

Executive summary

The time is now for Korea to turn full policy attention towards strengthening its public health system, tackling key behavioural risks, and preparing for potential technological change in the health sector – notably the growing importance of precision medicine – and preparing for public health emergencies. At present Korea's population is relatively young, compared to OECD peers, but is aging very rapidly. Rates of tobacco and alcohol consumption are just below the OECD average, with Koreans consuming 8.7l of pure alcohol per capita in 2017 (about two bottles of wine per week), compared to the OECD average of 8.9l), and obesity rates well below the OECD average. These figures hide, however, a complex picture. Korean men are heavy smokers, alcohol consumption is relatively high and 'binge' drinking is a widespread and growing concern, with Korean men, and younger Korean women, drinking heavily at least once a month. Child overweight levels (at 31.8% of 5-9 year olds) are just above the OECD average of 31.4%. Compounding this potentially challenging picture is Korea's health care system design which is, for the moment, still strongly orientated towards specialist and hospital-centric care delivery. Korea's rapidly aging population, combined with risky health behaviour amongst some population groups, and high rates of obesity amongst children, now risk endangering many of the significant achievements Korea has made in increasing life expectancy and population health outcomes over the past decades.

Against this worrying backdrop, Korea has been taking some decisive policy action to better protect population health, and prevent and manage disease. To limit risky health behaviours, regulation was introduced to limit indoor smoking, and the tax on tobacco products reached 70% of the retail price already in 2015. Awareness campaigns about the danger of excessive alcohol consumption have been run nationally, and targeting key populations such as university students. Korea has a tax on alcohol beverages, varying from 5% to 72% depending on the type of beverage, with a volume-based tax for beer, makkoli and spirits.

In light of a series of slow and inadequate responses to recent public health emergencies, notably the 2014 Sewol Ferry accident and the 2015 Middle East Respiratory Syndrome Coronavirus (MERS-CoV), responsibilities for emergency preparedness have been transferred to the Ministry of Interior and Safety (MOIS) which now coordinates all emergency preparedness and response capacities under a dedicated Vice Minister, and significant investments in emergency preparedness. At the same time, Korea has taken a cautious and step-wise approach to genomic medicine, which is a field generating significant public attention in the country. There are clearly established limits on genomic diagnostic testing in the health system, while the decision on expanding the possibilities for direct-to-consumer genetic testing will follow a trial period focused on 13 diseases.

In light of the magnitude and potential for rapid evolution of these challenges, the Korean government should build on these efforts to strengthen their public health policy package even more. To deliver health promotion, disease prevention, and effective disease management more effectively, strengthening primary care-equivalent services should be a priority. Public Health Centers are working to deliver some key services such as vaccinations, and Community Health Centers have a role in disease management, but are not particularly widespread. In light of Korea's rapidly aging population scaling up some of these services, using existing facilities or encouraging new roles for existing health professionals, would be highly

appropriate. When it comes to reducing harmful alcohol use, which has damaging health effects and high cost in the country, Korea should consider whether alcoholic beverages are too easily available. Making changes to pricing policies – currently some beverages, for example soju, have relatively low prices compared to other drinks – and to points of sale – for example regulating alcohol sales in motorway service stations – could be a starting point. At the same time, more should be done to change the social acceptability of harmful alcohol consumption; few marketing restrictions means that exposure to images around alcohol is constant, which can be expected to normalise drinking culture. More limits on advertising, and stepping up educational efforts, could go hand-in-hand. There is scope, too, to strengthen Korea's smoking regulations further: limits to indoor smoking could be expanded, making all indoor public spaces totally smoke-free, and the tobacco tax could be raised to above 75% of the retail price, which the WHO has found to be the most effective rate to reduce smoking.

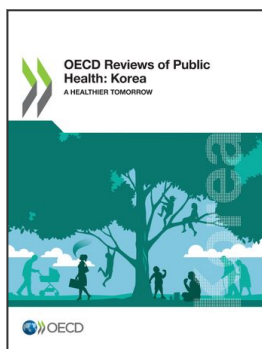
Genomic research, large-scale genome testing, genomic screening and diagnostic tests, personalised medicine, and direct-to-consumer genomic testing, are all significant areas of policy attention in Korea. Korea could take advantage of their sophisticated genomic medicine field, notably introducing the legislative and technical capacity to link genomic biobank information with health system information, for example the Health Insurance Review and Assessment Service (HIRA) or National Institute of Health (NIH) data systems. In terms of the use of genetic testing for diagnostics or precision treatment, access to testing is well-regulated in Korea, although additional quality assurance requirements should be introduced for private testing laboratories which process most of the tests prescribed by medical institutions. Korea should focus on ensuring assessing how many genomic medicine specialists are needed in the health system, and assuring that medical professionals have appropriate genomic literacy to respond to patients' questions and needs by providing appropriate education and training. Second, in assessing the value of genomic medicine services in the health system, cost-effectiveness should be a consideration, for example steps should be taken to balance the existing cost-effectiveness of widespread use of genetic testing to personalise treatment against more 'traditional' prevention approaches from behaviour risk reduction policies through to increased cancer screening coverage. Direct-to-consumer genetic (DTC) testing is very popular in Korea, but allowing genetic DTCs to be widely available is not without risks – to individuals as well as to the health system – and the government's current cautious and stepwise approach to allowing a greater number of tests, and the current trail period for expanding DTC tests to cover 13 diseases including diabetes, several cancers, Parkinson's disease and macular degeneration, is a sensible route forwards.

Finally, when it comes to preparedness for public health emergencies, Korea has recently made several – commendable – changes to its response system for hazards and threats, notably following a series of disasters which revealed some key shortcomings in the system. While Korea can be assessed as having 'moderate' exposure to hazards and threats, a robust response system is nonetheless essential. Encouraging efforts have been made to change legal and institutional frameworks, centralising and clarifying the chain of command during emergencies, and significant investments have been made in emergency preparedness capacities. Korea is also using innovative technological approaches in some impressive ways, notably having set up sophisticated systems for risk related data collection and analysis with comprehensive information-sharing platforms across government agencies. Above all, Korea should maintain the clear prioritisation given to emergency preparedness seen in the last few years, and not allow attention to this area to wane. There is scope to streamline responsibilities amongst local actors, identifying key expectations for different stakeholders, and simplifying the current congested offer of more than 3 000 crisis response manuals. Additionally, undertaking regular multi-stakeholders emergency simulation exercises based on complex scenarios would also be a valuable additional way to prepare all actors, including helping actors to work well together, as would conducting a whole-of-government scenario-based National Risk Assessment.

Coronavirus COVID-19

This review was carried out before the start of the outbreak of the coronavirus COVID-19. The COVID-19 outbreak started at the end of 2019 in China, and rapidly spread to neighbouring countries and across the globe. As of early March 2020, all OECD countries report active cases of coronavirus COVID-19.

Korea and other OECD countries are implementing policy actions to contain and mitigate the impact of this global health threat.



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