# Report card

## South Korea

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Obesity prevalence

Adults, 2017

Survey type: Measured
Age: 19+
Sample size: 6126
Area covered: National


Definitions: World Health Organization criteria for Asians are used: 1) underweight (BMI < 18.5), 2) normal weight (18.5 ≤ BMI < 23.0), 3) overweight (23.0 ≤ BMI < 25.0), and 4) obese (BMI ≥ 25.0) [17].

Cutoffs: WHO Asia

Unless otherwise noted, overweight refers to a BMI between 25kg/m² and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2013-2016

Survey type: Measured
Age: 10-17
Sample size: 2685
Area covered: National


Notes: NB. Combined child data estimated. These estimates were calculated by weighting male and female survey results.

Cutoffs: Other
% Adults living with obesity in South Korea 1998-2014
% Adults living with overweight or obesity by socioeconomic group in South Korea 1998-2014

Women

Survey type: Measured

References: Jae Yong Lee, Yi-Ryoung Lee, Hyoung-Ryoul Kim, Jun-Pyo Myong, Mo-Yeol Kang, Trends in Obesity Prevalence by Occupation Based on Korean National Health and Nutrition Examination Survey From 1998 to 2015, Safety and Health at Work Vol 11 (1);2020:97-103

Notes: 2007-9 (marked as 2008), 2010-2012 (marked as 2011), 2013-15 (marked as 2014)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Survey type: Measured


Notes: 2007-9 (marked as 2008), 2010-2012 (marked as 2011), 2013-15 (marked as 2014)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in South Korea 1998-2014

Survey type: Measured


Notes: 2007-9 (marked as 2008), 2010-2012 (marked as 2011), 2013-15 (marked as 2014)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by age

Adults, 2011

Survey type: Measured
Sample size: 6155
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by region

Adults, 2017

Survey type: Measured
Age: 19+
Sample size: 6126
Area covered: National


Definitions: World Health Organization criteria for Asians are used: 1) underweight (BMI < 18.5), 2) normal weight (18.5 ≤ BMI < 23.0), 3) overweight (23.0 ≤ BMI < 25.0), and 4) obese (BMI ≥ 25.0) [17].

Cutoffs: WHO Asia

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by socio-economic group

Men, 2014

Survey type: Measured
Age: 19-65


Notes: 2007-9 (marked as 2008), 2010-2012 (marked as 2011), 2013-15 (marked as 2014)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Women, 2014**

- **Survey type:** Measured
- **Age:** 19-65
- **Notes:** 2007-9 (marked as 2008), 2010-2012 (marked as 2011), 2013-15 (marked as 2014)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

Children, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation http://ghdx.healthdata.org/
Definitions: Estimated per-capita fruit intake (g/day)
Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanuatu</td>
<td>0</td>
</tr>
<tr>
<td>Solomon Is.</td>
<td>0</td>
</tr>
<tr>
<td>Samoa</td>
<td>0</td>
</tr>
<tr>
<td>Malaysia</td>
<td>1</td>
</tr>
<tr>
<td>Philippines</td>
<td>2</td>
</tr>
<tr>
<td>Fiji</td>
<td>2</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>3</td>
</tr>
<tr>
<td>Singapore</td>
<td>4</td>
</tr>
<tr>
<td>Vietnam</td>
<td>5</td>
</tr>
<tr>
<td>Cambodia</td>
<td>6</td>
</tr>
<tr>
<td>South Korea</td>
<td>9</td>
</tr>
<tr>
<td>Australia</td>
<td>11</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>11</td>
</tr>
<tr>
<td>New Zealand</td>
<td>12</td>
</tr>
<tr>
<td>Tahiti</td>
<td>13</td>
</tr>
<tr>
<td>Laos</td>
<td>15</td>
</tr>
<tr>
<td>Japan</td>
<td>18</td>
</tr>
<tr>
<td>China</td>
<td>24</td>
</tr>
<tr>
<td>Mongolia</td>
<td>35</td>
</tr>
</tbody>
</table>

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Incidence per 100,000


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008

References:

Definitions:
% Raised total cholesterol (\(\geq 5.0\) mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
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

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

- Obesity not recognised as a disease
- High cost of out of pocket payments
- Stigma
- Obesogenic environment
- Failure in primary care

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 kg/m² 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

Last updated: June 2020