

South Korea: Obesity Health System



Economic classification



High Income¹

Health system summary

South Korea has a universal National Health Insurance Service (NHIS) through which it has achieved universal health coverage. Participation into NHIS is mandatory, with employees paying insurance premiums in advance from their pay and later, co-payment 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 for by local government – this covers approximately 3% of the population.²

As the NHIS does not cover 100% of medical bills, much of the population have private health insurance in South Korea 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.³

Where is South Korea's government in the journey towards defining 'Obesity as a disease'?



Where is South Korea's healthcare provider in the journey towards defining 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



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Obesity prevalence

UNK%	UNK%
Women	Men
7.9%	8.8%
Girls	Boys

Overweight prevalence

UNK%	UNK%
Women	Men
10.7%	12.0%
Girls	Boys

Key prevention policies

- ⇒ Mandatory nutrient list on pre-packaged foods
- ⇒ Ban on sale of certain unhealthy foods in schools
- ⇒ Ban on TV advertising of unhealthy foods to children

Summary of stakeholder feedback*

Generally, stakeholders felt that neither the government nor the healthcare financing mechanisms fully recognised 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 been 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*

Perceived barriers to treatment



Obesity not recognised as a disease



High cost of out of pocket payments



Stigma



Obesogenic environment



Failure in primary care

References

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3. <https://www.oecd.org/korea/Health-Policy-in-Korea-April-2016.pdf> (last accessed 27.05.20)

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