



South Korea (Republic of Korea)

Obesity Health System Country Report Card

Economic Classification

High income¹

In 2017, South Korea had a 3.6% unemployment rate according to national definitions and coverage².

Health System Summary

South Korea has a universal National Health Insurance through which it has achieved universal health coverage. Participation into the scheme is mandatory, with individuals paying insurance premiums in advance from their pay and later co-payments (which can vary from 5-60%) when and if they use services³. The contributions from employers and employees are the main funding source of the National service. 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 population⁴.

Despite the National Insurance, out of pocket expenditure is high and financial protection poor in South Korea. In 2012, out of pocket expenditure was estimated to be 36% of total expenditure on health⁵. To address this, the Korean government has been encouraging the expansion of private health insurance in recent years.

Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	● (Defined as disease, ●: Partial, ●: No, ●: Not known)
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	● (Defined as disease, ●: Partial, ●: No, ●: Not known)
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

² https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf (last accessed 06.11.2018)

³ http://www.coopami.org/en/countries/countries/south_korea/social_protection/pdf/social_protection05.pdf (last accessed 20.11.2018)

⁴ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5031343/pdf/12913_2016_Article_1746.pdf (last accessed 20.11.2018)

⁵ <https://core.ac.uk/download/pdf/51181179.pdf> (last accessed 20.11.2018)

(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Not known)	
At what level of obesity are people usually eligible to access healthcare? (●: BMI ≥ 30 , ●: ≥ 35 , ●: ≥ 35 + co-morbidities or ≥ 40 kg/m ² , ●: not defined or not known)	●
Is there a system for training health professionals to recognise, treat and manage obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●

Findings from stakeholders⁶

Overview of stakeholder feedback

Generally, stakeholders felt that neither the government nor the healthcare financing mechanisms currently recognised obesity as a disease. It was felt that this was starting to change as obesity prevalence was increasing. There are few programmes concerning obesity prevention.

It was said that the bulk of the Korean population do not believe obesity to be a disease (or a medical issue at all), and so few enter the health system. Generally, a BMI of >25 kg/m² is considered to be obese in South Korea, but it tends to be only those with comorbidities that get treatment. Obesity is managed with education and pharmacotherapy in primary care and bariatric surgery in secondary and tertiary care. Treatment is mostly paid for out-of-pocket, but it was acknowledged that this is due to change in 2019 as bariatric surgery is to be covered by insurance. There is said to be an inadequate number of suitably qualified obesity treatment professionals in South Korea, with dieticians particularly short in supply.

⁶ Note that this section is based on interviews and/or survey returns from 3 stakeholders.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in South Korea⁷:

1. Obesity not considered to be a disease
2. Obesity treatment not covered by medical insurance
3. Obesogenic environment
4. Lack of faith in professional obesity treatment
5. Lack of multidisciplinary treatment
6. People think they can lose weight alone

⁷ In no particular order