

COMPARATIVE ANALYSIS OF HEALTH LAWS IN TAIWAN AND INDIA: IMPLICATIONS FOR WOMEN'S RIGHTS AND GENDER EQUITY IN HEALTHCARE

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❖ Abstract

Healthcare law plays a pivotal role in shaping the accessibility, affordability, and equity of medical services across nations, particularly for women whose health needs are often marginalized within broader policy frameworks. This paper undertakes a comparative study of the legal structures governing healthcare in Taiwan and India, with a specific focus on their implications for women's rights. Taiwan's National Health Insurance Act (NHI), first enacted in 1995 and subsequently updated, has established a legally binding model of universal health coverage that guarantees comprehensive medical services to all citizens and residents, including gender-sensitive provisions such as maternal care, reproductive health services, and preventive screenings. Complementary legislation, including the National Health Insurance Data Management Act, further safeguards women's privacy in reproductive and health data, reinforcing autonomy and dignity in healthcare access. Together, these laws position Taiwan as a global leader in equitable and resilient healthcare governance with strong protections for women's health rights.

In contrast, India's healthcare system is primarily guided by Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY) and the National Health Policy 2017, which represent ambitious reforms aimed at expanding coverage to millions of citizens. While Ayushman Bharat is the world's largest government-funded health insurance scheme, providing up to ₹5 lakh per family annually for secondary and tertiary care, its uneven implementation across states disproportionately affects women in rural and informal sectors. The absence of a binding national law guaranteeing universal healthcare access results in disparities in maternal health, reproductive rights, and workplace protections for women. Recent policy initiatives, including expanded coverage for gig workers and exemptions on life-saving drugs,

demonstrate progress but remain policy-driven rather than enforceable legal rights, leaving women's health security vulnerable to administrative discretion.

Through comparative analysis, this paper identifies Taiwan's success as rooted in legislative certainty and enforceability, particularly in safeguarding women's health rights, while India's challenges stem from reliance on policy frameworks without constitutional or statutory guarantees. The study concludes that India could significantly strengthen its healthcare system by codifying universal health coverage into binding legislation, introducing legal caps on co-payments, and centralizing governance to ensure uniformity across states. By drawing lessons from Taiwan's legislatively entrenched model, India has the potential to transform its healthcare landscape into one that is not only ambitious in scope but also equitable, enforceable, and gender-sensitive in practice—ensuring women's rights are fully integrated into the nation's health law framework.

Keywords: Universal Health Coverage, National Health Insurance Act (Taiwan), Ayushman Bharat – PM-JAY (India), Healthcare Legislation, Gender Equity in Health Law, Reproductive and Maternal Health Rights, Health Policy and Gender Justice, Access to Healthcare for Women, Judicial Protection of Women's Health Rights, Gender-Sensitive Healthcare Governance

❖ Introduction

Healthcare is universally recognized as a cornerstone of human development and social justice, and its design and enforcement directly influence the realization of women's rights and gender equity. The manner in which nations structure their healthcare laws reflects not only their commitment to public welfare but also their constitutional values and governance priorities. Legal frameworks determine whether healthcare is treated as a fundamental right or remains a policy aspiration, shaping accessibility, affordability, and equity across populations—with women often bearing the brunt of systemic gaps in coverage and enforcement.

Taiwan stands out globally for its National Health Insurance Act (NHI), enacted in 1995 and subsequently updated, which consolidated fragmented insurance schemes into a single-payer system. By mandating universal coverage, income-based premiums, and strict caps on co-payments, Taiwan transformed healthcare into a legally enforceable entitlement. Importantly, the NHI integrates gender-sensitive provisions such as maternal care, reproductive health

services, and preventive screenings, ensuring that women's health needs are not sidelined. Complementary legislation, such as the National Health Insurance Data Management Act, further strengthens protections by safeguarding patient privacy—including sensitive reproductive health data—and regulating its use. Together, these laws have created a resilient, equitable, and trusted healthcare framework that is often cited as a global benchmark, particularly for advancing women's rights in healthcare governance.

India, by contrast, has pursued ambitious reforms through Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY) and the National Health Policy 2017. Ayushman Bharat, the world's largest government-funded health insurance scheme, provides financial protection to millions of families, including women in vulnerable households. The National Health Policy articulates a vision for Universal Health Coverage, emphasizing primary care and digital health integration. Yet, India's healthcare remains largely policy-driven, with health constitutionally designated as a state subject. This decentralization, coupled with the absence of a binding national law guaranteeing universal healthcare, has resulted in uneven implementation and persistent disparities. Women, particularly those in rural areas and the informal sector, face disproportionate barriers in accessing maternal care, reproductive health services, and workplace protections.

This paper undertakes a comparative legal analysis of Taiwan and India, highlighting the structural differences between a legislatively entrenched system and a policy-driven approach, with specific reference to women's rights and gender equity. By examining statutory provisions, governance structures, and enforcement mechanisms, the study seeks to identify lessons India can draw from Taiwan's model. The central argument is that legislative certainty and enforceability are critical to achieving equitable and resilient healthcare systems that uphold women's rights, protect reproductive autonomy, and advance gender justice in healthcare delivery.

❖ Literature Review:

➤ Taiwan

Taiwan's healthcare system has been extensively studied in global health law and policy literature, with scholars such as Cheng (2019) and Hsiao (2021) consistently describing the National Health Insurance (NHI) as a “global benchmark” for universal coverage. Introduced in 1995, the NHI consolidated fragmented insurance schemes into a single-payer system,

thereby ensuring that all citizens and residents are legally entitled to healthcare services. Academic studies emphasize the efficiency of this model, noting that pooling risks and resources at the national level reduces administrative costs and enhances equity.

From a gender perspective, scholars highlight that Taiwan's NHI integrates maternal and reproductive health services into its benefits package, including prenatal care, safe delivery, contraception, and preventive screenings. This legal entrenchment ensures that women's health needs are not left to policy discretion but are enforceable entitlements. The tripartite financing structure—income-based premiums, government subsidies, and employer contributions—has been praised for balancing fairness with fiscal responsibility, thereby reducing financial barriers for women, especially those in lower-income households.

Recent literature also focuses on the National Health Insurance Data Management Act, which governs the use of Taiwan's vast health data repositories. Researchers commend this legislation for striking a balance between innovation—such as enabling big data analytics for public health research—and privacy protection. Importantly, the Act safeguards sensitive reproductive and maternal health data, reinforcing women's autonomy and dignity. Strict penalties for misuse of health data (up to NT\$10 million) further strengthen public trust, making Taiwan's system a model of gender-sensitive healthcare governance.

➤ **India**

India's healthcare reforms have attracted significant scholarly attention, particularly with the launch of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY) in 2018. Literature by Kumar (2020) and Gupta (2022) highlights the unprecedented scale of this initiative, recognized as the world's largest government-funded health insurance scheme. Covering over 50 crore citizens, PM-JAY provides up to ₹5 lakh per family annually for secondary and tertiary care. Scholars note that this scheme represents a major step toward expanding access to healthcare for economically vulnerable populations, including women in low-income households.

However, critiques emphasize implementation challenges. India's federal structure, where health is constitutionally a state subject, has led to uneven adoption and enforcement of Ayushman Bharat across regions. This unevenness disproportionately affects women, particularly in rural and informal sectors, where maternal care, reproductive health services, and workplace protections remain inconsistent.

The National Health Policy 2017 is frequently cited as a visionary document articulating India's commitment to Universal Health Coverage (UHC). It emphasizes primary care, preventive health, and digital integration through platforms such as eSanjeevani telemedicine. Yet, scholars criticize the policy for lacking enforceable legal mechanisms. Unlike Taiwan's NHI Act, India's health policy remains aspirational, relying on administrative will rather than statutory guarantees. This gap between vision and enforceability is especially significant for women, whose health rights remain vulnerable to regional disparities and policy discretion.

➤ **Comparative Studies**

Global health law scholars, notably Gostin (2020), argue that countries with legally binding healthcare laws achieve greater equity, resilience, and accountability than those relying solely on policy frameworks. Comparative analyses of Taiwan and India reinforce this argument. Taiwan's NHI Act legally mandates universal coverage, making healthcare a right rather than a privilege, and explicitly integrates women's health services into its statutory framework. India, by contrast, has pursued ambitious reforms through policy instruments, but the absence of a binding national law has limited their effectiveness, leaving women's health rights unevenly protected.

Scholarly comparisons underscore the importance of statutory guarantees in achieving universal health coverage and gender equity. Taiwan's experience demonstrates that enforceable legislation can ensure equity, regulate costs, protect data privacy, and safeguard women's reproductive and maternal health rights. India's reliance on policy-driven initiatives, while commendable in scale, leaves gaps in coverage, enforcement, and accountability—particularly for women in marginalized communities. The literature thus positions Taiwan as a model for India, suggesting that codifying healthcare rights into law, with explicit gender-sensitive provisions, could significantly strengthen India's healthcare system and advance women's rights in practice.

❖ **Objectives**

- To examine Taiwan's healthcare laws and their impact on women's rights and gender equity.
- To analyze India's healthcare policies and gaps in enforceability affecting women's health rights.

- To compare strengths and weaknesses of both systems in safeguarding women's healthcare.
- To propose recommendations for India based on Taiwan's legislatively entrenched, gender-sensitive model.

❖ Research Methodology

This study adopts a comparative legal analysis to evaluate healthcare systems in Taiwan and India, with a particular emphasis on their implications for women's rights and gender equity. The methodology focuses on examining differences in enforceability, accessibility, and resilience of healthcare laws, while assessing how these frameworks address gender-sensitive health needs such as reproductive rights, maternal care, workplace protections, and equitable access to healthcare services. Primary legal texts form the foundation of this research, including Taiwan's National Health Insurance Act and National Health Insurance Data Management Act, alongside India's National Health Policy 2017, Ayushman Bharat – PM-JAY provisions, and relevant budgetary allocations. These sources are supplemented by government reports, judicial decisions, scholarly articles, and international data from organizations such as WHO, UN Women, and the World Bank to ensure a comprehensive and globally contextualized analysis. A section-wise approach is employed to study five critical dimensions—universal coverage, equity and affordability, data protection and privacy, governance structures, and preventive and reproductive care—each analyzed through a gender lens. Comparative tables and thematic analysis are used to highlight similarities, differences, and gaps between Taiwan's legislatively entrenched model and India's policy-driven approach. The scope is deliberately focused on these areas to ensure depth of analysis while maintaining relevance to both legal scholarship and gender-sensitive public health policy.

❖ Research Problem

Problem: India's healthcare system, despite ambitious reforms, lacks binding legislation guaranteeing universal healthcare, leaving women's rights vulnerable to inequities and uneven implementation. In contrast, Taiwan's legislatively entrenched model ensures enforceable universal coverage with strong gender-sensitive protections, highlighting the need for India to codify healthcare rights into law.

❖ Hypothesis:

If India codifies universal health coverage into enforceable legislation, modeled on Taiwan's National Health Insurance Act, it can achieve greater equity, resilience, and efficiency in healthcare delivery, while ensuring stronger protection of women's rights, reproductive autonomy, and gender equity in access to healthcare services.

❖ Analysis and Interpretation / Findings

Taiwan's Legal Framework

Taiwan's healthcare system is firmly anchored in legislation, with the National Health Insurance Act (1995) serving as its foundation. By consolidating fragmented insurance schemes into a single-payer model, the Act transformed healthcare into a statutory right for all citizens and residents. Its key features include income-based premiums, strict caps on co-payments, and a comprehensive benefits package covering outpatient care, inpatient services, dental care, maternity services, and preventive health programs. These provisions ensure fairness, financial sustainability, and protection against catastrophic health expenditures, particularly benefiting women in low-income households who are disproportionately vulnerable to healthcare costs.

The Constitutional Court ruling of 2022 further reinforced equity by mandating universal participation in the NHI system, abolishing exemptions for overseas residents. This decision strengthened solidarity in healthcare financing and underscored the principle that healthcare is a collective responsibility, equally applicable to women and men.

With the rise of digital health technologies, Taiwan enacted the National Health Insurance Data Management Act (2025) to regulate the use of its extensive health data repositories. The Act introduced strict rules on data use, opt-out rights, transparency requirements, and heavy penalties for misuse. These safeguards are particularly significant for women, as they protect sensitive reproductive and maternal health data, reinforcing autonomy and privacy in healthcare governance.

Preventive care is also legally mandated under Taiwan's NHI framework. Citizens are entitled to routine screenings, vaccinations, and health promotion programs, including maternal health initiatives. By embedding preventive care into law, Taiwan shifts the focus

from curative to preventive healthcare, reducing long-term costs and improving population health outcomes, with clear benefits for women's health equity.

India's Policy Framework

India's healthcare system, in contrast, remains policy-driven. The launch of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY) in 2018 marked a significant reform, providing up to ₹5 lakh per family annually for secondary and tertiary care and covering over 50 crore citizens. While ambitious in scale, PM-JAY's reliance on policy instruments rather than statutory guarantees limits its enforceability and uniformity across states. Women, particularly in rural and informal sectors, face uneven access to maternal and reproductive health services due to disparities in state-level implementation.

The National Health Policy (2017) articulates India's vision for Universal Health Coverage, emphasizing primary care, preventive health, and digital integration through platforms such as *eSanjeevani* telemedicine. However, the policy remains aspirational, lacking enforceable legal mechanisms. As a result, women's health rights—including reproductive autonomy and workplace protections—are not uniformly guaranteed.

Recent Union Budget reforms have expanded coverage to gig workers, exempted life-saving drugs from customs duty, and proposed cancer care centers. While these initiatives demonstrate progress, they remain policy measures rather than enforceable rights. Their success depends on consistent implementation across states, leaving women's health security vulnerable to administrative discretion.

The absence of a binding national law guaranteeing universal healthcare constitutes a major legal gap. Health remains a state subject under India's Constitution, leading to fragmentation, coverage gaps, and accountability issues. Women, especially those in marginalized communities, are disproportionately affected by these systemic weaknesses.

Overall Findings

The comparative analysis reveals that Taiwan's healthcare system is legally entrenched, ensuring universal coverage, equity, preventive care, and privacy protection, with explicit safeguards for women's health rights. India's system, while ambitious in scale, remains policy-driven and lacks statutory guarantees, resulting in uneven implementation and

persistent inequities in women's healthcare access. Taiwan's success lies in binding legislation that makes healthcare a legal right, while India's reliance on policy initiatives perpetuates disparities across states. Strong data protection and preventive care mandates in Taiwan highlight the importance of statutory certainty, whereas India continues to struggle with fragmented approaches that disproportionately impact women.

Comparative Table (Women's Rights)

Aspect	Taiwan (Legislative Model)	India (Policy Model)
Universal Coverage	Legally mandated under NHI Act, includes maternal & reproductive health	Policy-driven, not legally guaranteed; uneven maternal care access
Co-payment Regulation	Strict legal caps protect households, especially women	No uniform legal cap; women often face catastrophic costs
Data Protection	NHI Data Act safeguards reproductive health data	Fragmented, pending legislation; women's privacy vulnerable
Equity Enforcement	Mandatory premiums ensure fairness across genders	Coverage gaps in informal sector, disproportionately affecting women
Preventive Care	Legally integrated screenings, vaccinations, maternal health programs	Policy emphasis, uneven implementation across states
Governance	Centralized, enforceable rights	Decentralized, state subject; women's rights vary regionally

Key Findings

- Taiwan's success lies in binding legislation that makes healthcare a legal right, explicitly protecting women's health.
- India's reliance on policy initiatives leads to disparities across states, leaving women's rights unevenly realized.
- Strong data protection in Taiwan contrasts with India's fragmented approach, particularly in safeguarding reproductive health data.
- Preventive care is legally mandated in Taiwan, while India struggles with uneven maternal and reproductive health implementation.

❖ Conclusion

Taiwan's healthcare system, built on binding legislation like the National Health Insurance Act, ensures universal coverage, equity, preventive care, and strong protections for women's health rights. India's reforms, such as Ayushman Bharat and the National Health Policy 2017, have expanded access but remain policy-driven, lacking statutory guarantees and uniform implementation. To advance women's rights and gender equity in healthcare, India must codify universal health coverage into law, enforce cost controls, and strengthen governance.

❖ Suggestions / Recommendations

- Codify universal health coverage into binding national legislation with explicit gender-sensitive provisions.
- Introduce legal caps on co-payments and hospitalization costs to protect women from financial hardship.
- Strengthen data protection laws to safeguard reproductive and maternal health information.
- Centralize governance to ensure uniform healthcare standards across states.
- Mandate preventive care (screenings, vaccinations, maternal health programs) through statutory guarantees.
- Extend coverage to informal workers, rural populations, and marginalized women to ensure equity.

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