Life Expectancy and Health Span of OECD Countries (2019)

The introduction of modern medical science paralleled economic growth. Together the national interest in health grew and led to an increase in life expectancy. Life expectancy in Korea, with an abundance of well-trained medical personnel, high-tech equipped medical facilities, and a systematically maintained health screening system, is very high in the world. Through the introduction of a universal health insurance system, all citizens enjoy the benefits of health insurance. However, there are problems in which the medical expenses have increased due to an aging population and health span of the number of years that one lives in good health that is shorter than it is for other OECD countries. In addition, there are also rising worldwide health problems that need solutions, such as non-communicable diseases due to the change in lifestyle habits, differences between metropolitan and rural areas in accessing health care, and the outbreak of pandemic diseases. The issue of welfare is widely debated in Korean society. The issue of welfare is widely debated in Korean society. The aging cohort, and the decline in the population birth rate have become urgent problems that need to be solved.

As a percentage of the national GDP, Korea’s medical expenditure was 6.2% in 2019, lower than those of major countries of the OECD. However, medical expenditures have continually increased as a result of an aging population and the increased interest in health care. Medical expenditures are classified into two categories: the public financial resources of state and social security division and the private financial resources of private insurance and personal expenses. In the case of medical expenses, public financial resources have rapidly increased enough for the decrease during the mid-2010s. Therefore, an important issue for Korea is how to balance demands for strengthening social security and increased health care spending with demands for fiscal sustainability by the government.
Korea’s medical institutions are largely divided into clinics, hospitals, and general hospitals, depending on the size of the institution. Mild diseases are treated at widely distributed clinics. Oriental medicine hospitals and clinics provide medical services based on oriental medicine. On the other hand, some clinics such as plastic surgery and dermatology are spatially concentrated in the Seoul Metropolitan Area.

Medical access is greatly increased because general clinics and medical institutions are mainly distributed in large metropolitan areas. Using general hospitals for major surgery or long-term hospitalization is difficult in rural areas or small and medium-sized towns. Most of the medical institutions in Korea are private, and the proportion of public health and medical institutions is only about 5.7%, the lowest among OECD countries. The expansion of public health and medical institutions is emerging as an issue.

COVID-19, a global pandemic declared by the World Health Organization on March 11, 2020, changed people’s daily lives around the world and brought an initial burst of great shock and fear. In Korea, the first confirmed case was reported in January 2020. In February 2020, confirmed cases increased significantly, centering on mass infection in religious facilities in Daegu and Gyeongbukdo. As a result, the number of confirmed cases was managed at a low level compared to other countries.

The ‘3T’ strategy for COVID-19 is screening stations and temporary screening stations. Screening stations are designated mainly to public health centers and medical institutions. On the other hand, temporary screening stations are also installed when and where necessary to increase the number of inspections in response to the COVID-19 situation. Screening stations conduct tests on people suspected of having COVID-19 symptoms, while temporary screening stations conduct tests regardless of symptoms. However, the guidelines have been changed to allow tests of asymptomatic patients in screening stations. There are no functional differences between these two types of screening stations.
The cause of death has consistently changed according to changes in lifestyle, dietary habits, the development of early health care, and improvements in medical technology. Among the causes of death, cancer accounted for the largest proportion. The increase in cancer patients is related to early diagnosis through health screening, the development of medical technology, for diagnosing cancer, and a change in lifestyle. Recent studies revealed that the middle-age population group is very high death rate from cardiovascular disease. The cause of death does not show a big difference by region because Koreans share a relatively similar environment and lifestyle.

Regular health screening, which has led to the systematic management of health and early diagnosis of disease, has greatly contributed to enhancing national health. Korea has established a specialized medical screening program by age and gender and has encouraged consistent medical checkups. Currently, this program serves more than 70% of the population to take regular medical checkups with additional medical checkups available.

In particular, screening for cancer, which is included in regular health screening based on risk stages, has recently increased to cope with increasing cases of cancer. The cases of additional cancer screening by personal request is also increasing. Korea has identified the five most common cancers (stomach cancer, breast cancer, colorectal cancer, prostate cancer, and cervical cancer) that have increased due to lifestyle and dietary habits.

The suicide rate in Korea in 2019 was 28.6 per 100,000 people, the highest in the world. Blood donation has been on the decline since 2015. Especially in 2020, due to the influence of COVID-19, the management of geriatric illnesses become even more important.

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Smoking and alcohol consumption, as significant detrimental health habits, have been surveyed and controlled by a majority of countries following the recommendations of the World Health Organization. The adult male smoking rate in Korea is very high compared to other OECD countries. The smoking rate mostly declined due to increasing interest in health and smoking campaigns. However, youth smoking has not declined, which has emerged as a social problem. Due to the rise of alcohol consumption, Korea is at the OECD average. Alcohol consumption has steadily declined, although the drinking and smoking habits of some population groups required more consistent control or regulation.

The physique of Korean adults has changed due to improved nutritional status and quality of life. However, since the 2000s, heights have been stagnant, while weight has increased. Recently, obesity has been recognized as a kind of disease that causes various adult diseases, and many countries are trying to reduce obesity rates. Looking at the world statistics, the obesity rate of Korea is low. However, changing dietary habits and the lack of exercise are leading to a higher obesity rate, which has become a serious concern for Koreans. Therefore, more Koreans are trying to improve their dietary habits and to exercise more. In particular, with the interest in health, many people began to engage in exercise and diet control because of the social norms of maintaining slim and healthy body shapes as influenced by the media. As a result, the weight control industry is constantly growing. Moreover, as the increasing obesity rate among youth who are accustomed to Western-style diet, a policy which induces to have a healthy dietary habit in childhood, is carried out. Also, public health policies have been implemented to reduce obesity, such as encouraging the indication of calories and ingredients of foods.
Recently, welfare has emerged as the center of political debate in Korea. Various debates relating to welfare have arisen, such as the range of welfare services, the appropriate level of welfare, welfare-related government expenditure in terms of fiscal soundness, and the priority of welfare spending. Recent welfare-related government expenditure in terms of fiscal soundness, and the priority of welfare spending, are considered to be important factors in determining the sustainability of the welfare system. The amount of support depends on income and the degree of disability. Welfare policies are also being implemented for those with low-income levels or difficulty in employment. Various social safety nets exist in Korea. Social insurance is represented by the four kinds of social insurance: national pension, health insurance (including long-term care insurance for the elderly), employment insurance, and industrial accident compensation insurance. These accounts provide for a stable life during old age, medical support, unemployment and rehabilitation support, and compensation for occupational accidents, respectively, as ensured by many workers. The national pension and health insurance cover all civilian employment. Employment insurance and industrial accident compensation insurance cover all workplaces. In addition, workers are enrolled in social insurance and public insurance provisions through their employers. However, self-employed and other categories of workers who do not benefit from the four major insurances. Unlike regular workers, for instance, a significant number of temporary or contract workers are not subscribed to employment insurance and industrial accident compensation insurance. Therefore, improving the social insurance administration has become an important task for the social welfare sector in the face of an increase in temporary workers.

Conversely, the employment rate for the disabled is 30.9%, which is only half of the total employment rate, so there is a need for a way to accommodate it.

Social Welfare

Proportion of Expenditure on Social Welfare to GDP by Countries (2019)

Proportion of Components of Expenditure on Social Welfare by Administrative Units (2020)

Percentage of Workers Covered by Social Insurance (2006-2020)

Recipients of Basic Living Expenses (2020)
The recent interest in child care policy is growing because of a trend to cope with the increasing number of child-income households and the decreasing fertility rates. There are various types of child care institutions, operated by national and public, corporate and religious institutions, and by welfare or religious foundations. In general, the demand for public child care institutions is higher due to parents’ preferences. However, many childcare institutions are concentrated in urban areas, so rural residents lack childcare facilities.

Social welfare for youth is focused on counseling and problem-solving, in accordance with the rapid physical and mental changes that are characteristic of the youth period. Youth-related counseling at welfare facilities for various problems, mainly for their academic progress, career preparation, interpersonal relationships, mental health issues such as stress and delinquency, and computer and internet consulting.

In addition, throughout the country, there are various training and shelter centers, camps, and youth centers for the physical and emotional growth of youth and the exchange and sharing of cultures. The aging of populations experienced by many advanced countries has become an urgent social issue in Korean society. An increase in average life expectancy has led to an increase in the proportion of the elderly, and the proportion of elderly is increasing, and a decrease in the fertility rate has deeply decreased. In contrast, because the proportion of the working-age population is declining, Korean society faces the difficult task of supporting an elderly population while maintaining a vibrant economy and society.

Nature reserves in Korea are those of and older. There are more elderly persons than older persons in the generation who grew up in ecocentric difficulties and conflicts after the period of Japanese Annexation (1900-1945) and the Korean War (1950-1953). Therefore, implementing an efficient government welfare policy is important because many elderly face financial difficulties due to a lack of advanced preparations for old age.

The recent increase in the aging population has led to an increase in senior facilities, such as welfare facilities: From 1953 in 2019, the number of elderly has almost doubled. The number of old people is increasing, and the demand for old people’s welfare services is also increasing. On the other hand, as the culture of volunteering and donation spreads throughout society, many volunteers play an important role in social welfare. They make up for the insufficiency when the system does not fully supply the social welfare services.
Cumulative Trend of COVID-19 Confirmed Cases per Hundred Thousand Persons (2020. 3 – 2022. 2)