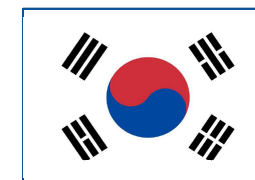


# South Korea

*Tiger Economy, Master Plans for Age-Friendly  
Cities and Care Services*

# Republic of Korea



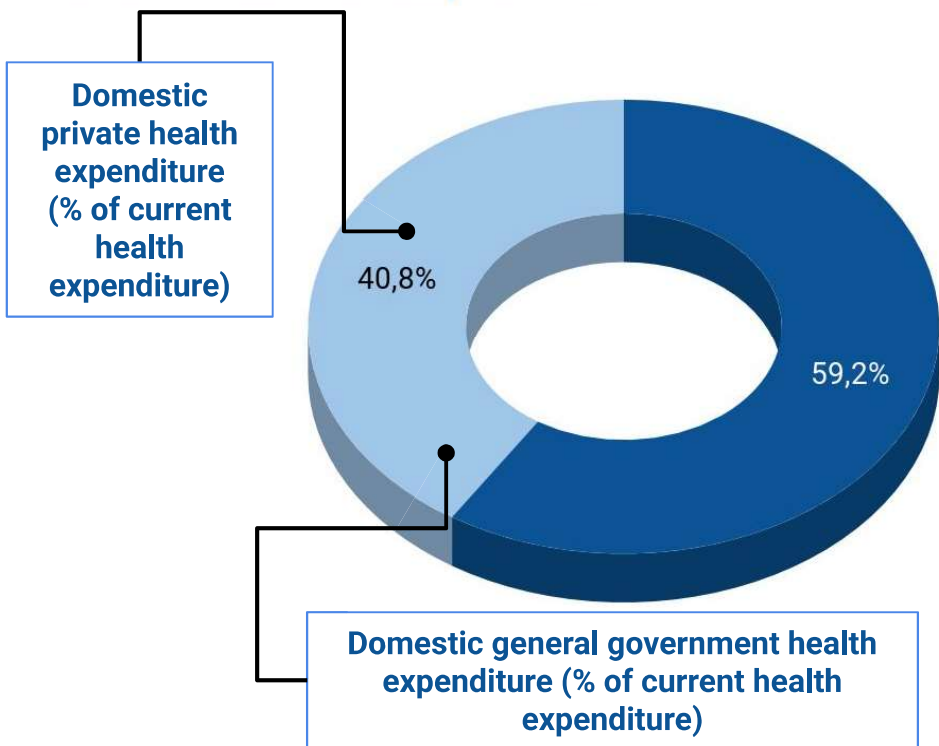
## General metrics

HALE	Both Sexes HALE (2016)	73 years
	HALE/Life Expectancy Difference 2016	9.7
Economy	GDP per Capita, Current Prices (2016)	27.61 thousand (\$)
	Annual GDP Growth (2016)	2.9 %
Healthcare	Current Health Expenditure per Capita (2016)	2.04 thousand (\$)
	Public Health Care Expenditure 2016	7.34 % of GDP
Retirement	Age Dependency Ratio 2016	37
	Population over 65, 2016	13.4 %
	Number of WHO Age Friendly Cities and Communities	11
General Health Status	Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016	10.2
	Annual Cigarette Consumption (Units per Capita) 2016	1667
	Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate)	30.3 % of adults

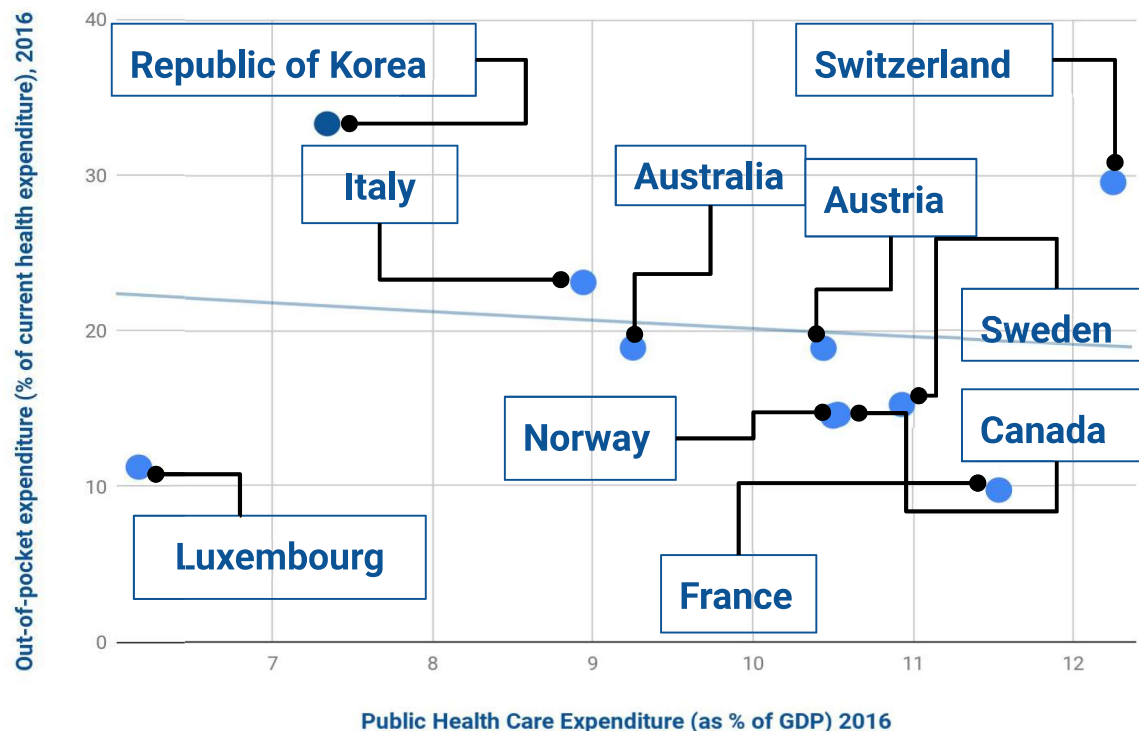
## Longevity-Related Indices

- The Healthcare Access and Quality Index -2016: **90**
- Human Development Index 2016: **0.9**
- E-Government Development Index 2016: **0.89**
- Corruption Perceptions Index 2016: **53**
- Global Gender Gap Index 2016: **0.65**
- Democracy Index 2016: **7.92**

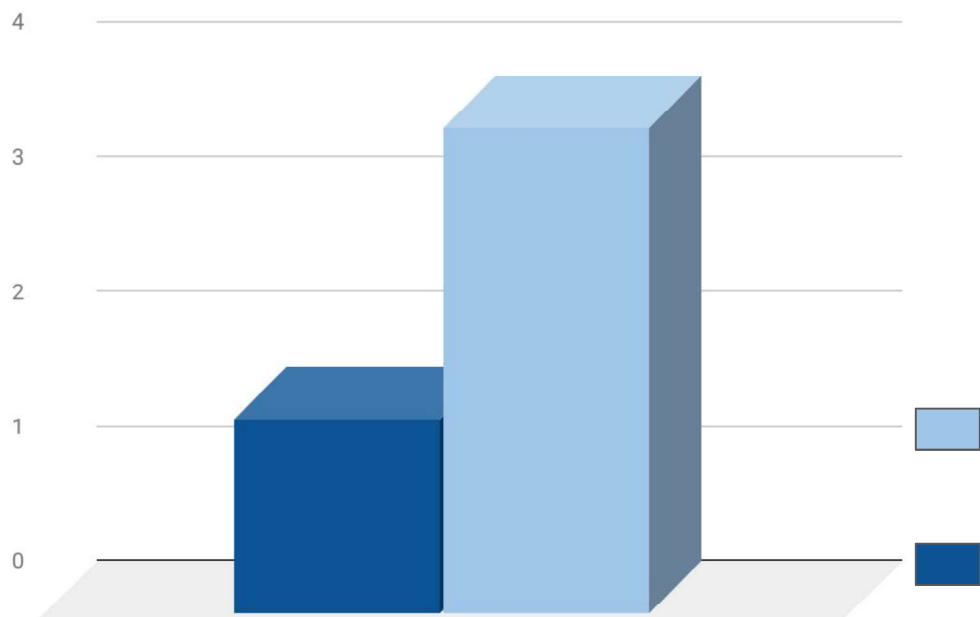
## Current Healthcare Expenditure



## Countries with High HALE and Life Expectancy and High Gap



## Effectiveness ratios



The government should address the following challenges to improve public health and increase average life expectancy: reduce inequality in health coverage outcomes, improve primary health care and coordination between hospitals and long-term care facilities, meet the needs of the aged population.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

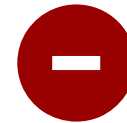
HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

# SWOT Analysis of Healthcare in Republic of Korea



## STRENGTHS

- The South Korean health care system has developed quite successfully in several dimensions. Achieving universal health insurance coverage within a very short period was an unprecedented outcome.
- Average life expectancy has increased consistently: while women's life expectancy at birth was 66.7 years in 1970, it grew to 82.4 in 2006, much higher than the world average.
- The infant mortality rate, which is frequently quoted as an index of health care conditions in a country, was 23 per 1000 live births in 1985, but dramatically decreased to 4.7 in 2005.
- The crude death rate decreased to 5 persons per 1000 in 2006.



## WEAKNESSES

- In 2013, the share of OOP spending allocated to medical care is 1.7 times higher in Korea than the OECD average and it is the additional burden on the access to the healthcare system.
- 37% of health spending in Korea is financed directly by households.
- Korea has some of the highest levels of supply of hospital services amongst OECD countries and this overcapacity is the major quality issue for the Korean medical system.
- Avoidable admissions for chronic conditions are significantly above the OECD average.



## OPPORTUNITIES

- The system of health and welfare for the elderly with age-related disabilities has developed significantly since the launch of the long-term care insurance scheme in July 2008.
- Utilization of complementary and alternative medicine (CAM) is a traditional and important part of South Korea's health services framework.
- South Korea has one of the highest rates of computer and Internet access in the world that opens great opportunities for eHealth.



## THREATS

- The suicide rate is the highest in the OECD.
- Tobacco is a major risk factor for at least two of the leading causes of premature mortality: cardiovascular diseases and cancer. One in five deaths among adults aged 30 years and over are attributable to tobacco in Korea.
- Diseases of the circulatory system explain 23.1% of total deaths, while neoplasms explain 27.3%.
- Tuberculosis is one of the most frequently appearing diseases. The incident rates of scrub typhus, mumps and malaria are also quite high.

# Analysis of Strengths and Weaknesses of Health Care System in Republic of Korea



- The incidence of communicable diseases is declining in general, largely due to the development of health care technologies, enhanced knowledge about disease and improvements in living conditions.
- Incentives for customer-oriented providers are available. Providers who treat patients in the evenings and at weekends are entitled to claim higher fees than the fees charged during regular working hours.
- There were a total of 593 long-term care hospitals in 2007, a 54% increase from the previous year.
- Government encourages facilities to utilize the advanced technologies and equipment in health effectively and intensively through the limit for their supply. Though the number of big-ticket technologies has increased continuously over the past 15 years.
- The number of all categories of health care personnel has grown continuously.



- Korea reports the third highest excess mortality rates from schizophrenia and bipolar disorder across OECD countries.
- The distribution of alcohol drinking is heavily concentrated. In Korea, the heaviest-drinking 20% of the population drink 66% of all alcohol.
- The share of GDP allocated to health spending (excluding capital expenditure) in Korea was 6.9% in 2013, compared with an OECD average of 8.9%
- Reduced fertility rates led to an increasing aging population. As a result, increasing health costs require additional measures to improve health equity and strengthen health promotion.
- Public sources accounted for 56% of overall health spending, well below the OECD average.
- Services are mainly delivered by the private sector. Nearly 90% of doctors were involved in private facilities that is the additional limitation for the access to the healthcare system.

# Summary of Relevant Government-Led Longevity Initiatives in South Korea

- In 2013 the Seoul metropolitan government established the “2020 Master Plan for the Aged Society”.
- In June 2013 Seoul joined the WHO Global Network of Age-friendly Cities and Communities.
- In November 2018, South Korea’s Ministry of Health and Welfare (MOHW) announce that it will be laying the foundation for comprehensive community care to provide the elderly with residential, medical, nursing and care services in their homes and neighborhoods by 2025, shortly before Korea becomes a super-aged society.
- The government is active in relation to preventive medicine, i.e. there is regular management of the diseases and lifestyle habits of people with high blood pressure or diabetes at local clinics (some 1,400 units), using smartphones, etc.
- There is an active development of a Regenerative Medicine Industry, as a heavy investment was made in a “Post-genome Multi-ministry Gene Project” which is a joint initiative of the Ministry of Welfare, Ministry of Future Planning, Ministry of Industry.
- In 2015 50+ policy affecting retirees life vision started. It is an innovative approach that encourages elder people to take active social actions. This programme focuses on three key points “Learning and Exploration”, “Jobs and Social Engagement” and “Culture and Infrastructure”. 50+ services include personalised counselling, education, and new job models.
- As South Korean population is actively ageing and is poised to become the first one where life expectancy will exceed 90 years, the country’s government is making the first steps towards a Healthy Longevity, though South Korea still lacks a coordinated national strategy to handle a super-aged society and all its implications.

# History of South Korea Government Involvement in Longevity

2010 — **Preparations for Seoul Masterplan Begin**  
Work on what will become the Seoul metropolitan government *Master Plan for the Aged Society*.



2011 — **Masterplan Implementation begins**  
Work on implementation of groundwork begins

2013 — **Master Plan Establishment**  
In 2013 the Seoul metropolitan government established the “2020 Master Plan for the Aged Society”.

June 2013 — **Joining the WHO Network**  
In June 2013 Seoul joined the WHO Global Network of Age-friendly Cities and Communities.



2018 — **Foundation for Providing the Elderly With Services**  
In November 2018, South Korea’s Ministry of Health and Welfare (MOHW) announce that it will be laying the foundation for comprehensive community care to provide the elderly with residential, medical, nursing and care services in their homes and neighborhoods by 2025, shortly before Korea becomes a super-aged society.



# South Korea



Life Expectancy	Both sexes life expectancy (2019)	80.9 years
	Male life expectancy (2018)	79.5 years
	Female life expectancy (2018)	85.6 years
GDP	GDP per capita, current prices (2018)	31.94 thousand (\$)
	GDP per capita, PPP (2018)	42.98 thousand (\$)
	GDP, current prices (2018)	1 660 billion (\$)
Population Ageing	Rate of population ageing	4.3 (2007-2017)
	Aged over 65 (2018)	14.2%
	Age dependency ratio (2017)	19%
Healthcare Efficiency	Health expenditure (2017)	7.6% of GDP
	Health expenditure per capita (2017)	2.897 thousand (\$)
	Healthcare efficiency score (2018)	67.4
Retirement	Total # retired	7 161 073
	Retired people proportion	14%
	Normal retirement age (Man/Woman)	60 years/ 60 years
	Early retirement age (Man/Woman)	50 years/ 50 years

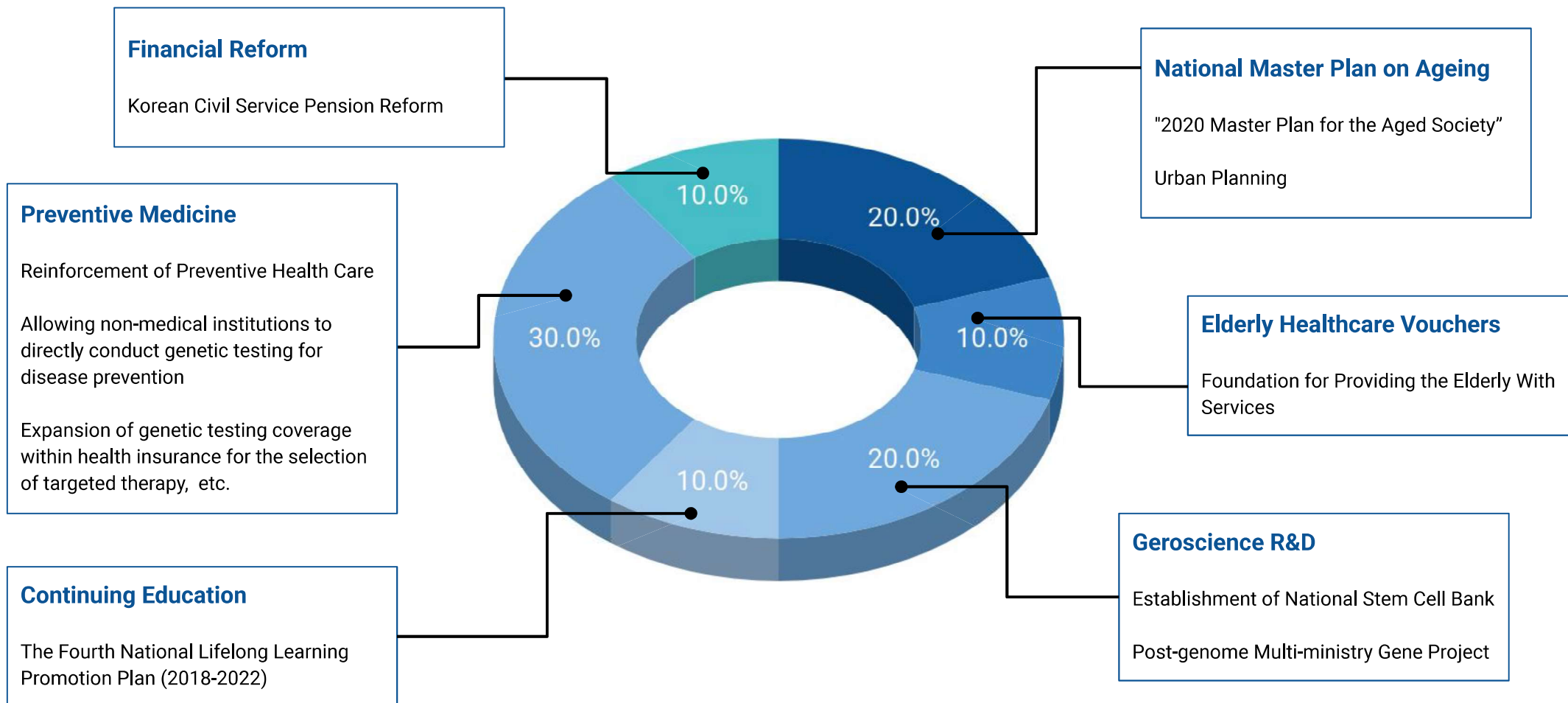
## Longevity Initiatives



- Age of relevant initiatives: **9 years**
- **11** of WHO age-friendly cities and communities
- **3** initiatives focused on non-medical improvement of quality of life
- **2** initiatives focused on preventive medicine and healthcare approaches
- **2** initiatives involve research or R&D of medicines that directly impact on ageing



# South Korea Initiatives Level of Comprehensiveness



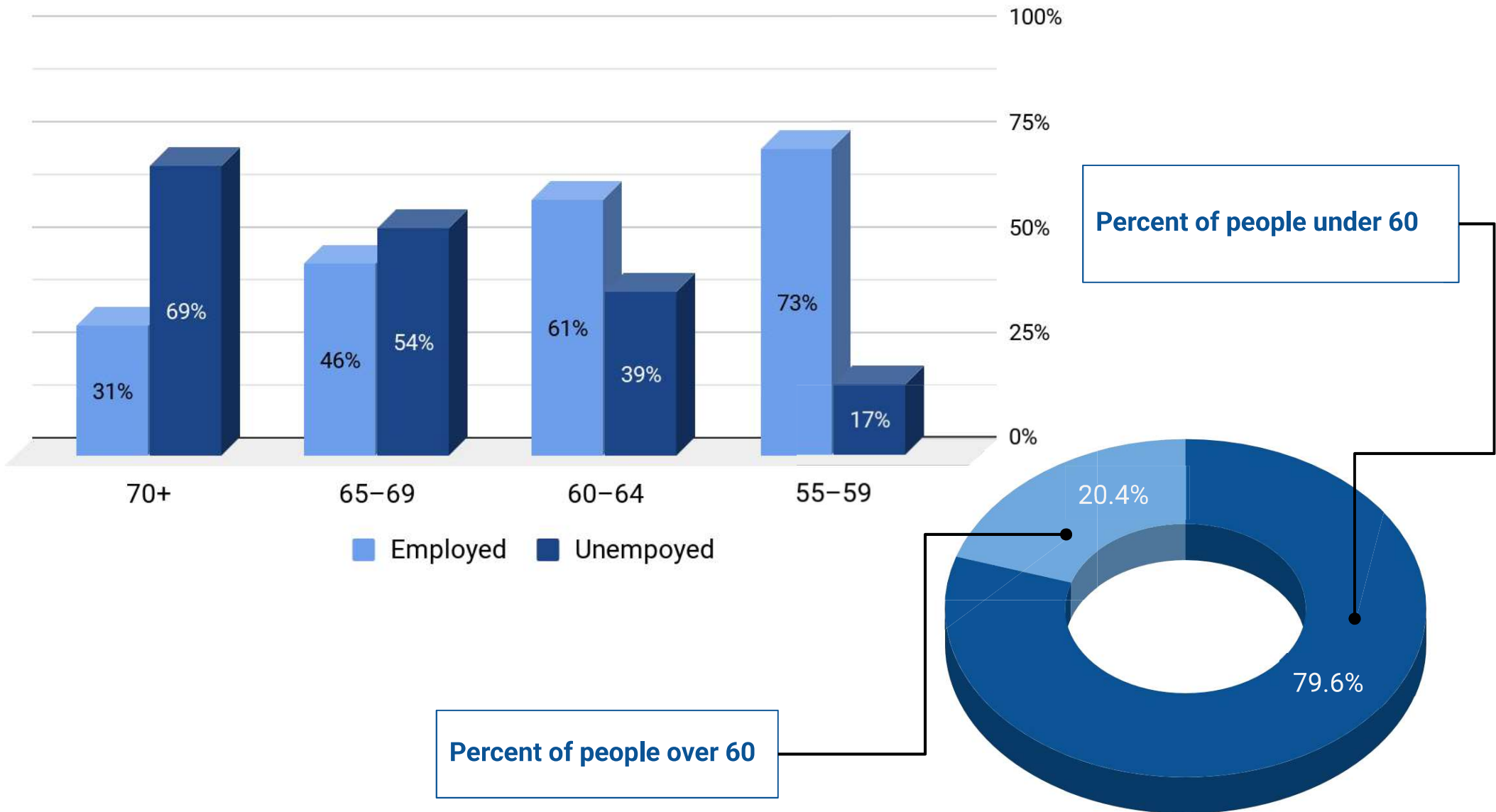
## Underrepresented Initiatives

Healthy Ageing: Lifestyle and Fitness Programs	Non-Medical Initiatives	Longevity Industrial Strategy	AgeTech
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# South Korea Age/Employment Range



## Fraction of the Unemployed by Age



# Recommendations for Republic of Korea

- **Continuously generate the patient-centred medical system to provide universal coverage to achieve outstanding patients' outcomes.** Personalized health care is an integral part of a dynamic new trend that takes into account a person's environment, lifestyle, diet, values and lifelong medical data. With this approach, citizens themselves are called upon to play a more active role. Personalized medicine is suited to meet challenges of chronic diseases and ageing.
- **Focus on health status of elderly.** Appropriate health interventions are necessary to address different healthcare issues of ageing population, including specialized treatment programs, regenerative medicine and care support initiatives. Great attention should be paid to supply of advanced gerontological services.
- **Utilizing Artificial intelligence and Machine learning for simplifying the healthcare experience.** Artificial intelligence is the advanced technology that can reduce time and money spent on treatments through the intensive processing of the medication for patients with even more outstanding results.
- **Modifying the behavioural risk factors including obesity, smoking and alcohol consumption.** If to look through the analyses of the health status and medical systems of developed countries the strong correlation between the wrong lifestyles and arising of the CDVs can be pointed out. Practically quarter of the burden of chronic conditions is caused by the tobacco and alcohol use, bad dietary habits and low physical activity, so there is a crucial task for the government to initiate campaigns aimed to reduce the negative impact of these risks on the health status of the population.
- **A smooth shift from the "sick care" to the preventive one** that lies in the broaden utilization of "precision medicine" aimed to tackle symptoms of the most common communicable diseases and their consequences reflected on the mortality rates of the population. Precision medicine alls offers advanced onset on the early biomarkers of ageing to slow down their negative impact on patient's organism and to elongate his lifespan.

# Age Friendly Seoul



## Age Friendly Seoul



SEOUL METROPOLITAN  
GOVERNMENT

2010 Year

### Setting strategy

Setting long-term strategy to  
prepare the aging society  
(2020 master plan of aged society)

2011 Year

### Laying the groundwork

Consist of implementation  
system and enactment of

2012 Year

### Establishment of plan

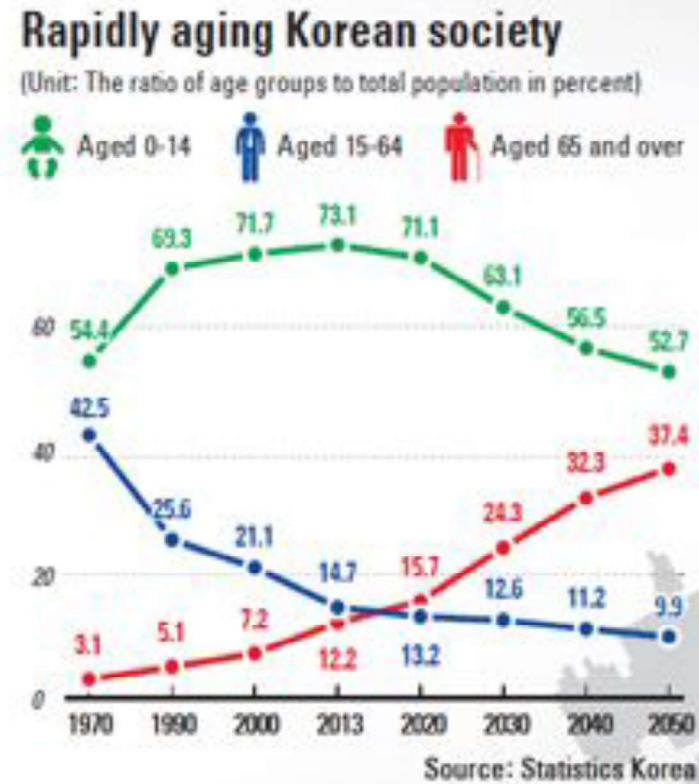
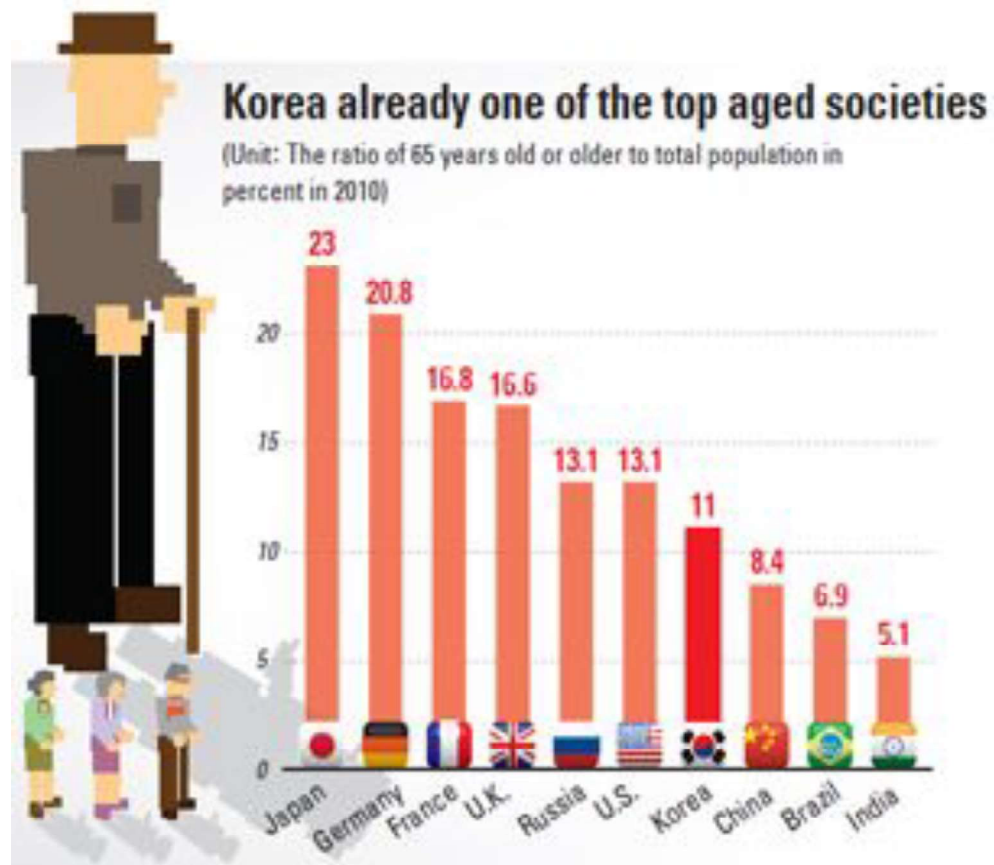
The 1st Action plan is  
established and announced

2013 Year

### Join the GNAFCC

Became the 139th GNAFCC  
member city in June 2013

# South Korea's Demographic Challenge

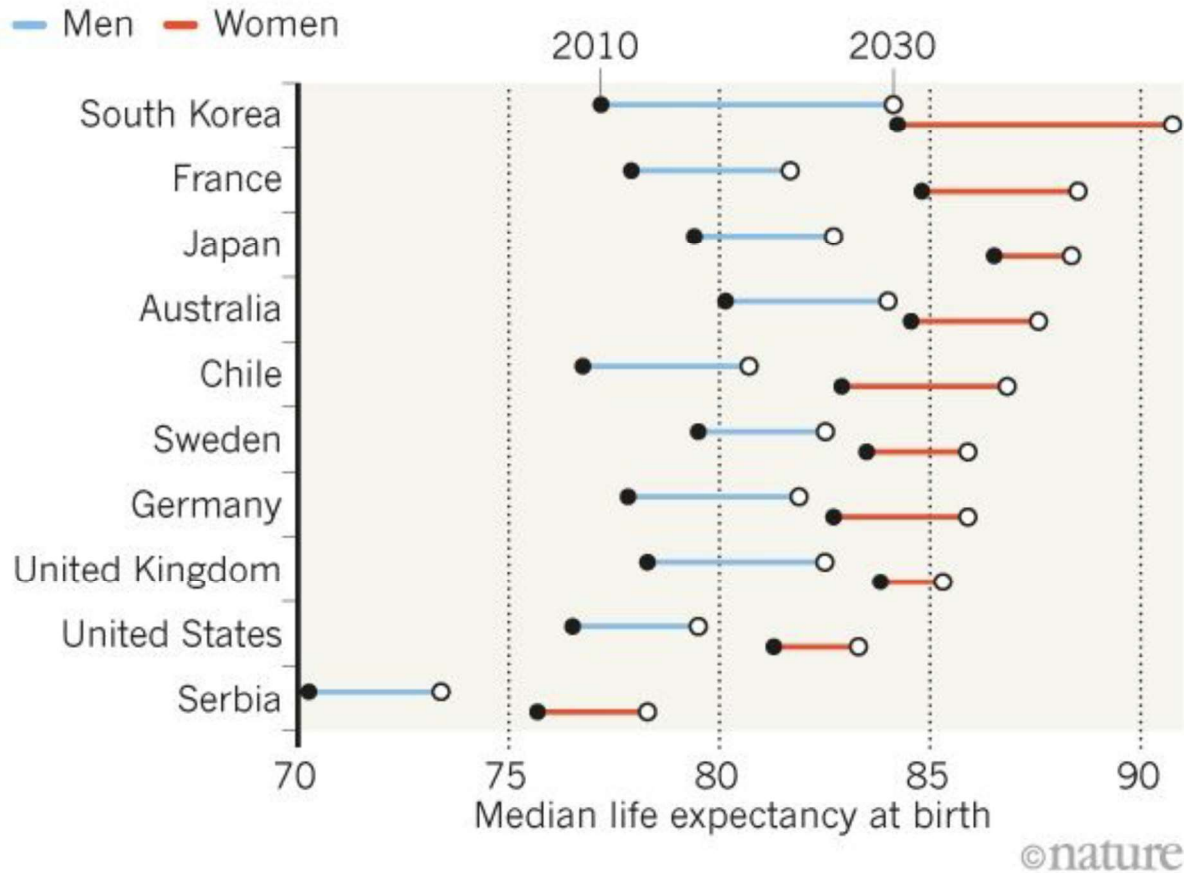


Source: Statistics Korea

# South Korea's Demographic Challenge

## AGEING POPULATIONS

By 2030, South Korean women are likely to have dethroned their Japanese counterparts as the world's longest living population.



Like Japan, South Korea is rapidly becoming a super-aged society.

The latest census statistics from the government show that the number of elderly people in Korea, defined as those aged over 65, hit 6.8 million in 2016, comprising 13.6% of its total population. The number of young people, or those aged up to 14, amounted to 6.8 million.

With over-65s on the verge of making up 14% of the population, Korea is on the cusp of becoming an "aged society" – a threshold that it reached much quicker than other developed countries. According to the National Statistics Office, it took Japan 24 years to go from an "ageing society" (defined as seniors making up 7% of the population) to an aged one – the number of over-65s stood at 34.6 million in Japan, or more than 27% of its population, according to figures released in 2016. It took Germany 40 years and France 115 years to make the same transition. Korea became an ageing society just 17 years ago. The government expects Korea's population to peak in 2031.

# Community Care Program

There are approximately half a million over-65s at nursing homes and assisted living facilities in South Korea.

Work is underway on a system of caregiving that would enable elderly Koreans to spend their healthy years in their homes instead of in nursing homes and assisted living facilities.

There are a number of serious social issues related to this. Nursing homes often provide an excuse for hiding old people out of sight; the cost of elderly care has been spiraling; and older people prefer to spend their twilight years in their homes, even if their mobility is impaired.

South Korea's Ministry of Health and Welfare (MOHW) responded by announcing that it will be laying the foundation for comprehensive community care to provide the elderly with residential, medical, nursing and care services in their homes and neighborhoods by 2025, shortly before Korea becomes a super-aged society. Starting next June, 12 local government bodies will be taking the first step by launching two-year trial programs.

Community care refers to a social service policy of providing support so that the elderly and those with disabilities can enjoy services customized to their individual needs without leaving their homes and to be a part of their communities. Such services are provided by local governments in countries such as the UK and Japan.

The Health Ministry is working on the outline of basic legislation for comprehensive community care, which it hopes to submit in 2022, after experimenting with a variety of models for community care through these trial programs. It will also be submitting plans for other kinds of community care, first for children and later for people with disabilities, in the first half of next year.

# Community Care Program

## Community care plan



**Housing for elderly couples**  
renovating houses



**Total care residences**  
Food delivery,  
convalescent services,  
daily living support



**Communal residences**  
Convalescent and  
nursing services,  
transportation support



**Residences for elderly living alone**  
Food delivery and check-ups  
on general wellbeing



**Convalescent facilities**



**Convalescent hospitals**  
chronic illnesses



**Acute care hospitals**  
acute illnesses

**From private facilities  
to community ones**



# Residential Infrastructure Program

## Expanding residential infrastructure tailored to the elderly

The government is planning to greatly expand the residential infrastructure that is tailored to the elderly. Between now and 2022, it will be building 40,000 additional units of public rental housing customized for the elderly that are in close proximity to facilities that provide health care and other care services. These housing units will be equipped with motion sensors and apparatus to automatically shut off the gas. The government will also be increasing the links between 140,000 permanent rental apartments, which house many elderly individuals, and social welfare centers.

A project will also be launched to provide home repairs for 270,000 households. This project will involve installing slip-resistant flooring and safety railing in bathrooms in the homes of the elderly, who have trouble using the bathroom and taking baths. Last year, the medical cost of treating fractures caused by elderly people falling down amounted to 1.3 trillion won (US\$1.15 billion).

This year a service will be launched to send doctors on house calls. At the moment, a health visitation service that sends nurses to check on old people's chronic diseases and lifestyles is only being provided to 1.1 million households (1.25 individuals), most of them in the low-income bracket. The government is planning to expand this program more than threefold by 2025, to 3.46 million households (around 3.9 million individuals).

The service will be available to elderly individuals who have been released from long hospital stays and to those who live alone. One variable here is pushback from the Korean Medical Association, which has been demanding a guarantee of appropriate compensation. By 2022, "resident health centers" will also be built in all cities, counties and districts and social welfare teams installed in "local connection offices" at 2,000 hospitals to connect discharged patients with caregiving services in the area.

# Age-Friendly Seoul



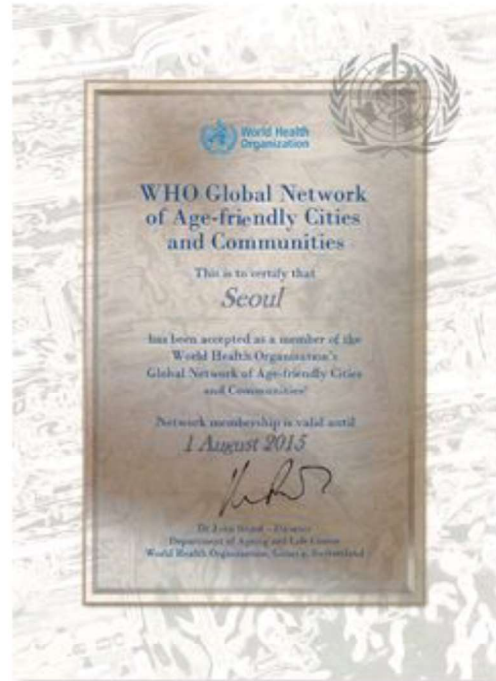
In 2010, the World Health Organization (WHO) created the WHO Global Network of Age-Friendly Cities and Communities, a global network of cities that are committed to using the WHO guidelines to make their community more age-friendly. For the last seven years, the Network has grown to include 380 cities in 37 countries.

Since then the Seoul city government has consistently made efforts to respond to the needs of the aged. In 2013 the Seoul Metropolitan Government established the 2020 Ageing Society Master Plan, which sets 'the realization of an age-friendly city' as its main policy goal, under the vision of a "healthy and lively city of citizens over age 100", and this was the first time that the concept of age-friendliness was mentioned in any plan. Under this goal.

Seoul has begun to lay the basic foundations for promoting itself as an age-friendly city, enacting and announcing the "Basic Senior Welfare Act for an Age-friendly Seoul City" and creating a public-private partnership committee in 2011.

On the basis of opinions collected from citizens, Seoul also established and announced the "Seoul Comprehensive Plans(for seniors citizens)" as the 1st Action plan to realize an age-friendly city for senior citizens in 2012. As these efforts were recognized by the WHO, Seoul Metropolitan City became the 139th GNAFCC member city in June 2013, as well as being the second city with a population of 10 million, and the first Korean city, to join.

# Age-Friendly Seoul



In 2014 the city organized a monitoring team jointly with the Seoul Welfare Foundation and Seoul Association of Social Welfare Centers to gather opinions and suggestions to improve services provided by the city.

The senior citizen monitoring group is a project designed to reflect the ideal of the **GNAFCC**, emphasizing direct participation by senior citizens, and has been operating every year since its initiation in 2012. The senior citizen monitoring group includes senior citizens aged over 65, as well as younger generation and baby boomers in their 50s, and conducts various research and debate activities. The senior citizen monitoring group conducts direct research and debate on diverse agendas covering main issues related to senior citizens in Seoul, and carries out projects for the construction of an age-friendly city. On the basis of these outcomes, the senior citizen monitoring group is constantly proposing tasks for senior welfare necessary for the city of Seoul.

# Age-Friendly Seoul



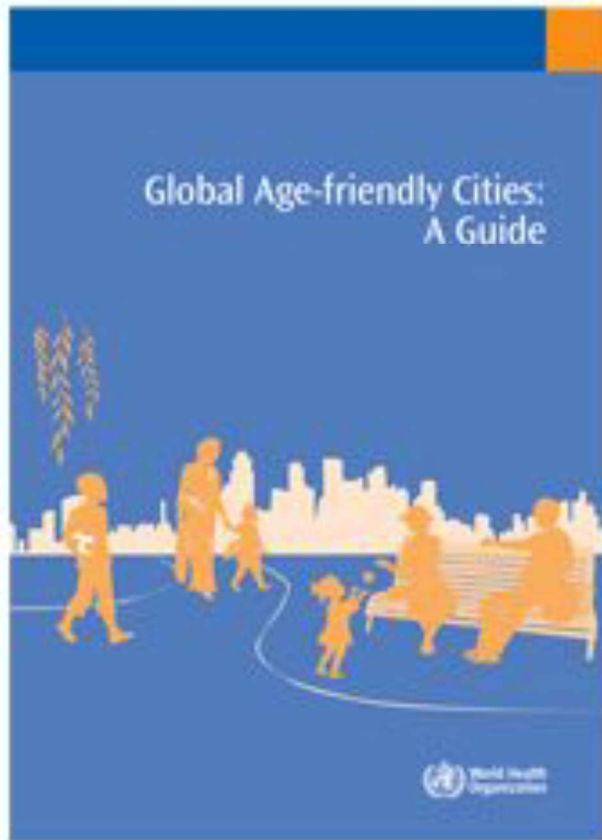
Source: [afc.welfare.seoul.kr](http://afc.welfare.seoul.kr)

# Age-Friendly Seoul



Source: [afc.welfare.seoul.kr](http://afc.welfare.seoul.kr)

# Age-Friendly Seoul



In 2017 the journal *Innovation in Ageing* conducted a series of interviews with stakeholders such as the public administrators of the age-friendly Korean cities of Seoul, Jeongeup, Suwon, and Busan, in order to find out whether it was mainly social, political, or cultural forces that have led cities in South Korea to join the WHO Network of Age-Friendly cities.

The primary findings were that:

- Political motivation was the most influential force behind their development.
- The driving force behind the political motivations took several forms, from election year platforms to a new local government department needing to find work projects for itself.
- Degree of municipal autonomy was a factor. Implementation patterns showed great variability between the metropolitan cities and the self-governing cities. This study contributes to closing the knowledge gap in age-friendly initiatives in Asia, and future research needs to compare factors affecting the participation in the Network between countries within and across continents.