

# South Korea



## Health systems

Economic classification: **High Income**

### Health systems summary

South Korea has a universal National Health Insurance Service (NHIS) through which it has achieved universal health coverage. Participation in NHIS is mandatory, with employees paying insurance premiums in advance from their pay and later co-payments when and if they use services. The contributions from employers and employees are the main funding source of the national service but it is supplemented by government subsidies and tobacco surcharges. Veterans and those with low income are eligible for a free medical aid programme that is provided by the national health insurance service and subsidised by local government – this covers approximately 3% of the population.

As the NHIS does not cover 100% of medical bills, much of the population have private health insurance, and out of pocket expenditure can be high. South Korea has among the highest private expenditure among OECD countries - it is estimated that 36% of total expenditure is out of pocket.

### Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	Some progress
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes
In practice, how is obesity treatment largely funded?	Out of pocket

## Perceived barriers to treatment

Obesity not  
recognised as a  
disease

High cost of out of  
pocket payments

Stigma

Obesogenic  
environment

Failure in primary care

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## Summary of stakeholder feedback

Generally, stakeholders felt that neither the government nor the healthcare financing mechanisms fully recognise obesity as a disease. It was considered, however, that this was starting to change as obesity prevalence rises. There is said to be few programmes concerning obesity prevention.

Similarly, it was reported that most of the Korean population do not believe obesity to be a disease (or a medical issue at all). The result is that few people living with obesity enter the health system. Despite a BMI of  $>25 \text{ kg/m}^2$  being the official cut-off for obesity in South Korea, it tends to be only those with comorbidities that get treatment. Generally, there are no clear pathways nor is there an obesity-specific referral system.

Due to the lack of coverage under the NHIS scheme, treatment is mostly paid for out-of-pocket. It was acknowledged that this may start to change as the NHIS started covering bariatric surgery in January 2019.

There is said to be an inadequate number of suitably qualified obesity treatment professionals in South Korea and no official national guidelines. All stakeholders noted, however, that academic and professional societies have produced obesity guidelines for adults and children. Specialist obesity training is limited.

*Based on interviews/survey returns from 3 stakeholders*

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