent.[[71]](#footnote-71)
6. The demand for independent living support increased from 2015 to 2019, with 390, 445, 508, 614, and 668 support recipients in 2015, 2016, 2017, 2018, and 2019, respectively. In 2019, the government commissioned expert groups to provide guidance to city/county governments and hosted pilot seminars for districts, aiming to improve service capacity.
7. Peer support: The number of individuals receiving peer support increased from 231 in 2015 to 295 in 2019, for an increase of 27 percent (Table 19.1). DPOs have also widely applied such services to support and assist people with social and psychological disabilities.
8. In 2019, the government developed a seven-hour online course for peer supporters, aiming to diversify the population of supporters with various disabilities and facilitate course participation for people with disabilities. In August 2020, the Independent Living Platform formally went live to provide sufficient peer support and independent living information for people with disabilities.
9. Personal assistants: The number of personal assistants increased from 250 in 2015 to 372 in 2019, representing a growth rate of 49 percent, and that of individuals receiving personal assistants’ services surged from 286 to 592 during the same period, an increase of 107 percent. The 2015-2019 period also witnessed a major increase in the total duration of personal assistant services from 62,585 hours to 139,780 hours, representing an increase of 123 percent (Table 19.2).
10. To incentivize working as a personal assistant, the hourly base rate for the personal assistant allowance was increased by 42.9 percent from 2017 to 2020.
11. To reduce the cost burden of personal assistants for people with disabilities, the nation provides subsidies based on an individual’s economic status. In 2019, Taiwan covered all the costs of personal assistants for 34 percent of personal assistant service users (201 out of 592 individuals), and 46 percent of these users (274 out of 592 individuals) had to pay only 10 percent of the entire cost. The subsidization ensured the provision of personal assistant service for people with disabilities.[[72]](#footnote-72)
12. Given that people with disabilities might relocate to other cities, the central government, in order to provide services for those whose registered domicile is different from the place they currently live, negotiated with local governments to provide cross-jurisdiction services according to the principle of reciprocity in 2018. People with disabilities may submit an application to the local government of their domicile or residence, upon receipt of which the government will evaluate their needs and provide local services for them.
13. Personal care and family support
14. For people with disabilities and care needs living in communities, the government provides home care, daily living assistance, residence/housing in community (group home) settings, day care, home care services, and supportive service for independent living. Service coverage increased from 14.84 percent in 2017 to 32.05 percent in 2019 (Table 19.3).[[73]](#footnote-73) In 2020, the central government introduced the innovative residence/housing in community (group home) and living service program to encourage local governments to develop innovative service models for people with disabilities living in their jurisdiction, such as providing training to prepare for independent living and outreach services for people with intellectual disabilities.[[74]](#footnote-74)
15. Taiwan has launched plans for community integration and organizational downsizing in the care of people with disabilities (2016-2020) and plans to establish community-based service centers. Between 2016 and 2019, government investment increased year by year (Table 19.4). The number of such centers grew from 543 to 726 (Table 19.5) for a growth rate of 33.7 percent, and the number of service recipients surged from 9,581 to 11,763 for a 22.8 percent increase. Additionally, the number of individuals receiving home care expanded from 30,182 to 44,780, representing an increase of 48.37 percent. To provide services for community residents in need and institutional residents with the intention to live in communities, the government plans to annually strengthen the capacity of community-based care by providing services for an additional 1,250 individuals. Between 2020 and 2029, sufficient capacity is expected to serve an additional 12,500 individuals.
16. Between 2016 and 2019, only one residential facility for people with disabilities was founded, representing growth rate of 0.6 percent, whereas the number of service recipients slightly decreased from 13,411 to 13,311 or 0.75 percent (Table 19.6). To achieve community integration and organizational downsizing, the MOHW lowered the limit on subsidized beds, stipulating that the maximum number of subsidized beds be reduced from 150 to 99 for newly established facilities. In 2019, the MOHW prepared the Plan for Disabled Welfare Institutions to Meet Article 19 of the CRPD. In 2020, the ministry developed the Project to Accommodate Disabled Welfare Institutions for Community Integration to adjust institution service models and establish a system enabling people with disabilities to return from residential institutions to community living.[[75]](#footnote-75)
17. Nursing homes mostly house bedridden individuals with medium to severe levels of incapacity and high-intensity care needs. For residents with dementia and some mobility, competent authorities require the establishment of a dementia area for the care of such people, the adoption of the unit care concept, and the design of a homelike space. The government plans to incorporate indicators on community integration and engagement operations for people with dementia into nursing home assessments and to ensure compliance by nursing homes.
18. To help people with vision loss regain their independent living capacity during the critical rehabilitation phase and to increase their social participation, the central government has supervised local governments in providing daily living reconstruction services for people with visual impairment since 2012. According to the needs of the person in question, professionals provide daily living reconstruction services including orientation and mobility training, life skills training, Braille computer operating instructions, assistive technology evaluations and operating instructions, functional vision and optometric assessments, and social activity and interpersonal skills training.
19. To protect the rights of individuals subject to severe emotional difficulties who live in welfare institutions for people with disabilities, the MOHW provided subsidies to local governments to establish pilot support centers for patients with severe emotional disorders in 2020; at such centers, displacement behaviors are established through behavioral counseling to help people with disabilities and severe emotional difficulties return to family or community life.
20. Regarding people with disabilities who live in the community and experience severe emotional problems, the central government subsidized eight counties/cities to host the Pilot Project on Positive Behavioral Support Model for people with Disabilities Subject to Severe Emotional Problems between 2019 and 2020. Cross-disciplinary teams are recruited to provide personalized behavioral counseling and family support, help family caregivers and professional community-based service providers to develop their ability to provide positive behavioral support, and prevent people with disabilities from being forced to live in residential institutions because of insufficient support.[[76]](#footnote-76)
21. A care difficulty allowance has been added to the Long-term Care Payments and Benefits Standards, with the aim of encouraging long-term care departments to invest in people with special service needs and expand service coverage for incapacitated people with disabilities.
22. To offer sufficient support for families of people with disabilities, the government provides temporary/respite and short-term care services, support to caregivers, training and practice for caregivers, family care visit services, and other family support services (Table 19.7). Since 2019, the central government has subsidized local governments to establish service centers to support the family caregivers of people with disabilities, thereby relieving caregivers’ stress; local governments have established 25 such centers in total (Table 19.8).
23. Expansion of rural area services
24. Aiming to encourage private organizations to provide services in remote areas, the government increased the allowance for service providers and the rate of facility subsidization in 2019. As of 2019, a total of 68 community-based service centers had been established in indigenous areas, offshore islands, and remote areas.[[77]](#footnote-77)
25. To increase access to health care in remote areas, the government has launched at-home health care programs such as the Integrated Home Health Care Project, Dental Home Care Program, General Home Care Plan, and Community-Based Rehabilitation (Home Care) Project for Patients with Psychiatric Disorders. Therefore, patients with physical impairment can return to community life with ease; please refer to Article 25: Health (Point 223) for more detail.

# Article 20: Personal mobility

A. Assistive technologies subsidy and service

1. The assistive technology needs of people with disabilities relate to aspects of daily life, medical care, employment, and education; according to their responsibilities, the central competent authorities for health and welfare, labor affairs, and education allocate funding for assistive technology subsidies and services.
2. The MOHW has instructed local governments to, as per needs assessment results, provide subsidies for disability assistive technologies (Tables 20.1 and 20.2); those with disabilities and independent mobility who have purchased assistive technologies upon the approval of a needs assessment are entitled to a subsidy.
3. Having provided for assistive technology services and the improvement of home accessibility in the Long-term Care Payments and Benefits Standards, the MOHW provides an allowance of NT$40,000 every three years for incapacitated people with disabilities to purchase and rent assistive technologies as well as have renovations. In 2020, local governments spent NT$646.86 million in total on assistive technology purchase/rental and home accessibility improvements, thereby reducing the cost burden of assistive technologies on said people and improving their mobility.[[78]](#footnote-78)
4. In 2019, the MOHW invited scholars and experts to discuss the feasibility of subsidizing maintenance or adjustment fees for medical assistive technologies within the specified subsidization period. Presently, it has been ensured that people with disabilities can afford the maintenance or adjustment fees for the minimum subsidization duration and warranty period. The government also established a system whereby people can rent high-cost technologies instead of buying them. The existing regulations on subsidies remain unchanged to facilitate effective resource use. Between 2016 and 2019, the amount of subsidies totaled NT$280 million, benefiting 42,879 people (Table 20.3).
5. To respond to the continuing release of assistive technologies and the varying needs of people with disabilities, the MOHW regularly reviews the rules for providing subsidies for assistive technologies and has commissioned National Yang Ming University to determine the situation on use of assistive technologies and collect relevant opinions. The MOHW plans to discuss and verify the collected data with relevant departments and expects to amend existing rules by 2021 to mitigate the burden of assistive technologies use on people with disabilities.
6. To improve service accessibility, the MOHW continues to instruct local governments to confirm the need for assistive technologies and available resources within their jurisdiction, actively establish assistive technology centers and service centers, recruit professionals, and strengthen service access as well as apply flexibility through adopting various approaches, such as having vehicles travel to provide assistive technologies services. By 2019, 33 assistive technology centers and 88 service centers had been established, with the budget having been elevated from NT$21.18 million in 2016 to NT$108.38 million in 2019 (Table 20.4). The government aims to increase the number of these two types of centers to 39 and 134, respectively, by 2023. Additionally, the government has established an assistive technology resource portal, convened regular liaison meetings on disability assistive technology integration, provided a communication and exchange platform between technology development and industry promotion sectors, and strengthened sharing and integration of relevant resources between government agencies.
7. To safeguard the financial stability of laborers who have had occupational accidents, the MOL offers such individuals subsidies to purchase assistive technologies for daily living and rehabilitation, providing subsidies for 105 assistive technologies for daily living and rehabilitation purposes according to the Act for Protecting Worker of Occupational Accidents. The maximum allowable subsidy per person per year is NT$60,000, and the number of subsidized technologies is four at most, regardless of income level. In the period 2016-2019, subsidies amounting to more than NT$30.53 million were provided to 2,373 individuals.
8. On the basis of their learning and living needs at schools, the government and schools, by determining students’ needs through professional assessment pursuant to the SEA, provide educational assistive technologies. Through providing an annual subsidy to local governments, the MOE allows local resource centers and schools to purchase suitable assistive technologies for preschool, elementary school, and junior high school students. Regarding senior high schools and universities, the government has established three educational assistive technology centers, from which services are provided by aligning the assistive technology expertise of local governments with a process comprising needs assessment, provision of assistive technologies according to user need, and circulation, maintenance, and professional consultation on assistive technologies; professional assessments are conducted to identify students’ needs and all technologies are provided free of charge (Table 20.5).
9. To safeguard the rights of people with visual impairment and the right to guide dog use, the MOHW continues to subsidize professional guide dog training associations in organizing qualified dog training and promotional efforts, share information on guide dog training and the importance of socialization to the public, and encourage creating an environment supportive of guide dogs. As of 2019, Taiwan had 36 qualified guide dogs and 109 guide dog puppies in training centers.

B. Development and research of assistive technologies and national standards

1. In the period 2016-2019, the MOST subsidized 116 research and development projects on assistive technologies to the sum of NT$199 million, accounting for 17.8 percent of funding for biomedical engineering research. Since 2017, the ministry has implemented the Assistive Technology Research Project and subsidized 38 projects between 2017 and 2019, to the sum of NT$120 million (Table 20.6). Among these projects, eight were related to personal medical assistive technologies, 13 concerned skills training devices, four addressed daily living devices, and seven dealt with communication and information devices (such devices are categorized in accordance with the classification standard CNS15390 for assistive technologies). Developed assistive technologies were subject to relevant field tests prior to clinical trials in order to obtain broad user feedback; the number of test participants with disabilities and individuals who accompanied them was 330. The MOEA launched the Conventional Industry Technology Development Project to subsidize the introduction of new technology and design aesthetics for businesses in traditional industries, enabling them to develop new marketable products. Between 2016 and 2019, 17 such businesses received subsidies to develop advanced assistive technologies (most of which were developed with ergonomic and rehabilitation features emphasized, such as wheelchairs and medical beds), the total funding and investment for which reached approximately NT$18.40 million and NT$76.49 million, respectively (Table 20.7). The Funding for Technology Projects program assists businesses in the assistive technology industry to research and develop assistive technologies and develop innovative techniques. This program funded 36 assistive technology projects in 2016-2019 (e.g., stairlifts, safe emergency elevators, and breathing detection masks) to a total of NT$46.47 million and attracted business investment amounting to approximately NT$75.48 million (Table 20.8).
2. From 2004 to 2020, the MOHW announced 1,000 recognition standards for medical devices, including international standards for medical assistive technologies (e.g., the ISO 7176 series of wheelchair standards). The MOEA amended 119 national standards concerning disability assistive technologies and accessibility from 2015 to 2018, including 72 assistive technology standards (31, 9, 14, and 18 standards were related to wheelchairs, canes and walkers, prosthetics and orthotics, and other assistive products for people with disabilities, respectively), 42 accessibility design standards (including 15 on accessible information and communication technologies), and five accessible equipment standards. The ministry plans to continue amending relevant standards.[[79]](#footnote-79)

C. The right of people with disabilities to drive vehicles

1. Taiwan attaches great importance to the right of people with disabilities to drive vehicles. People with innate or acquired disabilities are permitted to attend driving tests using vehicles with suitable modifications. Therefore, the Disposal Directions for Obtaining Car and Motorcycle Driving Licenses for People with Disabilities were developed to fulfill related needs.[[80]](#footnote-80)
2. Concerning driving license issuance for patients with epilepsy, relevant regulations strive to balance human rights protection and road safety, and have adopted major revolution in driving license management in Taiwan. The MOTC commissioned the Taiwan Epilepsy Society to collect relevant data from advanced countries and investigate general solutions to handle driving licenses for patients with epilepsy. The ministry invited medical experts, people with disabilities, their representative organizations, and relevant authorities to three joint discussions between 2017 and 2019, during which attendees agreed that people with epilepsy who have not experienced an epileptic attack within the preceding two years should be entitled to apply for a driver’s license. This decision to loosen restrictions on people meeting this condition was later approved by the Driver Medical Advisory Committee of the MOTC in 2019, after which the MOTC announced an amendment to the existing regulations in September 2020.

# Article 21: Freedom of expression and opinion and access to information

1. For the information access requirements of people with disabilities, please refer to Article 9­: Accessibility (Points 79-82) and Article 30: Participation in cultural life, recreation, leisure, and sport (Points 272 and 273). For disaster information broadcasting for people with disabilities, please refer to Article 11: Situations of risk and humanitarian emergencies.

A. Promotion and interpreting in Taiwan Sign Language

1. Taiwan enacted the Development of National Languages Act in January 2019, designating Taiwan Sign Language a national language. The MOE created the Project Team for Promoting Taiwan Sign Language Instruction in 2018; the team had 14 members and was composed of people with disabilities and their representative organizations, scholars, people with hearing impairment, representatives of schools for the hearing impaired, and members of the MOE and related education administrations, among whom seven were people with a hearing impairment (including four deaf people). The team members jointly discussed topics regarding Taiwan Sign Language instruction, such as the necessary supply of teachers, the curriculum, and teaching materials. Pursuant to the Development of National Languages Act, starting from 2022, Taiwan Sign Language will formally be a course mandated by the MOE. Sign language courses will be offered according to students’ needs and can be taken by both the deaf and hearing students; these courses are expected to promote Taiwan Sign Language. If necessary, schools will provide suitable sign language interpreting services for students with hearing impairment. The MOE plans to develop a learning project on Taiwan Sign Language for preschool children (aged 2–6 years).[[81]](#footnote-81)
2. Regarding sign language training and workshops, universities with teacher training programs have incorporated sign language courses into the syllabus of preservice special education teacher training programs; moreover, these universities have included compulsory sign language courses into the curricular framework of hearing and speech specialty courses in line with the Development of National Languages Act. To train a sufficient supply of qualified teachers of sign language, the government is training people in Taiwan Sign Language instruction; deaf and hearing people have been recruited, who then received systemic training and tests. Qualified individuals were then hired to teach Taiwan Sign Language. The government continues offering Taiwan Sign Language workshops for all teachers and workshops on communications training for the hearing impaired (including sign language communication) that parents are welcome to attend. Sign language clubs have been founded at universities and senior high schools, allowing students who are interested in learning sign language to join. Currently, 16 museums affiliated with the MOC have improved public services and interpreter training in all national languages including Taiwan Sign Language.
3. Pursuant to the PDRPA, local governments have signed service contacts for sign language interpretation and realtime translations to facilitate public affairs participation by people with hearing or speech and language impairments. The MOHW added two indicators to the 2019 social welfare performance assessment of local governments [i.e., (1) the opening of a jurisdiction-wide application for sign language interpreting and realtime translation and (2) an annual budget higher than that of the previous year] and required compliance by local authorities. Because of fewer cases, the local governments of offshore islands expanded their service capacity by cooperating with professional civil groups and launching remote services. The MOHW has subsidized national and local groups to hold on-the-job training in sign language interpretation and offer communication access realtime translation courses and established a human resources database of sign language interpreters for local governments, allowing local authorities to regularly access basic information (including certificates) of registered interpreters since 2020. The numbers of sign language interpreters and communication access realtime translation caption writers as well as applications for their services slightly grew from 2016 to 2019; data related to say services in local governments are listed in Tables 21.1 and 21.2.
4. To encourage the public to learn sign language as well as to foster early communication between parents and children with hearing impairment, the MOHW, between 2016 and 2019, subsidized organizations for people with hearing impairment to host sign language workshops (subsidies were prioritized for sign language courses targeting parents with children with hearing impairment aged six years and younger) or offer training programs in sign language interpreting. These workshops and programs were attended by a total of 1,756 people. Aiming to create diverse language-friendly environments, the MOC adopted the Directions for Linguistic Diversity and Multilingual Environment-Friendliness and Directions for Native Language Creation and Application in 2018, which comprise rules for Taiwan Sign Language grants. By 2019, subsidies of NT$1.644 million had been granted to nine sign language projects having 11,037 participants.[[82]](#footnote-82)
5. The PDRPA stipulates that the municipal and county (city) competent authorities, at all levels and for all purposes, shall provide access to public information to help people with disabilities participate in society. When managing cases of litigation pertaining to people with hearing or speech and language impairment, the court may request the local government to recommend qualified interpreters. During 2015 and 2016, the NCC requested that when television broadcasters relay essential government news, the sign language interpreter (if any) shall appear on the screen unobstructed and at a sufficient size: no smaller than one sixth of the screen (consistent with the requirement of the United Kingdom government). Per certain requirements, competent authorities may also require the size of the sign language interpreter on the screen to be enlarged; for example, it has been enlarged to one third of the screen by the Central Election Commission for presentations produced by political parties prior to an election.[[83]](#footnote-83)
6. To encourage broadcasters to fulfill their social responsibility, the NCC has listed media accessibility for people with visual or hearing impairment as an assessment item in license renewal applications of terrestrial television broadcasters and a bonus item in applications for the establishment of a satellite channel.

B. Accessible formats (including website format)

1. As of 2019, 8,224 authorities affiliated with the Executive Yuan and local governments (including schools) had completed a web accessibility test. Between July 2014 and December 2019, 5,847 web accessibility accreditation badges were granted (among which 5,447 were granted to government agencies). In August 2013, the Regulations for Issuing Web Accessibility Accreditation Badges for Websites of Government Agencies and Schools at all levels were amended, specifying that the term of each web accessibility accreditation badge would be three years and that of badges granted before the enactment of the amendment would also be three years. By 2016, 4,475 badges had been identified as expired and removed. In 2017, 2018, and 2019, 848, 1,021, and 1,158 expired badges were removed, respectively. The central government encourages private institutions (including private enterprises, private schools, and NGOs) to apply for web accessibility accreditation. Between July 2014 and July 2019, 400 websites were accredited for their accessible design (Table 21.3).
2. Domestic banks have established accessible websites: 34 of 36 domestic banks as well as Chunghwa Post have acquired the Public Information Web Accessibility 2.0 Badge with an A mark or higher. 32 banks with online services have acquired the Online Banking Accessibility 2.0 Badge with an A mark or higher. The government also supervises the Bankers Association of the Republic of China in assisting banks to change their banking apps per the Development Guidelines on Mobile Application Accessibility.[[84]](#footnote-84)
3. As of 2019, 385 applications were submitted by banks for a web accessibility test, and among them, 134 were accredited. Specifically, 32 banks and 75 websites were granted a badge, among which 11 were for official websites, 21 were for simple web ATMs, 22 were for disabled-friendly online banking webpages, and 21 were for webpages for another purpose (e.g., exchange rate lookup and handling charge exemptions; Table 21.4).
4. In 2017, the Guidelines for Accessibility of Systems for Government Authorities were promulgated to help authorities that employ people with severe visual impairment or severe physical impairment (i.e., those who cannot use a computer mouse) to implement accessibility design in government systems. In 2019, the public release accessibility design of the official document system and that of the attendance system were published for governments at all levels.[[85]](#footnote-85)

# Article 22: Respect for privacy

1. The Personal Data Protection Act (hereinafter referred to as PDPA) in Taiwan contains general regulations on the collection, processing, and use of personal data. This act aims to prevent infringement of personality rights and to facilitate the proper use of personal data. The PDPA requires that government agencies and NGOs state a specific purpose and comply with legal grounds and proportionality when collecting, processing, and using personal data; the law also entitles the data subject in question to make an inquiry of, review, correct, and erase personal data.
2. The Mental Health Act stipulates that without the consent of a patient, audio recordings, video recordings, or photographs of the patient may not be acquired and the name or domicile (residence) of the patient may not be reported. For severe patients, their guardians will be informed before such actions are taken.
3. While there is a need to connect data across various authorities for national policy development purposes, a balance between the privacy of people with disabilities and statistical data collection is imperative. In accordance with the PDPA, the MOHW meticulously reviews requests submitted by government agencies and academic institutions­ to use and connect the personal data of people with disabilities and provides deidentified data for approved requests. When conducting statistical investigations according to relevant regulations, personnel must keep the personal data of those being investigated confidential to protect citizens’ privacy pursuant to the Enforcement Rules of the Statistics Act. When collecting the personal data of students with disabilities according to relevant regulations, the MOE and schools shall abide by the Cyber Security Management Act and the PDPA and add relevant reminders to data compilation systems.[[86]](#footnote-86)
4. To protect the privacy of citizens seeking medical treatment, the MOHW has produced the Directions for Requesting Data from the Insurer of National Health Insurance[[87]](#footnote-87)and handles such data requests in accordance with the PDPA and relevant regulations. Said regulations apply to all insured covered by the NHI, including people with disabilities. An NHI certificate (i.e., NHI IC card) saves data concerning the last six medications procured by the insured for a physician to access in a subsequent appointment. Since 2013, patients’ medication records have been available on the NHI MediCloud System. Patients can apply to set a password for their NHI IC card[[88]](#footnote-88), and the password can also restrict physicians’ access to their records on the NHI MediCloud System.[[89]](#footnote-89) This password setting function enables patients to decide whether to allow physicians and pharmacists to inquire into their medication records. Contracted medical care institutions may not force patients to provide their passwords or refuse to provide medical services without due reason; if a batch download of medication data from the NHI MediCloud System is necessary, contracted medical care institutions must obtain the consent of the patients in question, sign an agreement concerning medication data use, promise to abide by the PDPA and information security regulations, submit a checklist of information security protocols within the institution, and inform patients of data use purposes.
5. According to the Psychiatric Hospital Accreditation Criteria, an organization’s IT department must cooperate with clinical and administrative departments to establish a comprehensive operational system and ensure favorable cross-system connections and external contact systems to safeguard information security and protect patient privacy; the criteria also stipulate emergency responses. Between 2015 and 2019, the percentage of hospitals meeting said criteria was 96.67 percent.[[90]](#footnote-90)
6. Within the assessment criteria for disabled welfare institutions, such institutions shall develop data management policies and employ regulations and privacy protection rules to employee job descriptions. These rules shall prohibit the installation of surveillance or recording equipment in private spaces (e.g., shower room, restroom, bedroom), ensure the implementation of use and management rules for surveillance videos, and require the development of privacy protection measures for employees conducting daily life duties (e.g., bathing, performing ablutions, changing clothes, and performing personal care). Mental health care institutions may install surveillance equipment for patient safety but shall inform patients in advance; for patients with severe conditions, their guardians must be informed of the proposed surveillance.
7. To raise awareness of privacy protection for people with disabilities, the Executive, Legislative, Judicial, Examination, and Control Yuans offer relevant training programs every year. The Judicial Yuan continues to urge administrative judges to protect the privacy of people with disabilities when handling cases. In 2014, the Control Yuan implemented the Conclusions of Studies Regarding the Application of PDPA to Investigation Practices to ensure compliance with privacy principles during the course of investigations involving the privacy of people with disabilities.[[91]](#footnote-91)
8. The MOHW has requested that local governments incorporate training programs into CRPD promotion projects and cover at least one privacy protection topic annually. The ministry hosts annual basic training for community care visitors and public health nurses, through which the importance of protecting the privacy of patients with psychosocial disabilities is emphasized. In 2019, the MOHW devised the Safety Manual of Community Care and Case Management and stressed privacy protection in case management and services; the ministry has also requested local health administrations to improve supervision of medical institutions and raise public attention of the importance of privacy protection for patients with psychiatric disabilities.[[92]](#footnote-92)
9. Through national conferences of special education division chiefs and of school principals, the MOE seeks to further promote rules protecting personal data of students with disabilities among relevant personnel. The ministry, by designing technology-related courses in the newly developed 2019 curriculum guidelines for special education, has taken action to improve the information and technology literacy of students with disabilities and reinforce their awareness of privacy protection.

# Article 23: Respect for home and the family

1. Taiwan respects the rights to marriage, parenting, and family life of people with disabilities, and ensures that surgical sterilization is only performed with informed consent. In addition, Taiwan emphasizes and supports the capacity of children with disabilities regarding living at home or with foster family. For services pertaining to the reproductive health of women with disabilities, please refer to Article 25: Health (Points 215 and 216).

A. Sex and reproductive health education

1. The MOHW commissioned professional associations to create a manual on sexual and reproductive health education for parents of teenagers with intellectual disorders and teaching materials for public health nurses. In 2019, the MOHW accomplished the needs assessment concerning care for pregnant women with disabilities, the results of which have served as a reference for the easy-to-read manual on pregnancy care of women with disabilities.[[93]](#footnote-93)
2. The MOE developed the Handbook on Teaching Materials for Sex Education for Students with Disabilities, which contains lesson plans on sex education from preschool to senior high school levels. The ministry also published the Teaching Materials on Sex Education for Students with Disabilities: Instructional Adjustments and Recommendations, in which the learning characteristics at each education level are introduced and posted to websites related to special education that are accessible by teachers, parents, and relevant personnel. Teachers may use the aforementioned handbook when teaching students with disabilities about sex; alternatively, teachers may adapt its content for required teaching activities according to the instruction scenario and produce suitable teaching materials. By preparing and compiling said publications, the MOE has made an effort to focus teachers’ attention on sex education for students with disabilities, raise public awareness of the right to education of students with special needs, and convey appropriate sex-related knowledge to students with disabilities.[[94]](#footnote-94)
3. Pursuant to the Family Education Act, Regulations for Schools K-12 to Provide Family Education and Counseling Support, and the SEA, schools shall provide students with disabilities and their families’ relevant information, services, and support. Furthermore, the MOE, by confirming the existence of financial, physical, mental, cultural, and ethnic needs and granting priority access to family education services upon finding one of these needs, offers suitable family education courses and services in collaboration with various government agencies; doing so strengthens parenting education, the development of family relationships and knowledge about family life, and the provision of appropriate family education courses and services. As stated in the Implementation Program for Subsidizing Local Governments in Promoting Family Education Services with Priority, the MOE provides family education support for various groups including people with disabilities in accordance with their actual needs by collaborating with public and private sector entities. The Accessible Reading Information System has been developed by the National Taiwan Library for parents and children as have been digital picture books for children. The MOE has commissioned the development of easy-to-read parenting manuals for family education centers and relevant professional organizations and intends to promote the use of such manuals among families with people with disabilities.[[95]](#footnote-95)

B. Informed consent must be obtained for the operation of surgical sterilization

1. At present, regulations are not in place to govern the establishment of a surgical sterilization reporting system, and such surgery is not covered by NHI; nevertheless, the MOHW investigated the status of women with disabilities receiving a total hysterectomy using NHI data compiled between 2000 and 2016. The results revealed that although the total percentage of women with disabilities receiving a total hysterectomy (3.95 percent) was higher than that of nondisabled women (2.62 percent), the percentage of both groups decreased year by year. The percentage of women with disabilities receiving such surgery in 2015 and 2016 was lower than that of nondisabled women (0.13 percent). The MOHW will continue tracking trends and changes. In 2021, several items will be added to the Survey Report of Living Condition and Needs among People with Disabilities, with the aim of determining the status of women with disabilities who receive surgical sterilization; the results shall be reported along with the CRPD national report issued every four years.[[96]](#footnote-96)
2. The Medical Care Act stipulates that medical care institutions shall inform the patient or his/her legal representative, spouse, kin, or interested party of the reasons for a surgical operation, its success rate, and possible side effects and risks and must obtain their consent and signature on a consent letter for surgery and anesthesia before commencing. Regarding continuing education courses related to providing sufficient information to surgery patients (including surgical sterilization) and obtaining their consent, 358 courses between 2016 and June 2019 were offered; the MOHW requested local health administrations and nursing societies/associations that offered said courses twice in 2018 and 2019 to incorporate the aforementioned topics into continuing education curricula for nursing personnel (Table 23.1).

C. Support for children growing up in a family

1. Since 2018, the government has promoted vulnerable family services, which cover parents with disabilities and families with children with disabilities. Through case reporting and when the vulnerable family in question seeks help, social workers provide them with parenting guidance solutions, community support, and other services, which follow an assessment and connect the family with various resources. Therefore, children from vulnerable families can grow up in favorable conditions. In 2019, social welfare centers had visited 36,383 vulnerable families, of which 15,480 had received family services case management by social workers; specifically, 840 families had children with special care requirements, and 2,143 families had disabled members, members with dementia, or people with severe disabilities in their households.
2. To reduce the financial burden on vulnerable families who have suffered major accidents or who otherwise lack capacity, the Emergency Living Assistance for Children and Youth in Vulnerable Families Project was initiated. Following a social worker’s assessment of the family requiring support, a family may receive a subsidy of NT$3,000 per month for each child (including children and youth with disabilities who do not receive public placement). The subsidy shall last for six months in principle and for 12 months at most, thereby bringing stability to the child’s life and improving the family’s ability to care for the child.
3. The PCYWR[[97]](#footnote-97) stipulates that when parents or guardians apply to the competent local authority to place their child due to a family disaster, the authority shall, in consideration of best interests of the child, place he or she in an appropriate foster home or residential care institution. According to the individual needs of the children and youth, the foster family or institution shall provide education, care, and protection to the child (Tables 23.2 and 23.3).
4. As specified in the Civil Code and the PCYWRA, adoption matching service agencies shall determine whether the parents or guardians of children (including those with disabilities) cannot bear the responsibility for their children’s maintenance and that, as a result, adoption is necessary before providing adoption matching services and seeking appropriate adoptive parents. The adoption must be reviewed and approved by the court, which must consider the child’s best interests. Between 2016 and 2019, 1,094 children were adopted in accordance with this process, of whom 31 were CYDs (2.83 percent; Table 23.4 and Fig. 23.1). This adoption rate was higher than that of CYDs of total children and youth population (approximately 0.90 percent). Reasons for putting up for adoption were primarily the inability of the family to provide care or education, unfavorable financial conditions, and single parenting difficulties. Of adopted CYDs, five were adopted by domestic families (16.13 percent), and the other 26 (83.87 percent) were adopted by foreign families through intercountry adoption due to difficulties in matching them with suitable adoptive parents in Taiwan.
5. Concerning foster families or residential care institutions housing CYDs, the government has increased commissioned placement funding to provide sufficient support. The government also launched care and support projects for children and youth with special needs or disabilities, through which improved childcare, early intervention, special education, medical outreach programs, and at-home services are provided to individuals according to their needs.
6. To encourage people to adopt children and youth with special needs (including CYDs), the government added two indicators to the assessment of adoption matching service agencies in 2018, namely the development of the adoption matching service agency and alignment of external resources with supportive services for diverse adoptive families (including those with people with disabilities). Since 2019, the government has subsidized said agencies to provide supportive services for adoptive families (including those whose members include people with disabilities), instructed the agencies to organize group work, courses, and activities, reinforced the understanding and acceptance of children and youth with special needs among domestic adoptive families, provided adoptive families with services including family psychological counseling, guidance, parenting education (instruction) along with respite care and early intervention, with the aim of improving the parenting abilities of families adopting individuals with disabilities.[[98]](#footnote-98)

# Article 24: Education

1. For instruction of Taiwan Sign Language within the education system, please refer to Article 21: Freedom of expression and opinion and access to information (Points 165 and 166).

A. Nondiscrimination, equal opportunity, and inclusive education

1. The SEA is designed to protect the right to appropriate education of people with disabilities. Through professional assessment and identification, those deemed to have special needs are offered special education from the age of two years through higher education. The SEA specifies that schools must not reject student admission or test participation on the grounds of disability. When consulting, planning, and discussing special education policies and measures, education authorities and schools shall invite people with disabilities and their representative organizations, scholars, and experts to join. An IEP must be designed for each student with disabilities and detail educational goals, curricular accommodations, and relevant resources; during said IEP design, students and parents may express their opinions and discuss content decisions or changes with relevant teachers and administrative staff, after which the IEP is implemented upon parents’ approval.[[99]](#footnote-99)
2. To systemically leverage the strengths of inclusive education, the MOE put forward the Medium-Term Project for Special Education (2019-2023 academic years). With educational inclusion and nurture by nature as a blueprint, the ministry launched the Implementation Plan of Improving Inclusive Education for Students in Senior High Schools to achieve zero rejections, inclusive education, equal opportunity, and appropriate development policies. To boost the development of special education expertise, teachers of normal classes must complete special education courses during job orientation and attend special education workshops for at least three hours per year. An investigation reported that the percentages of teachers meeting said requirement were 79 percent, 77 percent, 76 percent, and 76 percent, respectively, between 2016 and 2019. For improvements in integrated concepts and disability awareness among students, please refer to Article 8: Awareness raising (Points 58 and 59).[[100]](#footnote-100)
3. Special education in Taiwan aims for full inclusion. The amendment to the SEA in 1997 specified the least restrictive environment and guaranteed appropriate assistance for students with disabilities in general classes. The 2009 amendment mandated that special education achieve individualization, community-based, accessibility, and inclusive education and be provided close to home and in regular schools to the extent possible. To provide appropriate special education, a committee responsible for identification and placement of gifted and disabled students has been established by governments at all levels, specializing in identifying the learning needs of each student concerned. With the consent of the student’s guardian or legal representative, the committee enrolls the student in a suitable school and class. In 2019, 95 percent students with disabilities studied with nondisabled students at general schools (84 percent were enrolled in general classes, and 11 percent were in self-contained classes; students studying in self-contained classes also spent some time taking a class or attending activities with regular class students). The remaining five percent of such students studied at special education schools (Table 24.1). With Taiwan actively promoting inclusive education, the percentages of students with disabilities who studied at special education schools decreased from 9.5 percent to seven percent and then to five percent in 1999, 2010, and 2019, respectively. Regular schools have teachers who handle special education matters, and each school has established a special education promotion committee. Furthermore, competent education authorities at all levels have set up special education resource centers to provide special education professional support for regular schools.[[101]](#footnote-101)
4. Elementary and junior high compulsory education in Taiwan is provided per the Compulsory Education Act. The gross enrollment ratios in elementary and junior high schools are roughly 98 percent and 99 percent, respectively, and almost every student finishes school, as the dropout rate is <0.08 percent. Moreover, the dropout rate among children with disabilities is often lower than that among nondisabled individuals (Table 24.2). However, the dropout rate among senior high school students with disabilities is approximately 10 percent, which is considerably higher than that among nondisabled students (Table 24.3). The suspension rate of students with disabilities in higher education institutions is also roughly 10 percent, a percentage slightly higher than that among nondisabled students. Conversely, the withdrawal rate among students with disabilities in higher education institutions ranges from 2 percent to 7 percent, which is lower than their nondisabled counterparts (Table 24.4). For differences in the dropout (including withdrawal) and suspension rates between male and female students with disabilities, please refer to Article 6: Women with disabilities (Point 34).
5. The Curriculum Guidelines of 12-Year Basic Education: General Guidelines published by the MOE in 2014 apply to all students and are designed around the fundamental concepts of universal design and reasonable accommodation. The curriculum for students with disabilities must be adaptively designed and adjusted according to each student’s IEP; accommodation in their assessment must also be developed. Reasonable accommodation in and universal design of vocational and hands-on courses (e.g., computer operation, cooking, and experimental) for students with disabilities are to be continually promoted in vocational schools; implementation of subsidy programs for these schools is to be accelerated as well. Concerning universal design for lifelong learning, community colleges, under the supervision of local governments, are to incorporate principles of universal design, universal design for learning, and reasonable accommodation into relevant courses.[[102]](#footnote-102)

B. Support for special education

1. Support for special education entails behavioral support within the special education system and support from relevant professional teams. To positively prevent special education students with emotional or behavioral challenges from having difficulties with social adjustment, an emotional and behavioral support team is established. Special education teachers receiving professional training in positive behavioral support are appointed as itinerant specialists, who then provide relevant services for schools within the jurisdiction of the competent authority concerned. Through collaboration between professionals, schools assist with the assessment, teaching, and counseling of students with disabilities and assign teaching assistants and special education student assistants to assist said students with school learning and daily life (Table 24.5). Most expenses are covered by the MOE, and students with disabilities do not need to pay additional fees. The subsidy amount increased from NT$568 million in 2016 to NT$784 million in 2019. Moreover, relevant professional service centers have been established to provide counseling, guidance, and other professional services.[[103]](#footnote-103)
2. According to the needs of students with disabilities, Taiwan provides educational assistive technologies, appropriate teaching materials (e.g., Braille books, enlarged text books, and audio textbooks) and scholarships and grants, improves environmental accessibility, and offers tuition reductions or exemptions as well as transportation or transportation subsidies for those who cannot go to school on their own. Additionally, examination services and accommodations are available, including exam papers with enlarged font, Braille test papers, Braille computers, audio reading of test items, and exam transcription.
3. To help reform schools promote special education, the MOE established the Task Force on Promoting Special Education in Youth Reform Institutions in 2016. The task force aids reform schools in establishing a department specialized in handling special education matters. In doing so, the MOE facilitates IEPs and the provision of appropriate special education services.

C. Higher education, lifelong learning, and adaptive physical education

1. In addition to the multiple admissions pathways to higher education institution, students with disabilities may sit for the annual admission exam that is held exclusively for students with disabilities by the MOE. Moreover, the ministry provides benefits for higher education institutions that organize exclusive admission exams for such students, thereby increasing their chance of receiving higher education. To support students’ learning, the MOE requests that higher education institutions establish specialized departments and personnel and subsidizes counselors, tutoring programs, assistants for students with disabilities, teaching supplies, and student counseling activities. Taiwan subsidizes these institutions with NT$400-NT$500 million per year, benefiting more than 10,000 students with disabilities (Table 24.6).
2. The University Act specifies that students with disabilities enrolled in a bachelor’s degree program may extend their study by up to four years as an accommodation for their physical or mental conditions and their learning needs, and regulations pertaining to mandatory withdrawal due to unsatisfactory academic performance are not applicable to these students. The MOE launched the Support Service Mechanism of Special Education for Adults with Disabilities program (implemented between July 2018 and August 2019) to collect local and foreign literature on policies, theories, and practices of special education for adults with disabilities. The collected data and results of questionnaire surveys and focus group interviews enable the government to understand the supply and demand of special education for adults with disabilities, serving as a reference for future amendments to the Implementation Regulations Governing Adult Education and Lifelong Learning Activities for People with Disabilities as well as the development of education for adults with disabilities.
3. To develop suitable physical education activities for people with disabilities, the MOE has organized workshops on adaptive physical education for teachers (including special education teachers) since 2017. The ministry annually subsidizes groups that host the National Middle School President Cup Tournament for Students with Disabilities and the Fitness Boot Camp for Students with Disabilities. These events attracted 800 participants in 2019.

# Article 25: Health

A. Protection of the right to basic health

1. As described in Point 189 of the Initial State Report, Taiwan launched the NHI in 1995 and has protected every citizen’s right to health care through mutual aid and compulsory insurance. Rehabilitation and mental health treatment for people with disabilities, as deemed necessary by a medical professional, are covered by the NHI program. Therefore, people can receive appropriate health care services regardless of their financial condition or disabilities.
2. To ensure the provision of health care services to people with disabilities, the PDRPA has an independent chapter on the right to health and medical care. This chapter stipulates that the central government shall plan and integrate medical resources to provide people with disabilities with appropriate services concerning health maintenance and reproductive health as per their individual needs. Hospitals shall set up service entries and discharge planning programs for people with disabilities. Local governments shall, according to the number of people with disabilities within their jurisdiction and these individuals’ medical requirements, establish specialized outpatient clinics and establish or encourage the establishment of rehabilitation centers and nursing homes to provide such people with medical care, rehabilitation, assistive technology services, day care, and home care, thereby ensuring their access to health care.
3. The government evaluates the most common health concerns among citizens (i.e., blood pressure, blood sugar, blood lipids, kidney function, liver function, and body weight) and provides relevant health consultation services. The government provides free preventive health care service for citizens aged 40-64 years and those aged 65 years or older once every three years and once per year, respectively. Patients with poliomyelitis are offered free services once per year from the age of 35 years onward. In 2018, the government provided such services to more than 1.9 million people, among whom more than 150,000 were physically or mentally challenged. This preventive health care service for adults is only one of numerous health check options. According to the 2016 Disabled People’s Living Condition and Demand Survey conducted by the MOHW, the percentage of people with disabilities who had received a health check was 43.3 percent (year-over-year data not yet available). The MOHW conducted the National Health Interview Survey in 2017, which revealed that the percentage of people aged 40 years or older who claimed to have used any of the health check options was 60.2 percent.
4. The government has promoted the Pilot Project for Dental Specialized Health Care Services since 2002 and expanded the project in 2014 under the name Oral Integrated Care Initiative for people with Disabilities and Special Needs. In 2020, the project rewarded 30 hospitals for setting up special dental clinics for people with disabilities (i.e., seven medical centers and 23 general hospitals). Moreover, the government has cooperated with more than 150 dental clinics, established regional dental health care networks, and assisted clinics with patient referral and physician supply, thereby expanding dental services for people with disabilities. Local health administrations have appointed 178 medical institutions to provide special outpatient services for these people, serving 1,461 clinics per week. The list of medical institutions is available on the websites of the MOHW and local health administrations. In 2013, the government loosened regulations on subsidizing fluoride treatment for children (under 12 years of age), shortening the interval between fluoride treatments from six months to three months.

B. Medical environment and information accessibility

1. Aiming to encourage independent clinics to create disabled-friendly services, Taiwan has launched the Access Improvement Rewards for Traditional Medicine and Dental Clinics and linked the environmental accessibility data of approximately 21,000 medical institutions in Taiwan to the NHI Express App. The government is now developing regulations on accessibility improvements and patient-friendly service processes in clinics. In the future, MOHW will post information on medical treatment resources for each disability category on the MOHW website, serving as a reference for people with disabilitiesand medical care providers. As of 2019, a total of 358 public health centers had earned Ageing-Friendly Health Care Institution Certification.
2. The MOHW published the *MOHW-affiliated Hospitals Friendly Handbook for People with Visual and Hearing Impairment* in 2015. At present, seven MOHW-affiliated hospitals have implemented special services for people with visual and hearing impairment that address various aspects of a hospital visit, such as applying for sign language interpreters and requesting escort or other devices. These hospitals also provide equipment such as hearing aids, writing boards, flash cards for health education, and elevators with Braille signage. In 2020, the Ministry developed a guidebook on creating accessible treatment environments in hospitals and medical institutions. The guidebook details improvement recommendations for medical treatment environments (both equipment and treatment), medical procedures for people with disabilities, suggestions on patient transfer services, public resources, relevant galleries, benchmarking cases, teaching materials for training programs, and comparisons between private and public resources. The guidebook is available for all hospitals in Taiwan.
3. Regarding preventive cancer screening for women with disabilities, medical institutions (and mobile mammography vehicles) within the jurisdiction of local health administrations have mammography equipment with a liftable inspection platform, and participants with disabilities can be accompanied by staff to reduce their difficulties. Considering that the space within an accessible mammography vehicle is limited, the MOHW recommends that people with disabilities go for examinations at medical institutions. The MOHW has been investigating the physical space restrictions affecting mammography equipment at medical institutions; this will provide relevant information for women with disabilities.[[104]](#footnote-104)
4. Concerning courses aiming at improving health care for people with disabilities, particularly courses involving training and raising awareness of sexual and reproductive health care for care providers, 244 continuing education courses involving sexual and reproductive health care services were offered between 2016 and June 2019. The number of continuing education courses for medical staff on gender equality exceeds 800 every year; these attract 10,000 participants. Between 2019 and 2020, 200 courses on health care for people with disabilities were offered in the continuing education curriculum for medical staff, attracting 2,000 trainees. In 2019, 442 and 944 individuals completed basic and advanced training, respectively, in providing dental health care to people with disabilities. According to various laws, medical staff must complete a certain number of continuing education hours every six years to keep their license current. As part of this continuing education, gender is a compulsory topic that medical staff must complete before renewing their licenses; the curriculum covers issues related to the sexual and reproductive health of people with disabilities and their health care services. In August 2019, the regulation was amended and required a newly licensed physician to receive training in such areas as rehabilitation for people (including children) with disabilities, gender issues, and case studies during their two-year postgraduate training. Additionally, training in community medicine must include intellectual disability and development centers as the training venue.[[105]](#footnote-105)
5. The MOHW provides pregnancy consultations and necessary information on antepartum, postpartum, infant, and child health care via official websites that have accreditation badges for web accessibility; a free care hotline for pregnant women; and sexual and reproductive health education materials for caregivers of teenagers with mental disabilities. The central government has provided health education and consultation for pregnant women with disabilities since 2020.
6. To safeguard the drug use safety of people with visual impairment, the MOHW announced the Regulations of Outer Box and Package Insert Format of Western Over-the-Counter Drugs in 2016, stipulating that a Quick Response code must be printed on the outer box of over-the-counter drugs; people with visual impairment can scan the code, which then delivers medication information through voice messages to their mobile phones, thereby ensuring medication safety.
7. The 2019 Hospital Accreditation Criteria and Assessment Items provide that hospitals should communicate with patients and adequately explain their disease conditions and treatment processes and methods. In particular, in a case where an invasive examination or treatment is involved, hospitals shall formulate operational regulations and obtain a consent form signed by the patient. Moreover, training sessions for medical personnel under the Regional Facilitation Project have included the above topics to ensure that medical personnel assumes their proper role in the informed consent process before commencing medical diagnosis and treatment of people with disabilities. Taiwan commissioned the establishment of the Accessible Medical Treatment Center in 2019; the center is responsible for developing easy-to-read versions of health education teaching materials (e.g., samples of commonly used consent forms) for medical practitioners to use.[[106]](#footnote-106)
8. According to the Mental Health Act, As patients are treated or hospitalized, psychiatric institutions shall explain to patients and or their guardians matters related to the illness, treatment policies, aspects of prognosis, reasons for hospitalization, rights of patients and their guardians, and so on.
9. The MOHW continues to organize the NHI Improvement Plan in Areas with Insufficient Resources of Western Medicine, Traditional Chinese Medicine, and Dentistry, the NHI Improvement Plan for Efficient Medical Benefit Provision in Mountainous and Offshore Island Areas (i.e., Integrated Delivery System); the Medical Service Improvement Program for Underserved Areas; and the NHI Improvement Plan for the Provision of Early Treatment for Development Retardation, aiming to increase access to medical care in rural areas.
10. To improve access to medical care access in rural areas and local health care services in mountainous areas, offshore islands (50 townships), and areas with limited medical resources (73 townships), NHI beneficiaries who receive medical care in a mountainous region or an offshore island shall be exempt from any copayment. People undergoing medical treatment in areas with limited medical resources enjoy a 20 percent discount on their copayment. In both 2016 and 2017, a budget of NT$800 million was allocated that was increased to NT$950 million in 2018. The Point Value guarantee policy has been adopted to improve medical services in hospitals with insufficient resources in specific areas; the policy subsidizes the floating point system by at most NT$1 per point for clinics and hospital services outpatient and inpatient undertaken, including those in pediatric, gynecological/obstetric, internal medicine, surgical, and 24-hour emergency services at these hospitals. The subsidy for each eligible hospital is NT$15 million at maximum so as to improve medical services and community-based preventive healthcare. In 2019, a total of 92 hospitals received subsidies. The government also encourages physicians, practitioners of Chinese medicine, and dentists to establish clinics or provide healthcare service in mountainous areas, offshore islands, and areas with limited medical resources on a roving basis.[[107]](#footnote-107)
11. The Rules of Medical Diagnosis and Treatment by Telecommunication were promulgated in 2018. These specify that citizens in mountainous areas, offshore islands, and remote areas as well as five types of patients in special circumstances may receive an e-diagnosis and treatment. The MOHW launched the Support Project of Medical Centers or Emergency Responsibility Hospitals to ensure the presence of emergency and critical illness physicians and to improve medical capacity in such regions.
12. To improve health care accessibility, the MOHW launched the Integrated Home Health Care Project (Table 25.1). Aside from expanding eligibility for home care and strengthening case management, the new program focuses on promoting cooperation between caregiving teams within communities. Once these institutions/service groups fully understand the needs of patients, they will provide appropriate care depending on each patient’s situation, and all treatment records will be uploaded to the e-referral platform to improve coordination between medical service groups. The ministry hosts the Dental Home Care Plan (Table 25.2), providing dental home care for long-term bedridden patients with medium-to-severe disabilities and those meeting the subsidization requirements stated in the Regulations Governing Subsidies for Disabled Elders Adults Receiving Long-Term Care Services. The MOHW has launched the General Home Care Plan (Table 25.3) to help homebound patients who experience difficulty leaving the house and are confirmed by physicians to exhibit medical needs necessitating home health care. The Community Rehabilitation (Home Care) Plan for Patients with Mental Health Conditions (Table 25.4) has been implemented to provide home-based physician treatment and other professional psychiatric treatment for homebound patients with chronic mental disorders classified as catastrophic illnesses.

C. Rehabilitation service

1. Concerning long-term care services, Taiwan has introduced restorative care and overall care instructions according to the physical and mental status and motivation of people with disabilities. A pickup service for people with disabilities to travel between their home and the hospital for medical care or rehabilitation is available. Such services complement NHI medical services, thereby satisfying the rehabilitation needs of people with disabilities living in rural areas.[[108]](#footnote-108)
2. NHI provides rehabilitation service for people with disabilities to improve their health and help them achieved restored or enhanced physiological functions. NHI records show that in 2018, 400,000 out of 1.2 million persons registered as having a disability received rehabilitation (33 percent) services; in 2019, this figured increased to 426,000 out of 1.22 million registered persons (34.9 percent).

D. Right to equal insurance coverage

1. The FSC requires that insurance companies may not avoid soliciting and granting policies to people with disabilities without cause. The Regulations Governing Business Solicitation, Policy Underwriting, and Claims Adjusting of Insurance Enterprises specify that when handling policy underwriting, the operating procedure for evaluating risks and the calculation and collection of insurance premiums shall be based on actuarial science and statistical data. The insurance enterprise may not treat a specific applicant or policyholder unfairly because of his or her disability. Those violating said regulation are subject to a fine or correction order.[[109]](#footnote-109)
2. The FSC continues to instruct and encourage insurance companies to cover people with disabilities through the following strategies:
3. In 2017, the FSC amended the Standards for the Levy Rates of Life Insurance and Non-Life Insurance Guaranty Funds to include premium income from life insurance for people with disabilities as a management and operations performance indicator that determines the rate of life insurance guaranty funds. The rate is adjusted every year.
4. In 2020, the implementation of assistive service measures for people with disabilities was included as a criterion in the annual assessment of compliance with the Principle for Financial Service Industries to Treat Clients Fairly. Insurance companies that perform favorably in this respect will receive public recognition.
5. The FSC has requested that insurance companies create service environments that are friendly to people with disabilities, facilitating insurance transactions by these people. Insurance companies should also encourage their sales staff to help people with disabilities purchase insurance policies and ensure the implementation of disabled-friendly measures.
6. The FSC has requested that insurance companies send a written notice specifying the reason for declining to underwrite a prospective insured with disabilities.
7. The FSC has asked the Life Insurance Association of the Republic of China and the Non-Life Insurance Association of the Republic of China to establish an appeal hotline for people with disabilities as well as emergency contacts for all insurance companies to handle appeals in real time.
8. The commission has urged the Taiwan Insurance Institute to create an empirical statistical database for policyholders with disabilities, and the FSC conducts statistical analysis on stored data to determine the number of insured and noninsured people with disabilities. As of 2019, the number of life insurance contracts for people with disabilities underwritten by insurance companies exceeded 224,000. The insured/noninsured status of people with disabilities for the past two years is detailed in Table 25.5. Noninsured cases can be categorized into cases involving disease and those involving nonphysical conditions (e.g., the client suspended the underwriting process; the client did not submit additional documents, did not revise documents as requested, or did not complete the underwriting process before the deadline; or the client did not accept the policy terms and conditions). The aforementioned analysis revealed that risk is the major concern when insurance companies underwrite a policy rather than the policyholder’s identity.
9. To understand why insurance applications for individuals with disabilities were declined, a statistical database of underwriting involving people with disabilities has been online since February 2018. The database contains statistics on people with disabilities who were refused insurance. Taiwan continues to perform statistical analysis on data related to insurance companies underwriting policies for people with disabilities. In addition to this database, which serves as a reference for relevant supervision and policymaking, the government has requested that insurance companies meticulously verify the experience rating used by foreign insurers and adjust the rating according to the health of local citizens to protect people with disabilities’ right to insurance.
10. Upon admission to a correctional institution, inmates with disabilities receive health checks and blood screening. Where a physician determines that subsequent treatment or rehabilitation is required, the correctional institution shall provide the inmate with medical care in accordance with the medical order. Where a physician determines that, based on the review of objective facts, the individual lacks cognitive abilities due to his/her physical or mental condition and cannot take care of him/herself or the individual cannot take care of him/herself in prison due to frailty or disability, the institution may refuse to accept the inmate according to the physician’s evaluation. Under such circumstances, the prosecutor may transfer the inmate to a hospital, guardianship, or other suitable facility. Following the initiation of the second generation of the NHI program in 2013, inmates are covered by NHI and are entitled to receive outpatient clinic services provided by health care teams at correctional institutions. If a transfer is necessary, an inmate may be sent to a suitable hospital accompanied by a guard escort. Inmates are allowed to receive health care services equivalent to those enjoyed by the general public, making Taiwan one of the few countries to achieve mainstreaming of health care in prison.[[110]](#footnote-110)

# Article 26: Habilitation and rehabilitation

1. To provide individual support and care for people with disabilities, improve their quality of life, and promote social participation and independent living, authorities are to offer relevant services based on the results of a needs assessment. For information on early intervention services, assistive technology standards, the development and exchange of assistive technology, and habilitation and rehabilitation related to education, health, and employment, please refer to Articles 7, 20, 24, 25, and 27.

# Article 27: Work and employment

1. For legal protection and aid concerning the right to work of people with disabilities, please refer to Article 5: Equality and nondiscrimination (Points 17 and 28).
2. As revealed in the Survey on the Employment Status of People with Disabilities of the MOL, the labor participation rate of people with disabilities aged 15 years and older was 20.7 percent (men = 25.5 percent; women = 14.7 percent), which was much lower than the national rate of 59.07 percent. The unemployment rate of people with disabilities was 8.1 percent (men = 8.2 percent; women = 8.1 percent), which was also higher than the national average of 3.67 percent. Nevertheless, compared with the 2016 Report of Disabled People’s Living Condition and Demand Survey, the labor participation and unemployment rates of people with disabilities increased and decreased by 0.3 percent and 1.1 percent, respectively, with 6,000 new employees. The results indicate that the employment condition of people with disabilities had gradually improved. Specifically, 37,000 people with disabilities were engaged in nonstandard employment (including part time, temporary, and contractual jobs; men = 19.4 percent; women = 25.0 percent), accounting for 22.0 percent of all people with disabilities; by comparison, 751,000 (8.2 percent) of all employed people were engaged in nonstandard employment (Tables 27.1 and 27.2).
3. The number of employees with disabilities in 2019 was 167,000, and they earned an average regular monthly income of NT$28,246 (means of male and female employees were NT$29,884 and NT$25,046, respectively), which was NT$2,307 more than the average reported in the 2016 survey, representing an 8.9 percent increase. In 2019, the average monthly regular income of all citizens was NT$39,191. The 2019 survey revealed that the labor participation rate of women with disabilities was still lower than that of their male counterparts but exhibited a 0.6 percent increase compared with the survey results in 2016. The difference in the labor participation rate between women and men with disabilities decreased by 0.4 percent, from 11.2 percent in 2016 to 10.8 percent in 2019. Moreover, women with disabilities who had the capacity and willingness to work did not enter the labor market mostly because they did not find a satisfactory job, had the responsibility of household management and family care, or were subject to rehabilitation and treatment. The average monthly regular income of women with disabilities was 83.8 percent of that of men with disabilities, whereas that of nondisabled women was 85.5 percent of their male counterparts; hence, statistics show that the percentage was 1.7 percent lower among women with disabilities compared with nondisabled women. However, according to the 2016 Disabled People’s Living Condition and Demand Survey, the average monthly income of women with disabilities was only 79.2 percent of that of men with disabilities, representing a 4.6 percent difference from the 83.8 percent figure in 2019, thus suggesting that the income difference between men and women is decreasing year by year (Table 27.1).

A. Vocational training and employment support

1. According to industry characteristics, employment and human resource requirements, and occupations preferred by people with disabilities, the MOL hosts, commissions, and subsidizes vocational training programs. These training programs include cleaning and maintenance services, massage, culinary arts, information and computer science, materials processing, marketing communications, cosmetology and hairdressing, agronomy, textile design, and caregiving, and the aim is to improve the occupational competencies of people with disabilities and help them enter the labor market. To help people with disabilities attend training, the central government regards accessibility of the training venue as a bidding assessment indicator and hosts workshops for training personnel to understand the characteristics of and service resources needed by people with disabilities. Between 2016 and 2019, 46 training sessions were organized with 2,138 participants. Services including sign language interpretation and visual aids were provided for trainees with disabilities according to their needs. For those who could not or had difficulties attending training in person, an accessible e-learning website was established on which online courses were available, such as those offering instruction in computer science basics, web design, word processing, occupational skills, and certification, thereby providing various options for people with disabilities and helping them improve occupational competencies (Tables 27.3 and 27.4).[[111]](#footnote-111)
2. Regarding employment support schemes for job applicants with disabilities, Taiwan has established more than 300 employment service offices to provide one-stop employment service, hosted employment promotion courses as well as job fairs and recruitment events for people with disabilities, and offered employment information and job matching for people with disabilities on the website TaiwanJobs and its 24-hour free helpline 0800-777-888. These services helped 64,650 individuals find a job in the period 2016-2019. For people with disabilities having difficulties in finding a job, Taiwan offers job accommodation to help them overcome barriers to employment by facilitating case management concerning vocational rehabilitation, connecting and utilizing local service resources, hosting career preparation activities, and helping individuals choose a career path using vocational assessment tools. Between 2016 and 2019, a total of 22,605 individuals found a job through these services (Table 27.5).
3. The 2007 amendment to the PDRPA defined a sheltered workshop as a workplace providing a work space for employees with disabilities, and local governments have promoted the establishment of these sheltered workshops, which are distinguished from an isolated workplace. Sheltered employees work in an open, inclusive space. Nearly 70 percent of sheltered workshops are located in metropolitan areas, offering community-based jobs including catering, baking, product sales, car washing, and cleaning for people with disabilities. The pay of sheltered employees is set according to employee productivity, and relevant labor acts apply. For sheltered employees with improved competencies who are willing to compete in the labor market, sheltered workshops may provide job transfer services according to a work manual devised by the MOL in 2020. The ministry also provides a grant of NT$10,000 per person for sheltered employees who transition to the competitive labor market (Table 27.6).[[112]](#footnote-112)
4. For the employment assistance for women with disabilities, please refer to Article 6: Women with disabilities (Point 38).
5. To help people with disabilities overcome barriers to employment, the MOL developed the Guidelines for Implementation and Subsidies of Job Accommodation for People with Disabilities in accordance with the PDRPA. The guidelines cover job accommodation as it relates to the aspects of workplace environment, facilities, and conditions; purchasing required assistive technologies for work; and adjusting working methods. Upon application by employees with disabilities or their employers, the competent authority reviews written documents and pays a visit to the workplace. Each approved case may be granted a subsidy of NT$100,000 per year at maximum; this limitation does not apply to cases where special needs are required and have been approved through project evaluation. Historical implementation of job accommodation programs is detailed in Table 27.7. Since 2016, the MOL has been attending major expositions of health care assistive technologies in Taiwan and promoting such technologies through various media channels based on user experience. The ministry organizes a job accommodation innovation competition once every two years to help the public better understand job accommodation.
6. Through the Pilot Project of Career Transition and Counseling for College Students with Disabilities (between September 2018 and September 2021), the MOL integrates vocational assessment resources at city/county labor departments, performs vocational assessment based on case referral, and strengthens the connection between vocational rehabilitation services at each local government and college resource rooms. By doing so, the MOL seeks to develop an operational model of transition services for students with disabilities in higher education institutions, thereby helping them transition from school to workplace environments.[[113]](#footnote-113)
7. Vocational counselors at vocational transition and guidance service centers of each region provide professional support such as interschool career transition counseling, development and evaluation of internship workplaces (including job analysis), and guidance for student internships and evaluations. The MOL connects the vocational rehabilitation services provided by local governments with students for occupational competency assessments, shares information on post-graduation job matching career transition and disability resources, and has established an online reporting system for vocational counseling. The aforementioned measures facilitate seamless an internship­-to-career transition for students and help vocational and senior high school students with disabilities adapt to society and the workplace.
8. In 2019, the percentage of male and female civil servants nationwide were 57.88 percent and 42.12 percent, respectively; the percentage of male and female civil servants with disabilities were 63.41 percent and 36.59 percent, respectively.[[114]](#footnote-114) Having reviewed data covering the period 2010-2019 on civil servants with disabilities, Taiwan continues to host a special examination of civil servants to safeguard opportunities for people with disabilities to be recruited by government agencies and perform corresponding duties. The exam pass rate increased from 28.43 percent in 2010 to 41.36 percent in 2019, an increase of 12.93 percentage points. The percentage of employees with disabilities recruited through senior-level civil service examinations has gradually increased from 8.94 percent in 2010 to 9.21 percent in 2019. Among contract workers nationwide, people with disabilities accounted for 1.10 percent (men = 53.37 percent; women = 46.63 percent). Among contracted employees nationwide, people with disabilities accounted for 5.60 percent (men = 39.51 percent; women = 60.49 percent; Table 27.8).
9. In the past decade, the number of civil servants nationwide has increased by 0.62 percent every year on average (men = −0.03 percent; women = 1.58 percent); that of civil servants with disabilities has increased by 3.24 percent (men = 3.16 percent; women = 3.36 percent). Among them, those with chronic mental health conditions have attained the highest annual growth rate of 12.29 percent on average (men = 11.71 percent; women = 13.20 percent), followed by those with visual impairment, with a rate of 9.66 percent, and those with vocal and speech impairment, facial disfigurement, and hearing impairment, with rates of 5.91 percent, 5.54 percent, and 4.65 percent, respectively (Table 27.9).
10. Orientation sessions (with accessible tutorials) are provided to help examinees with disabilities who have passed national examinations fill out a preference list that indicates their interest in working for specific government departments. This assists examinees in adapting to the workplace. Both online and written preference forms are available, ensuring the rights of qualified individuals who cannot use computers and the internet. The Manual of Workplace Support and Reminder Guidelines for People with Disabilities Who Have Passed the Special Civil Service Examination has been developed and updated for other authorities’ reference. The Ministry of Examination also organizes training for employing agencies, with the aim of promoting an understanding of the characteristics of people with disabilities, job accommodation, and the concept of reasonable accommodation, attracting more than 1,200 trainees in the 2015-2019 period. Qualified individuals, before becoming qualified civil servants, must receive four months of practical training. The MOL, to help qualified examinees adapt to their job at the authority where they are assigned for training, requests that local vocational rehabilitation personnel actively determine their work status, identify their requirements, and provide corresponding services. The ministry cooperated with the Civil Servant Protection and Training Commission to conduct field surveys, reporting that the passage rate of qualified people with disabilities in practical training was 99.3 percent in 2015-2019.
11. All authorities may provide necessary support and assistance for civil servants with disabilities pursuant to the PDRPA, Guidelines for Implementation and Subsidies of Job Accommodation for People with Disabilities, and Directions Governing the Recruitment of People with Disabilities. Agencies, by considering their organizational resources and staff needs per the Employee Assistant Program of the Executive Yuan and Its Subordinate Agencies, may develop their own programs and services to assist their employees. Where relevant resources are insufficient, an employing agency may consult representative organizations of the person in question depending on the difficulties encountered vis-à-vis his/her disability and introduce appropriate support.

B. Employment quota policy pertaining to people with disabilities and similar assistive measures

1. In December 2019, the number of institutions obliged to recruit employees with disabilities, as defined in Article 38 of the PDRPA, was 17,673, an increase of 4.7 percent compared with 16,881 in December 2016; the number of employed persons in the same period reached 84,693, an increase of 3.3 percent compared with December 2016. Of employed persons, 16,648 were afflicted with severe disabilities (accounting for 19.7 percent of total recruited employees). The total of 84,693 was 42.4 percent greater than the numerical target under the law (59,460; Table 27.10). Moreover, 8,858 institutions hired more people with disabilities than mandated by law, accounting for 50.1 percent of all institutions; this percentage in 2019 was 10.1 percent more than that (40 percent) in 2009. The results indicate that the employment quota policy provides effective and positive protection and encourages employment of people with disabilities. By contrast, 1,764 institutions (accounting for 10.0 percent of all institutions) failed to recruit the specified number of people with disabilities; the percentage was slightly lower than the 12.9 percent reported in 2009, and the improvement in the last three years has been slow. To solve this problem, the MOL continues regarding compliance with the employment quota policy as an indicator in local government performance assessments and regularly publishes the names of institutions failing to meet the target quota. Furthermore, the MOL, together with local governments, identifies reasons for such failure by cooperating with local governments, helps the institutions in question improve job matching for people with disabilities, and provides various measures to assist service differentiation (e.g., employment subsidies, job accommodation for employers) to stimulate employment willingness; moreover, employees with disabilities are referred to MOL-announced institutions failing to meet the specified quota through the supported employment service. The ministry provided assistance to 135 institutions on average per month in 2019 and commissioned surveys on these matters in 2020 to accurately measure the effectiveness of the quota policy as well as identify difficulties and possible solutions.[[115]](#footnote-115)
2. The basic guaranteed pension payment for people with disabilities from the national Pension Benefit Payments for people with disabilities targets insured people diagnosed as having a severe mental/physical disability who are thus incapable of working. Therefore, it is unlikely that an asset investigation reduces the willingness of people with disabilities to pursue a career. The MOHW amended and promulgated the Rules Governing the Provision of Livelihood Subsidies to People with Disabilities, adding that employment income earned within a specified period and up to a certain amount is exempt from inclusion in total household income. The article came into effect in 2020, aiming to encourage recipients of subsidies with disabilities to enter the labor market and thus enjoy an adequate standard of living to a similar extent as others.[[116]](#footnote-116)

# Article 28: Adequate standard of living and social protection

1. With reference to the United Nation’s SDGs in 2015, Taiwan, as per its domestic circumstances and demands, is formulating its own sustainable development goals for 2030. The agenda comprises 18 major goals, among which the goal of strengthening the socioeconomic safety care services for underprivileged groups aims to achieve comprehensive protection for all citizens, particularly underprivileged groups, in social security systems such as labor insurance, health insurance, and pension payments as well as reinforce the long-term care system by improving resource distribution and service provision.
2. To ensure adequate food and clothing for financially underprivileged people, local governments, by cooperating with the private sector, have established food banks and issued food coupons to provide food and clothing for households on the threshold of poverty. Taiwan’s social protection system comprises social insurance, social aid, and welfare services. Welfare services are specified in relevant laws, whereas social insurance programs, in addition to the NHI, are separately established in line with occupation and governed by the corresponding competent authority.[[117]](#footnote-117) The Directions Governing Social Insurance Premium Subsidies for Disabled Persons stipulate that the subsidy for persons with disabilities for premiums shall be 25 percent, 50 percent, or a full subsidy, depending on the person’s level of disability. Unemployed people may join the National Pension Insurance scheme, which offers pension payments (a basic guaranteed pension payment) to people with severe disabilities who are unable to work. Taiwan established the minimum cost of living for social aid provision in 2010[[118]](#footnote-118); the minimum is 60 percent of the median monthly income per capita in each region; the rate is adjusted if the amount acquired in the new fiscal year exhibits a difference of greater than or equal to five percent from the existing minimum living expense.
3. According to statistics compiled by the MOHW, the number of individuals belonging to low- and middle-low-income households in 2019 was 638,707 [328,539 men (51.44 percent) and 31,168 women (48.56 percent)]. Among them, 88,315 were recognized as people with disabilities [men and women were 57,648 (65.28 percent) and 30,667 (34.72 percent), respectively]. By 2016, the number of individuals from low- and middle-low-income households was 689,937 [352,279 men (51.06 percent) and 337,658 women (48.94 percent)), among whom 81,850 were people with disabilities [53,463 men (65.32 percent) and 28,387 women (34.68 percent)]. These statistics indicated no major changes during the 2016-2019 period (Table 28.1A).
4. To safeguard the financial stability of people with disabilities, the government has adopted two approaches to determine an applicant’s eligibility for subsidies. First, the National Pension is granted according to individual asset review results. Second, the eligibility of low and middle-low-income households and people with disabilities for livelihood benefits (Table 28.1B) is determined by the asset review of a household. However, a flexible approach may apply to households under extraordinary circumstances. As of 2019, the number of individuals with disabilities receiving social aid reached 436,672 [268,683 men (61.53 percent) and 167,989 women (38.47 percent); Table 28.2], accounting for 36.79 percent of the total population with disabilities. Moreover, the local competent authorities may add the subsidy amount for low-income people with disabilities who are under special protection, although the additional amount must not exceed 40 percent of the original amount. As for underprivileged groups who are not protected by law, the government has collaborated with the private sector to provide various forms of emergency aid. To safeguard the basic living of people with disabilities, the central government established the rate adjustment policy for social welfare allowance and National Pension payments; specifically, the government adjusts the rates for allowance and pension payments once every four years beginning in 2012 (in line with changes in the consumer purchase index). When the index growth is zero or negative, however, the rate remains unchanged.[[119]](#footnote-119)
5. Regarding the Plan for Social Housing Establishment approved by the Executive Yuan, the MOI launched a project to establish 200,000 social housing units within eight years by building social housing units for 120,000 households and commissioning housing leasing and management for 80,000 households. Per the Housing Act, at least 30 percent of social housing will be leased to economically or socially disadvantaged persons. As of October 2020, the number of social housing dwellings built under the first-phase plan (2017-2020) was 41,987 (Fig. 28.1), among which 6,483 were existing social housing units, 10,208 were newly built dwellings, 18,091 were under construction, and 4,095 were being planned. As of June 2020, 10,208 dwellings were occupied; among them, 4,579 dwellings were resided in by financially disadvantaged groups (44.9 percent of total dwellers), including 1,501 households with people with disabilities (27.3 percent; Table 28.3). By September 2020, housing leasing and management services were made available to 27,800 households and were matched with 11,055 households, among which 6,633 were financially disadvantaged. In 2019, the government issued rent subsidies to 11,453 households having people with disabilities (NT$5,400 maximum per household). Subsidies for interest on housing purchase loans were provided to 206 households, with the provision that the loan amount does not exceed NT$2.2 million in principle (Table 28.4).
6. Under the Integrated Housing Subsidization Program, the MOI regards family income and various underprivileged conditions as major considerations when making a determination to grant housing subsidies for rent subsidy, interest subsidy for housing purchase loans, or interest subsidy for housing repair loans (Table 28.5). For families with members having physical or mental disabilities, depending on their disability level, the benefit value can be increased. Statistics for 2019 revealed that among recipients of the aforementioned benefits, the number of families with physically or mentally challenged members that received the rent subsidy, interest subsidy for housing purchase loans, and interest subsidy for housing repair loans, respectively, were 11,379 (accounting for 15.8 percent of a total 782,044 households), 116 (accounting for 2.1 percent of a total 5,403 households), and 40 (accounting for 6.5 percent of a total 613 households).[[120]](#footnote-120)
7. Regarding retirement protection policies, the National Pension Act states that any insured aged 65 years or older may apply for an old age pension payment. In 2019, people with disabilities accounted for 10.53 percent of such payment applicants (Table 28.6). The Labor Insurance Act contains provisions concerning old age pension payments for laborers with disabilities to safeguard their financial stability and living after retirement[[121]](#footnote-121) (Table 28.7). The Labor Pension Act states that any laborers aged 60 years or older may apply for a retirement pension (Table 28.8). It further stipulates that people with disabilities may claim early retirement pensions. Between 2016 and 2019, 811 people with disabilities applied for lump-sum early retirement pensions (Table 28.9), amounting to roughly NT$211.39 million. The Civil Service Retirement, Severance, and Survivor Relief Act, which took effect in July 2018, stipulates that a civil servant aged at least 55 years of age and whose seniority exceeds 15 years may apply for voluntary retirement with a fully paid monthly pension if they are found to be semi-incapacitated or have a more severe disability under the Civil Servant and Teacher Insurance Disability Benefit Standards, or identified as having a severe physical or mental disability as defined by the central competent health authority. Between July 2018 and December 2019, five civil servants submitted such applications for voluntary retirement due to disability with monthly pension payments (Table 28.10).

# Article 29: Participation in political and public life

1. In 2018, the MOI invited DPOs, experts, scholars, and government agencies to attend the Symposium on Problems Concerning Suffrage for people Under Guardianship; the outcome of the symposium was a decision to remove existing restrictions on voting for people under guardianship from the Presidential and Vice Presidential Election and Recall Act and the Civil Servants Election and Recall Act; however, at that time, necessary amendments were not immediately made through the legislative process. In 2020, Taiwan did amend these two acts and specified that voters with disabilities may select companions other than their family members when voting. Thus, the conditions of the CRPD are satisfied.[[122]](#footnote-122)
2. To increase access to information about election candidates for voters, the government has adopted various promotional approaches to provide voters with disabilities relevant election information. Local election commissions produce audio versions of candidate bulletins (in Mandarin, Taiwanese, and Hakka) based on the written version and deliver them to voters with visual impairment through various channels within their jurisdiction, including NGOs for the people with visual impairment, township/city/district offices, and village administrative organizations. The Central Election Commission and its affiliated election commissions broadcast party platform presentations on television and appoint simultaneous sign language interpreters. Since 2018, the commission has published easy-to-read voting manuals, informing voters with disabilities of the voting process and relevant notices.[[123]](#footnote-123)
3. To safeguard the voting rights of people with disabilities, the Central Election Commission promotes accessibility at polling stations and provides voting aids for voters with disabilities. Each polling station offers voting auxiliaries for people with visual impairment, allowing said people to independently and autonomously cast a secret ballot. Moreover, each station has voting booths for people with disabilities, allows companions of these individuals to provide assistance during voting or to vote on the person’s behalf, and allows these people priority preference in queuing. These measures are detailed in work manuals for polling station staff, and the training of election officers is designed to cover such measures. To ensure the appropriateness of polling station locations, the commission established the Precautionary Matters for Selecting Polling Stations with Accessible Facilities and Checklist for Assessing the Accessibility of Polling Station Facilities for relevant inspection. During the latest election in 2020, 92.02 percent of polling stations met the specified accessibility regulations (compared with 88 percent in 2016). For the remaining 7.98 percent of stations that failed to meet accessibility requirements, alternatives were adopted, such as installation of simple accessible facilities[[124]](#footnote-124) or provision of assistance by designated people on site, to help voters with disabilities cast their vote.
4. According to the Political Parties Act, people with disabilities may freely join any political party, found a party, and nominate candidates for election. By June 2020, 121 parties had been registered in Taiwan; of these parties, the DeafNation Party was founded by people with hearing impairment.

# Article 30: Participation in cultural life, recreation, leisure, and sport

A. Legal and regulatory protection

1. Amended and promulgated in 2017, the National Sports Act mandates that all authorities, institutions, schools, legal persons, and organizations protect the right of people with disabilities to participate in sports and to design accessible sports facilities, activities, and courses to adhere to the CRPD. Through the Project of Adapted Physical Education, the MOE tailors physical education curricula for students with disabilities through the establishment of digital platforms, selection of pilot schools, promoting skills enhancement of teachers, and launching campaigns and promotions. The project provided students with disabilities equal opportunities to participate in sports activities as nondisabled students. In the period 2017-2020, the MOE designated eight pilot schools for adapted physical education, created professional communities of adapted physical education teachers across schools, organized counseling and teaching demonstration workshops, compiled 1,531 adapted education talents in the human resources database, hosted 36 skills enhancement workshops for teachers, and attracted 40,000 views of its adapted education platform, thus sharing adapted education topics with 560,000 people.
2. Pursuant to the Regulations for Public Sports Facilities Setting and Management, local governments shall establish sport facilities according to regulations that protect the rights of people with disabilities and offer adaptive, age-appropriate, accessible, and certified sports facilities functioning normally. In 2017, the government launched the Creation of Sports and Leisure Environments, a subproject affiliated with the Forward-Looking Infrastructure Program: Urban and Rural Construction. Under the subproject, facilities that are friendly to women, people with disabilities, and elderly adults are regarded as having priority for subsidization by local governments when establishing/renovating sports facilities. Therefore, the subproject helps improve existing accessible facilities and equipment at sports venues, creates safe and accessible sports spaces, and protects the right to participate in sports for all ethnic groups. Between 2019 and 2020, the MOE initiated the project Creating Sports Environments Friendly to Groups with Special Needs by collaborating with academia and DPOs to remove discriminatory regulations at sports venues and improve service quality for people with disabilities when playing sports. The MOE also established the iPlay website for citizens to make inquiries about sports venue by name, description, available facilities and accessible facilities, contact information, and transportation options.[[125]](#footnote-125)
3. Since 1988, the MOI has mandated the establishment of accessible facilities in international tourist hotels per the Building Technical Regulations. The Ministry later expanded the regulations to include tourist hotels and other hotels in 2009 and 2013, respectively. In 2019, the Design Specifications for Accessible and Usable Buildings and Facilities were amended and promulgated, adding specifications for facilities at amusement parks and related enterprises to improve accessibility for people with disabilities. In 2019, the MOTC amended and promulgated the MOTC Tourism Bureau Directions for Subsidizing Tourism Businesses for Quality Enhancement. This program provides subsidies to tourist and other hotels to help them design and construct accessible rooms. As of March 2020, the number of registered accessible lodgings (including those with disabled-friendly facilities) was 1,218 (including tourist hotels, other hotels, and B&Bs).
4. The design of accessible spaces at monuments and historic buildings should balance the preservation of the monuments and historic buildings and cultural equality. For the convenience of people with disabilities when visiting a monument or a historic building, the MOC has initiated two projects: the Investigation on and Feasibility Evaluation of Accessible Facility Construction in Monuments and Historic Buildings, and the Investigation on and Evaluation of the Accessibility of National Monuments for the reference of local governments. The ministry assists local governments with adding accessible equipment and facilities during the restoration, revitalization, or repurposing of monuments, historic buildings, commemorative buildings, and groups of buildings while respecting cultural heritage.
5. The Regular Meeting of Cultural Rights Promotion has been held since 2016 and to address cultural rights policies, integrate and promote the development of cultural rights resources, encourage the private sector to engage in cultural rights policies and affairs, and ensure public rights to cultural participation and cultural accessibility, thereby ensuring equality between all citizens regardless of their identity, age, gender, region, ethnicity, or disability. Between 2017 and 2019, Taiwan implemented cultural accessibility programs for seniors and people with disabilities, thereby reducing the limitations on their participation in cultural events.

B. Outcomes

1. MOE-affiliated social education institutions offer discount admission tickets for people with disabilities; museums annually host activities on issues related to people with disabilities, including tours, exhibitions, lectures, and workshops. Libraries have created designated areas for people with disabilities, digital teaching materials, and various publications. National Taiwan Library has been appointed the competent library for people with disabilities. The library has proceeded to expand accessible platform services and develop staff members’ service literacy to assist these people, thereby more effectively satisfying their learning needs. Digital publishers funded by the government are to offer free publications to the National Taiwan Library. In 2018 and 2019, the library received 568 and 500 digital publications for free.[[126]](#footnote-126)
2. To reduce participation constraints at domestic cultural institutions and facilities, the MOC implemented the Museum and Local Cultural House Project and Upgrade Promotion Project of Professional Art Venues to subsidize 42 exhibition facilities to improve accessible spaces and disabled-friendly services as well as 14 counties and cities to renovate auditorium seats. The MOC also launched the Museum and Local Cultural House Promotion Project, aiming to safeguard the cultural rights of people living in remote areas. The Checklist of Disabled-friendly Services and Equipment in Cultural Venues is developed to enable venue organizers to conduct inspections of accessible equipment and services. The MOC has designated four venues as accessibility pilot venues for people with various disabilities, aiming to promote similar services in other venues, establish accessible cultural facilities and attractions, and improve the proficiency of front-line service staff and volunteers in providing services to people with disabilities.
3. To improve access to culture for people with disabilities, MOC-affiliated venues offer easy-to-read brochures, such as the five easy-to-read brochures relating to the digital collection The Ancient Coin and his Friends at the National Museum of History. The National Museum of Taiwan History also has 1,500 copies of easy-to-read editions of the Introduction to the National Museum of Taiwan History, Religions and Gods in Taiwan, and Go to School: A Special Exhibition of Modern Education in Taiwan. In 2018, the MOC fully supported multilingual guide services, whereby public services and interpreter training in various languages including Taiwan Sign Language were tailored for local circumstances, and multilingual guides at affiliated venues for permanent exhibitions have been gradually established.
4. Equipment ensuring accessibility of movie theaters is designed according to the Design Specifications for Accessible Facilities and is inspected by the competent local government. To encourage private movie theaters to provide accessible services, the MOC and local governments annually conduct inspections of 117 movie theaters in Taiwan. Any theaters that fail to meet the specifications and improve prior to a specified deadline are punished by the local competent authority for buildings. These approaches help protect the interests of people with disabilities to watch movies.
5. To promote the participation of the elderly, young children, and people with disabilities in forest recreation activities, the government continues to collaborate with DPOs to develop a checklist of public facility accessibility at national forest recreation areas and complete inspections of the accessibility of facilities, traffic flow, and various services in each area. At present, the first floor spaces of visitor centers, accessible toilets, and car parks in each area have been renovated according to the Design Specifications for Accessible Facilities.
6. For the convenience of people with disabilities, older adults, people with baby strollers, and the physically impaired, the MOTC has made improvements to the accessibility of 13 national scenic areas, including tourist routing and universal design concepts. Facility and equipment infrastructure have been added that provide for accessibility per relevant regulations. A total of 30 accessible tour routes have been made available on the official websites of said areas for public reference.
7. To ensure that children with disabilities have an equal opportunity to play, the central government provides subsidies to local authorities and social welfare organizations to organize workshops for playground managers and inclusive education campaigns to promote an inclusive parent-child culture. The government has commissioned research to determine the number and distribution of amusement facilities at playgrounds for children throughout parks nationwide (including facilities for general use and those for children with special needs). The research was completed in 2020, and each relevant authority and local government can refer to it during playground planning.[[127]](#footnote-127)
8. To ensure the accessible environment of parks and green spaces, the MOI promulgated the Design Standards of Barrier-Free Equipment and Facilities for Ministry of the Interior Authoritative Gathering Places in 2015 and inspects the accessible environment of urban parks and green spaces every two years. The ministry considers the accessibility of playgrounds to be a crucial assessment indicator. In 2019, the MOI conducted inspections on 12 local governments and 36 urban parks and green spaces, since which time local authorities having excellent performance have been rewarded. To provide safe playgrounds for children with disabilities, local governments implement regular inspections of playgrounds in parks, relevant follow-up inspections, and guidance for improvement. In 2019, a total of 1,172 playgrounds were inspected.

C. Reward and development measures

1. By 2020, the MOC had granted the Arts Award for People with Disabilities for 19 years; featuring a different theme each year, the award encourages people with disabilities to submit their artwork. Between 2014 and 2016, the ministry held the Accessible Reading activity by hosting literature lectures throughout Taiwan, during which easy-to-read versions of works being discussed were available with onsite accessible services. Activity information is detailed in Table 30.1. Since 2013, the MOC has held the Non-Visual Exploration Project every year, combining audio descriptions, touch based guided tours, and nonvisual creation workshops. Visitors with disabilities shall be accompanied by individual volunteers. In 2017 and 2019, two permanent exhibitions incorporated universal design and assistive technologies for the visually impaired, providing more opportunities for visitors with visual impairment to appreciate works of art.
2. To improve the quality and quantity of audio descriptions in movies and television programs for people with visual impairment, the MOC has promoted the Training Program of Audio Description Talents since 2017 and has planned a pilot project to encourage movie theaters to install audio description equipment, aiming to increase the coverage of audio description services. Since 2018, the Ministry has encouraged applicants to provide audio descriptions in the directions for funding production of programs of all types[[128]](#footnote-128). The MOHW subsidized 12 general activities that provided sign language interpreting and audio descriptions in 2019.
3. The MOE continues to promote inclusive sports experiences by encouraging local governments and national organizations to offer people with disabilities the opportunity to attend mainstream sports events. Furthermore, the MOE has produced documentaries, through development of initiatives and practices, to promote the concept of Together We Move. The MOE implemented the Sports in Taiwan Sports Project for people with disabilities, under which they approved subsidies totaling NT$118.44 million to support 1,430 sport activities (Table 30.2) to facilitate sports promotion for people with disabilities between 2016 and 2019. The MOE founded the Facebook group Sports without Disabilities: Sports Resource Sharing for People with Disabilities, in which information, news, details, and feedback related to parasports are shared. This group enables the widespread sharing of parasports information in Taiwan and abroad through county/city organizations and professionals.[[129]](#footnote-129)

# Article 31: Statistics and data collection

1. To determine the living status, healthcare, special education, vocational training, employment, transportation, and welfare requirements of people with disabilities, governments at all levels, pursuant to the PDRPA, conduct needs assessments and service surveys every five years, and consider current policy requirements a survey item. They consult with people with disabilities and their representative organizations during questionnaire development. To make questionnaires more widely accessible and ensure that people with different types of disabilities can complete them, an easy-to-read version has been designed. The MOHW has compiled disability data collected by government agencies and, by referring to the CRPD categorization, systemically established a website section exclusively for statistical inquiries regarding people with disabilities for the reference of all sectors.[[130]](#footnote-130)
2. To compare statistics on populations with disabilities and nondisabled populations and comply with CRPD principles during data collection, the MOHW, in collaboration with people with disabilities and their representative organizations, proposed a human rights indicator framework (draft) in 2019 and held relevant workshops in 2020. The aforementioned framework serves as a reference for governments at all levels to revise their statistical or survey methods, include disability survey items, and facilitate the development of localized human rights indicators. To achieve the goal of developing five to 10 human rights indicators by 2024 as mentioned in the National Human Rights Action Plan, the MOHW intends to regularly monitor the CRPD implementation.[[131]](#footnote-131)
3. Presently, the prison administration system archives the disability type, sex, age, and crime(s) of inmates with disabilities. In labor statistics categorized by different population group on the Labor Statistics Network, a special section for people with disabilities has been created.[[132]](#footnote-132) In this section, data on employment services, employment quota implementation, and vocational training status of said persons are regularly published. The MOL routinely prepares the Survey on the Employment Status of People with Disabilities, with the aim of determining the labor and employment conditions of said people as well as their need for vocational training and employment services.

# Article 32: International cooperation

1. To guarantee the right of people with disabilities to equal international political, economic, and cultural engagement, Taiwan has helped domestic NGOs attend and host international events in recent years, monitored international trends and developments regarding people with disabilities, and implemented cooperative projects with people with disabilities and organizations representing them in countries having diplomatic relations with Taiwan (Table 32.1).
2. Taiwan promulgated the Directions for Attending or Hosting International Health and Welfare Events with Donations and Subsidies from the MOHW to encourage relevant authorities, schools, and organizations to participate in international health affairs. By subsidizing attendance at seminars and event planning meetings for people with disabilities and their representative organizations (Table 32.2), the ministry can improve Taiwan’s health capacity and cultivate individuals skilled to deal with international public health.
3. Intending to engage in international exchanges and cooperation on issues related to people with disabilities, the MOHW is regularly present at the Rehabilitation International World Congress and the Asian Conference on Mental Retardation. In 2019, the ministry subsidized six DPOs to join government delegates in attending the 24th Asian Conference on Mental Retardation, and they won the right to host the 2027 conference. In 2018, the MOHW subsidized social welfare organizations to hold the East Asia Disability Studies Forum as well as attend the Group of Friends on Disability Issues conferences in 2016 and 2017 convened by Asia-Pacific Economic Cooperation group members. In 2017 and 2018, the ministry subsidized people with disabilities and their representative organizations to visit Japan to study the assistive technologies in use by the nation’s disabled welfare organizations, support and care for independent living, and resource integration.[[133]](#footnote-133)

# Article 33: National implementation and monitoring

1. The central and local competent authorities for implementing CRPD are the MOHW and local governments, respectively. These authorities have established relevant committees per the CRPD, which are responsible for promoting disability policies. To implement policies and affairs in accordance with the CRPD, the MOHW employs specialists responsible for managing relevant affairs; case officers and their supervisors regularly attend awareness raising training regarding the rights of people with disabilities. The ministry continues to provide funding and to recruit professionals to serve as staff members of the Committee for the Promotion of the Rights of People with Disabilities (hereinafter referred to as CPRPD), Executive Yuan, and promoting the CRPD.[[134]](#footnote-134)
2. The Executive Yuan’s CPRPD, established pursuant to the Act to Implement the Convention on the Rights of Persons with Disabilities, is a cross-ministerial coordinator. Through regular meetings, research, review, and consultations, the committee is responsible for CRPD promotion and relevant training, supervision of CRPD implementation by all levels of authorities, preparation of a national report, and handling of CRPD violation complaints and relevant matters. CRPD information is concurrently updated on Taiwan’s CRPD website for public reference. The Executive Yuan Directions for the CPRPD in Handling Complaints of CRPD Violation were approved in June 2020, authorizing the committee to handle general matters pertaining to CRPD violations with regard to existing regulations, policies, and systems. [[135]](#footnote-135)
3. The CPRPDs established by governments at all levels allow people with disabilities and their representative organizations to participate in supervision of relevant matters. At present, experts, scholars, and DPOs on any of such committees shall be no less than a certain quota of the total number of the committee members,[[136]](#footnote-136) and each gender shall be no less than one third of the total number of committee members. To encourage DPOs to participate in supervision, the government continues to offer subsidies, thereby providing resources to advocate for the rights of people with disabilities for people with disabilities and their representative organizations.[[137]](#footnote-137)
4. To strengthen the ability of the Control Yuan to promote and safeguard human rights, three bills, including the Organic Act of the Control Yuan National Human Rights Commission, were passed and amended in December 2019. On August 1, 2020, the Control Yuan National Human Rights Commission was officially established. Among the seven ex officio members of this commission with diverse human rights expertise, two are representatives from the rights protection field for people with disabilities. The commission is divided into three divisions, namely research and planning, monitoring visits and operation, and education and exchange divisions, which are responsible for handling matters related to human rights protection of people with disabilities. In this way, the commission aims to fulfill the requirements of the Paris Principles and effectively monitor government compliance with the CRPD.[[138]](#footnote-138)

1. The SEA was enacted to support appropriate education for individuals with learning disabilities, emotional disorders, and 11 other enumerated disabilities. The LTSCA applies to individuals whose physical or mental incapacity has lasted or is expected to last for six months or longer. Individuals protected by these two acts are not limited to those holding a disability ID. The term “disabilities” also appears in the SEA, Act of Insurance for Military Personnel, Act of Military Service System, and Labor Standards Act, allowing people in need to apply for relevant services or benefits; these people are not limited to individuals holding the disability ID referenced in the PDRPA. [↑](#footnote-ref-1)
2. Points 2–4 respond to Points 10 and 11 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-2)
3. The needs assessment must be performed by personnel holding an academic degree in social work, special education, rehabilitation counseling, clinical and counselling psychology, or medical affairs and a certificate in assessment training; assessments are not performed by hospital personnel. [↑](#footnote-ref-3)
4. Namely the representative organizations of persons with disabilities in general comment No. 7 of the CRPD. [↑](#footnote-ref-4)
5. The term “children with disabilities” in Article 7 of the CRPD refers to persons with disabilities under the age of 18 years. However, the terms “children” and “youth,” per the Protection of Children and Youth Welfare and Rights Act in Taiwan, refer to individuals aged < 12 years and those aged 12–17 years, respectively. In this report, CYDs refers to persons with disabilities who are under 18 years of age (i.e., the “children with disabilities” in Article 7 of the CRPD). [↑](#footnote-ref-5)
6. Responds to Points 8, 9, 14, 15, 22c, and 23c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-6)
7. Points 7-11 respond to Points 12 and 13 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-7)
8. Responds to Points 20 and 21 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-8)
9. Responds to Points 16 and 17 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-9)
10. For example, subsidies for rent or loan interest for people with disabilities to rent or purchase houses, maternity benefits, childcare allowances, etc. [↑](#footnote-ref-10)
11. Responds to Points 56c and 57c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-11)
12. Responds to Points 18, 19, 66b, and 67b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-12)
13. Points 17-19 respond to Points 22a and 23a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-13)
14. The priority review list and second-stage review list revealed that 462 laws, regulations, and administrative measures required amendment; notification letters containing corresponding measures and future amendment plans for those yet to be amended shall be sent to relevant authorities and made public in keeping with the intent of the CRPD. This point responds to Points 8, 9, 14, and 15 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-14)
15. For records and statistics compiled by the Control Yuan concerning the rights of people with disabilities, please click “Results of control power exercise” on the official website of the Control Yuan (https://www.cy.gov.tw/cl.aspx?n=132), or “Investigation reports” (https://humanrights.cy.gov.tw/HumanRightsTreaties.aspx?n=340&sms=0) and “Statistics of human rights investigations” (https://humanrights.cy.gov.tw/News.aspx?n=354&sms=90) (under the “Reports” tab) on the official website of the Human Rights Commission. [↑](#footnote-ref-15)
16. Points 22-26 respond to Points 22b and 23b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-16)
17. Responds to Points 44c and 45c in the Concluding Observations of the Initial State Report on the CRPD. [↑](#footnote-ref-17)
18. Points 27 and 28 respond to Points 22c and 23c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-18)
19. Responds to Points 68e and 69e in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-19)
20. Responds to Points 24-27 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-20)
21. Students with disabilities who are recognized by the SEA are not limited to those validated pursuant to an ICF assessment. [↑](#footnote-ref-21)
22. Responds to Points 24 and 25 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-22)
23. Responds to Points 24, 25, 68a, and 69a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-23)
24. Points 39-41 respond to Points 28a and 29a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-24)
25. Responds to Points 28c, 29c, 66c, and 67c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-25)
26. Responds to Points 28c and 29c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-26)
27. Responds to Points 28c and 29c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-27)
28. Responds to Points 28d and 29d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-28)
29. Responds to Points 28b and 29b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-29)
30. Responds to Points 62c and 63c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-30)
31. Points 49-52 respond to Points 30a and 31a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD.

    This point responds to Points 30b and 31b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-31)
32. Points 53-56 respond to Points 30b and 31b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-32)
33. Points 54 and 55 respond to Points 40a and 41a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-33)
34. Points 58-61 respond to Points 30b and 31b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-34)
35. Responds to Points 32a and 33a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-35)
36. Granted to an individual condominium unit(s)/household(s) or a non-condominium building meeting the accessible housing standards of type, scope, facilities, and design. [↑](#footnote-ref-36)
37. Granted to an independent condominium with 5 percent of its individual units and at least three housing units (households) meeting the accessible housing standards of type, scope, facilities, and design. [↑](#footnote-ref-37)
38. Including doors, grab bars, ramps, faucets, fall prevention measures, and bathroom hardware. [↑](#footnote-ref-38)
39. Responds to Points 32a and 33a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-39)
40. Points 69 and 79 respond to Points 32a and 33a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-40)
41. Importance is measured by surveying people with disabilities regarding their primary, secondary, and tertiary modes of transportation using the following equation: primary percent × 1 point + secondary percent × (2/3) point + tertiary percent × (1/3) point. [↑](#footnote-ref-41)
42. Responds to Points 32a and 33a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-42)
43. Easy-read publications refer to an accessible format of public information translated for people with disabilities. [↑](#footnote-ref-43)
44. Responds to Points 56b and 57b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-44)
45. Responds to Points 56b and 57b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-45)
46. Responds to Points 32b and 33b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-46)
47. Points 87-89 respond to Points 34 and 35 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-47)
48. Basic plans for DPP are devised in accordance with the Disaster Prevention and Protection Act, enacted upon approval by the Central Disaster Prevention and Response Council chaired by the Premier of the Executive Yuan, and revised once every five years. The latest plans were announced in 2018; please visit the website of the council for more detail. [↑](#footnote-ref-48)
49. DPP plans adopted by governments at all levels comprise DPP operating plans for 22 types of disasters adopted by central competent authorities and regional DPP plans adopted by 22 municipal and county (city) governments. [↑](#footnote-ref-49)
50. Responds to Points 32a, 36b, 36c, and 37a-c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-50)
51. Responds to Points 36b and 37b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-51)
52. Responds to Points 36d and 37d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-52)
53. Responds to Points 36b and 37b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-53)
54. Points 97(2) ­–(4) respond to Points 56b and 57b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-54)
55. Points 98 and 99 respond to Points 38 and 39 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-55)
56. Please refer to Point 218 of Article 25: Health. [↑](#footnote-ref-56)
57. Responds to Points 40c and 41c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-57)
58. Points 104-106 respond to Points 40c and 41c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-58)
59. Points 109 and 110 respond to Points 40c and 41c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD.

    This point responds to Points 44c and 45c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-59)
60. Points 111 and 112 respond to Points 42a, 42b, 43a, and 43b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-60)
61. Points 115 and 116 respond to Points 42b and 43b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD.

    This point responds to Points 56d and 57d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-61)
62. Points 119 and 120 respond to Points 44b and 45b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-62)
63. Points 124 and 125 respond to Points 46 and 47 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-63)
64. The Act is scheduled to be amended and announced in 2021. [↑](#footnote-ref-64)
65. Points 128–131 respond to Points 46 and 47 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-65)
66. This point responds to Points 40a, 40b, 41a, and 41b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-66)
67. Points 132 and 133 respond to Points 48 and 49 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-67)
68. For regulations protecting the freedom of people with psychiatric disorders, please refer to

    Article 14. [↑](#footnote-ref-68)
69. Responds to Points 50 and 51 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-69)
70. Pursuant to the Budget Act, governmental (unit) budgets and budgets for funds (subordinate unit) are regarded as parts of the general budget. Therefore, their annual revenues and annual expenditures must be compiled into the general budget and handled according to the planning, compilation, review, formation, and implementation procedures specified in the act. As per the Directions for Utilization and Management of Public Welfare Lottery Feedback Funds, all feedback funds from public welfare lotteries shall be compiled into the budget of annual revenues by the Ministry of Finance. Subsequently, authorities shall compile the funds into their annual budget and apply these funds for the exclusive purposes of employment services for underprivileged groups, social welfare promotion, research and development of public welfare lottery feedback systems, and image building. Since 2007, competent authorities of all types have been granted specific allowances. Therefore, the Public Welfare Lottery Fund constitutes a resource for the entire government budget with a legitimate and stable funding source. [↑](#footnote-ref-70)
71. Responds to Points 52c and 53c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-71)
72. Responds to Points 52c and 53c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-72)
73. Points 140 and 141 respond to Points 52a, 52b, 53a, and 53b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-73)
74. Responds to Points 52a and 53a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-74)
75. Points 142-144 respond to Points 52a and 53a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-75)
76. Points 146 and 147 respond to Points 52a and 53a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-76)
77. Responds to Points 52b and 53b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-77)
78. Points 153-158 respond to Points 54a and 55a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-78)
79. Responds to Points 54a and 55a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-79)
80. Points 162 and 163 respond to Points 54b and 55b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-80)
81. Points 165 and 166 respond to Points 56a, 56e, 57a, 57e, 62g, and 63g in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-81)
82. Points 167 and 168 respond to Points 56a and 57a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD.

    This point responds to Points 563 and 573 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-82)
83. Points 169 and 170 respond to Points 56b and 57b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-83)
84. Responds to Points 56b and 57b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-84)
85. Responds to Points 56b and 57b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-85)
86. Responds to Points 58b and 59b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-86)
87. Article 3 of the Directions for Requesting Data from the Insurer of National Health Insurance states, “The business data or personal data requested from the insurer shall be handled in accordance with these Directions, the Freedom of Government Information Law, PDPA, and relevant regulations.” [↑](#footnote-ref-87)
88. Article 7 of the Regulations Governing the Production and Issuance of the National Health Insurance IC Card and Data Storage states, “A beneficiary may set up a password on his or her NHI IC Card to restrict the access to his or her personal NHI data, data of medical services and data of health administration.” [↑](#footnote-ref-88)
89. Article 11 of the Regulations Governing the Production and Issuance of the National Health Insurance IC Card and Data Storage states, “When providing medical services for beneficiaries, contracted medical care institutions shall access medical records already stored in or uploaded through NHI IC Cards, or beneficiaries’ medical visit results and medical treatment expenses information provided by contracted medical care institutions, based on medical needs. Notwithstanding, the medical care institutions may not access the aforementioned records if a beneficiary sets up a password to restrict the access to data.” [↑](#footnote-ref-89)
90. Responds to Points 58c and 59c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-90)
91. Responds to Points 58a and 59a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-91)
92. Responds to Points 58c and 59c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-92)
93. Responds to Points 60b, 60c, 61b, 61c, 64b, and 65b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-93)
94. Responds to Points 60b and 61b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-94)
95. Responds to Points 60c and 61c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-95)
96. Points 188 and 189 respond to Points 60a and 61a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-96)
97. Parents, guardians, interested parties, or children and youth welfare institutions may apply to the local competent authority for placement and protection of children who are unable to lead a normal life due to severe disaster having hit their families. [↑](#footnote-ref-97)
98. Responds to Points 60c and 61c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-98)
99. Responds to Points 62a, 62c, 63a, and 63c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-99)
100. Responds to Points 62a, 62d, 62f, 63a, 63d, and 63f in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-100)
101. Responds to Points 62a, 62b, 63a, and 63b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-101)
102. Responds to Points 62b, 62d, 63b, and 63d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-102)
103. Points 202 and 203 respond to Points 62e and 63e in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-103)
104. Responds to Points 64a and 65a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-104)
105. Responds to Points 64b, 64d, 65b, and 65d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-105)
106. Points 218 and 219 respond to Points 44a, 45a, 64c, and 65c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-106)
107. Responds to Points 66(a) and 67(a) in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-107)
108. Responds to Points 66a, 66b, 67a, and 67b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-108)
109. Points 226–228 respond to Points 64e and 65e in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-109)
110. Responds to Points 64f, 65f, 66d, and 67d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-110)
111. Respond to Points 68a, 68c, 69a, and 69c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-111)
112. Respond to Points 68g and 69g in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-112)
113. Points 239 and 249 respond to Points 68d and 69d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-113)
114. By referring to the SDGs Indicator 16.7.1. [↑](#footnote-ref-114)
115. Responds to Points 68f and 69f in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-115)
116. Responds to Points 68h and 69h in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-116)
117. For example, NHI, occupation-based civil servant and teacher insurance, labor insurance, farmers’ insurance, insurance for military personnel, and retirement insurance. [↑](#footnote-ref-117)
118. Responds to Points 70c and 71c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-118)
119. Responds to Points 70a and 71a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-119)
120. Points 251 and 252 respond to Points 70d and 71d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD.

     This point responds to Points 52a and 53a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-120)
121. Responds to Points 70b and 71b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-121)
122. Responds to Points 72a and 73a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-122)
123. Points 255 and 256 respond to Points 72c and 73c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-123)
124. The costs of easy-read voting manuals, voting booths for people with disabilities, voting auxiliaries for people with visual impairment, and simple accessible facilities at polling stations were NT$331,000, NT$1.728 million, NT$980,000, and NT$4.199 million, respectively. [↑](#footnote-ref-124)
125. Points 258 and 259 respond to Points 74a and 75a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD.

     This point responds to Points 74c and 75c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-125)
126. Responds to Points 74b and 75b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-126)
127. Points 269 and 270 respond to Points 74d and 75d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-127)
128. The programs include television series, television films, and creative audiovisual programs with new media, cross-platform content, and children’s programs. [↑](#footnote-ref-128)
129. Responds to Points 74a and 75a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-129)
130. Please visit https://dep.mohw.gov.tw/DOS/lp-4646-113.html [↑](#footnote-ref-130)
131. Responds to Points 76 and 77 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-131)
132. Please visit https://www.mol.gov.tw/statistics/2462/19476/ [↑](#footnote-ref-132)
133. Responds to Points 78 and 79 in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-133)
134. Responds to Points 80a and 81a in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-134)
135. Responds to Points 80b and 81b in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-135)
136. The percentage of experts, scholars, people with disabilities, and their representative organizations shall be no less than half of the total number of the Executive Yuan’s CPRPD members. At present, no less than one third of the total committee seats on any CPRPD shall be held by such parties; the government is attempting to amend existing regulations and stipulate that people with disabilities must constitute at least one-quarter of the total seats. [↑](#footnote-ref-136)
137. Responds to Points 80d and 81d in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-137)
138. Responds to Points 80c and 81c in the Concluding Observations of the Initial Report of the Republic of China (Taiwan) on the CRPD. [↑](#footnote-ref-138)