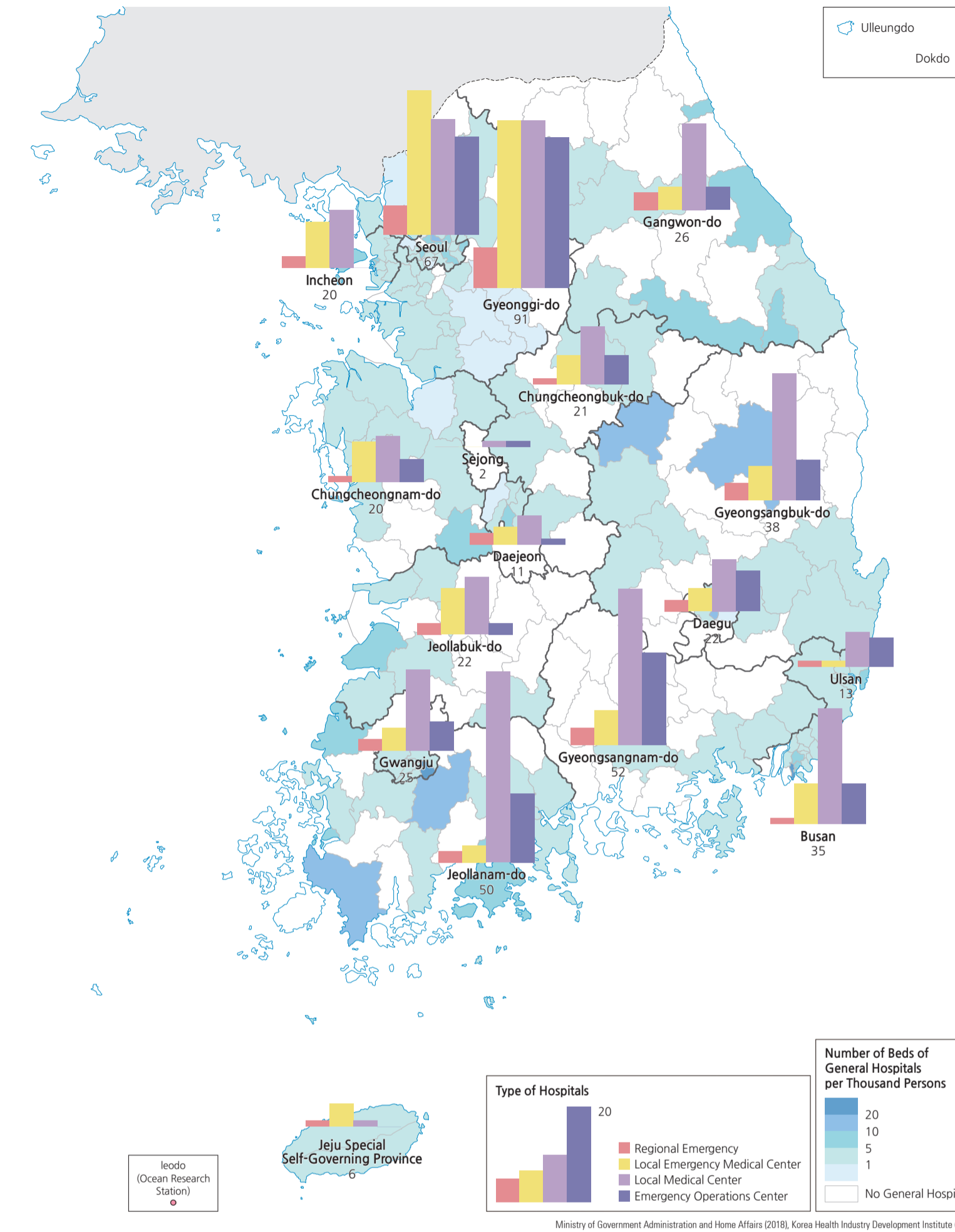
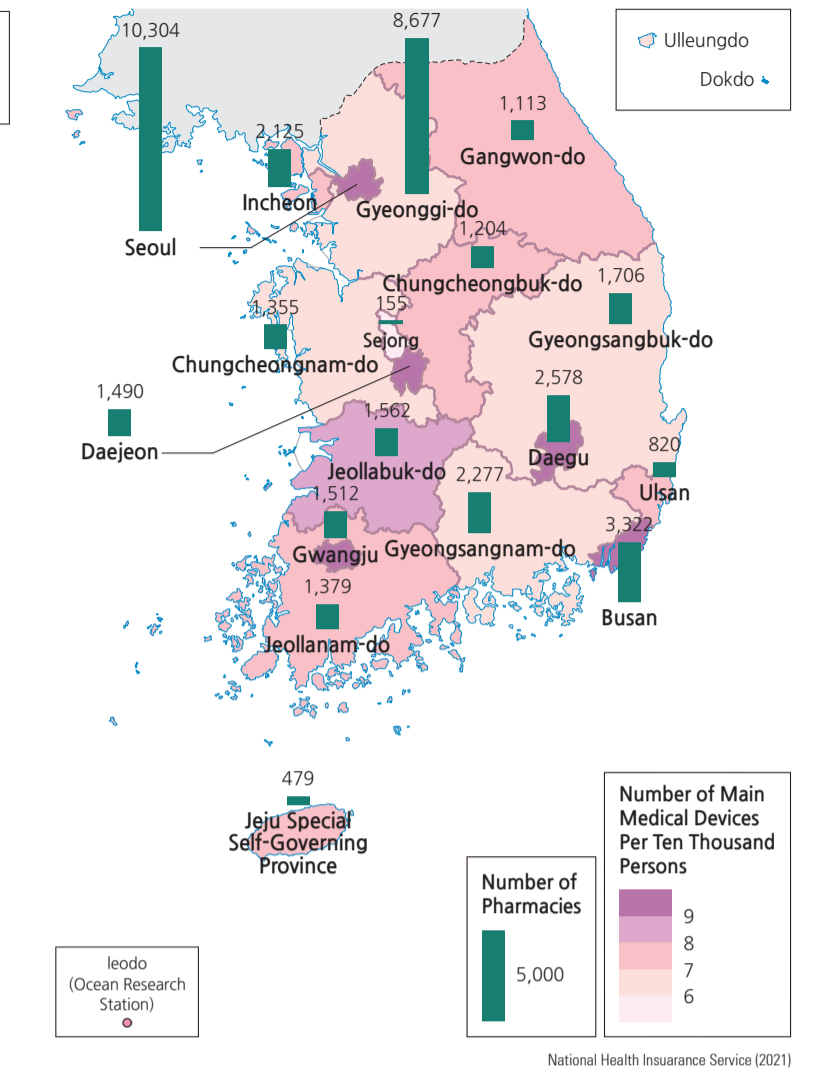


Health and Medicare Services

Number of Beds of General Hospitals and Distribution of Emergency Hospitals



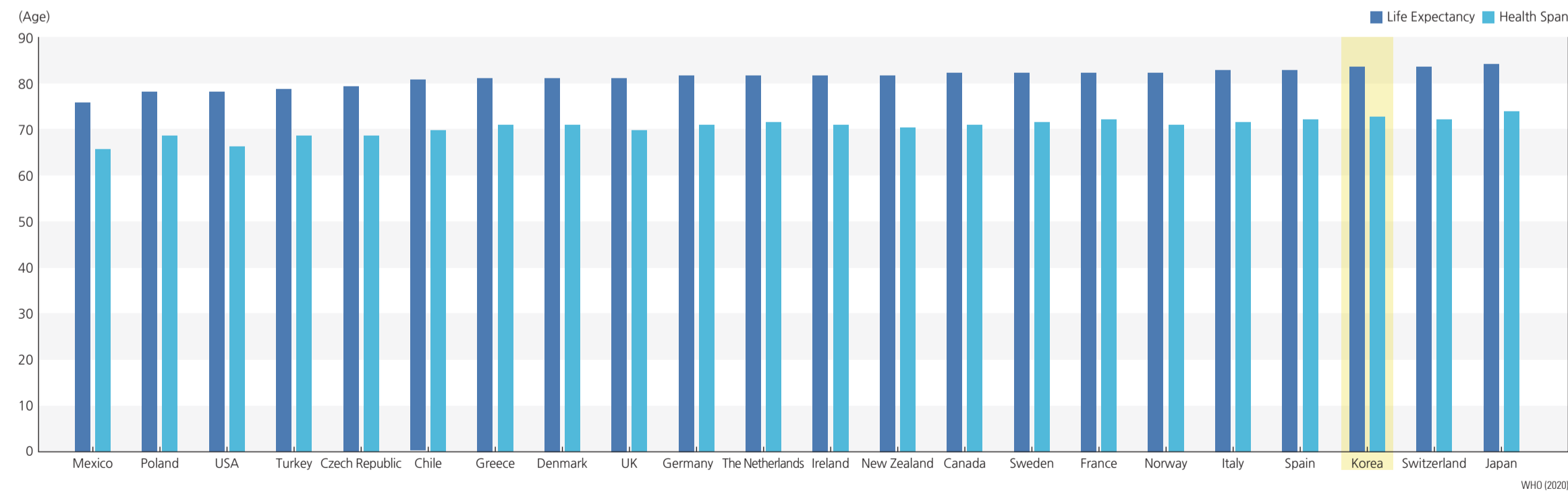
Number of Main Medical Devices (2021)



As a percentage of the national GDP, Korea's medical expenditure was 8.2% in 2019, lower than those of major countries of the OECD. However, medical expenditures have constantly 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 steadily increased except 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 is famous for its well-trained medical personnel. The numbers of medical doctors and nurses are steadily increasing. Excellent medical personnel is being educated at all levels in colleges and universities. Despite the growth, the numbers of doctors and nurses per 1,000 of the population are still lower than those of other OECD countries.

Life Expectancy and Health Span of OECD Countries (2019)

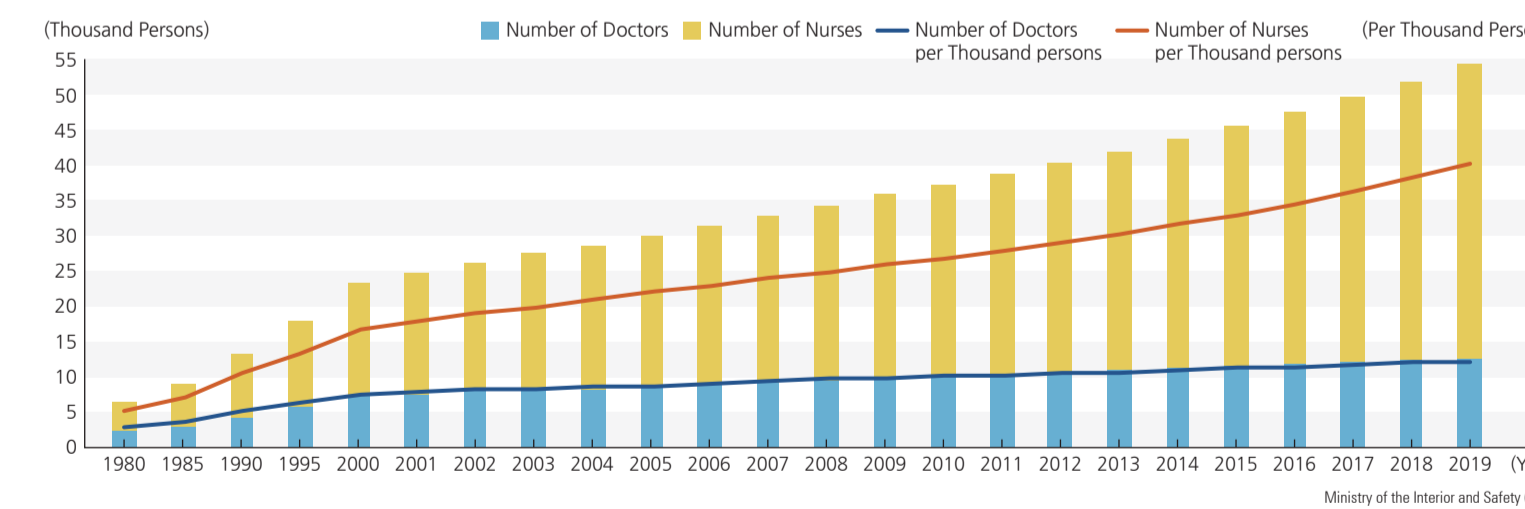


The introduction of modern medical science paralleled economic growth. Together the national interest in health grew and led to an increase in life expectancy. Life expectancy in Korea, with an abundance of well-trained medical personnel, high-tech equipped medical facilities, and a systemically maintained 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

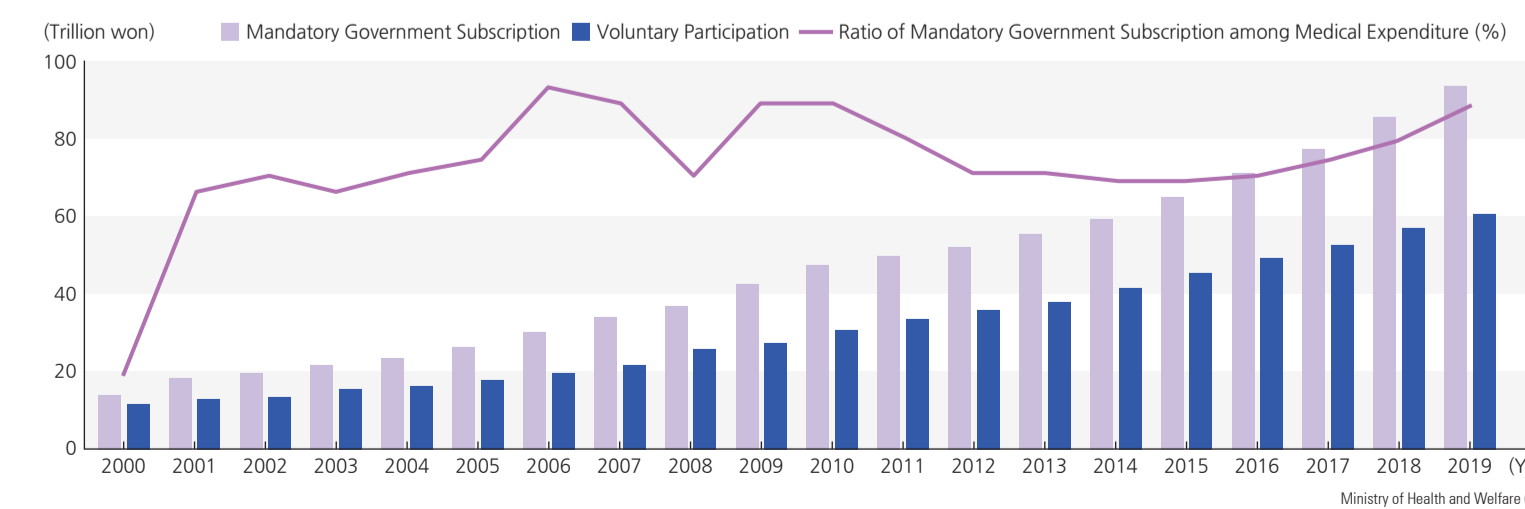
health span (the number of years that one lives in good health) that is shorter than it is for other OECD countries. In addition, there are also rising numbers in health problems that need solutions, such as new types of diseases due to the change in lifestyle habits, differences between metropolitan and rural areas in accessing health care, and the outbreak of pandemic diseases. The issue of welfare is widely debated in Korean society. The discussion on welfare and social consensus of its expenditure centers on how to cope with the emergence of a weaker group in

Korea's population that was left behind in socioeconomic status as a result of the intensification of a competitive society that constantly seeks a higher quality of life and economic growth. As a result, government expenditures have been steadily increasing, and various types of welfare policies by age, gender, and social class have also increased. But the increase in welfare expenditures is a financial burden; the slowdown in economic growth, the rapidly aging cohort, and the decline in the population birth rate have become urgent problems that need to be solved.

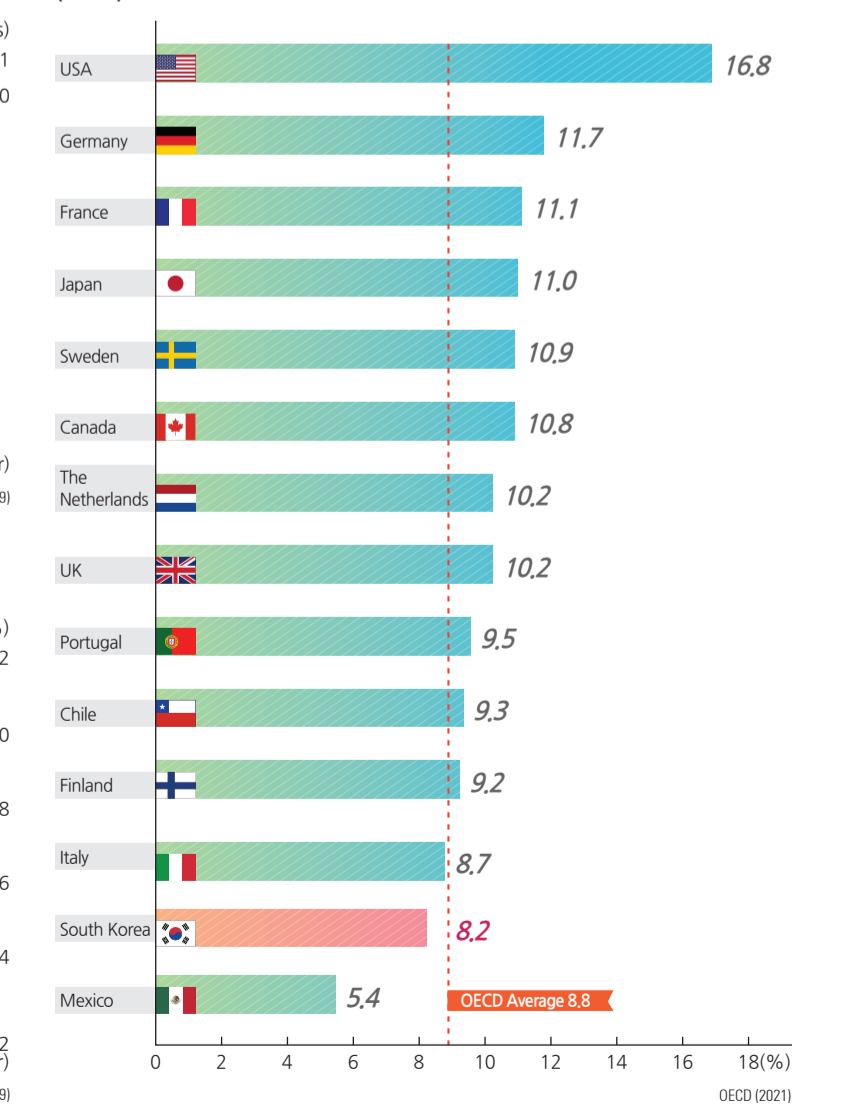
Change in the Number of Medical Personnel per Thousand Persons (1980-2019)



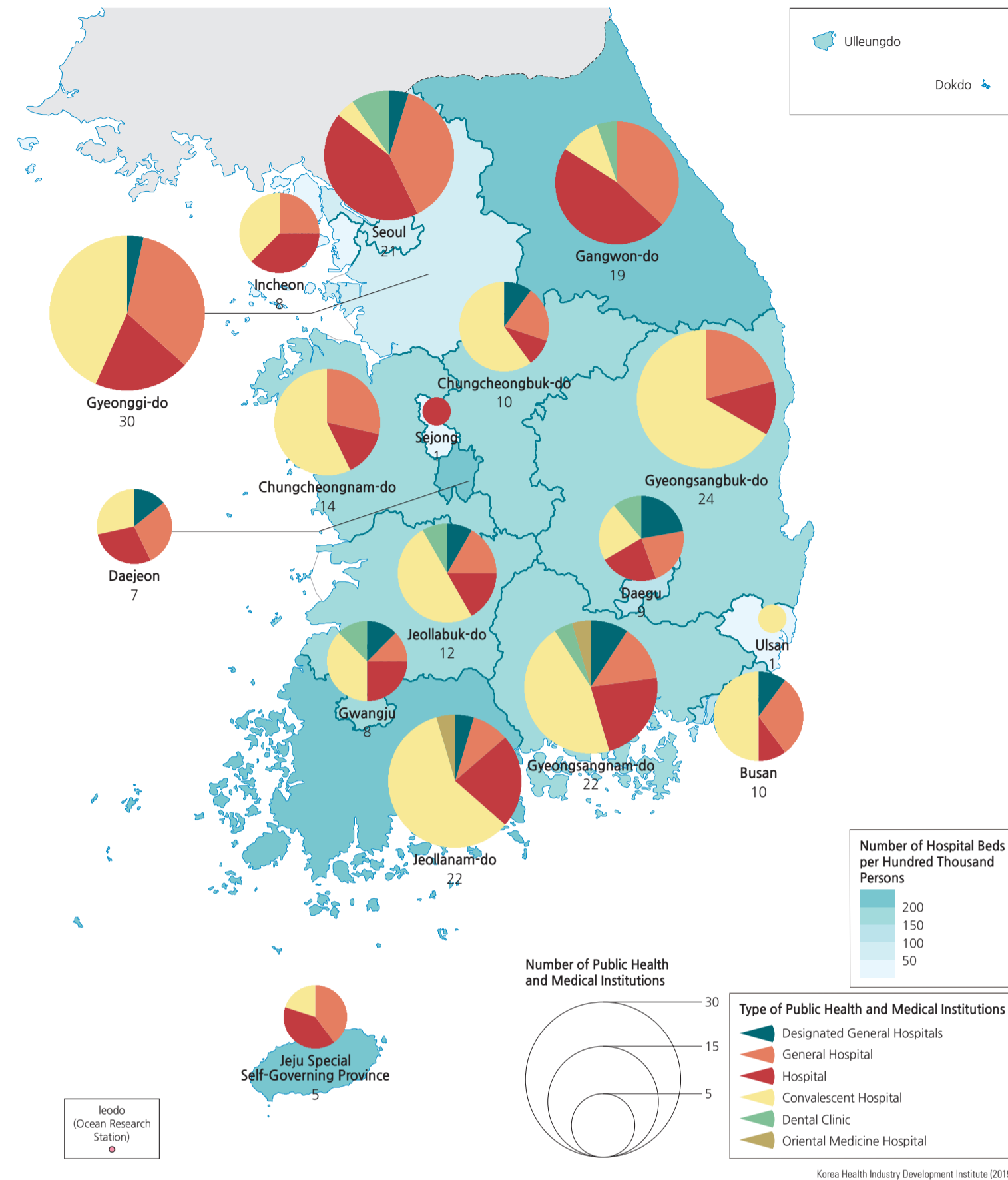
Medical Expenditure (2000-2019)



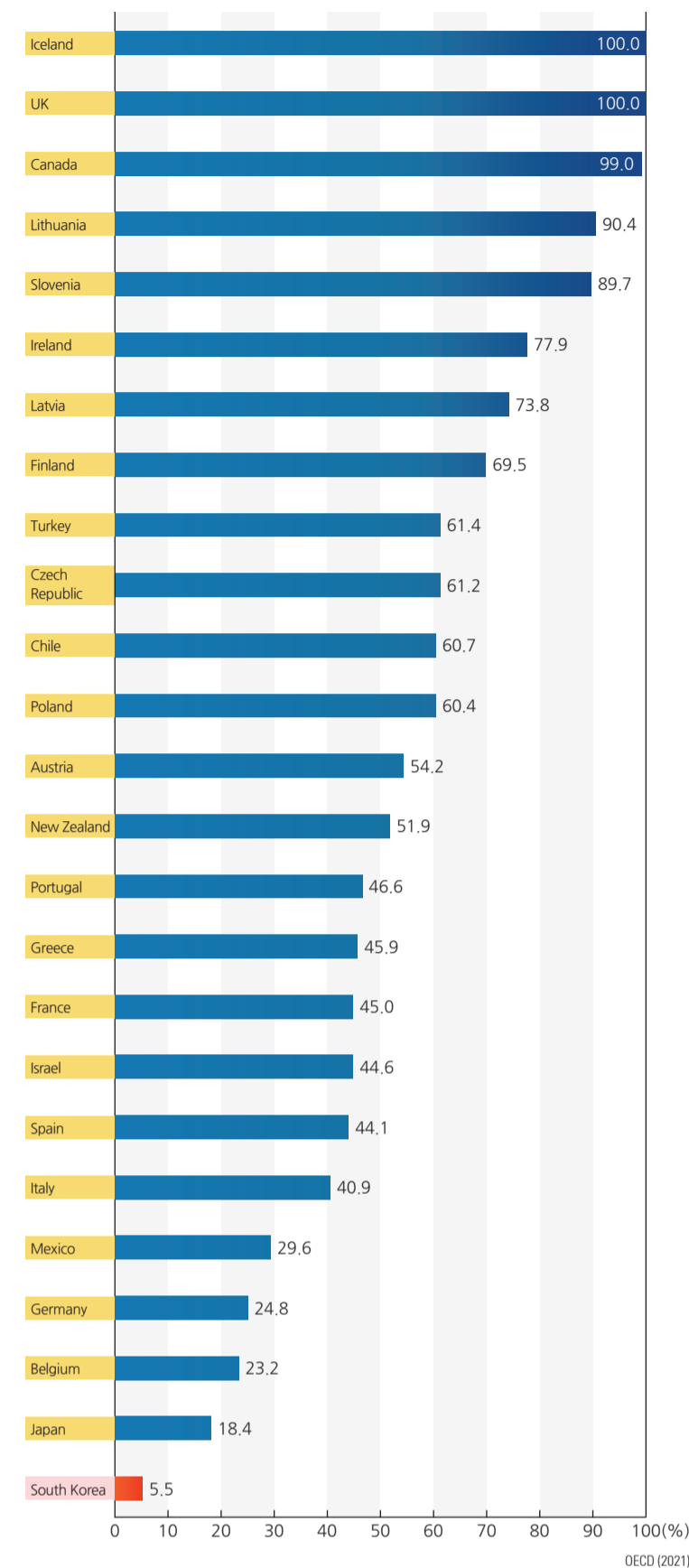
Proportion of Medical Expenditure to GDP in OECD Countries (2019)



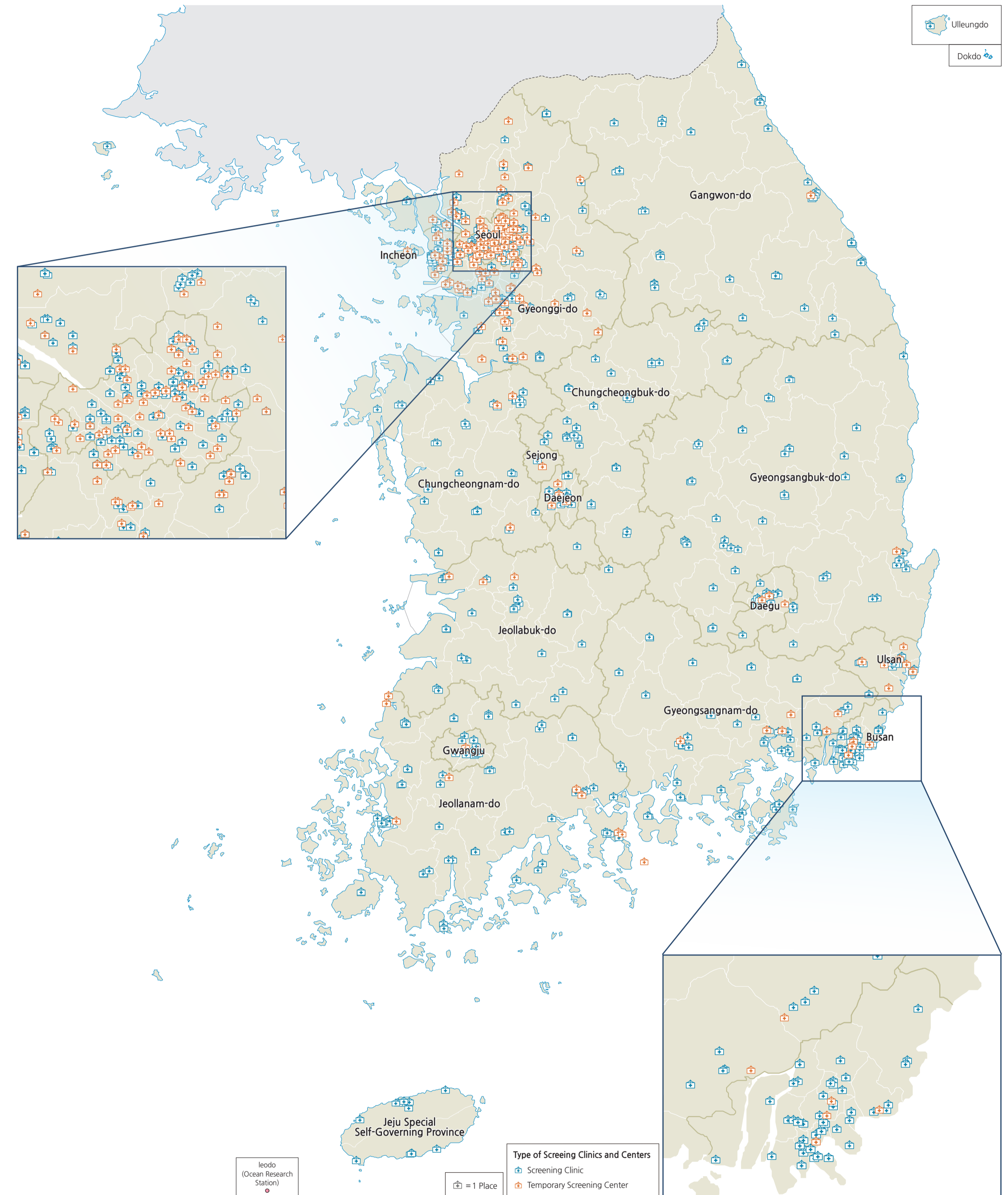
Distribution of Public Health and Medical Institutions (2019)



Ratio of Public Health and Medical Institutions of OECD Countries (2019)



COVID-19: Distribution of Screening Clinics and Centers (2021)

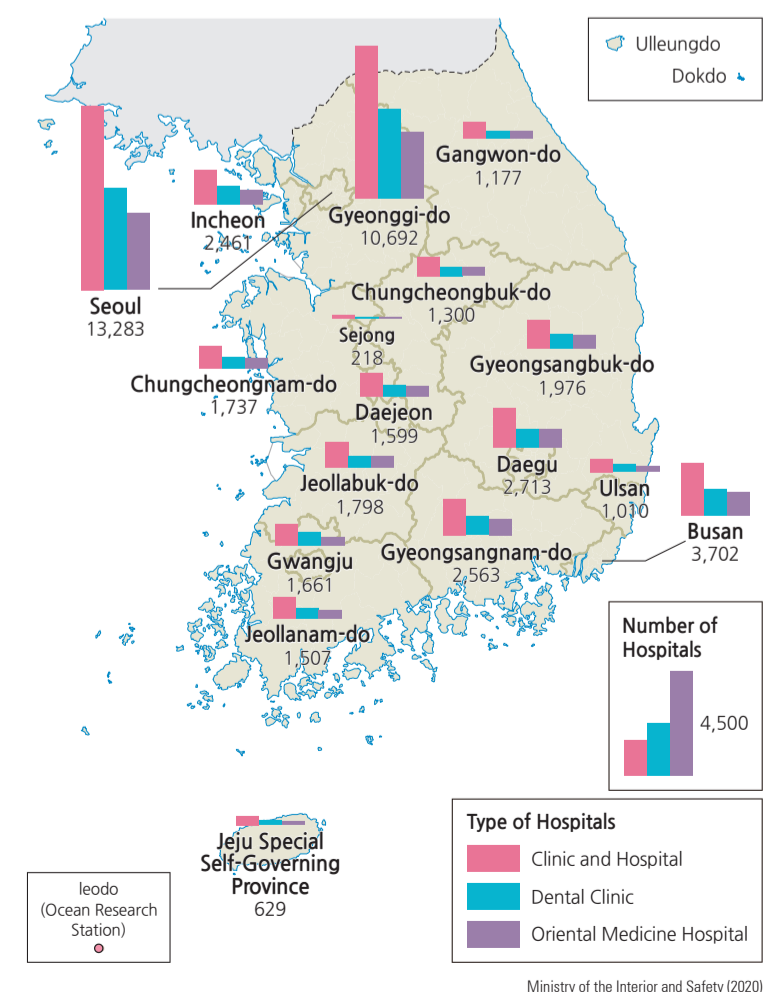


Korea's medical institutions are largely divided into clinics, hospitals, and general hospitals, depending on the size of the institution. Mild diseases are treated at widely distributed clinics and hospitals by specialized doctors. Serious illnesses or diseases are treated at a higher medical institution, such as a general hospital. As many dental clinics are also widespread, access to dental clinics is high too. Oriental medicine hospitals and clinics

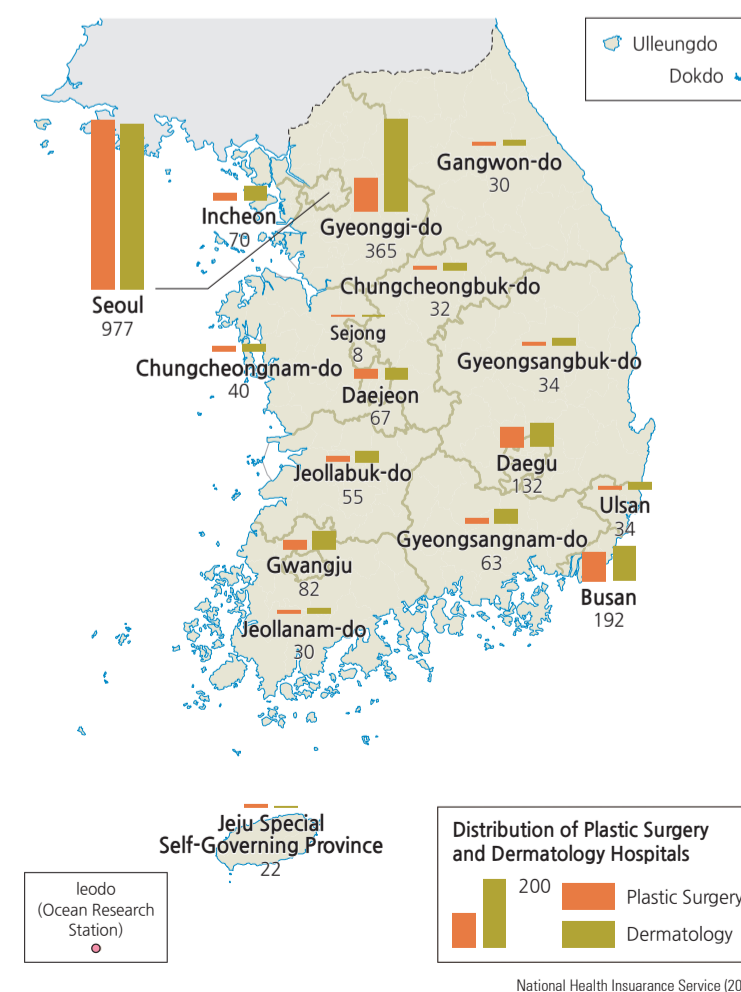
provide medical services based on oriental medicine. On the other hand, some clinics such as plastic surgery and dermatology are spatially concentrated in the Seoul Metropolitan Area. Medical access is greatly increased because general clinics and hospitals are evenly distributed nationwide. In contrast, general hospitals 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 5.5%, the lowest among OECD countries. The expansion of public health and medical institutions is emerging as an issue.

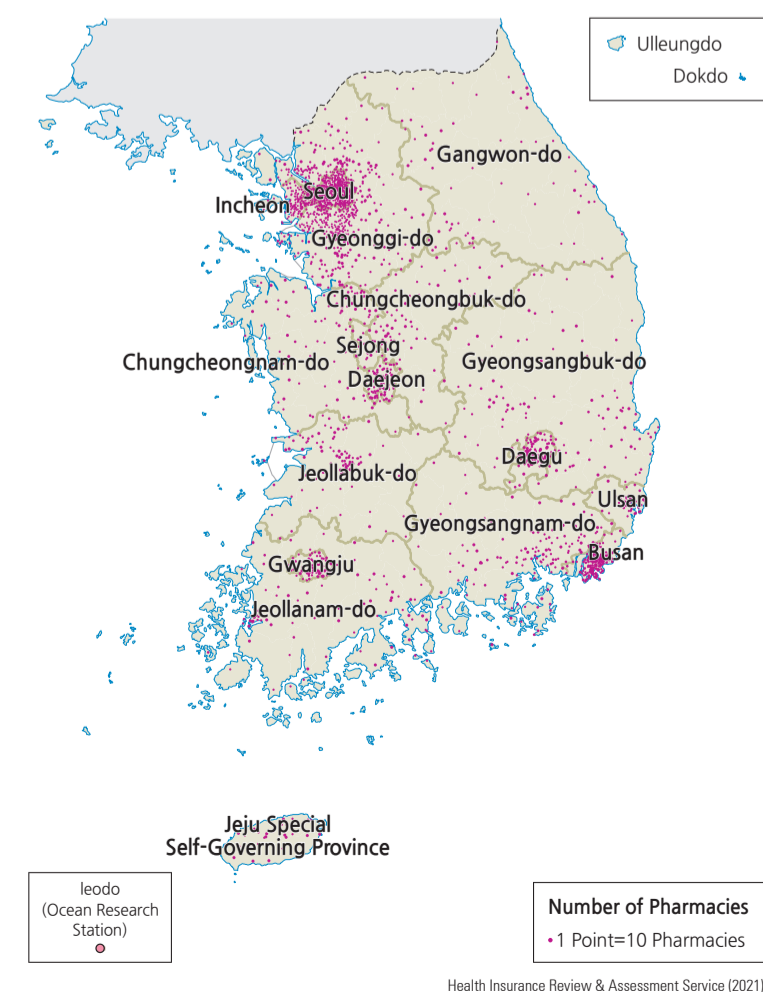
Distribution and Type of Hospitals (2020)



Distribution of Plastic Surgery and Dermatology Hospitals (2018)



Distribution of Pharmacies (2021)



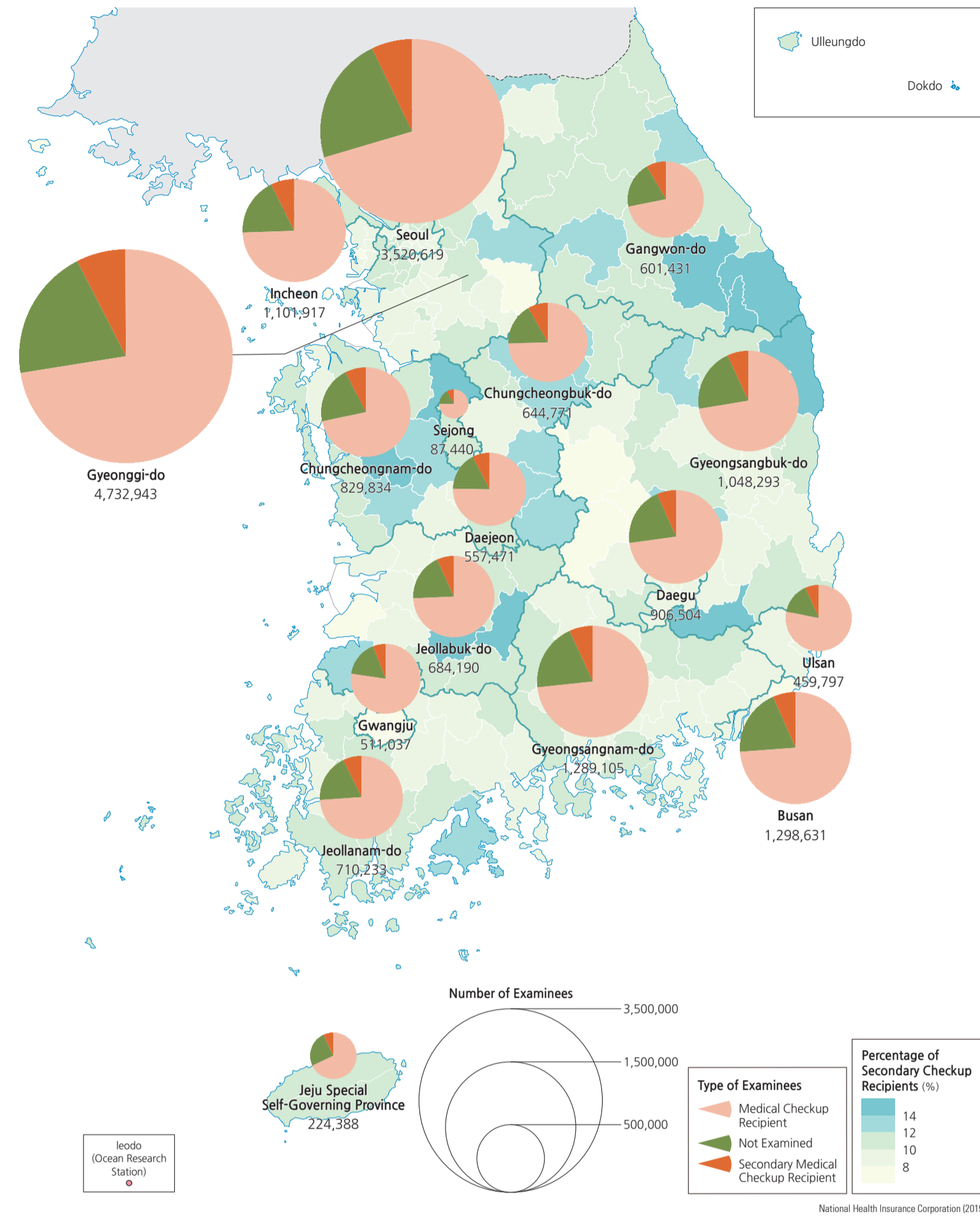
COVID-19, a global pandemic declared by the World Health Organization on March 11, 2020, changed people's daily lives around the world and brought an initial burst of great shock and fear. In Korea, the first confirmed case was reported in January 2020. In February 2020, confirmed cases increased significantly, centering on mass infection in religious facilities in Daegu and Gyeongsangbuk-do. As a result, at one time, Korea became the second-largest country in the world with cumulative confirmed cases. Since then, the spread of COVID-19 in Korea has been

controlled with the so-called "3T (Test-Trace-Treat)" strategy that finds, quarantines, and treats confirmed cases early through large amounts of diagnostic tests and epidemiological tracking. As a result, the number of confirmed cases and deaths has been managed at a low level compared to other countries. The main test sites for COVID-19 are 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

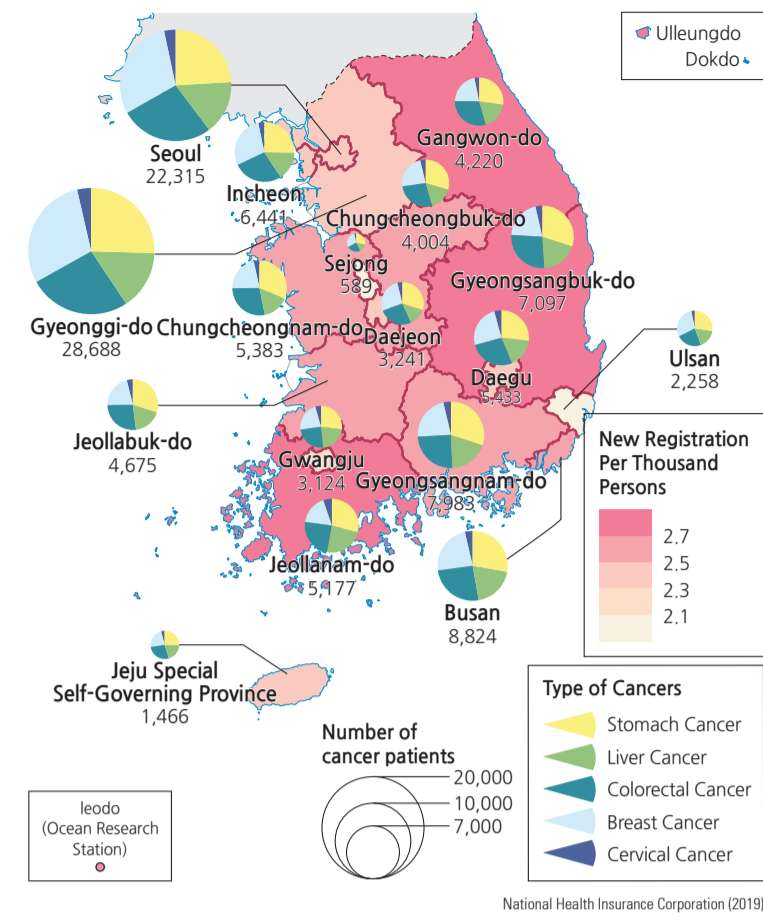
and where necessary to increase the number of inspections in response to the COVID-19 situation. Screening stations conduct tests on people suspected of having COVID-19 symptoms, while temporary screening stations conduct tests regardless of symptoms. However, the guidelines have been changed to allow tests of asymptomatic patients in screening stations. There are no functional differences between those two types of screening stations.

National Health

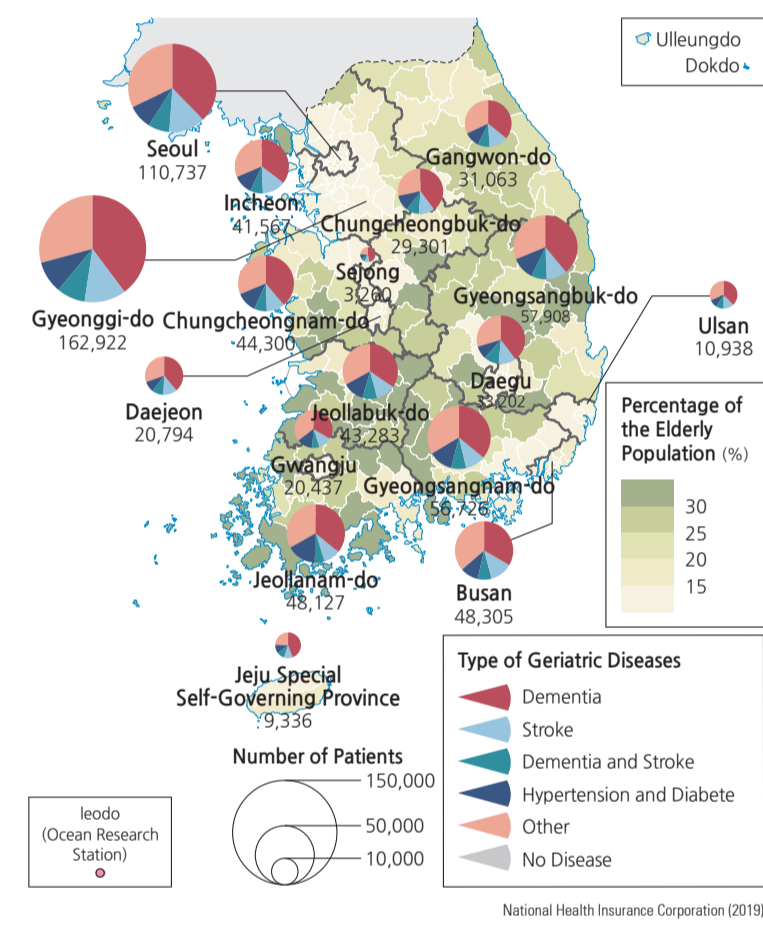
Medical Checkups and Secondary Medical Checkups (2019)



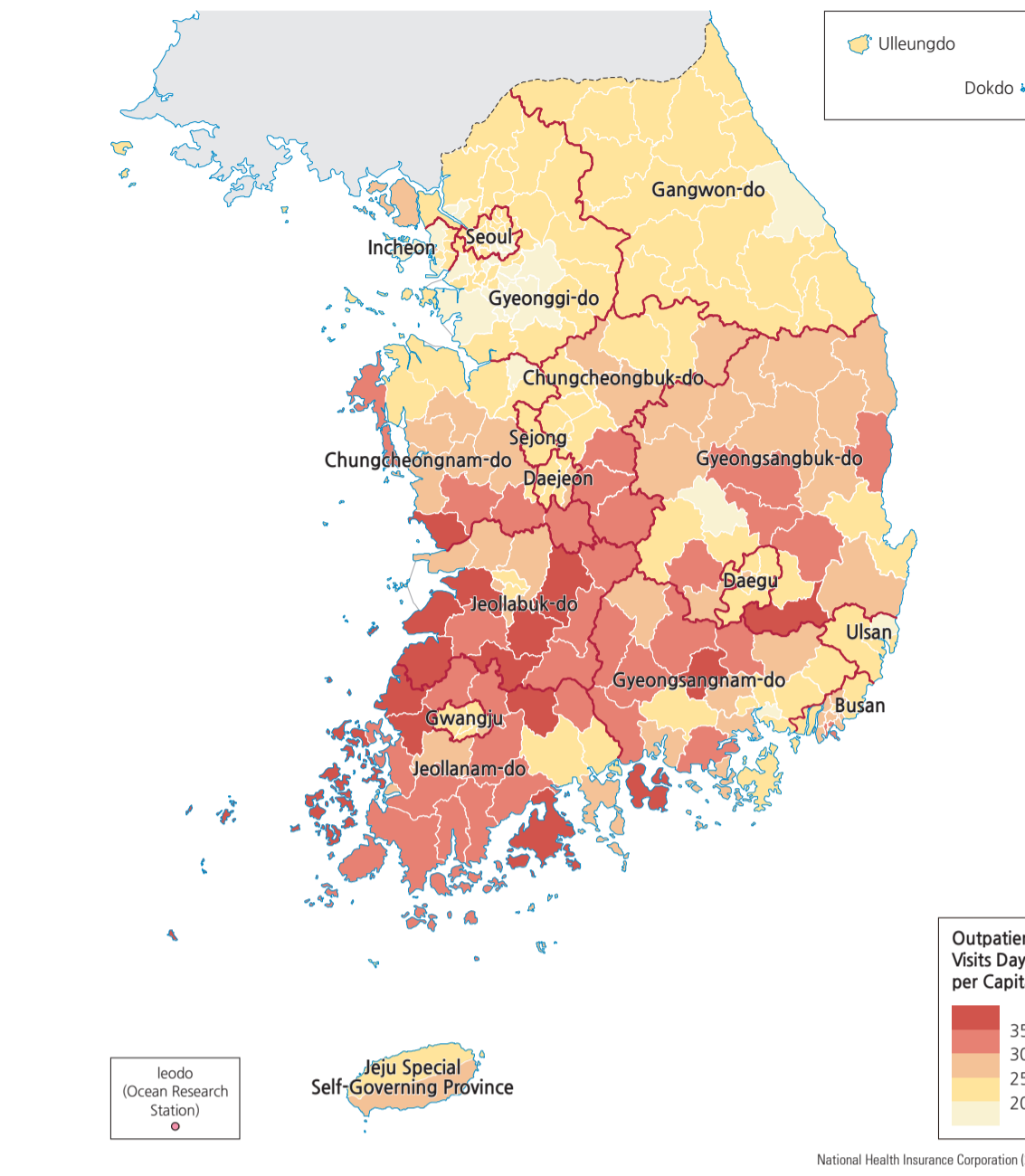
Number of Cancer Patients by Cancer Type (2019)



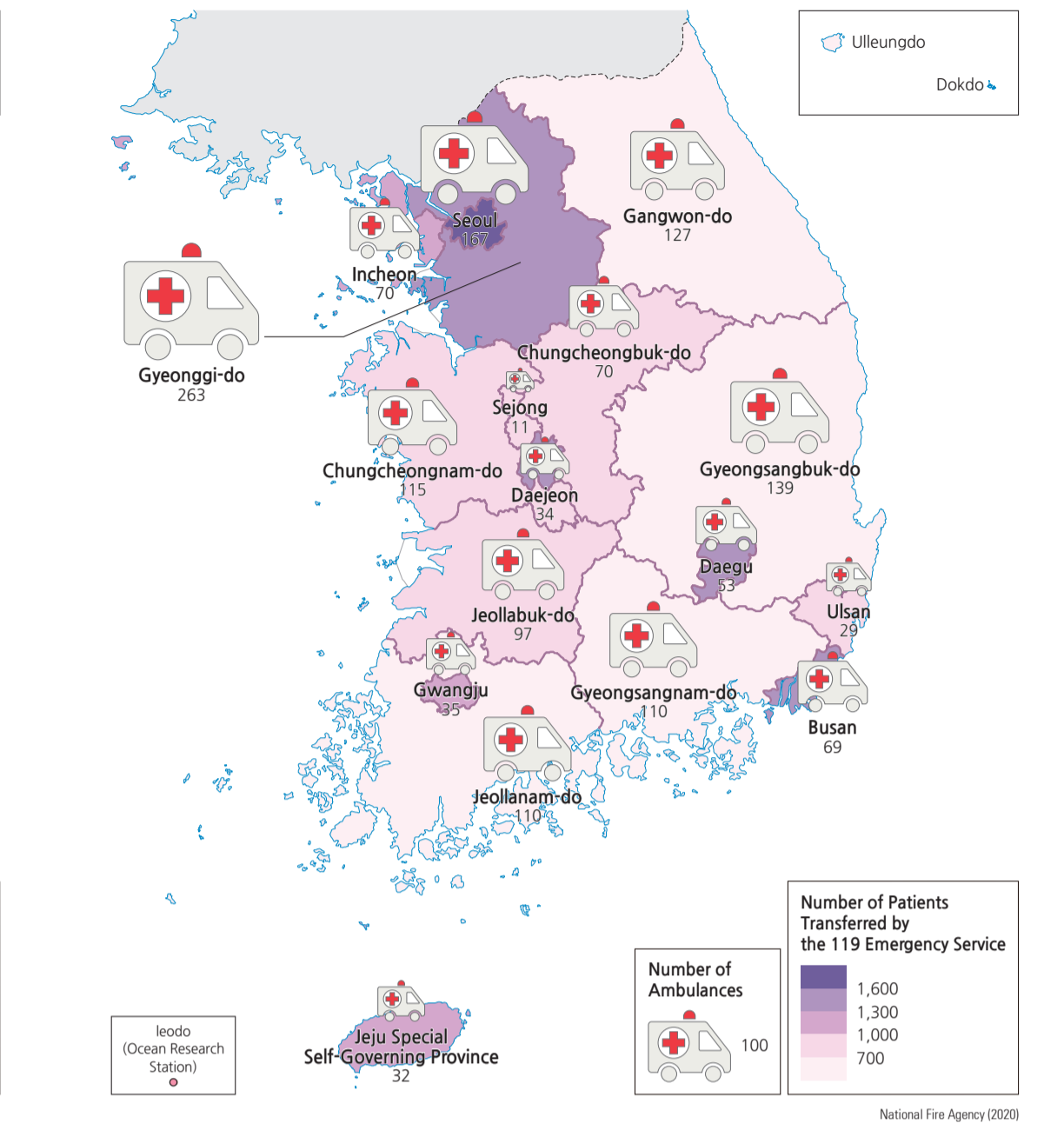
Geriatric Diseases (2019)



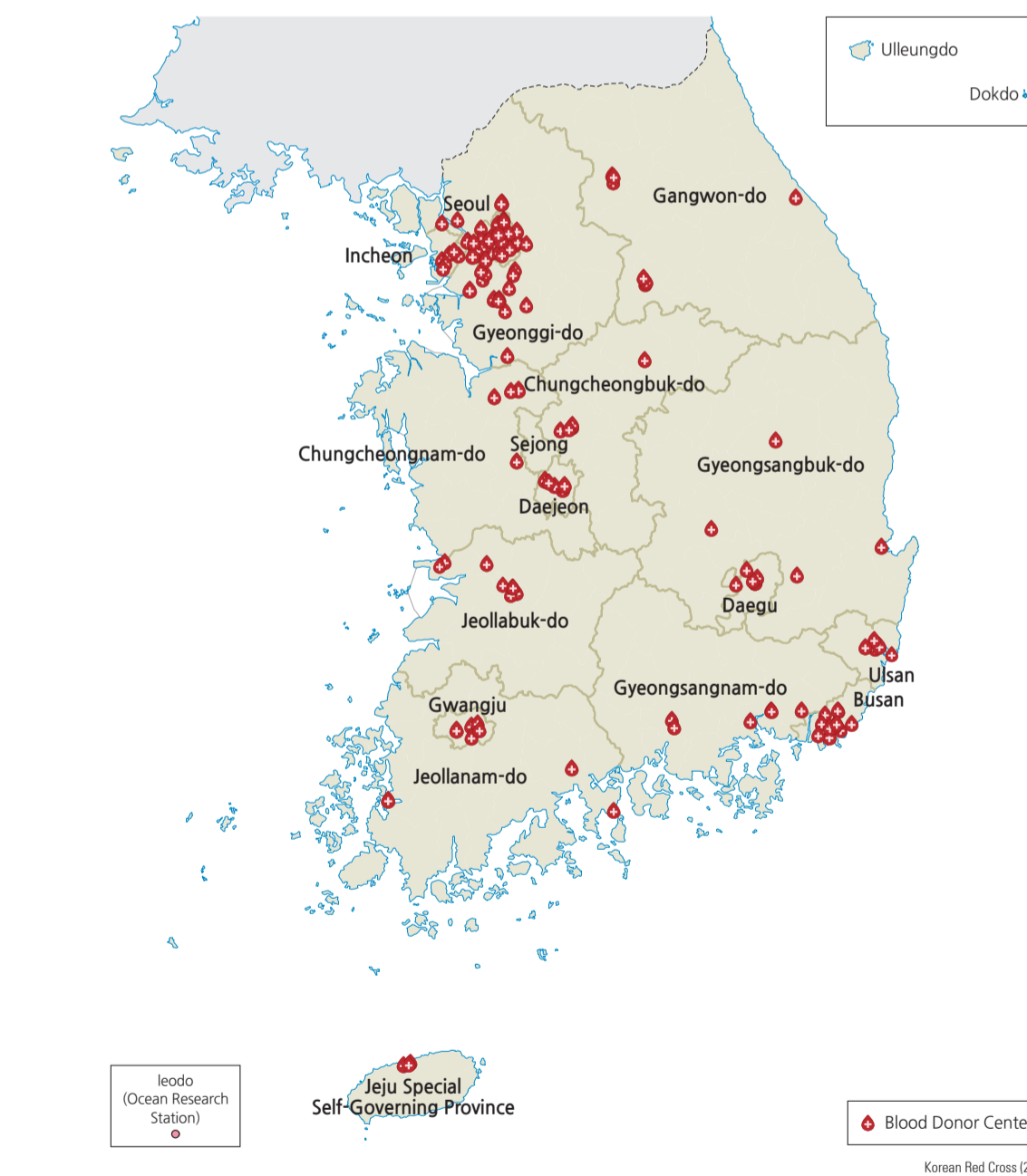
Hospital Visit Days per Capita (2019)



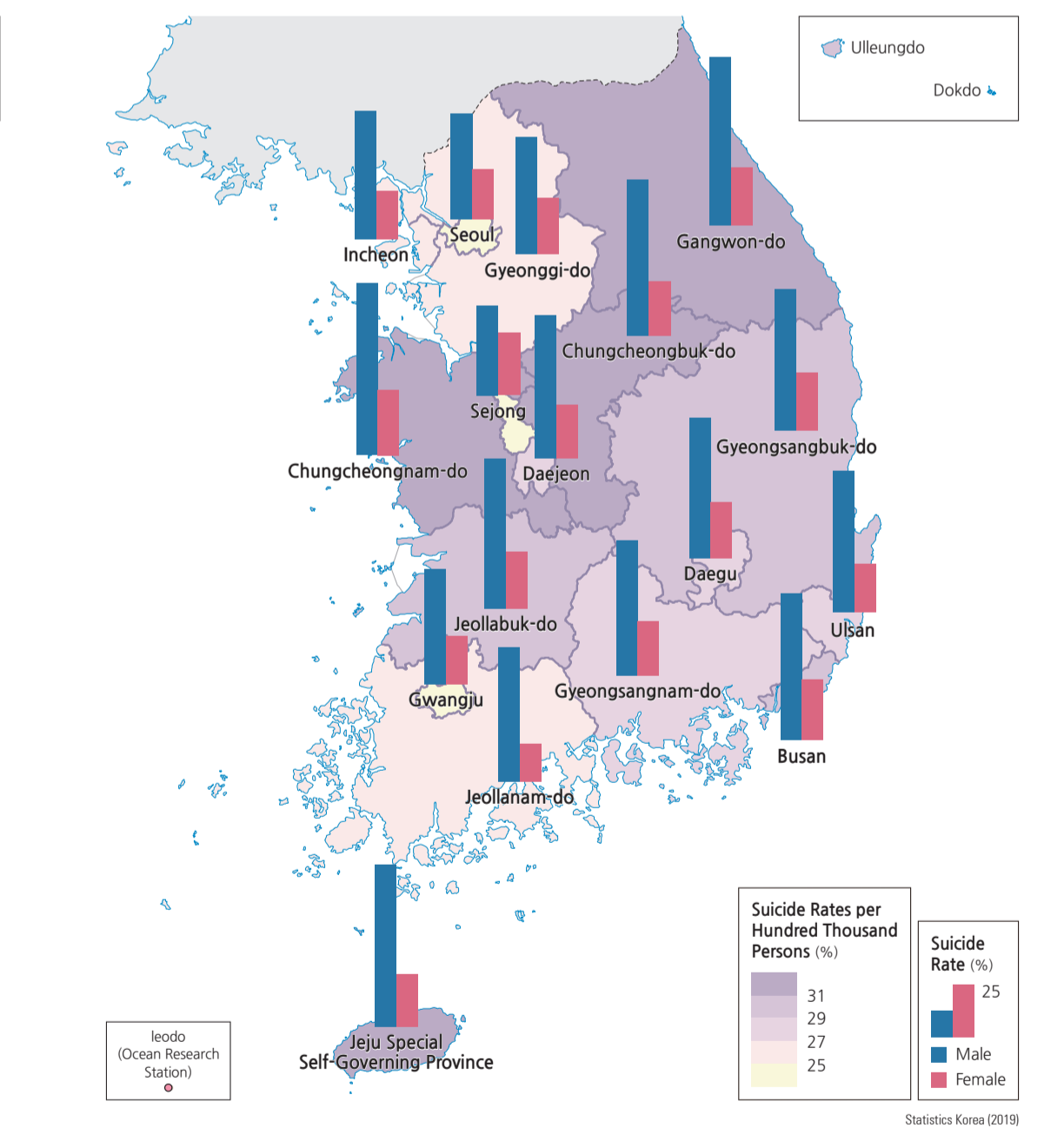
Emergency Medical Service (2020)



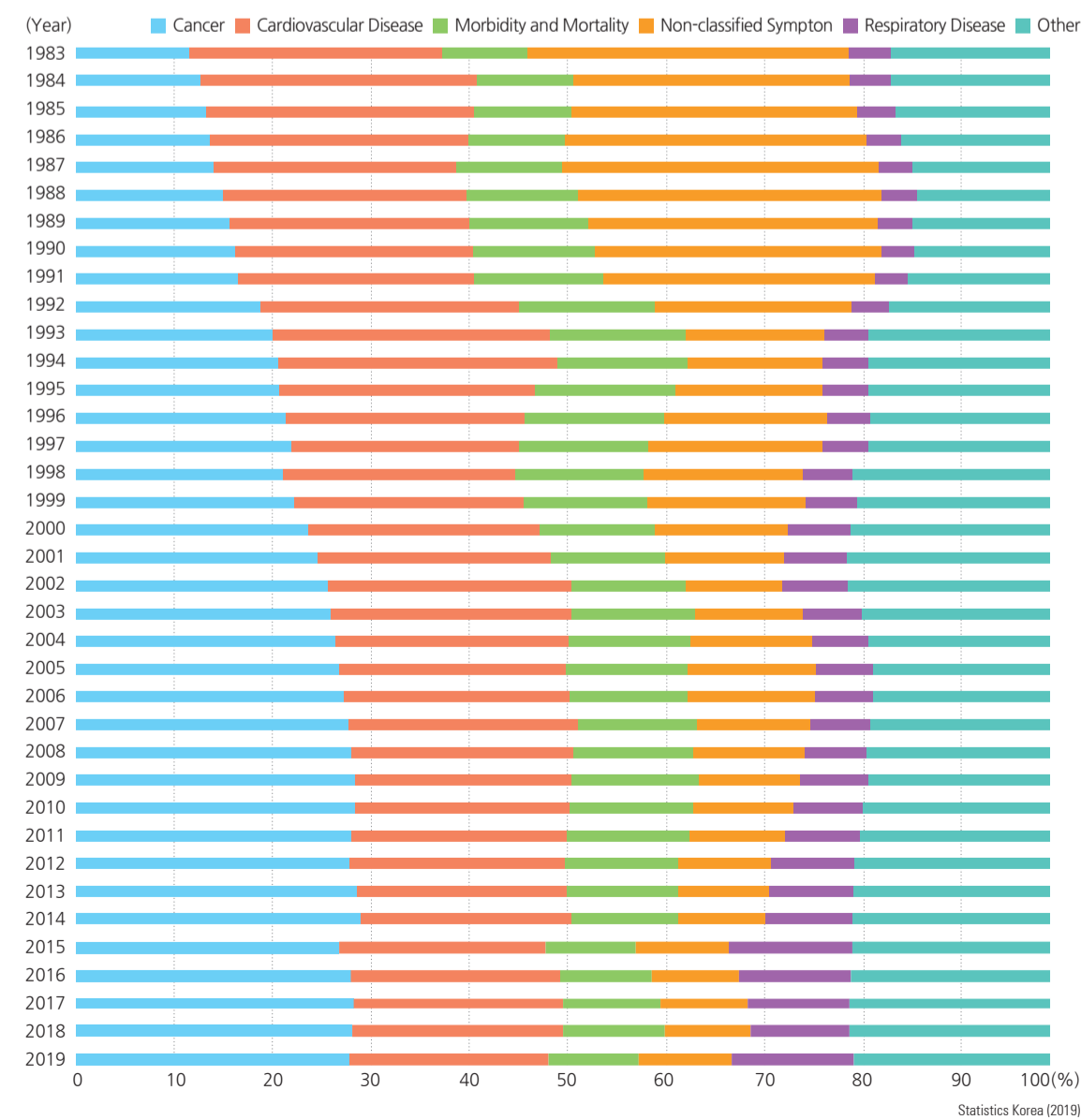
Distribution of Blood Donor Centers (2021)



Suicide Rates per Hundred Thousand Persons (2019)



Change in the Causes of Death



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 statistics revealed that the middle-aged population group has a 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 highly contributed to enhancing national health. Korea has established a specialized medical checkup 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.

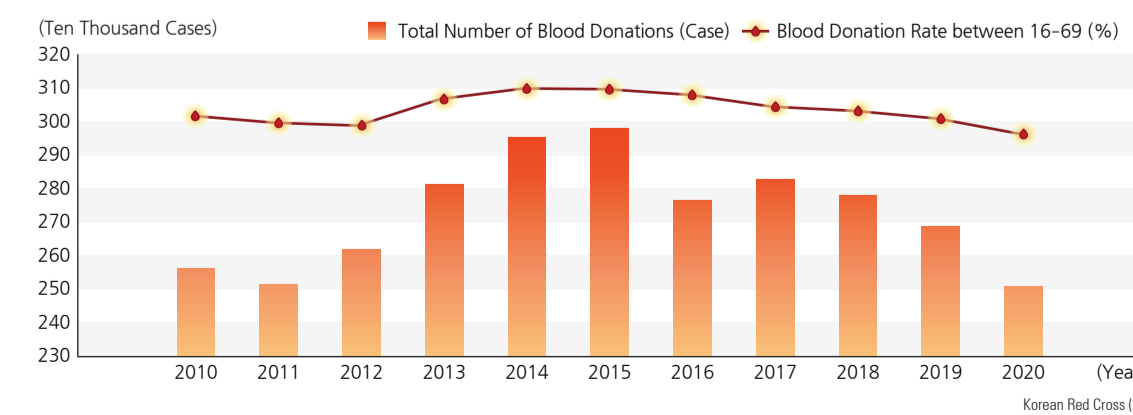
In particular, screening for cancer, which is included in regular health screening based on life stages, has recently increased to cope with increasing rates of cancer. The case of additional cancer screening by personal expenses is also increasing. Korea has identified the five most common cancers (stomach cancer, liver cancer, colon cancer, breast cancer, and cervical cancer, the onsets of thyroid cancer for women and prostate cancer for men) that have increased due to changes in lifestyle and dietary habits. As the onset rate of lung cancer also increases, an antismoking campaign has been combined with smoke-free policies in public buildings and multiuse facilities.

Cardiovascular diseases and cancer are major causes of death. In the case of cardiac arrests, the provision of emergency medical services is very important. However, looking at the statistics relating to cardiac arrests, the gap of accessibility to the services between regions is very large. Cardiopulmonary Resuscitation (CPR) reduces the death rate in urban areas. However, the proportion of deaths due to cardiac arrest is still too high in rural areas with limited access to personnel trained in CPR.

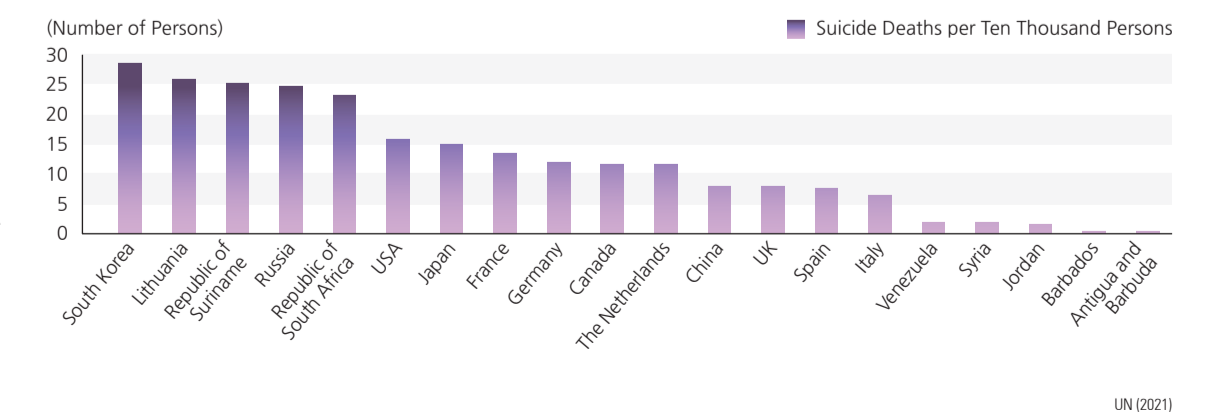
Looking at the usage frequency of medical institutions, both the number of hospital usage days and the average of outpatient visits days are high in areas with a high proportion of the elderly. As the population structure is aging, medical service for the elderly and the prevention, diagnosis, and management of geriatric illnesses become more important.

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, both the number of blood donations and blood donors decreased significantly.

Number of Blood Donations and Blood Donation Rate (2010-2020)

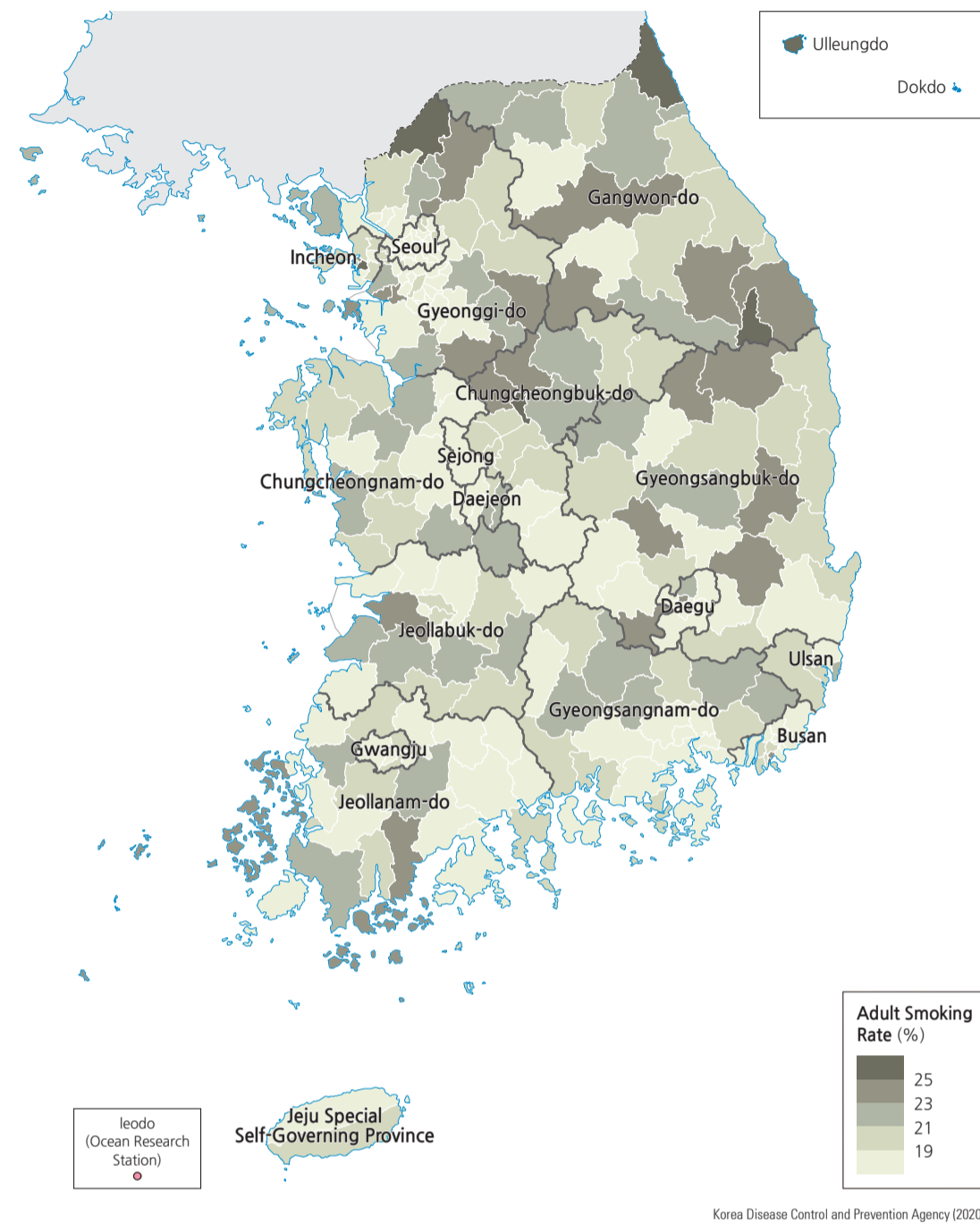


Suicide Rates by Countries (2019)

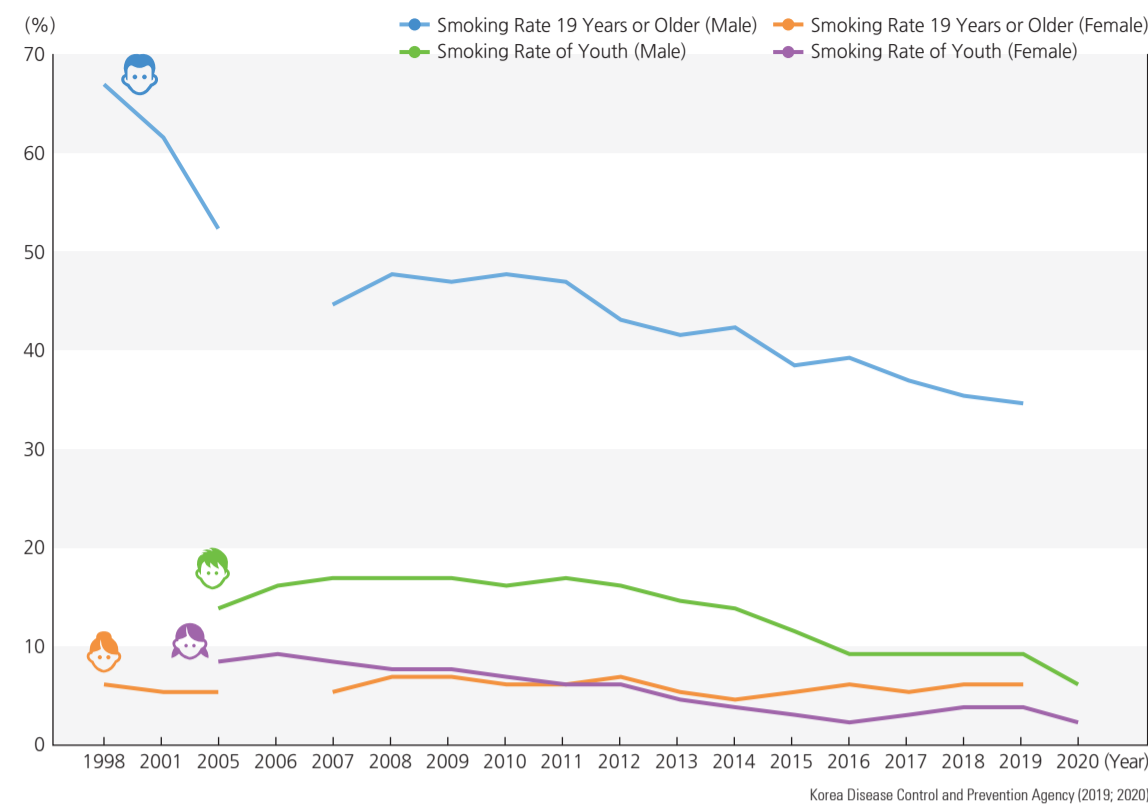


Smoking and alcohol consumption, as significant detrimental health habits, have been surveyed and controlled by a majority of countries following the recommendations of the World Health Organization. The adult male smoking rate in Korea is very high compared to other OECD countries. The smoking rate steadily declined due to increasing interest in health and antismoking campaigns. However, youth smoking has not declined, which has emerged as a social problem. In the case 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 reduction.

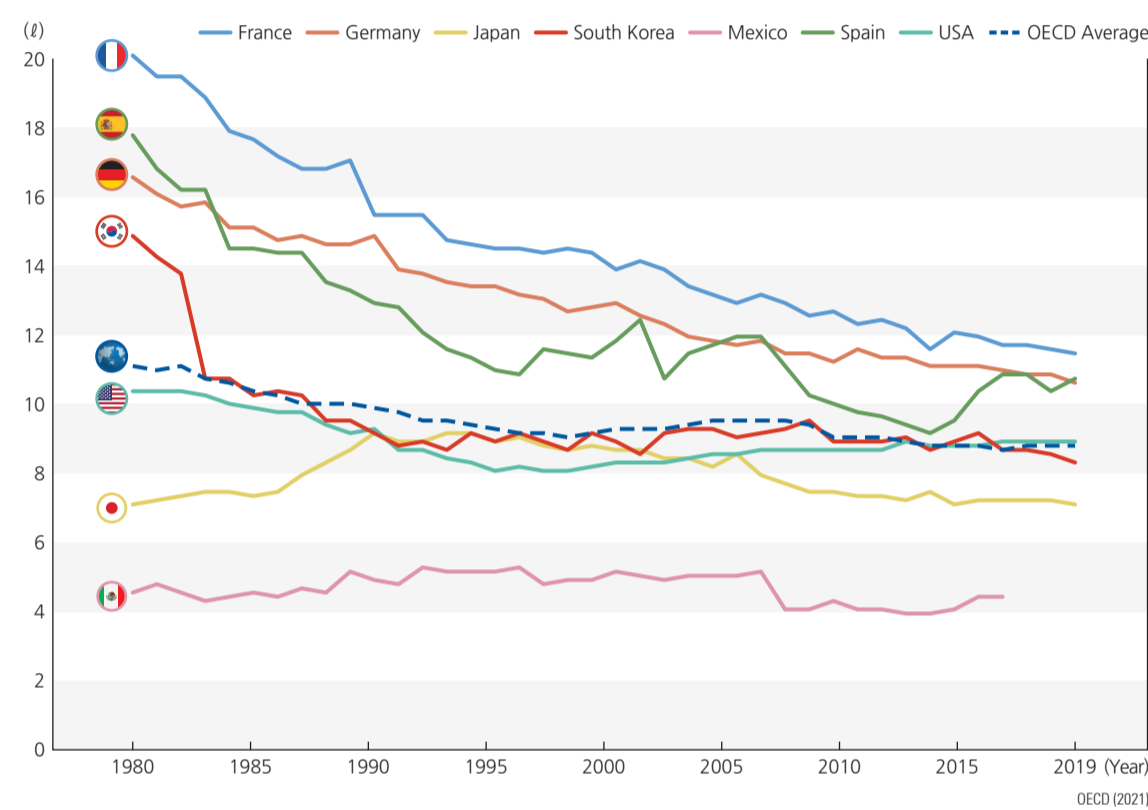
Smoking Rate (2020)



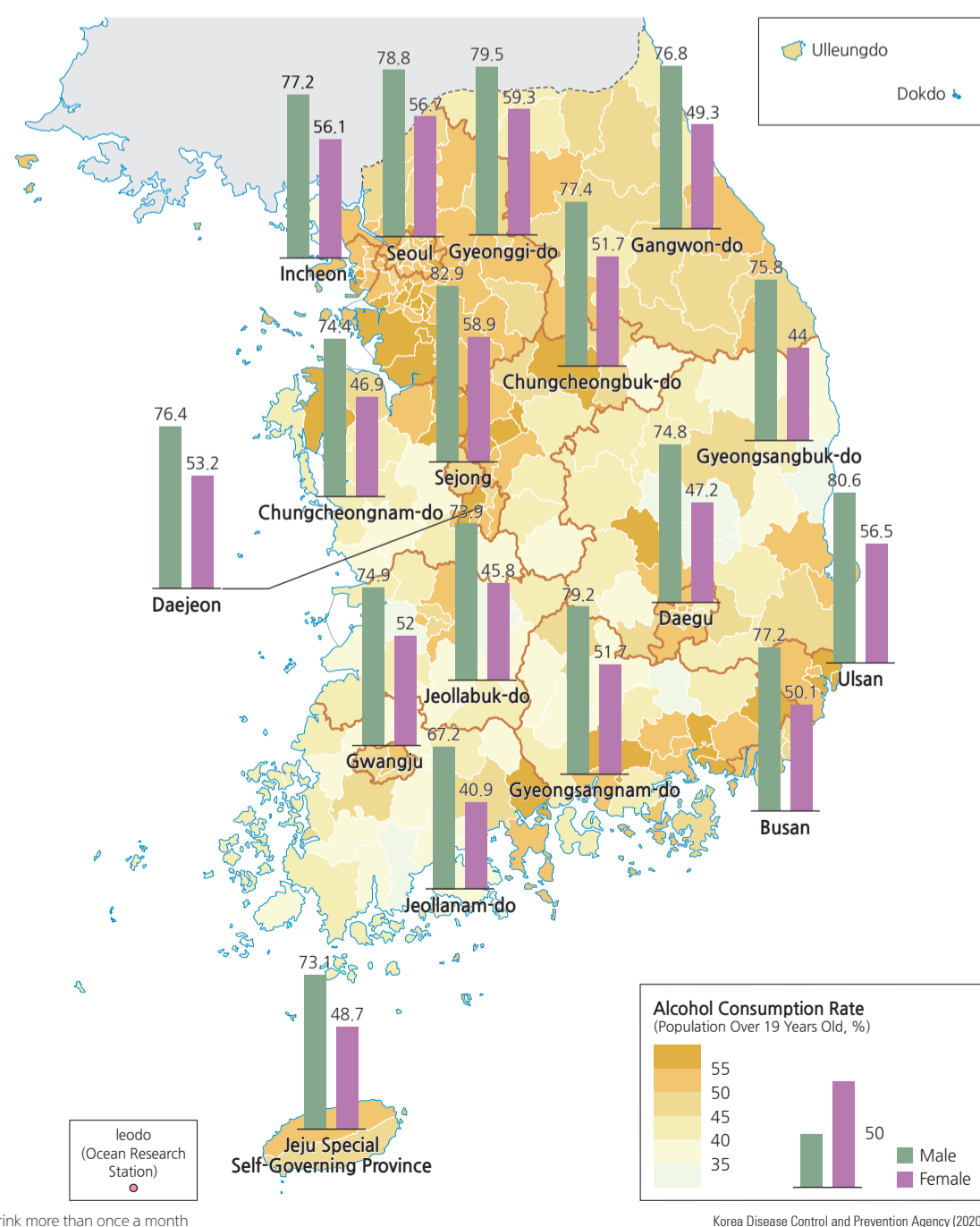
Smoking Rates of the Adult and the Youth



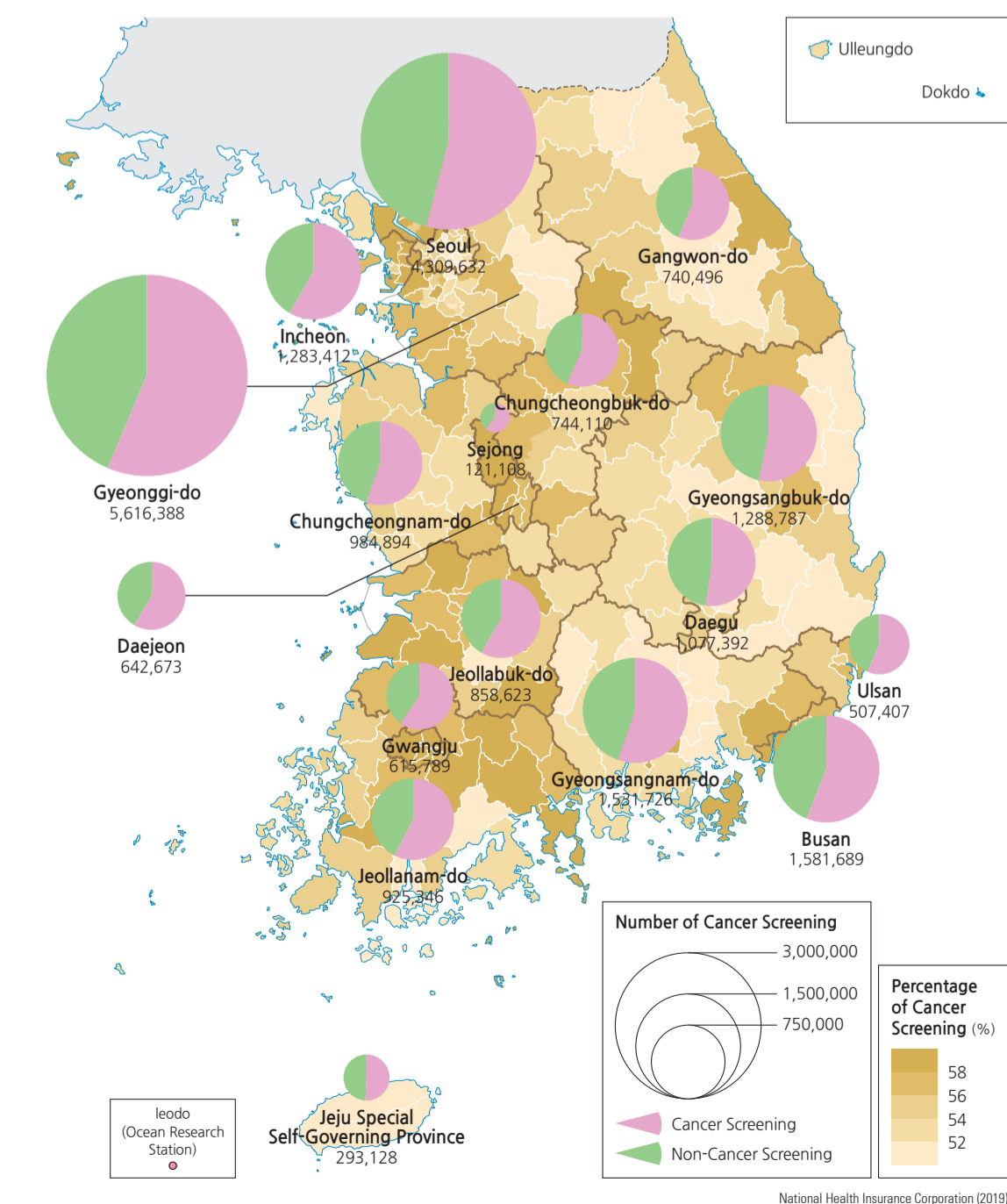
Annual Alcohol Consumption



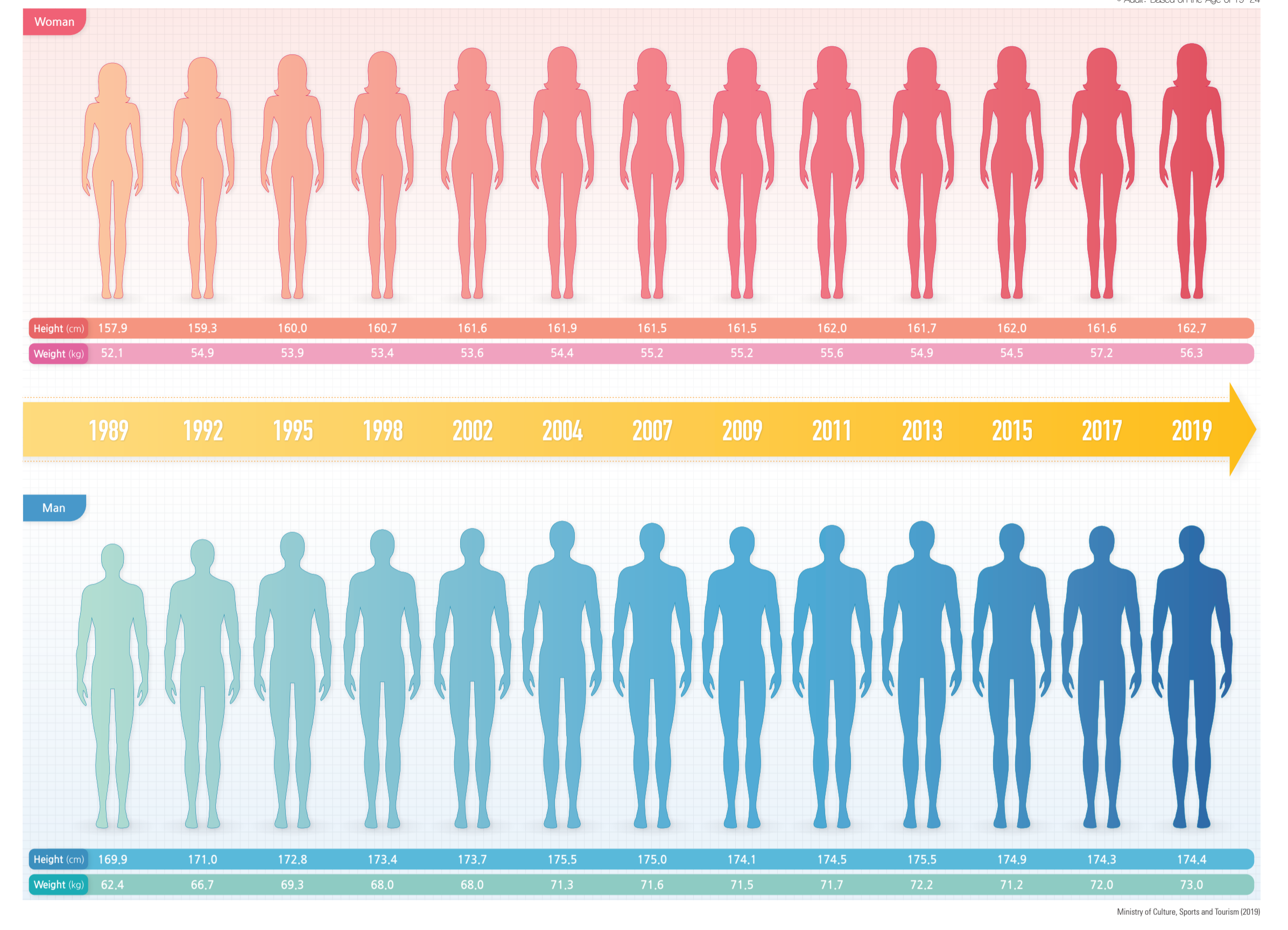
Alcohol Consumption (2020)



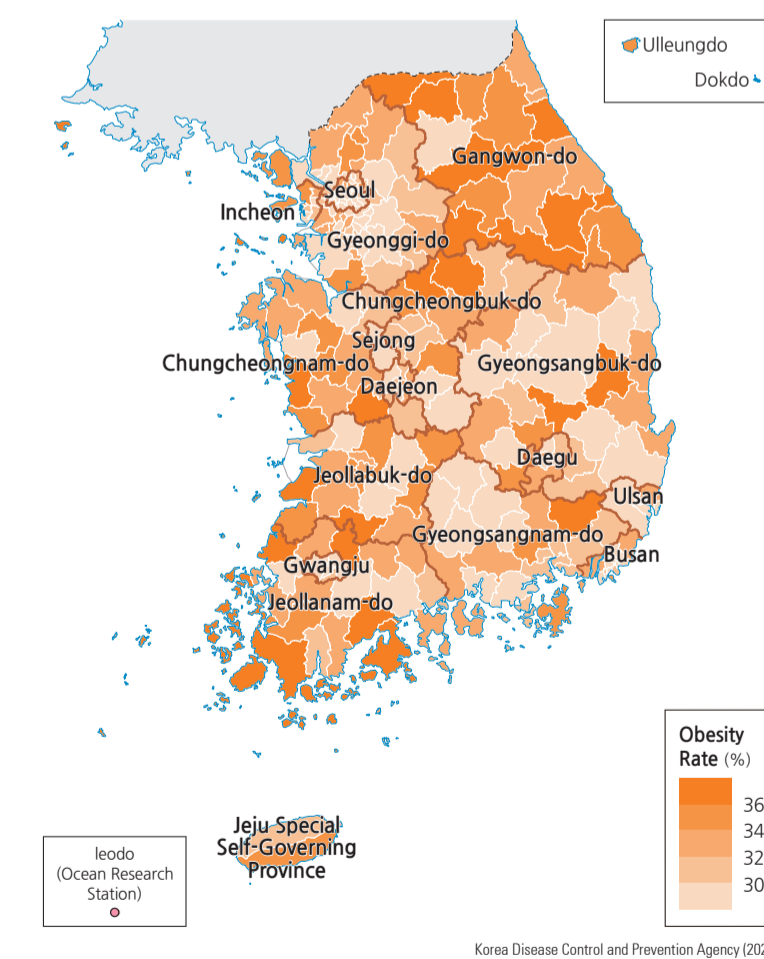
Cancer Screening (2019)



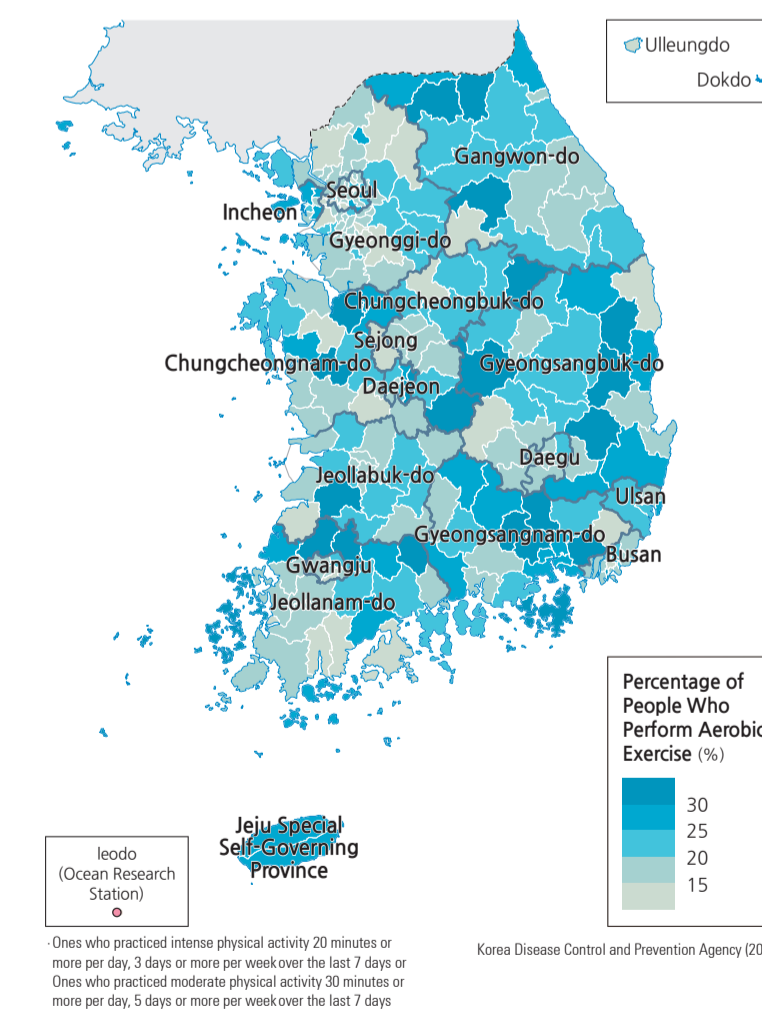
Changes in Height and Weight of Adults (1989-2019)



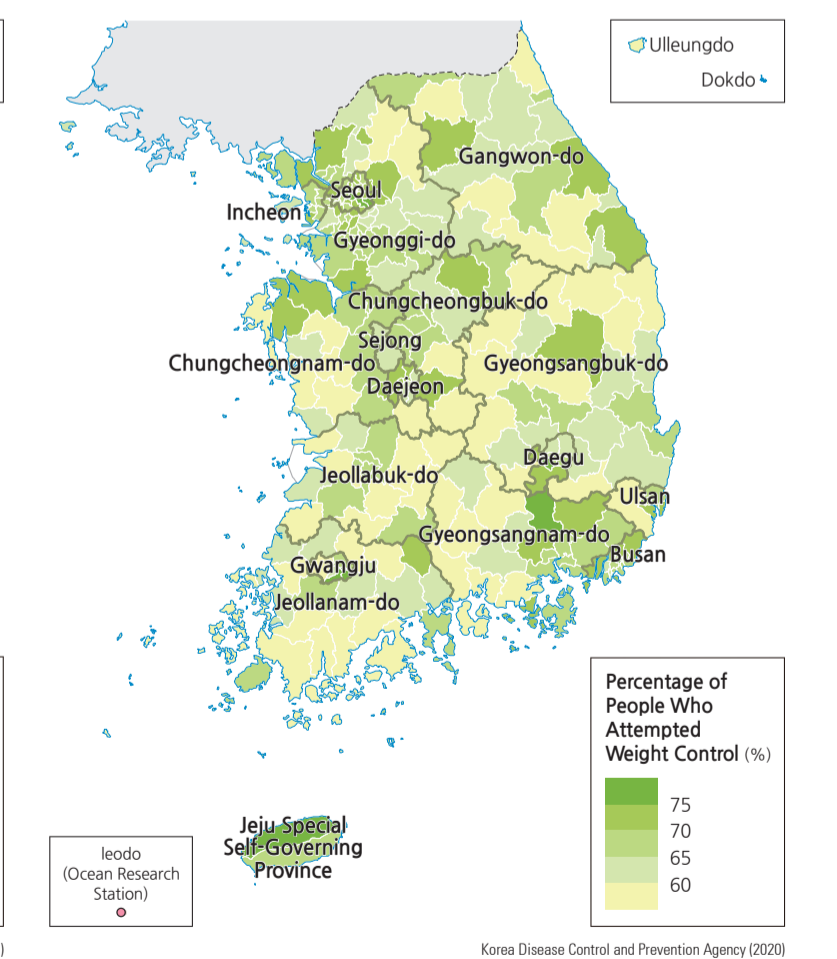
Obesity Rate (2018)



Aerobic Exercise (2020)



Weight Control (2020)



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

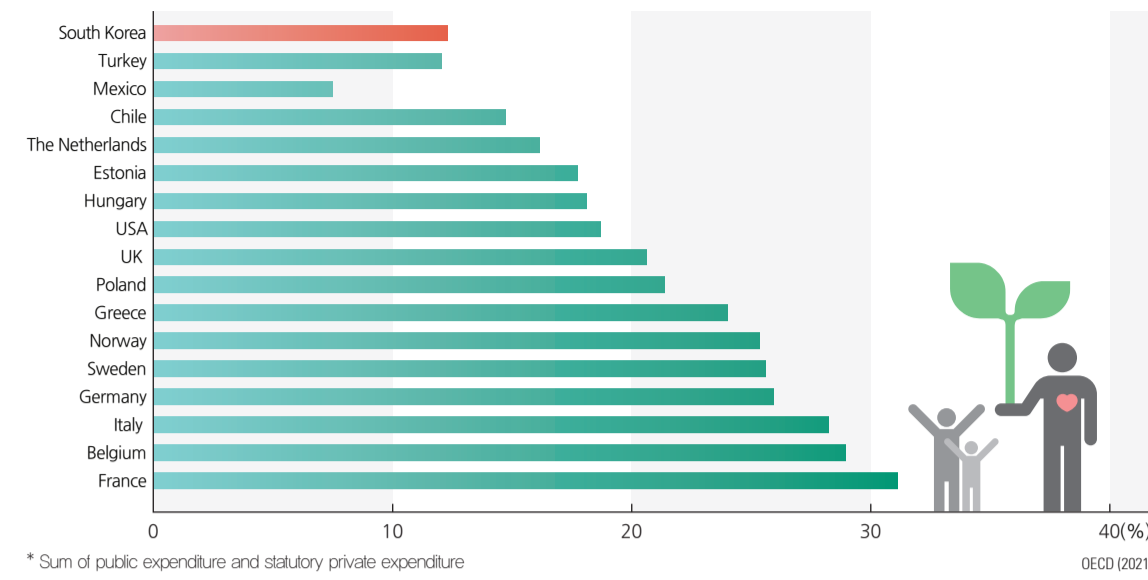
exercise are leading to a higher obesity rate, which has become a serious concern for Koreans. Therefore, more Koreans are trying to improve their dietary habits and to exercise more.

In particular, with the interests of health, many people begin to engage in exercise and diet control because of the social norm of maintaining slim and healthy body shapes as influenced by the media. As a result, the weight control industry is consistently

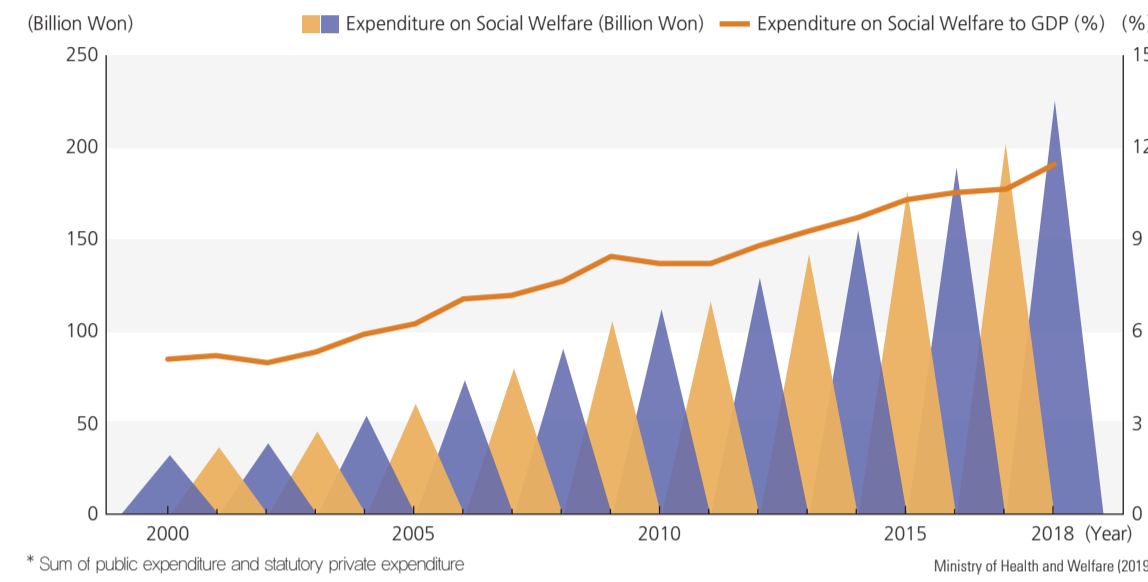
growing. Moreover, as the increasing obesity rate among youth who are accustomed to Western-style diet, a policy, which induces to have a healthy dietary habit in childhood, is carried out. Also, public health policies have been implemented to reduce obesity, such as encouraging the indication of calories and ingredients of foods.

Social Welfare

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

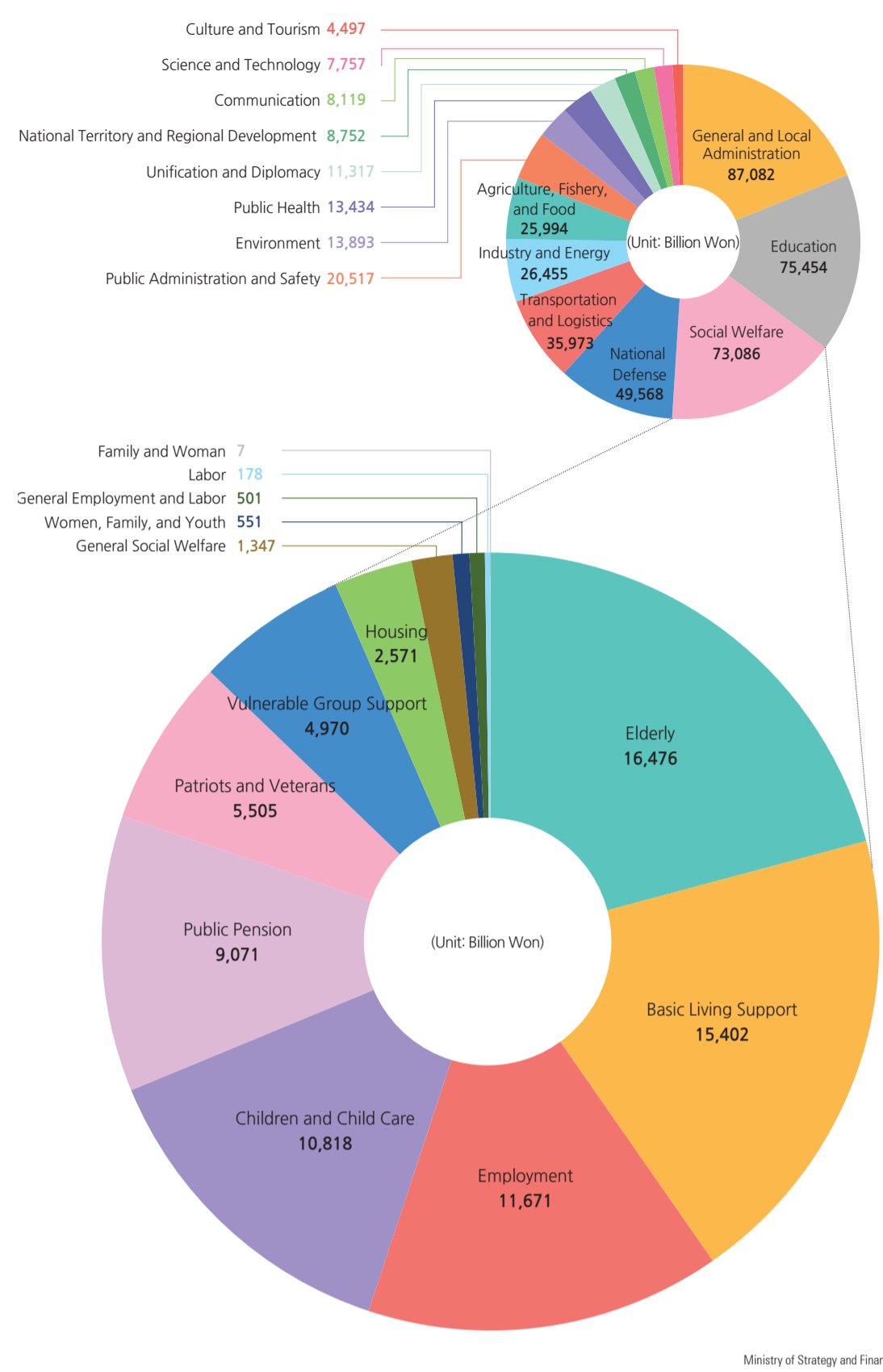


Expenditure on Social Welfare and GDP

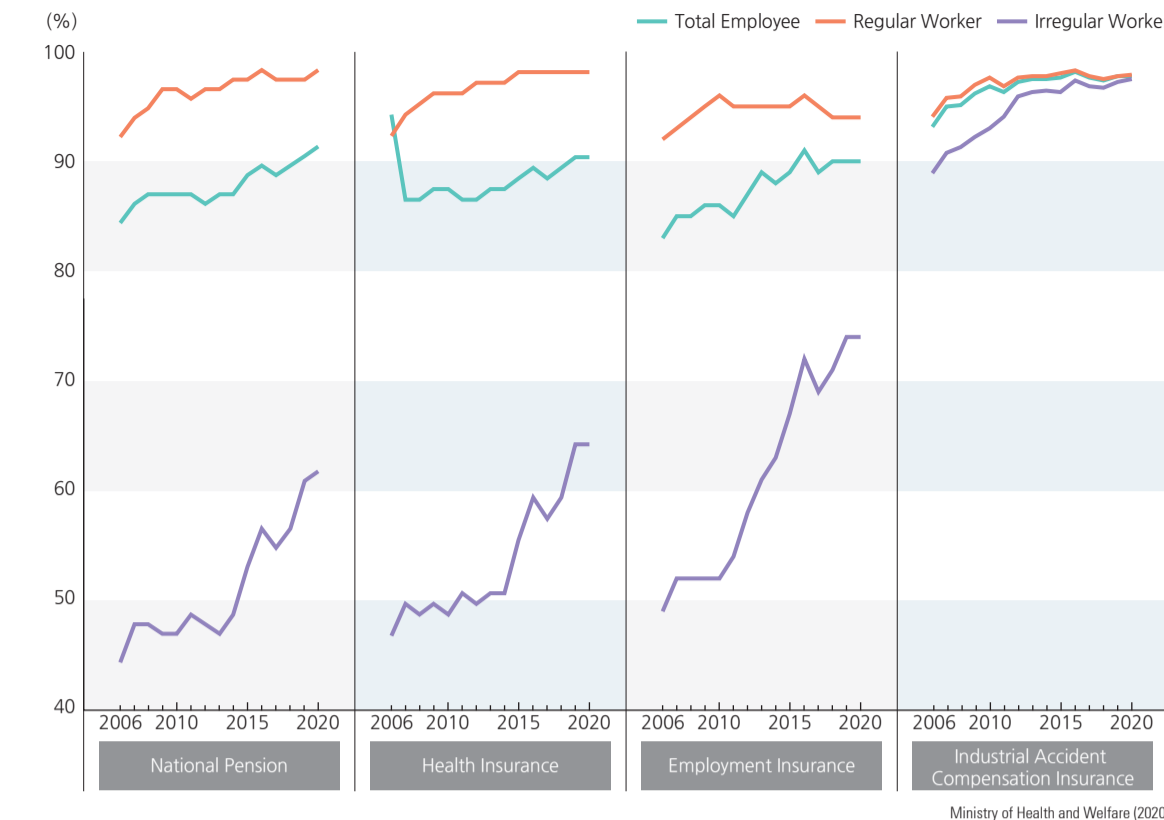


Recently, welfare has emerged as the center of political debate in Korea. Various debates relating to welfare have arisen, such as the range of welfare services, the appropriate level of welfare, welfare-related government expenditure in terms of fiscal soundness, and the priority of welfare spending. Compared to existing political issues that the national resources had concentrated on the growth of the national economy, recent political issues have concentrated on the expansion of social welfare and the maintenance of the fiscal soundness following the expansion of social welfare. Recent welfare-related expenditure has consistently increased. The sum of social welfare expenditures in the statutory private sector, which is mandatorily spent from the private sector, and in the public sector, has substantially increased every year. The ratio of social welfare expenditure to GDP exceeded 10% in recent years. However, social welfare expenditure to GDP in Korea is still lower than that of other OECD countries.

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



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

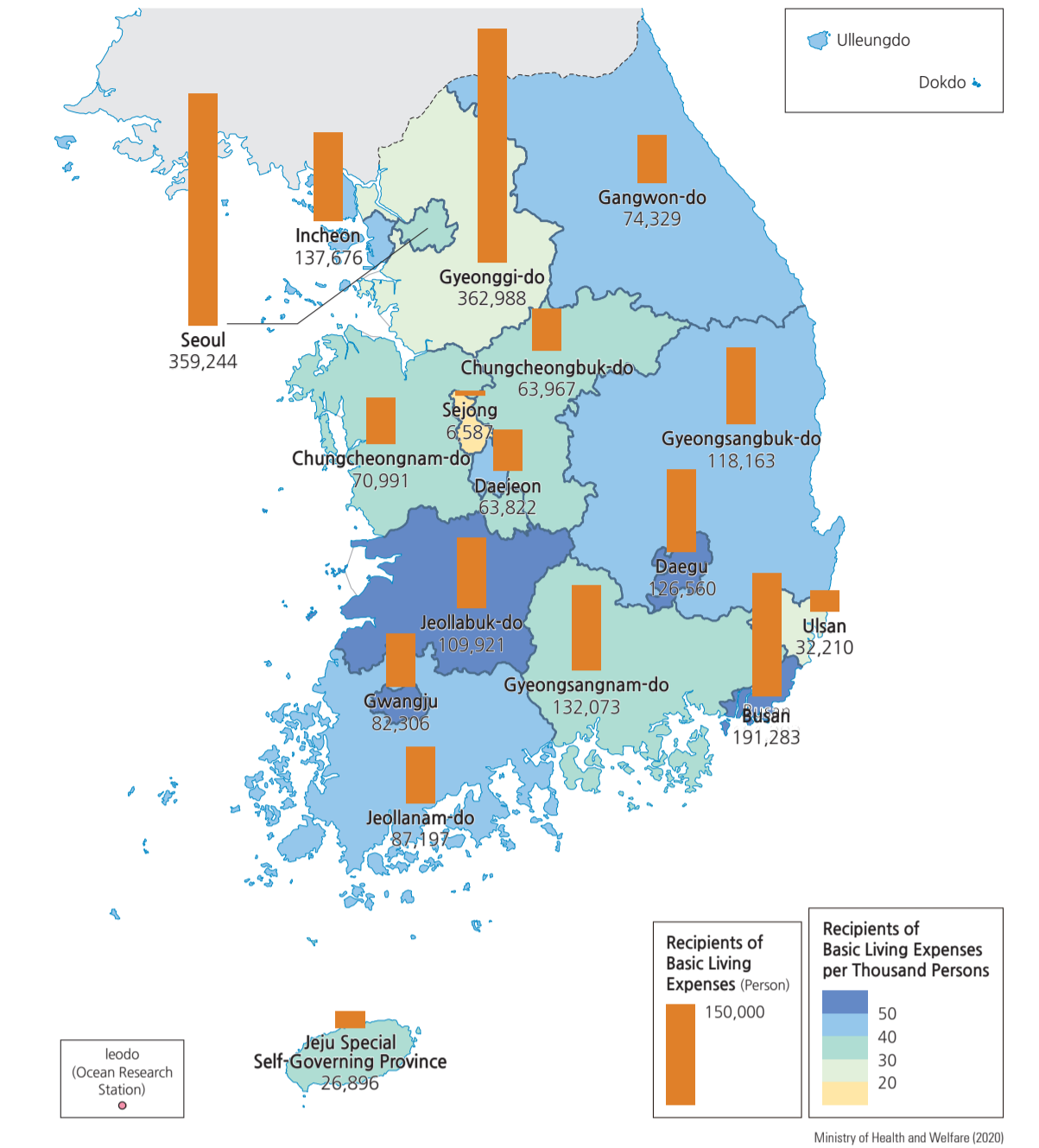


Considering the case of European states that spend at the 20 to 30% level of social expenditure to GDP, the social expenditure of Korea still does not reach the level of European welfare states. Although this difference should be considered in terms of the proportion of the elderly population and the difference in social welfare policy, the prospect that social welfare expenditure in Korea will continue to increase in the future is dominant.

In accordance with the increase of social welfare spending, the related budget is also steadily increasing. Social welfare related-government expenditure is differentiated by the welfare objects, such as poverty, disabilities, women, children, and elderly, and by the sectors, such as residence and labor.

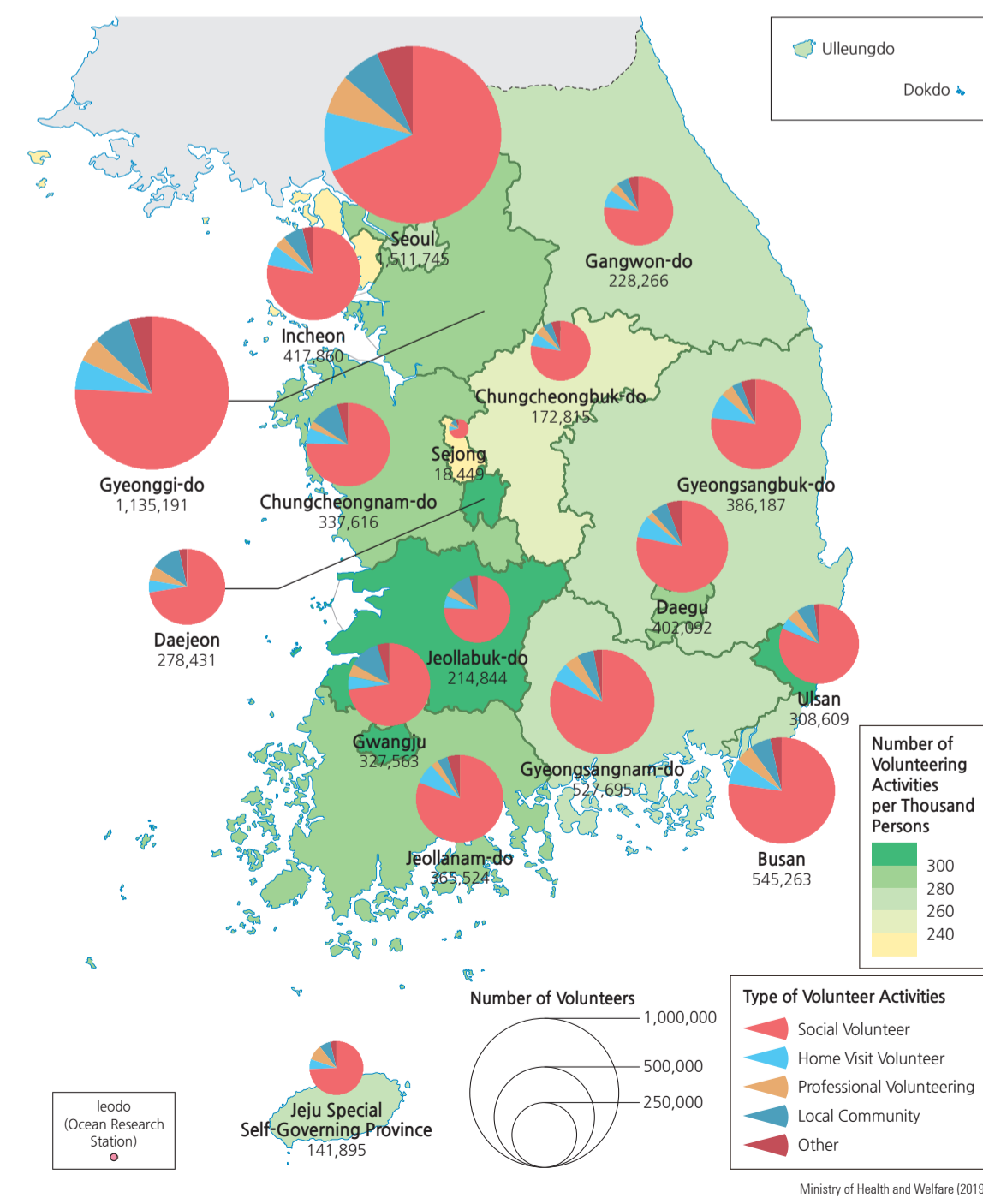
Various social safety nets exist in Korea. Social insurance is represented by the four kinds of insurance accounts: national pension, health insurance (including long-term care insurance for the elderly), employment insurance, and industrial accident compensation insurance. These accounts provide for a stable life during old age, medical support, unemployment and reemployment support, and preparation of compensation for occupational accidents, respectively, as enrolled by many workers. The national pension and health insurance cover all citizens. Employment insurance and industrial accident compensation insurance cover all workplaces. In addition, workers are enrolled in social insurances and paid insurance premiums through their company. However, blind spots arise that 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 for affordability reasons. Therefore, improving the social insurance admission rate has become an important task for the social welfare sector in the wake of an increase in temporary workers.

Recipients of Basic Living Expenses (2020)

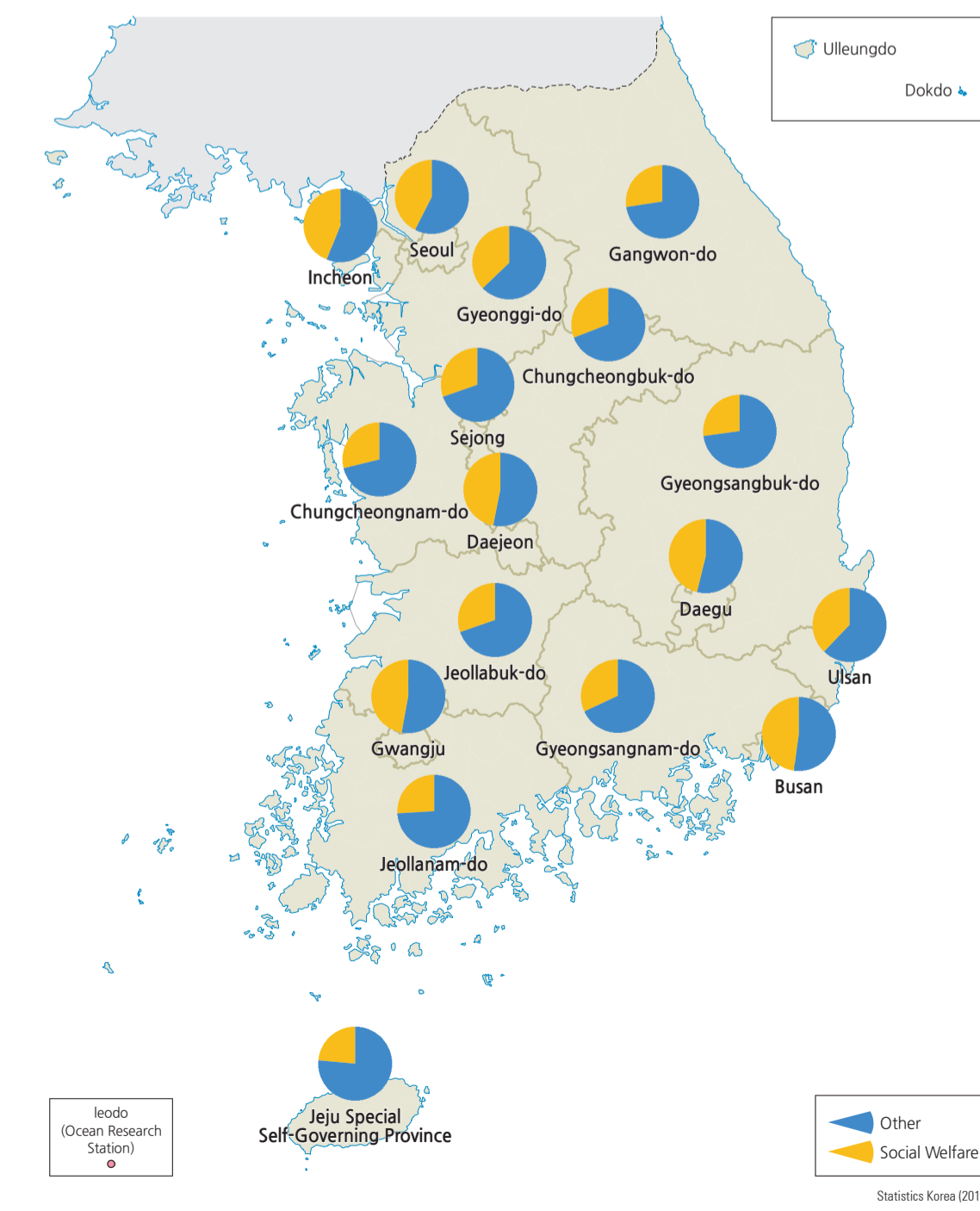


Welfare policies are also being implemented for those with low-income levels or difficulty in employment. Those whose income is less than the minimum cost of living are recognized as recipients of basic living, and livelihood benefits, medical benefits, housing benefits, and education benefits are supported. The amount of support depends on the income and the degree of disability. Various systems such as the 'mandatory employment of the disabled' and 'subsidy for the employment of the disabled' are in operation to promote the employment of the disabled. Nevertheless, the employment rate for the disabled is 34.9%, which is only half of the total employment rate, so there is a need for a way to revitalize it.

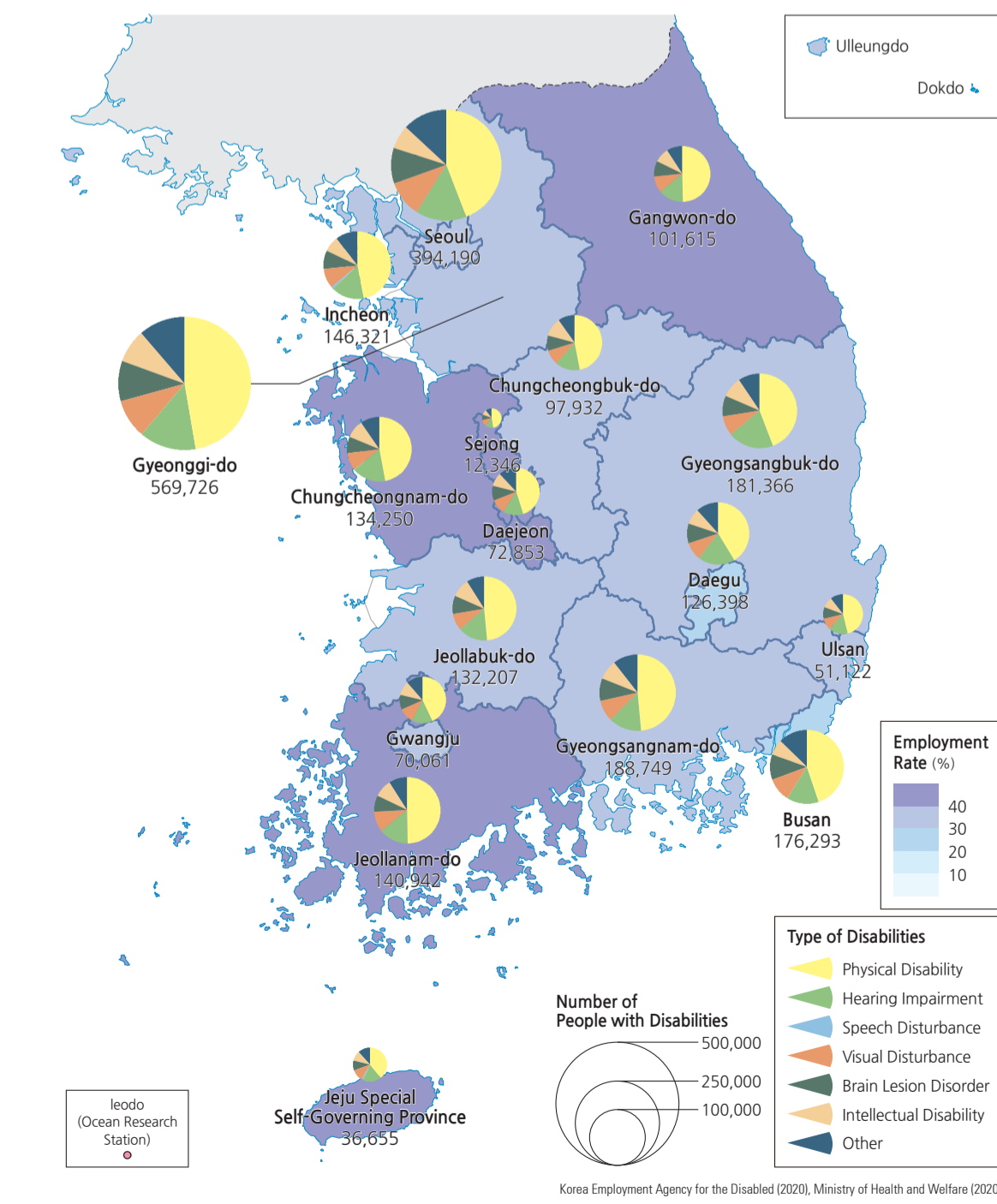
Volunteering Activities (2020)



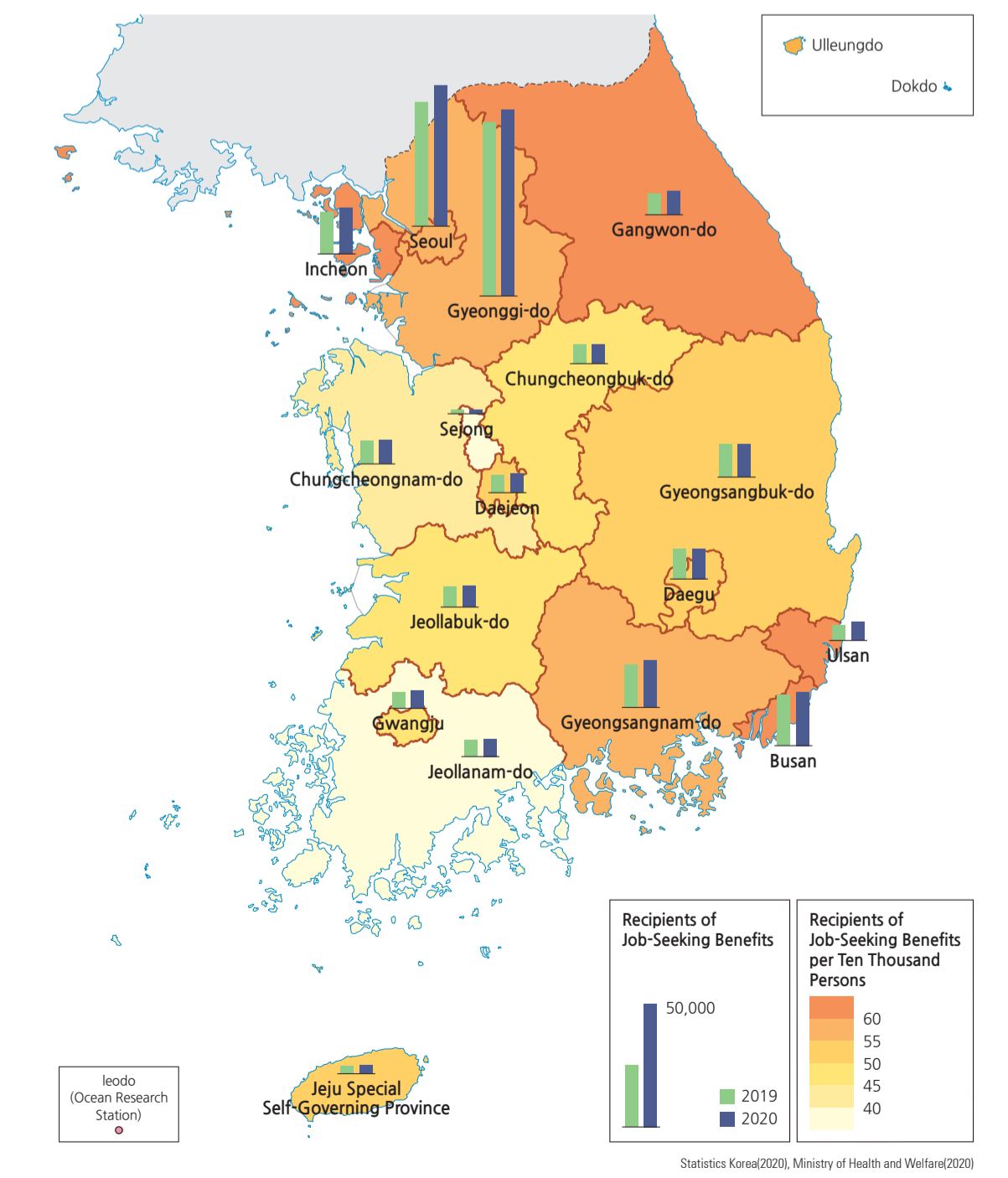
Proportion of Expenditure on Social Welfare by Administrative Units (2019)



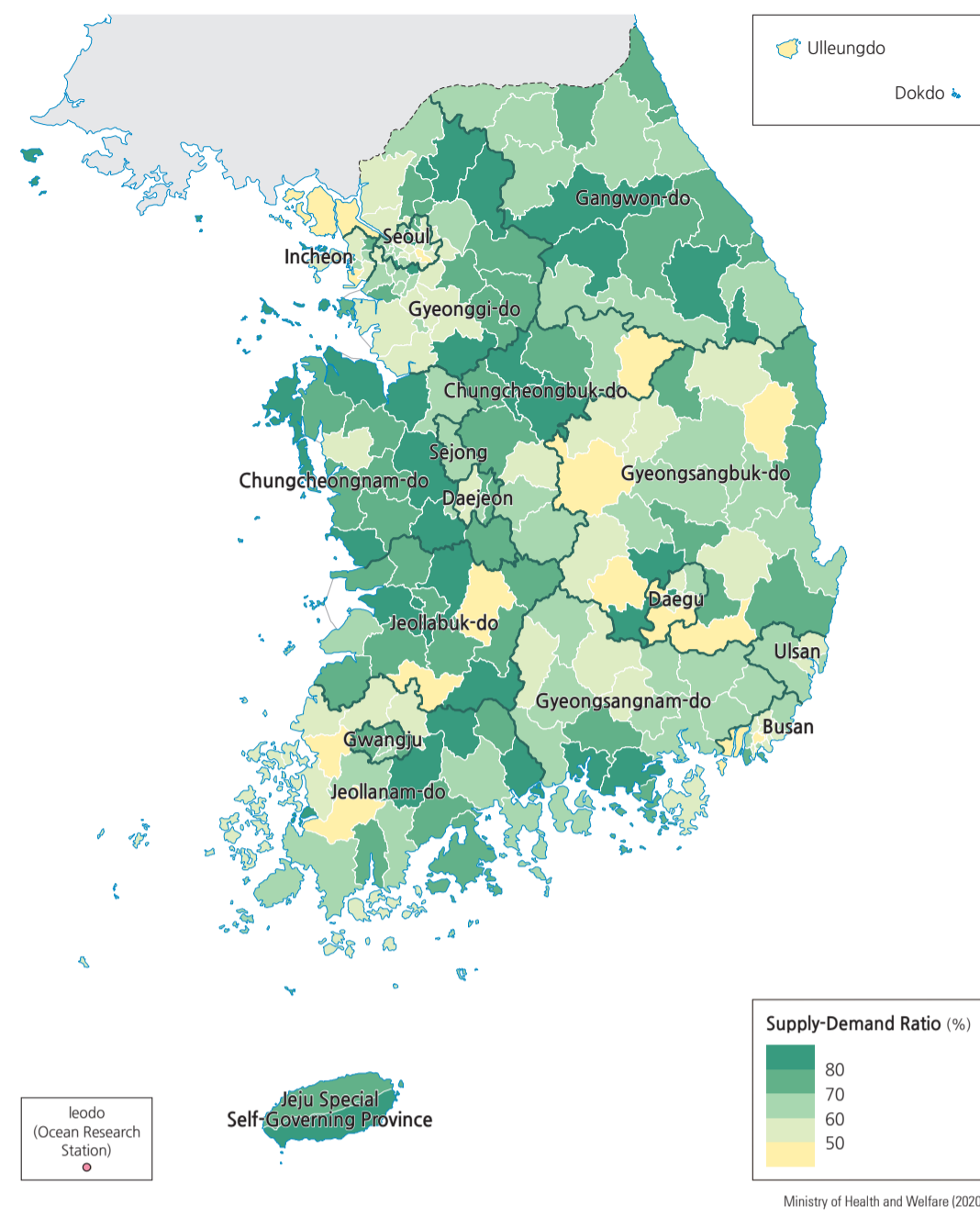
People with Disabilities and Employment Rate (2020)



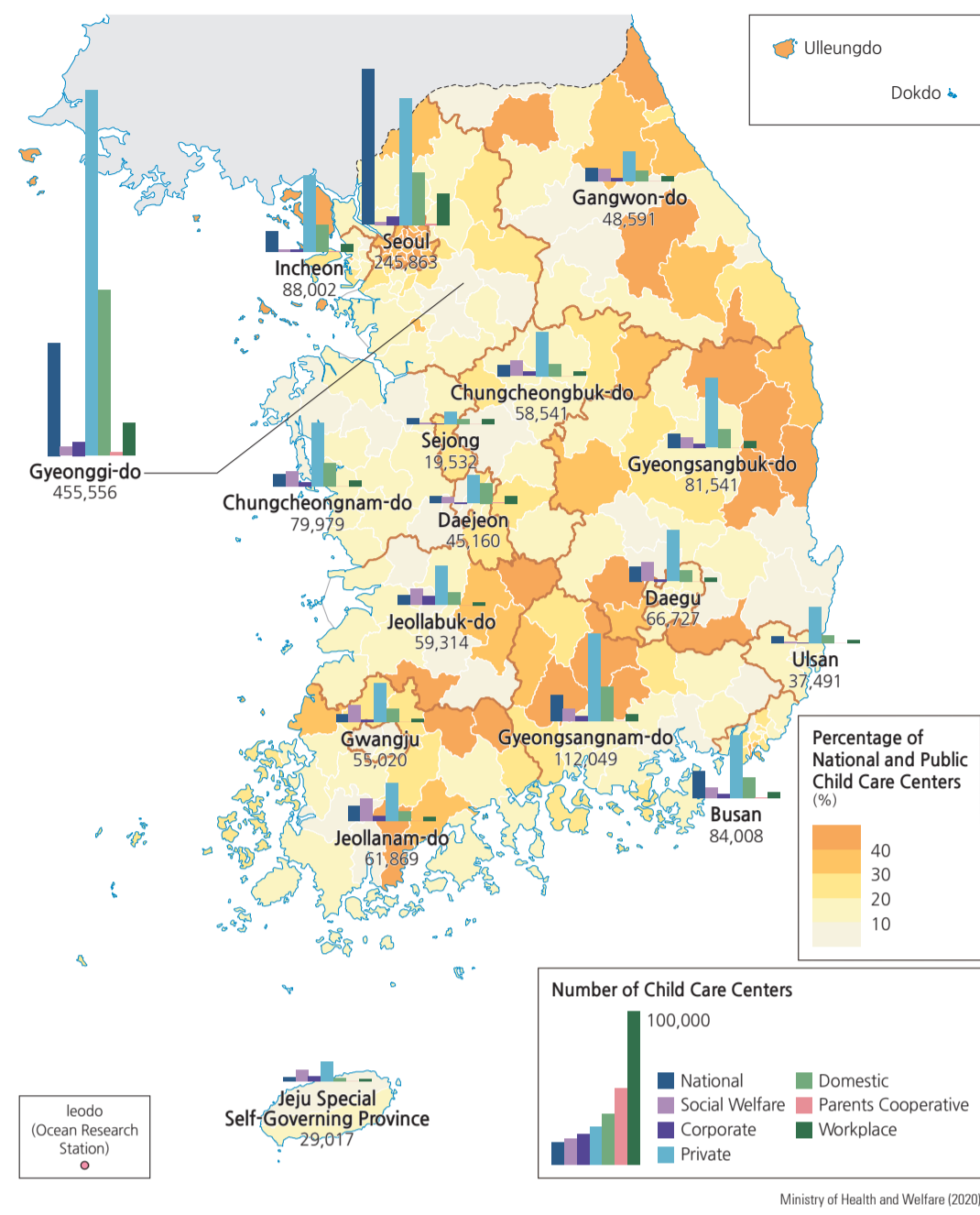
Recipients of Job-Seeking Benefits (2020)



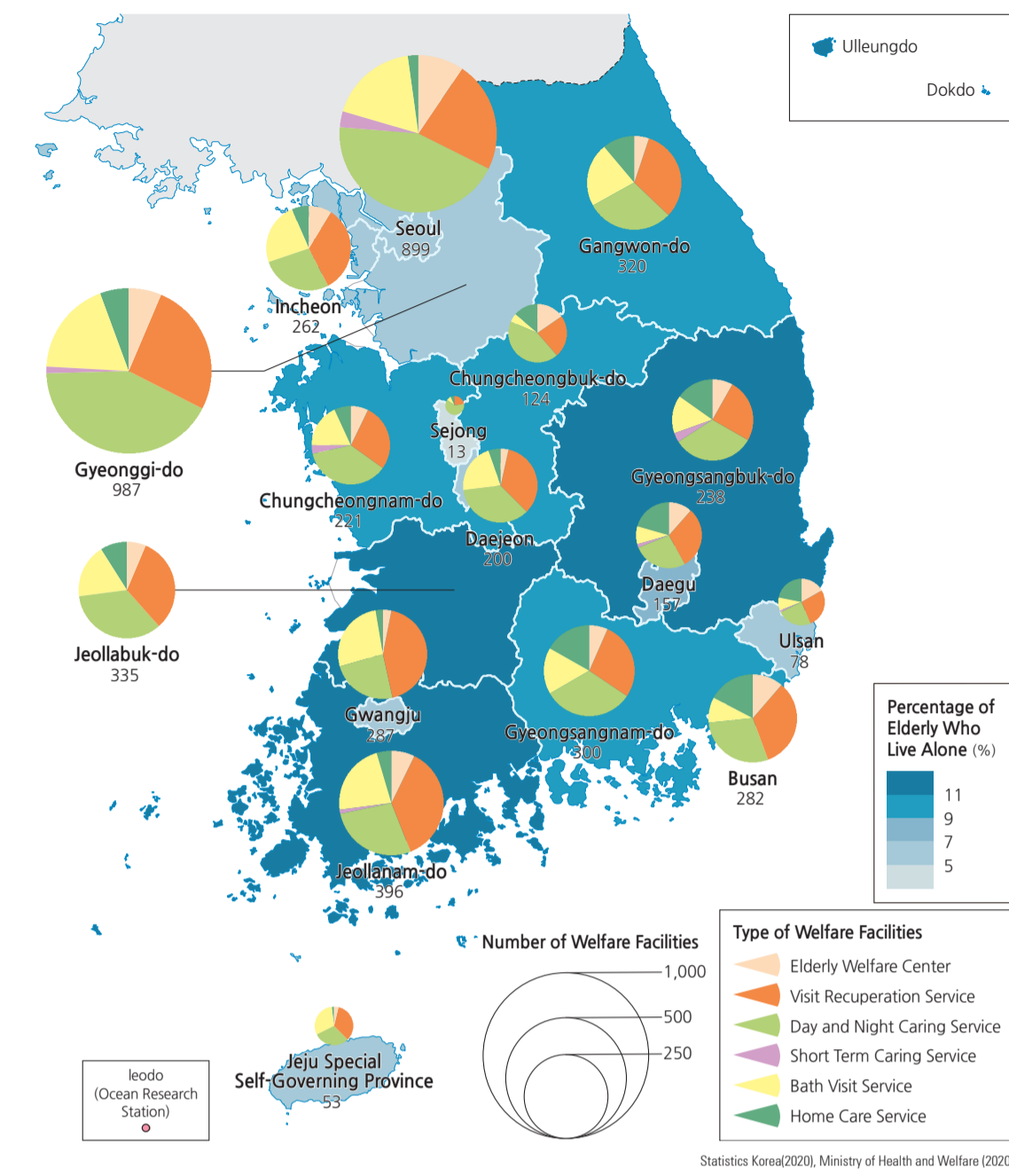
Supply to Demand Ratio of Child Care Centers (2020)



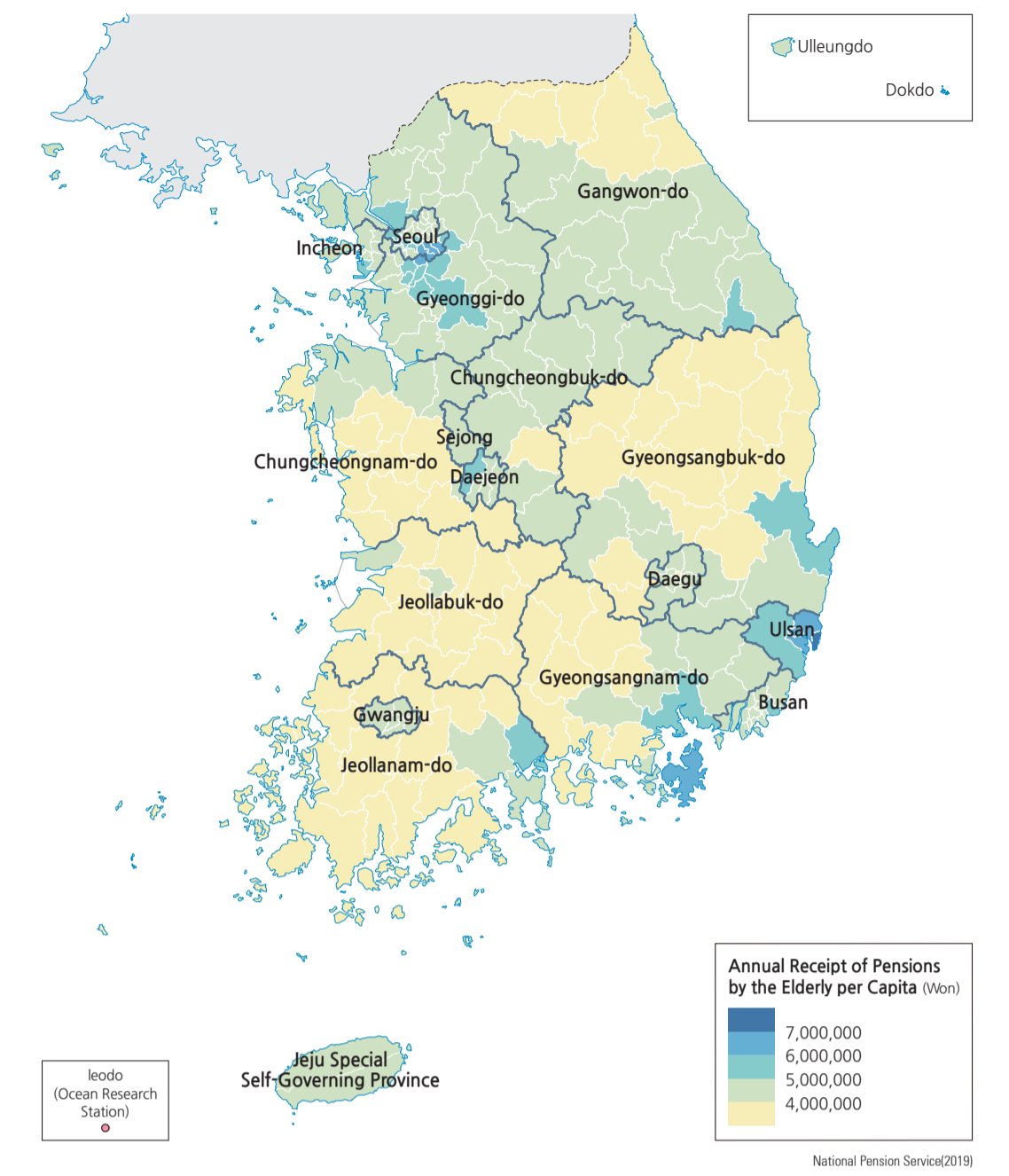
Types and Distribution of Child Care Centers (2020)



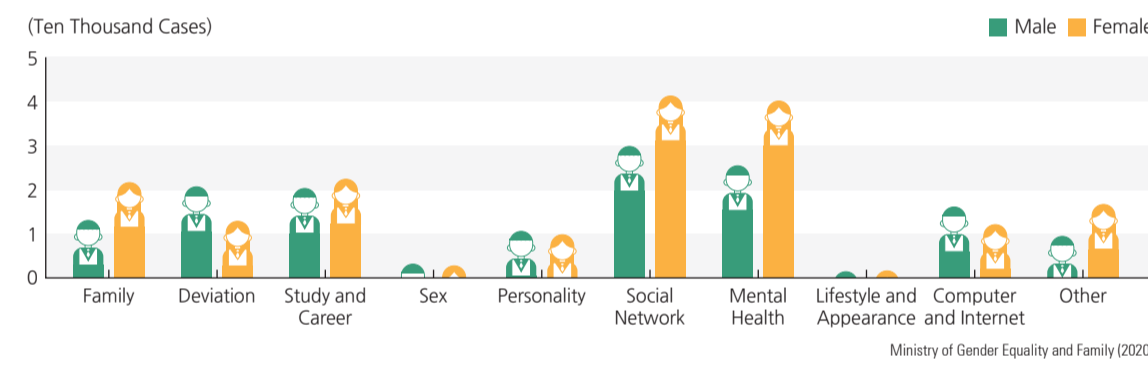
Living Arrangements of the Elderly and Welfare Facilities (2020)



Annual Receipt of Pensions by the Elderly (2019)



Counseling for Youth (2020)



The recent interest in childcare policy is growing because of a need to cope with the increasing number of dual-income households and the decreasing fertility rates. There are various types of child-care institutions, operated by national and public, corporate and private institutions provided by social welfare or religious foundations. In general, the demand for public child-care institutions is higher due to parents' preferences. However, many child-care institutions are concentrated in urban areas; some 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. Youths received 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 culture centers, campsites, and youth hostels for the physical and emotional growth of youth and the exchange and sharing of cultures.

The aging of population experienced by many advanced countries has become a major social issue in Korean society. An increase in average life expectancy has led to an increase in the population of the elderly, and the proportion of elderly is increasing as Korea's fertility rate has sharply decreased. In contrast, because the proportion of the working-age population is declining, Korean society with the world's lowest fertility rate faces the difficult task of supporting an elderly population while maintaining a vibrant economy and society.

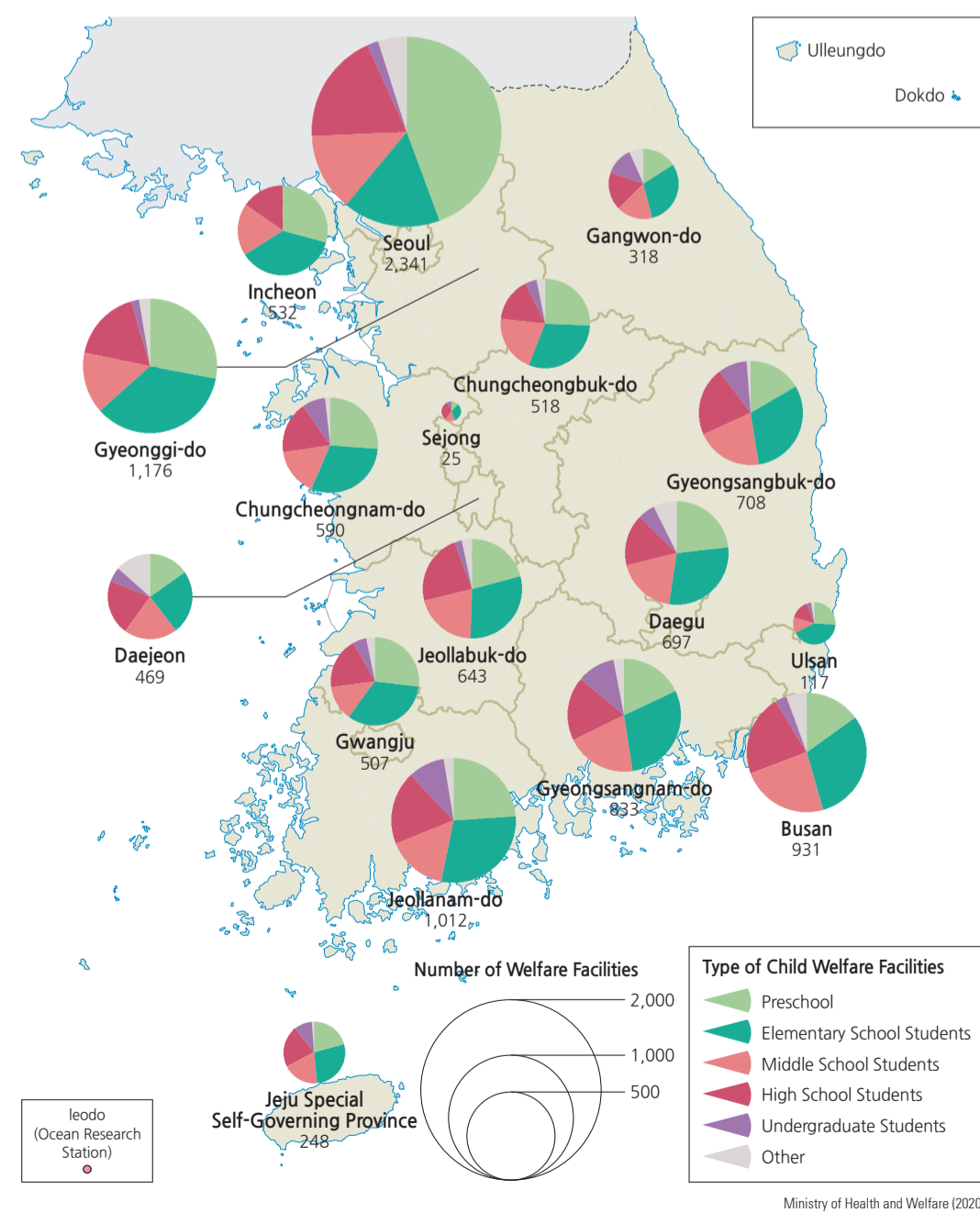
Senior citizens in Korea are those 65 and older. There are more elderly women than elderly men in the generation who grew up in socioeconomic difficulties and confusion after the period of Japanese Annexation

(1910-1945) 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 preparation for old age.

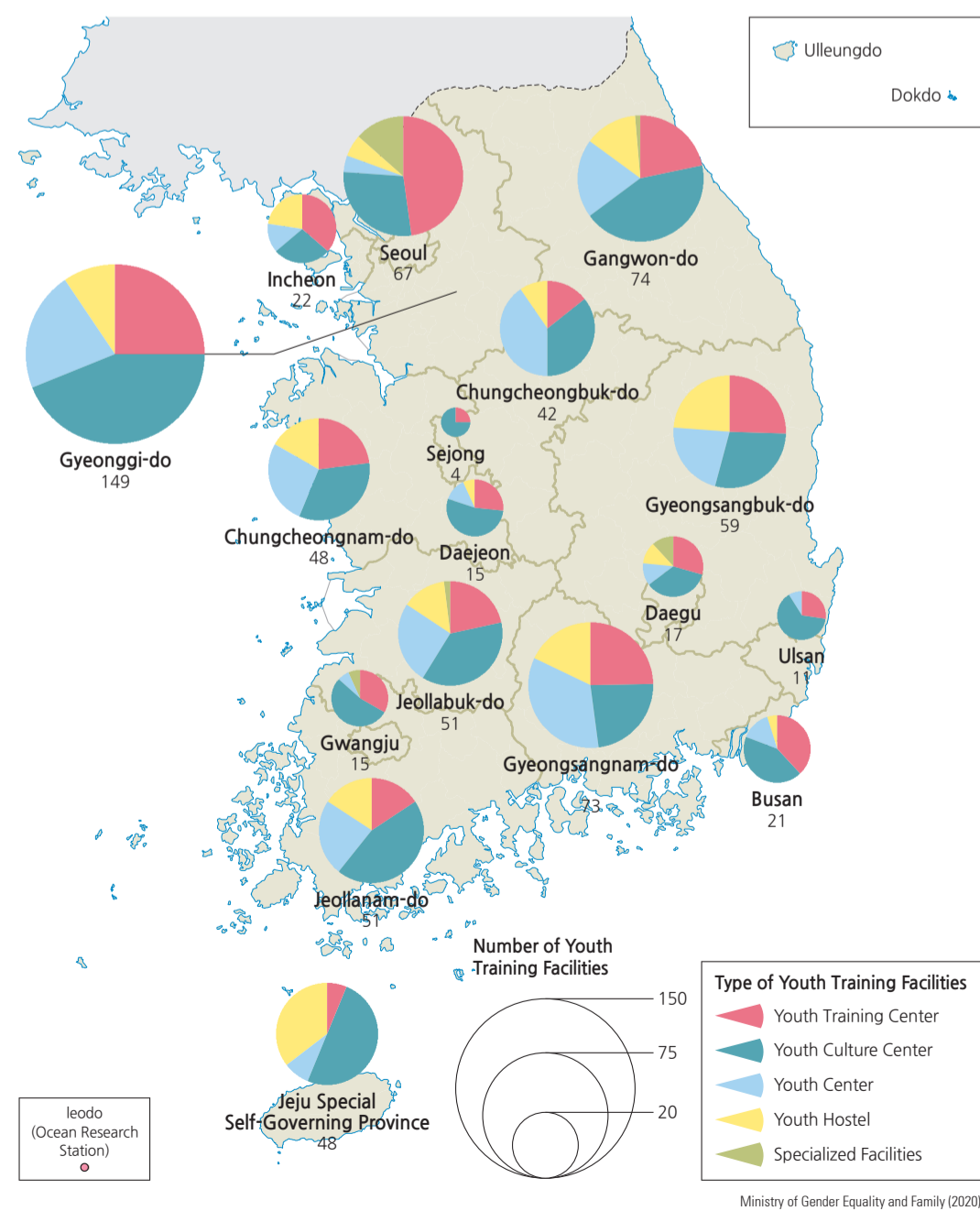
The recent increase in the aging population has led to an increase in geriatric facilities, residential welfare facilities for the elderly, and welfare facilities for the elderly nursing facilities. Residential welfare facilities for the elderly are mainly located in suburban areas with high accessibility from metropolitan cities. Welfare facilities for the elderly provide services such as home-visit nursing, home-visit bathing, day and night care, and short-term respite care.

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 where the system does not fully supply the social welfare services.

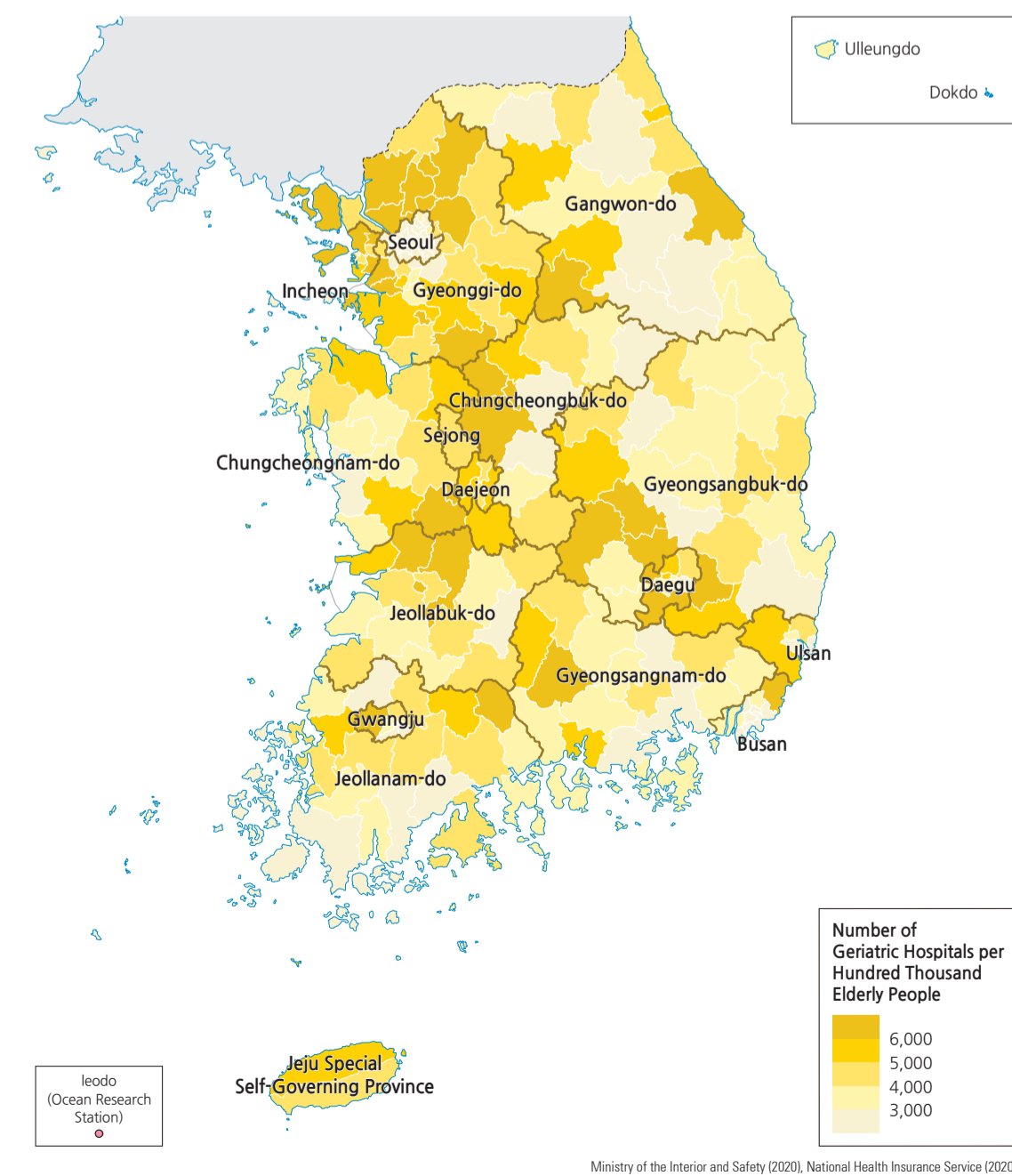
Number of People Living in Child Welfare Facilities (2019)



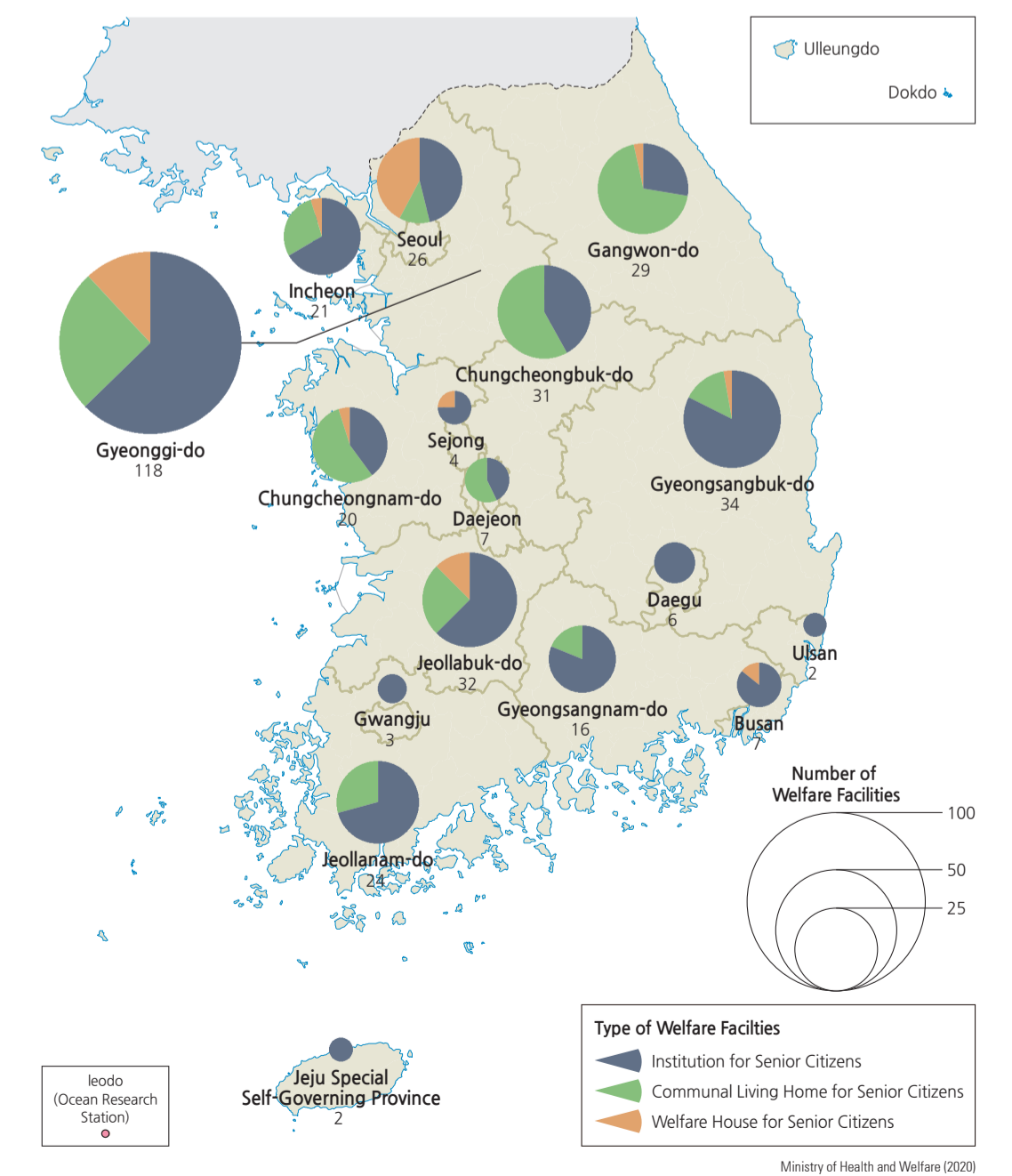
Youth Training Facilities (2020)



Distribution of Nursing Homes (2016-2020)

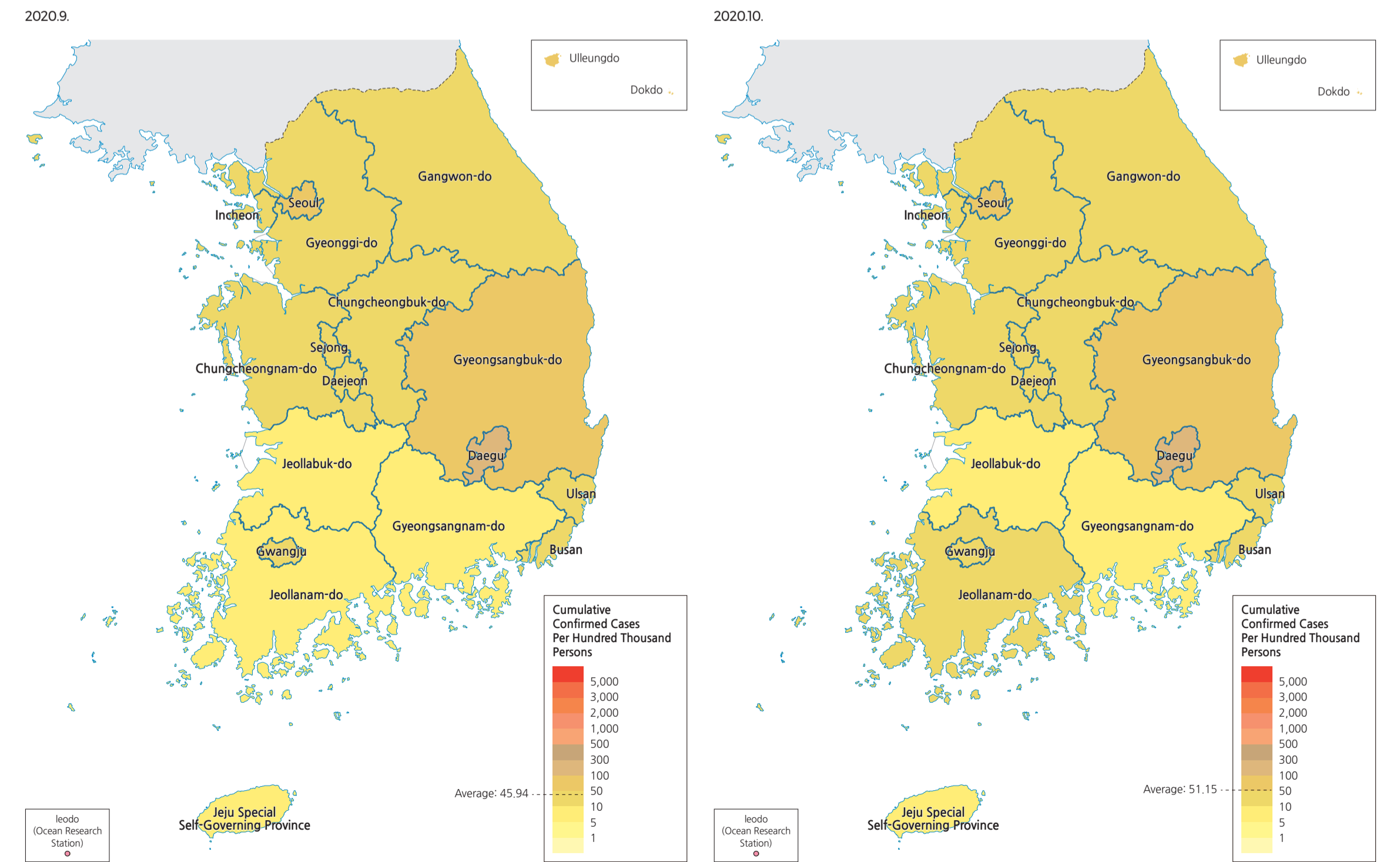
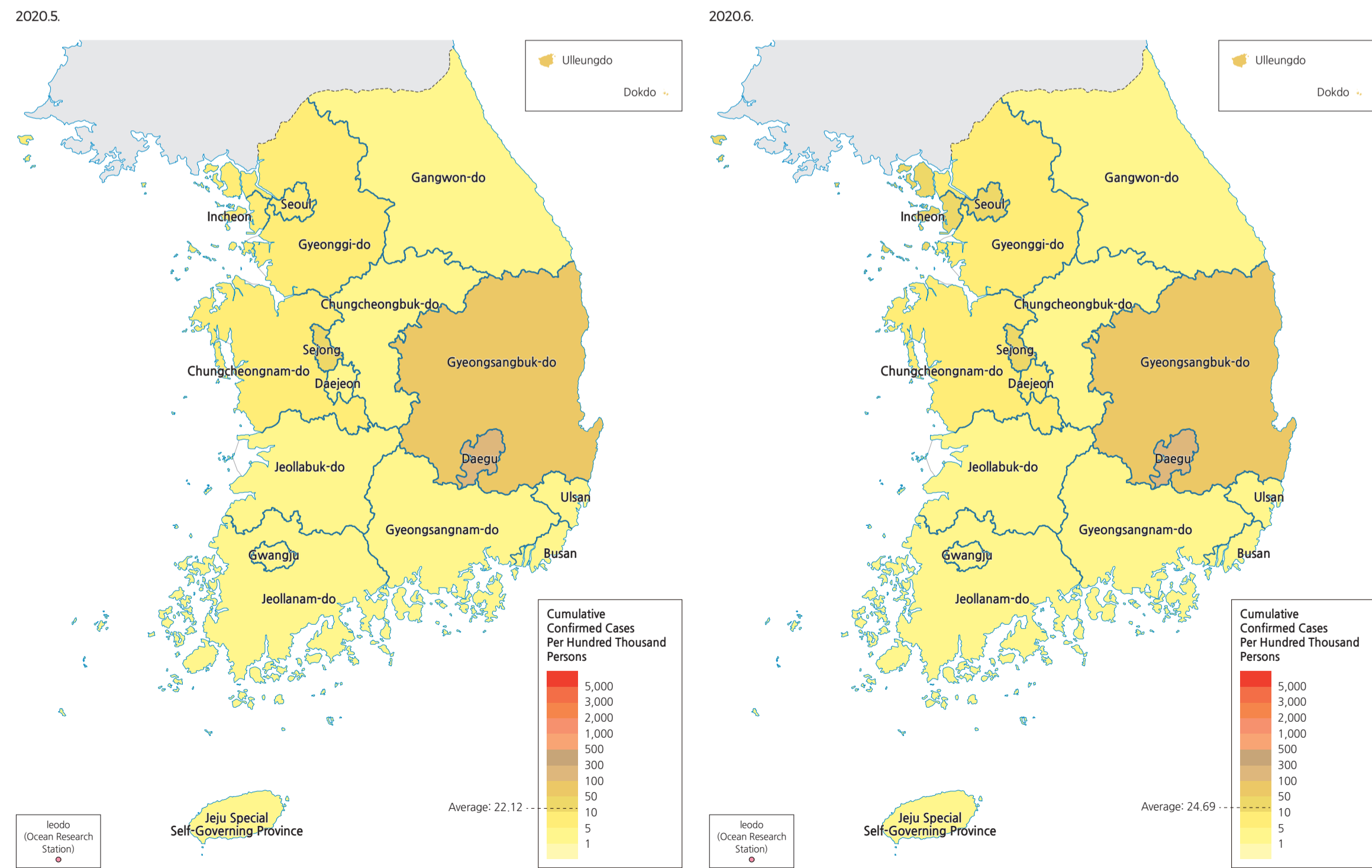
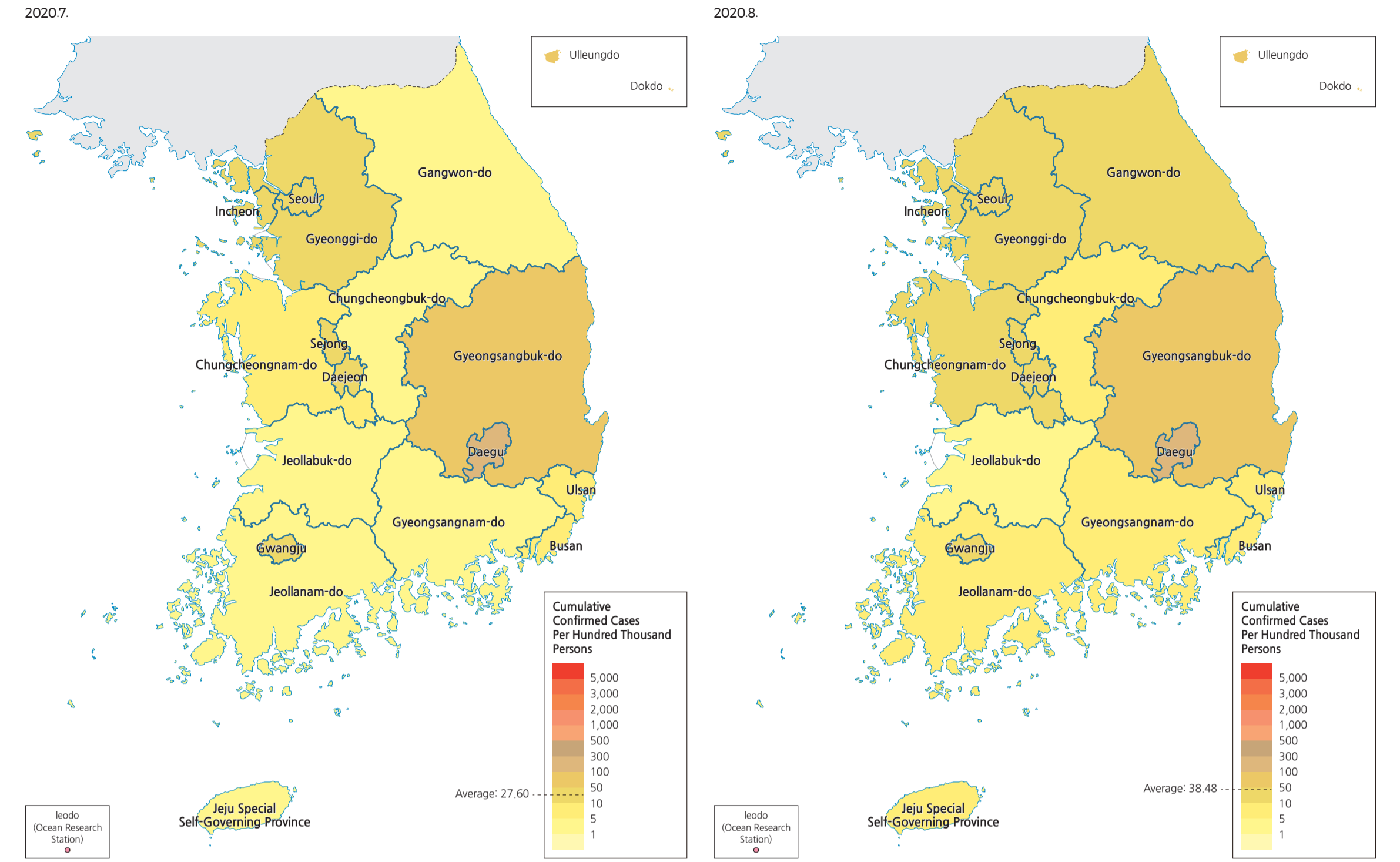
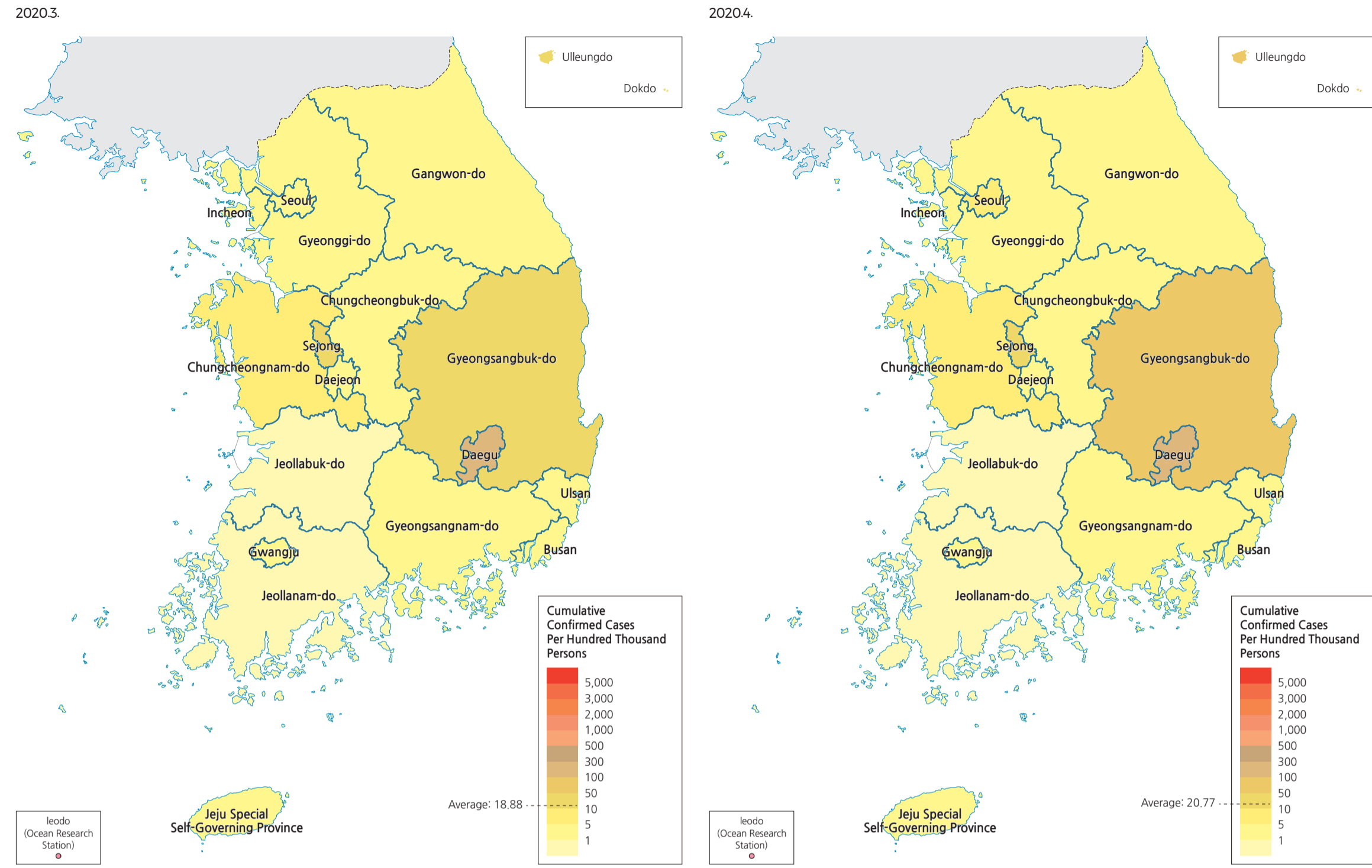


Welfare Facilities (2020)

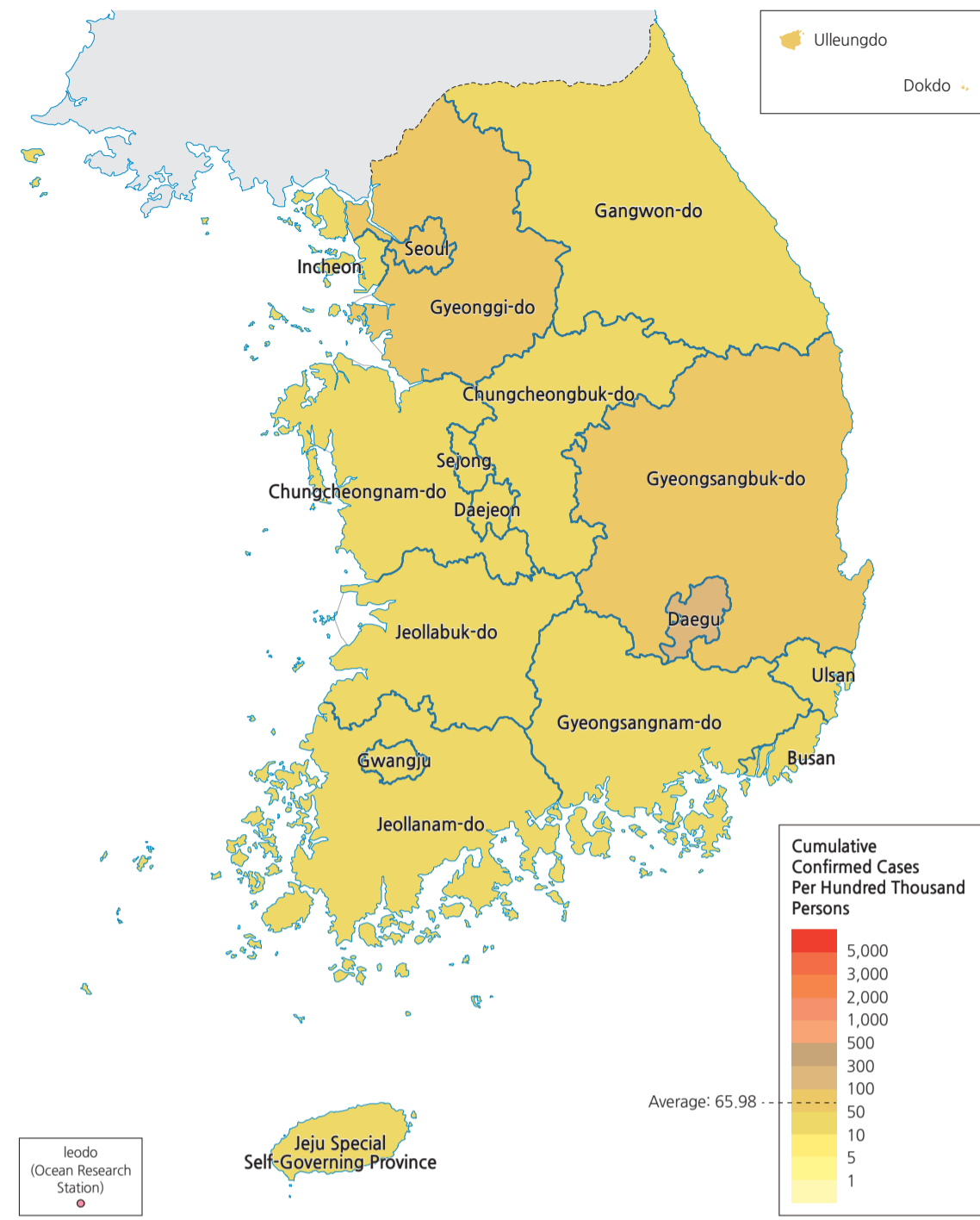


Spread of COVID-19

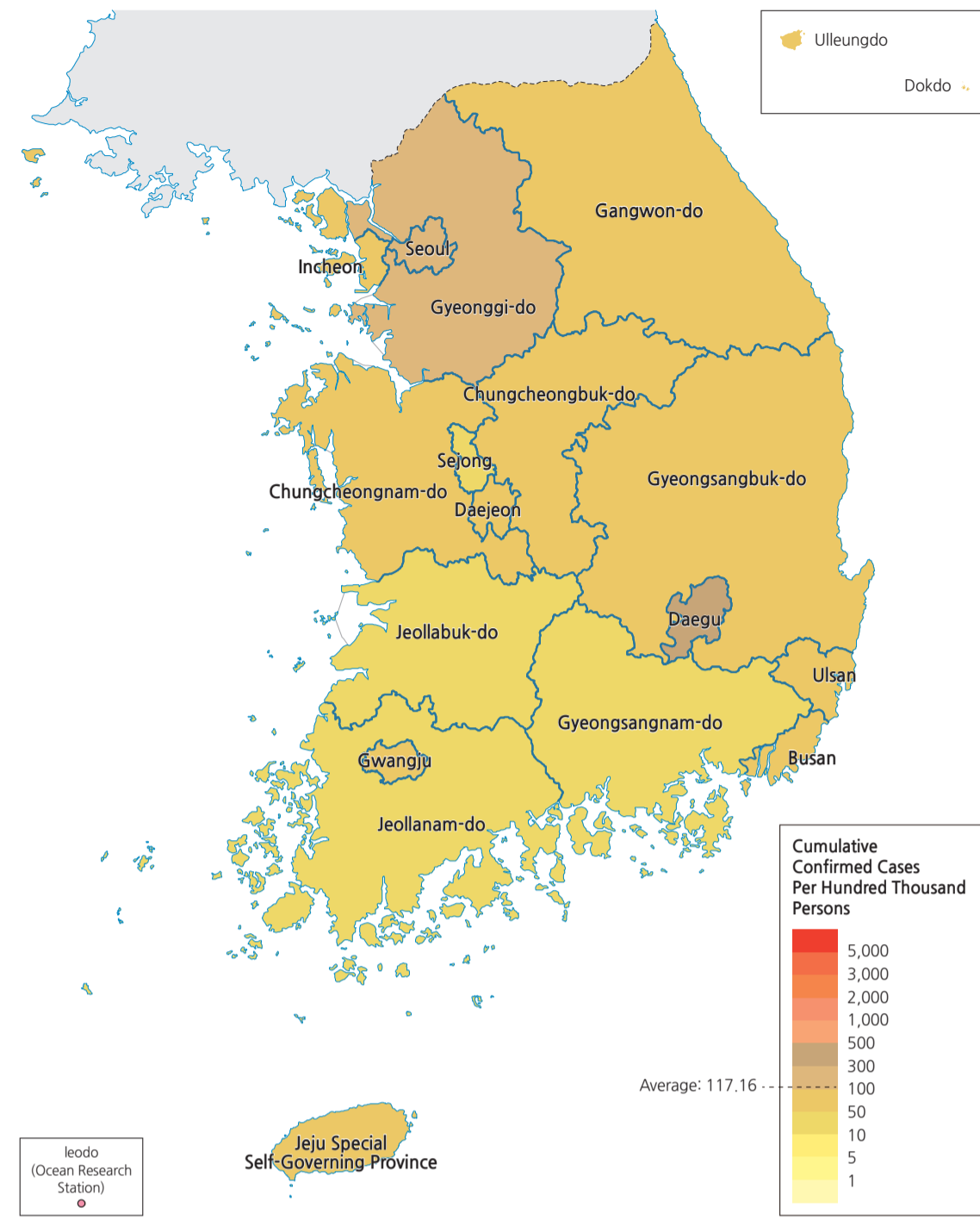
Cumulative Trend of COVID-19 Confirmed Cases per Hundred Thousand Persons (2020. 3.-2022. 2.)



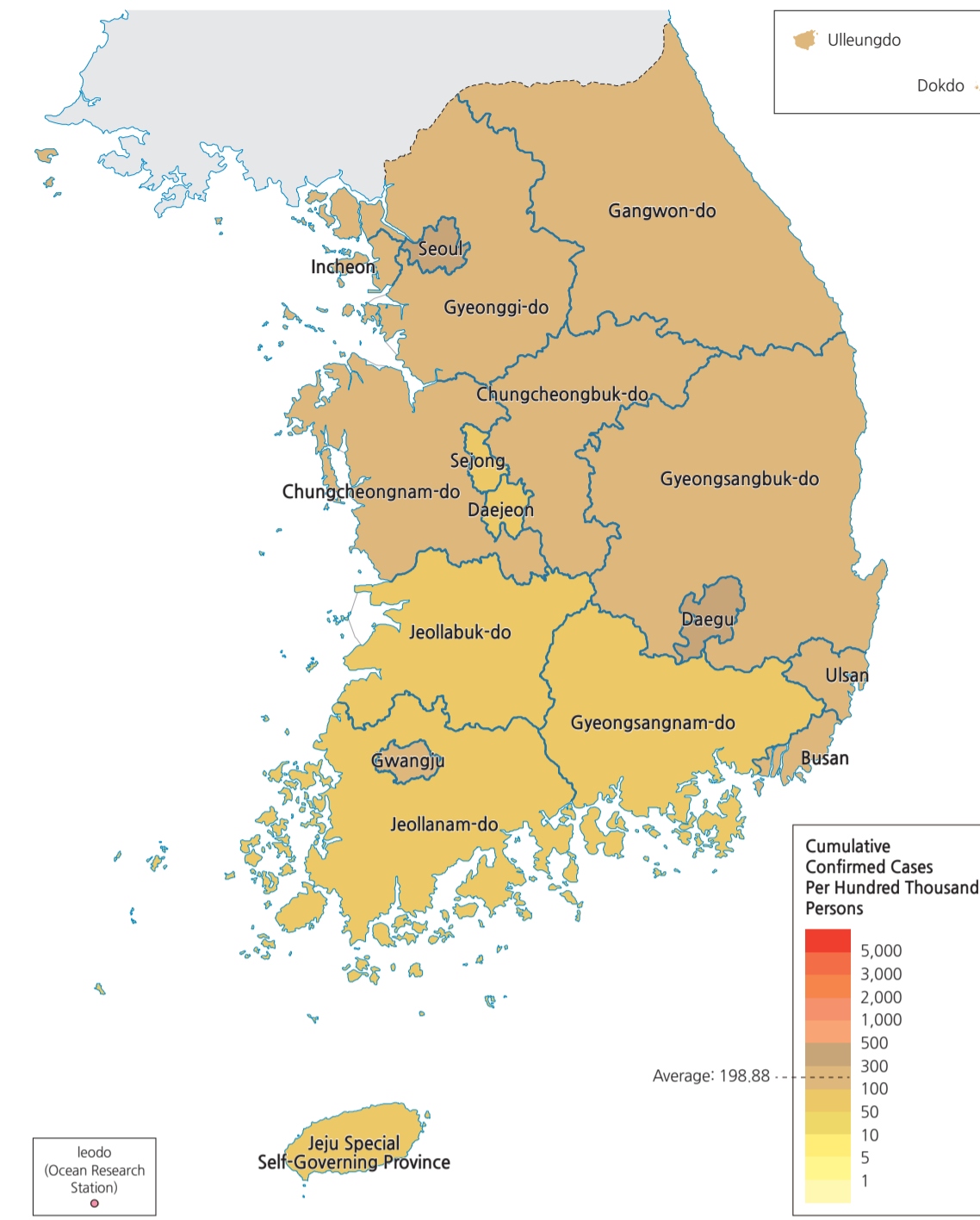
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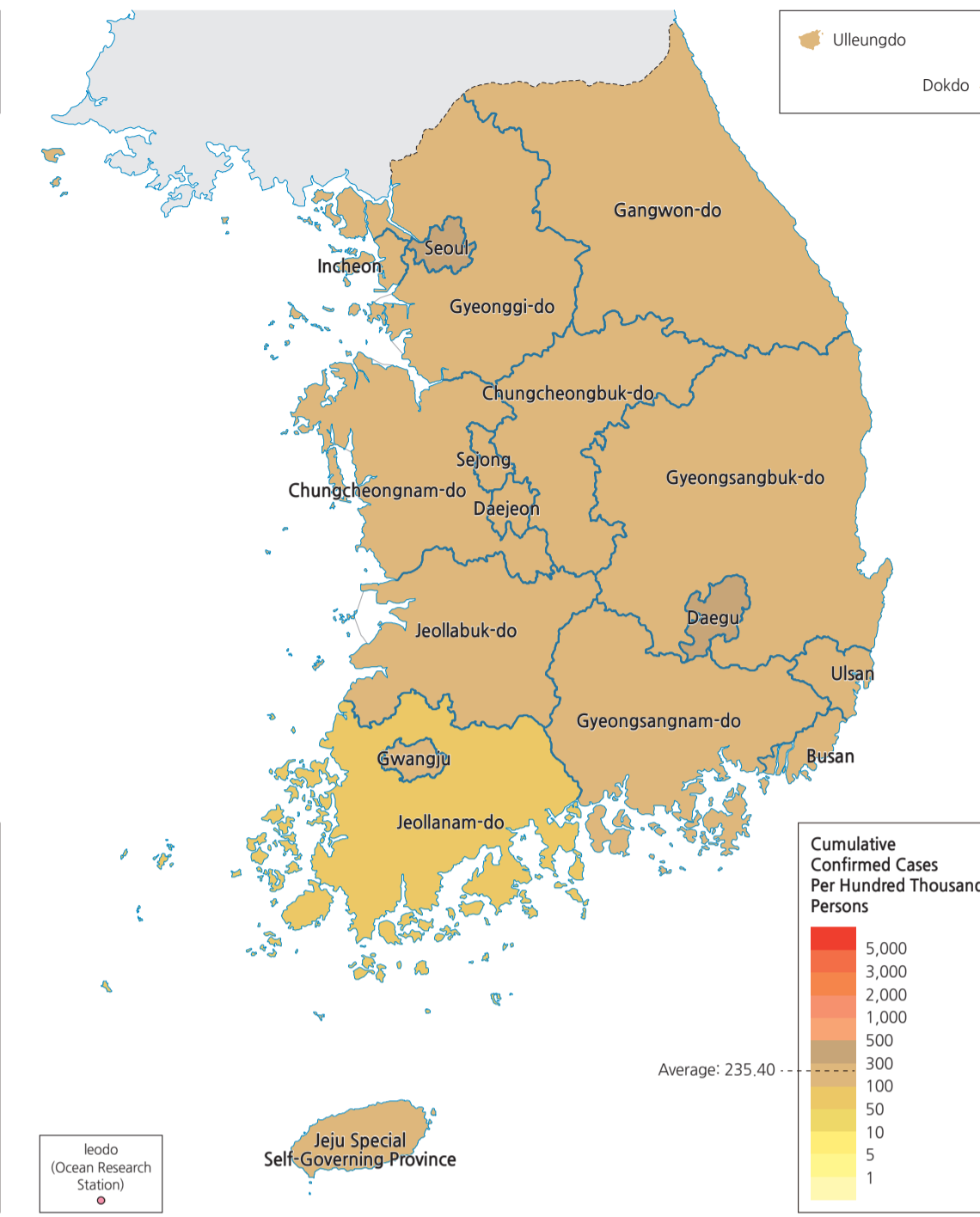
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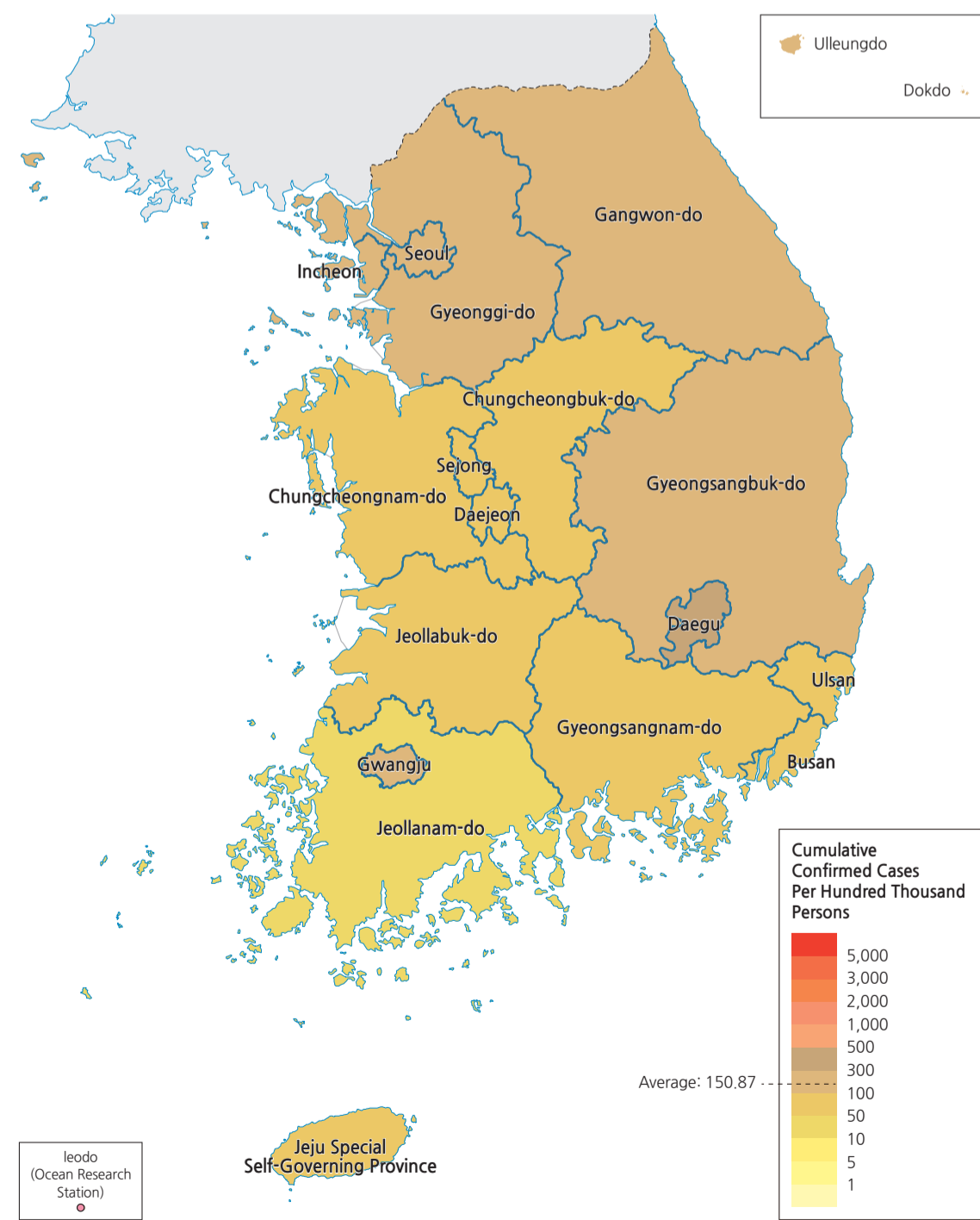
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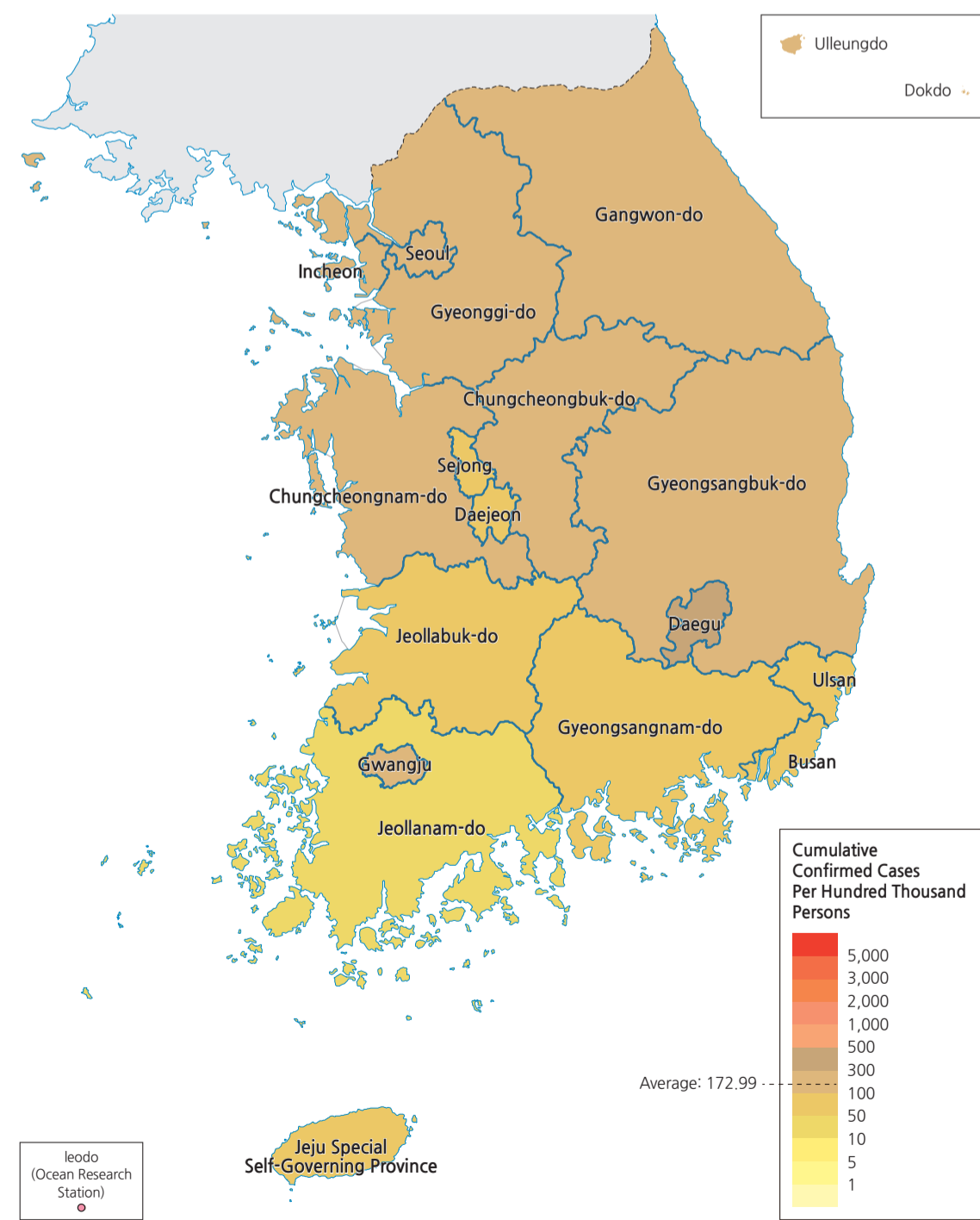
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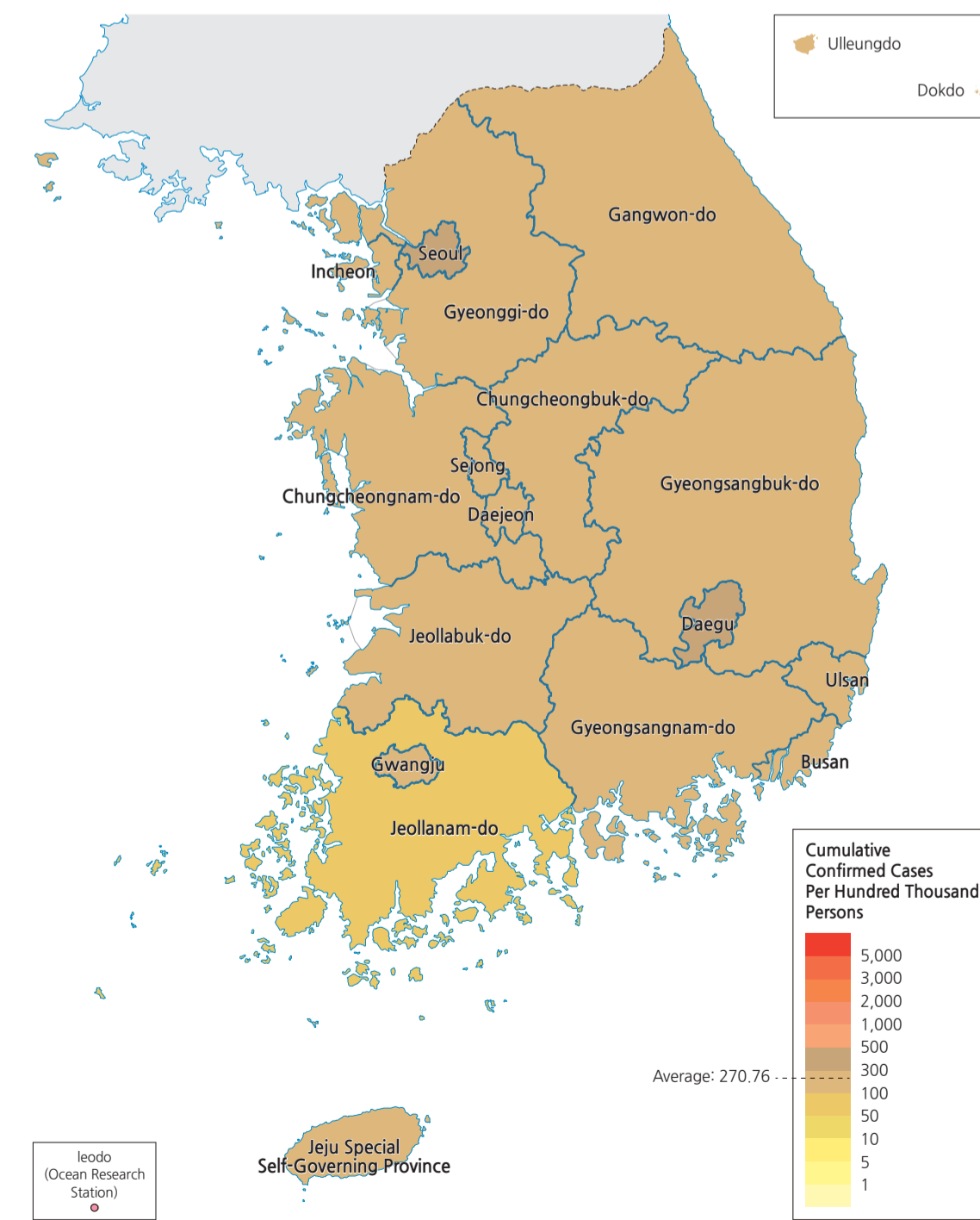
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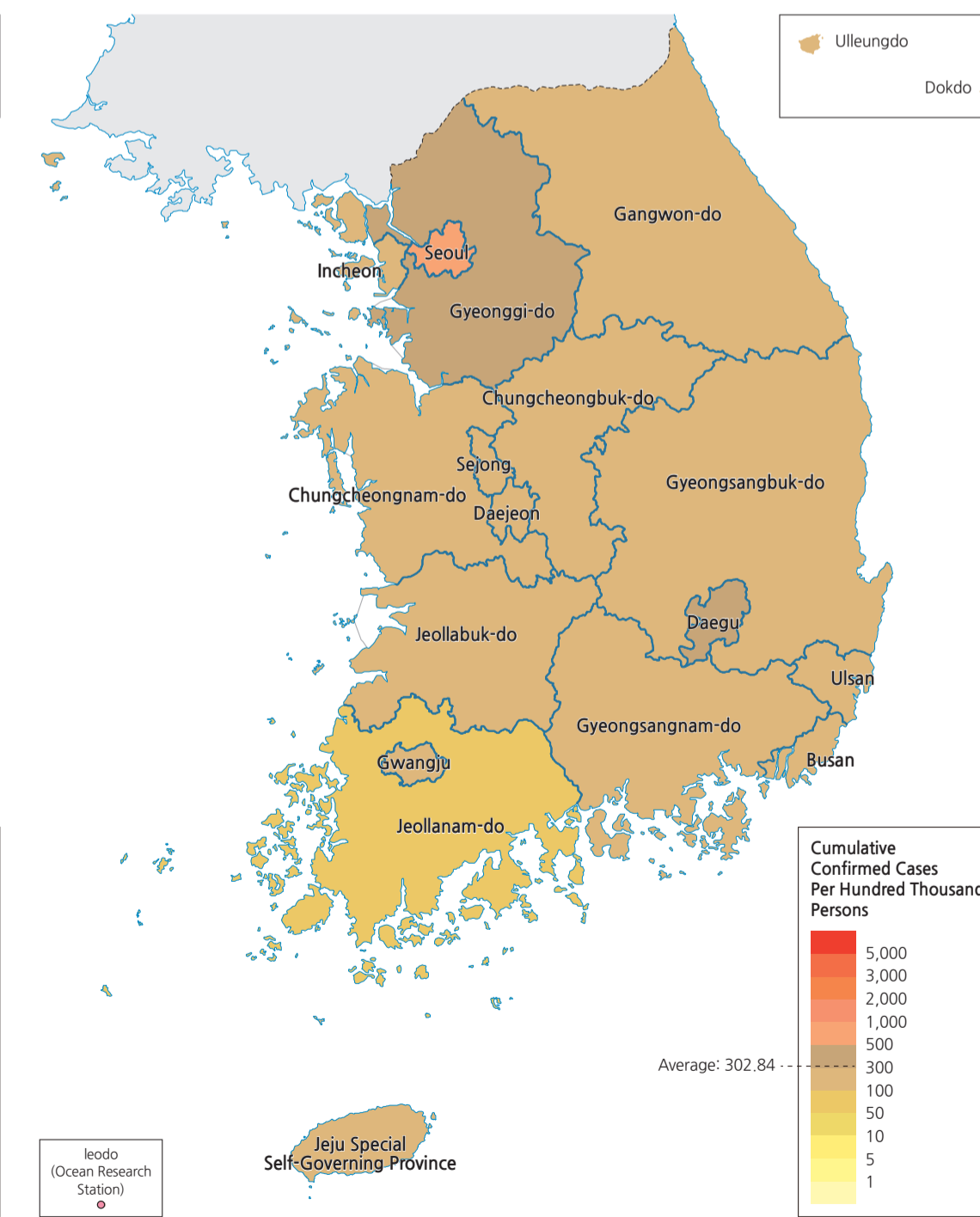
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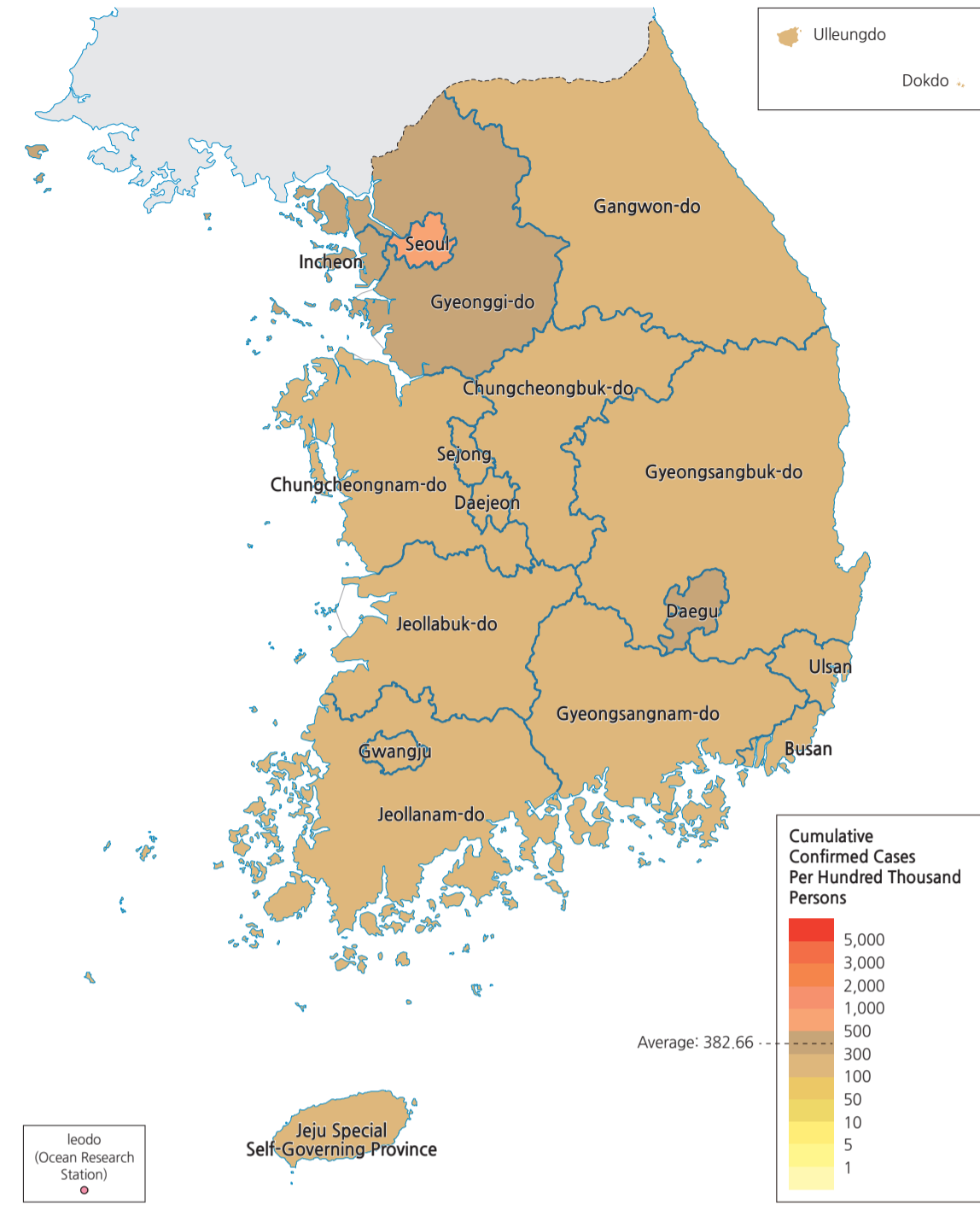
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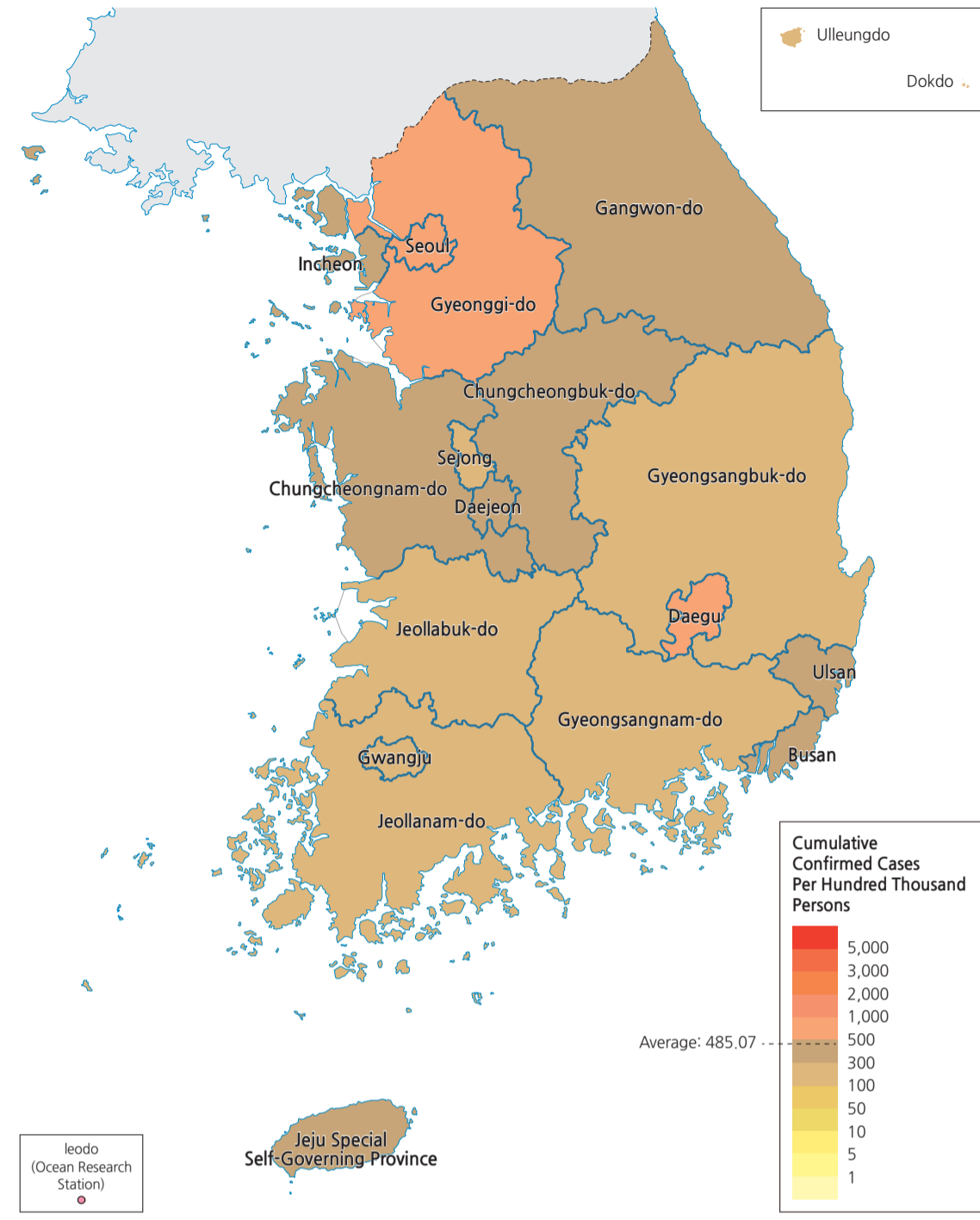
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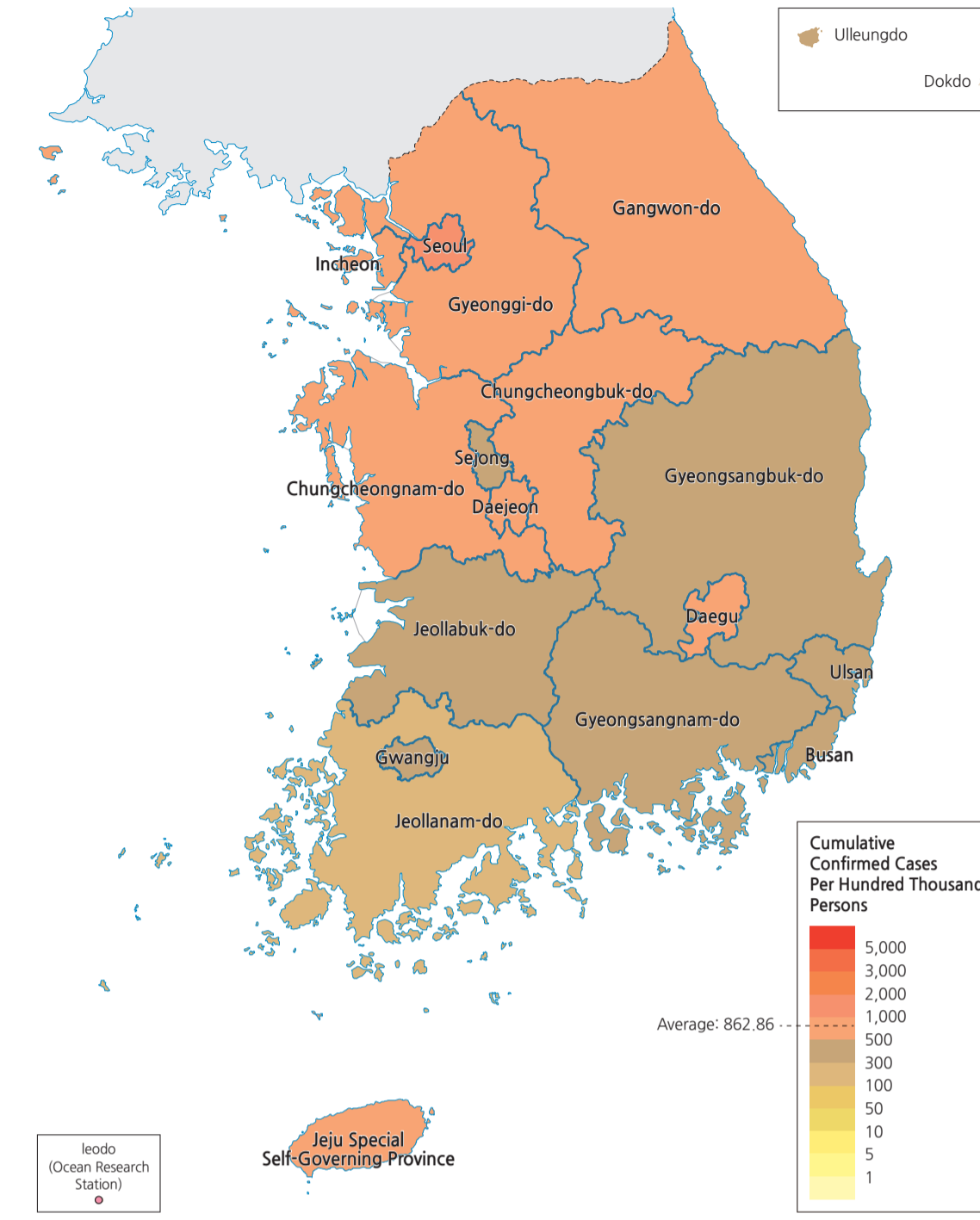
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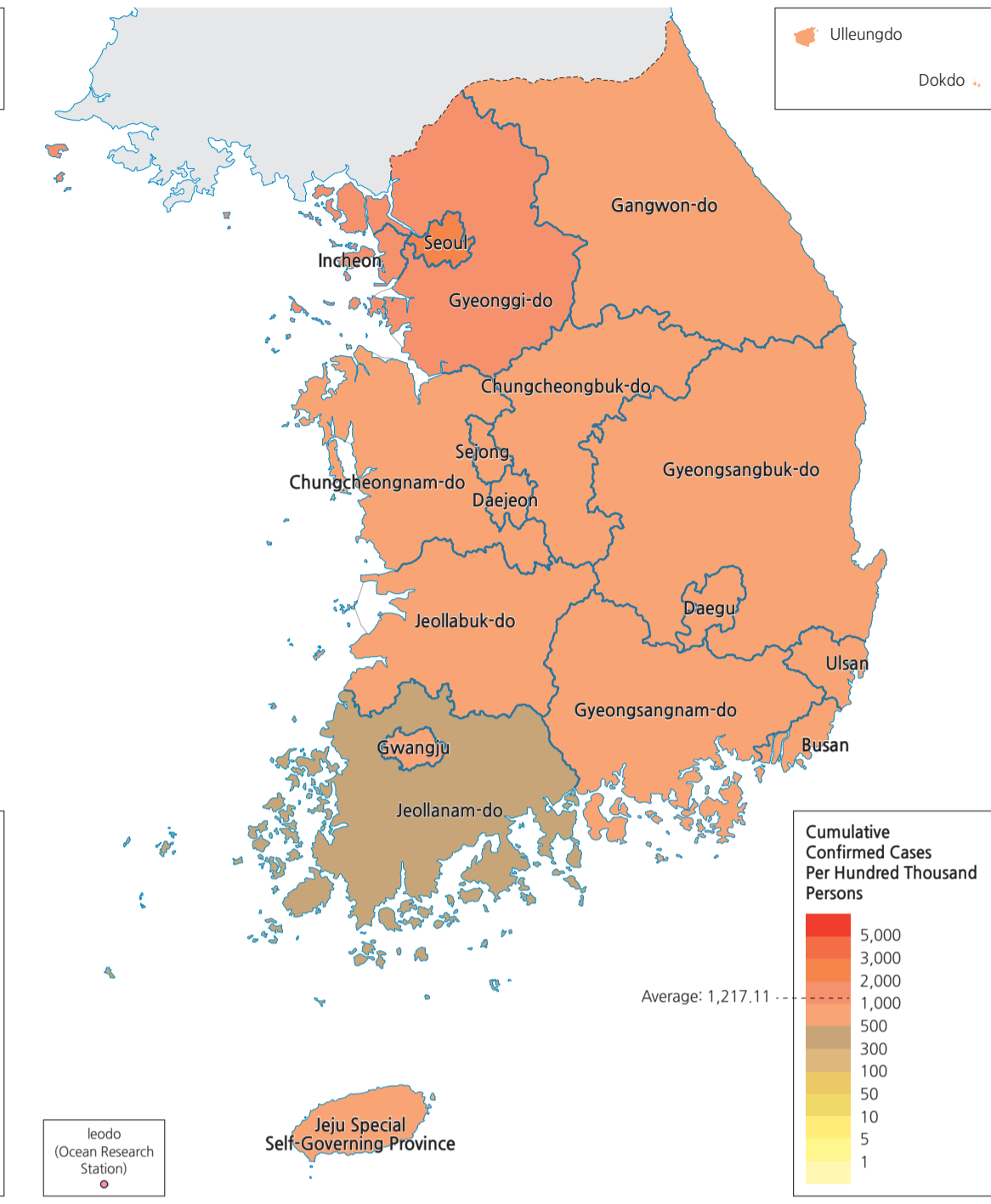
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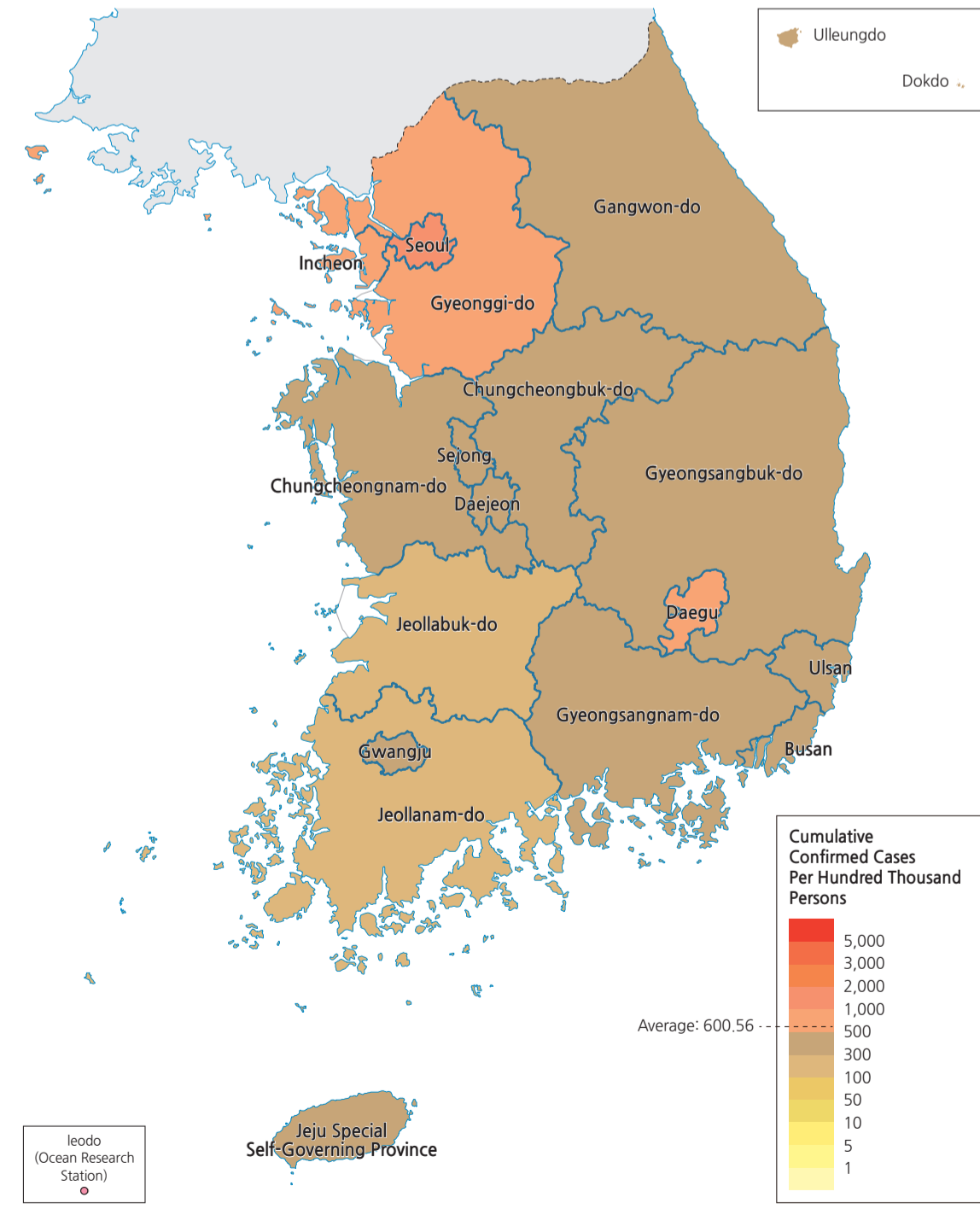
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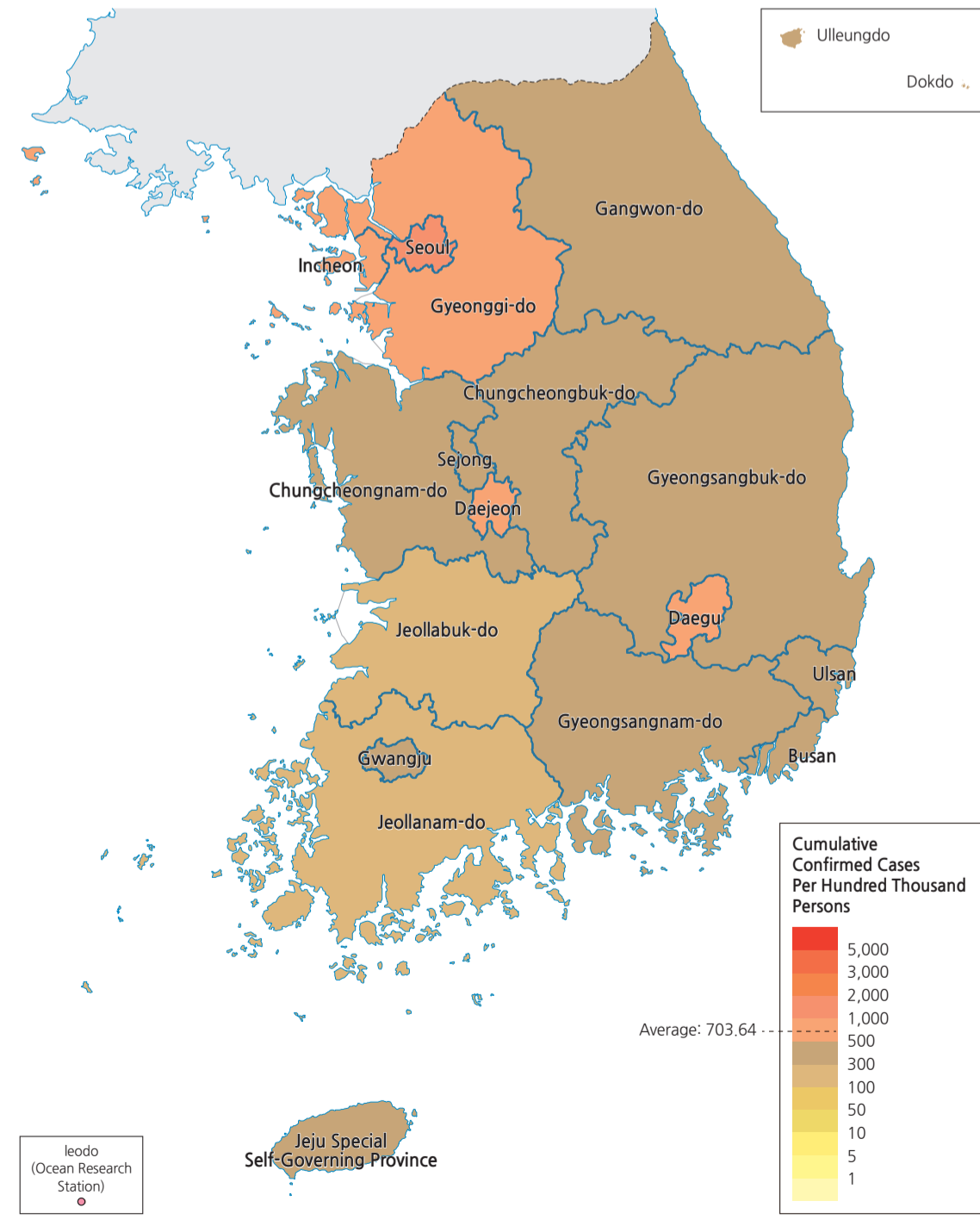
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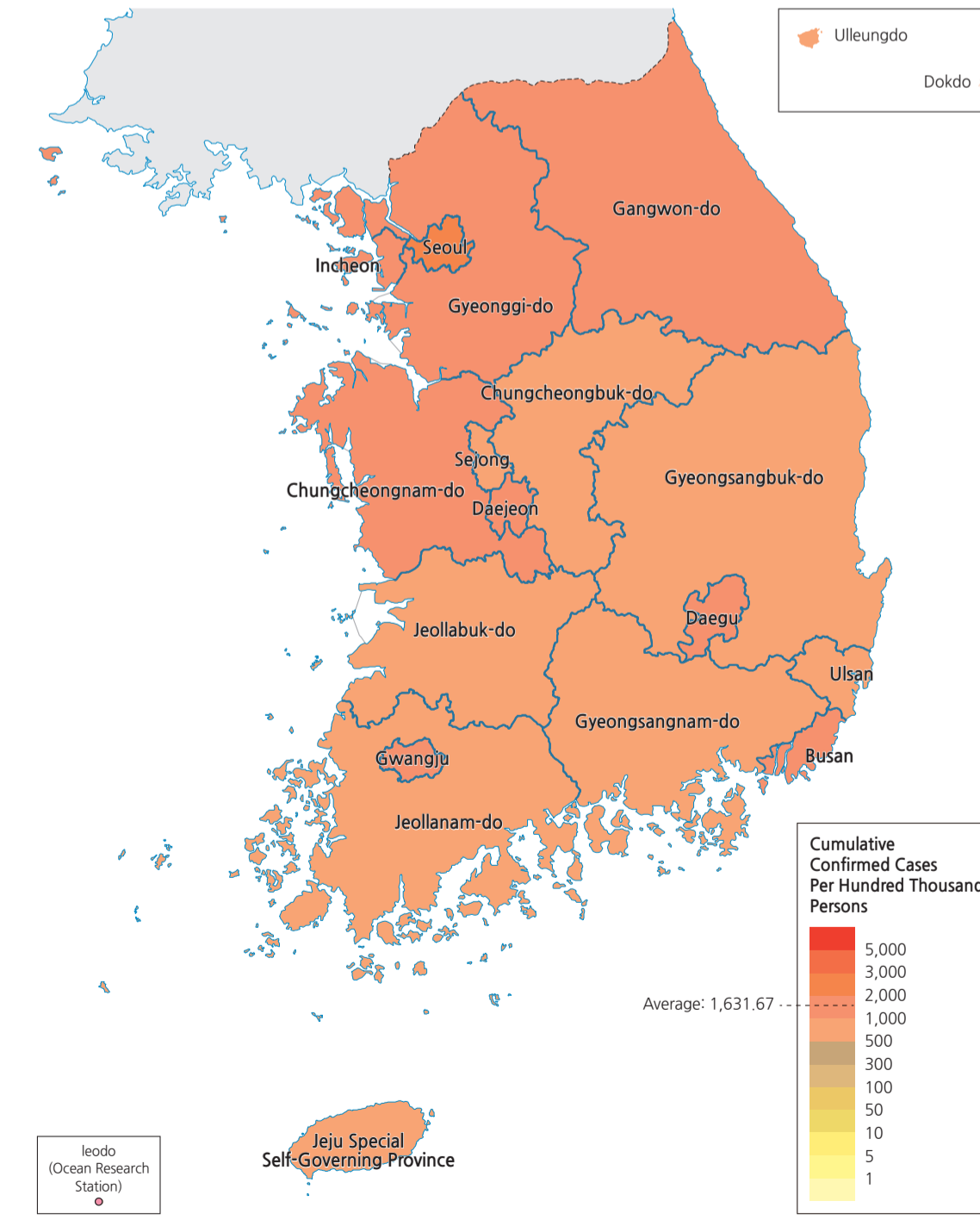
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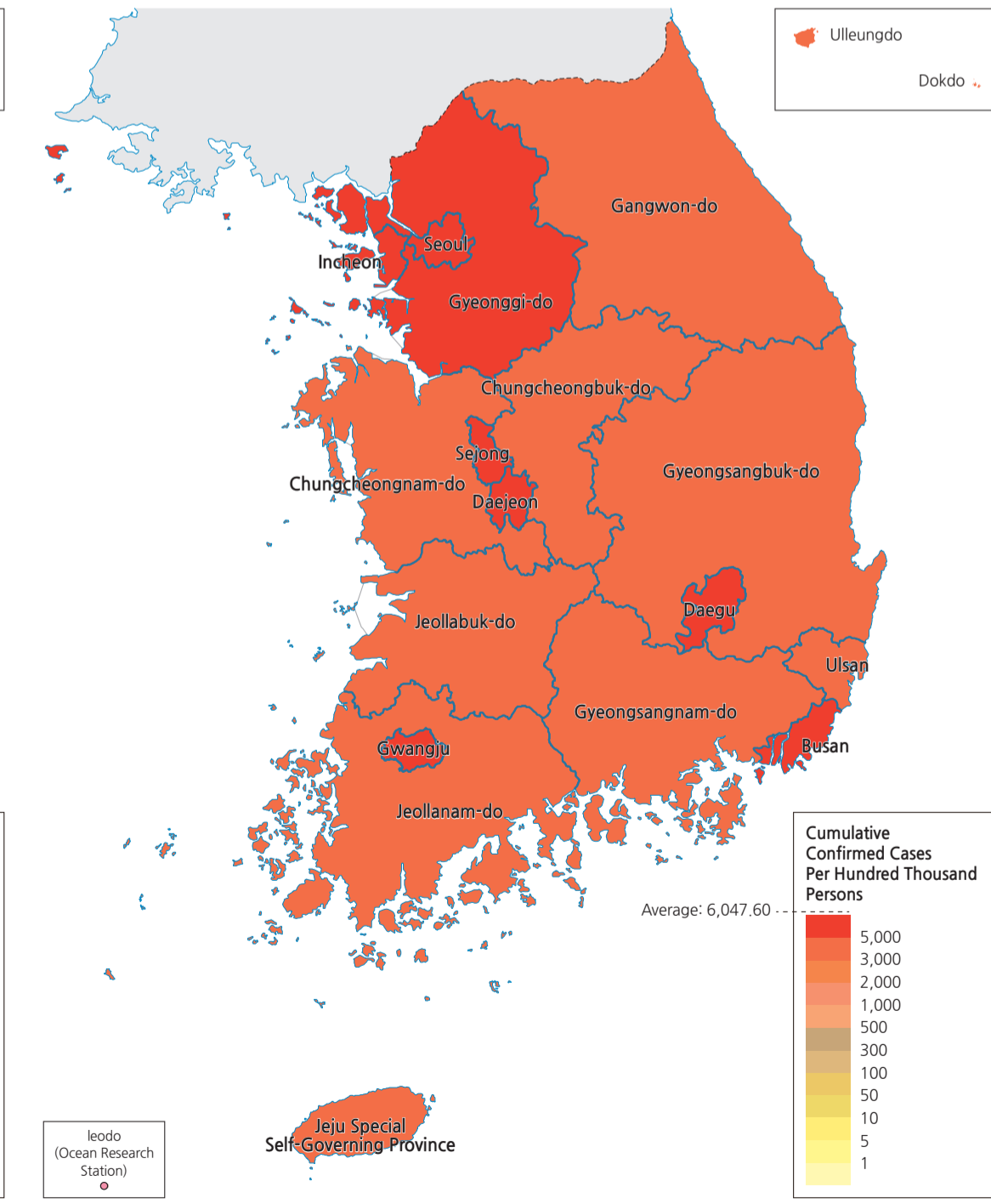
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2022.1.

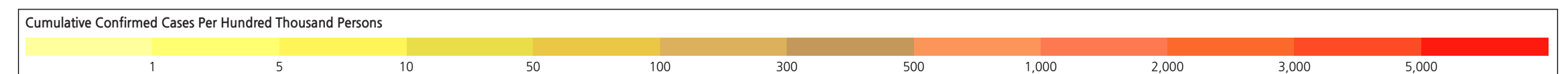
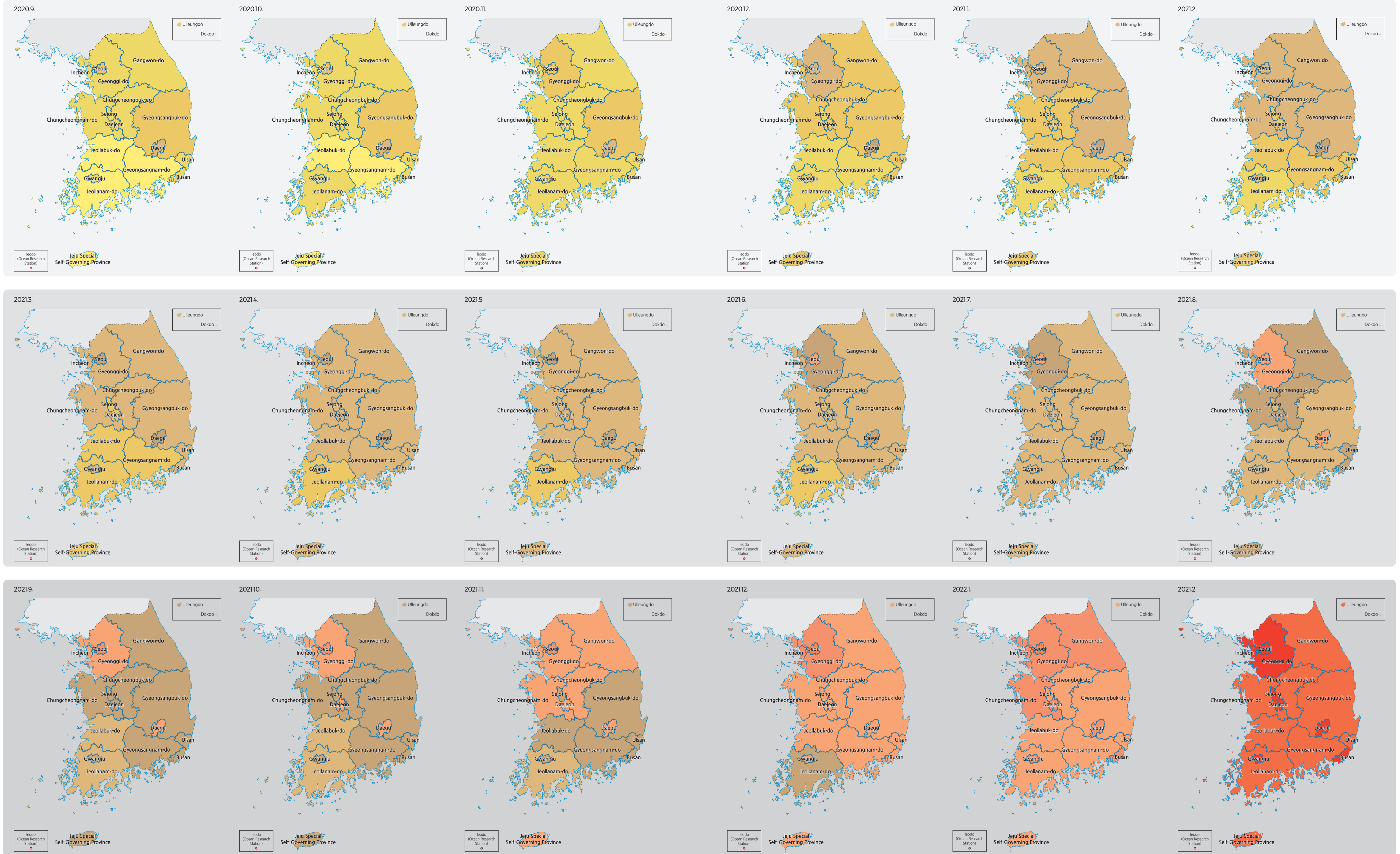


2022.2.



Korea Disease Control and Prevention Agency(2022)

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Cumulative Trend of COVID-19 Confirmed Cases per Hundred Thousand Persons (2020. 3.-2022. 2.)

