



EVOLUTION OF UHC IN
SOUTH KOREA

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



GENERAL INFORMATION

In the 1960s and 1970s, a series of 5-year economic development plans substantially contributed to economic growth. The government began to recognize the importance of social welfare and distribution.

In the 1970's and 1980's the authoritarian regimes of President Park Chung Hee and President Chun Doowan wanted to gain political support and legitimacy by obtaining universal health coverage earlier than planned.

The booming economy of the late 1980s substantially improved the ability of the self-employed to pay for health care services and strengthened the governments fiscal capacity to develop and amplify the mandatory health insurance.



NATIONAL UHC
DYNAMICS CARD
www.p4h.world
towards
SDG 3.8.2

1963 & 1976

1963

Health Insurance Law was enacted.

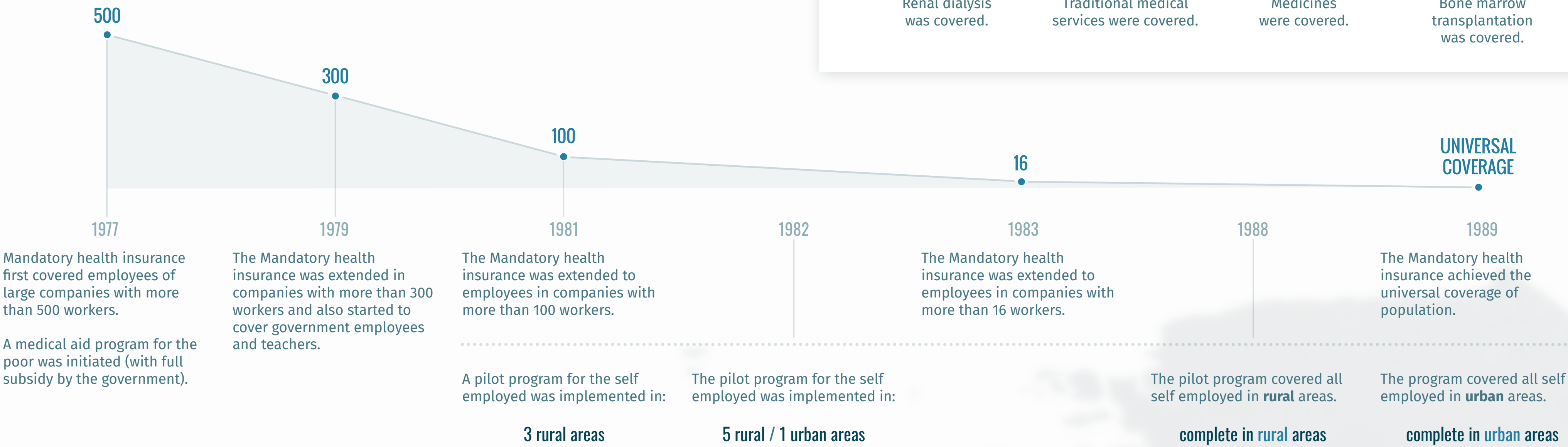
1976

Health Insurance Law was substantially revised.

All providers were mandated to join the national health insurance system (NHI).

1977 - 1989

SPREAD OF
MANDATORY HEALTH INSURANCE



1983

Renal dialysis was covered.



1987

Traditional medical services were covered.



1989

Medicines were covered.



1992

Bone marrow transplantation was covered.



1996

Computed Tomography was covered.

1997

Economic crisis

The economic crisis, which was accompanied by many layoffs and resulted in the IMF rescue loan, increased the awareness for the importance of a social safety net and a nationwide health insurance system.

2000

All health insurance funds were merged into a single national health insurer.

The policy process became more open, and the supporters of the financing reform, such as progressive civic groups, actively participated in the merger of all insurance funds.

Before the merger of all health insurance funds in 2000, there were three types of health insurance schemes for:

1
insurance fund for government employees, teachers and their dependents.

140
insurance funds for industrial workers (employees) and their dependents.

230
insurance funds for the self-employed and workers in firms with less than five employees.

2004 - 2008

IMPROVED FINANCIAL PROTECTION
BY MANDATORY HEALTH INSURANCE

2004

A ceiling for total copayments (per six months) was introduced and differentiated between several income groups (i.e., higher ceiling for high-income groups).

2005

A discount on copayments for catastrophic diseases was introduced and further decreased from 10% to 5%.

2008

Facing a very rapid ageing and increase in health expenditures, the government introduced a new social insurance for long-term care, which was separated from the Mandatory Health insurance but managed by the social health insurance agency.



"Political commitment, government subsidy for the self employed, and economic development all contributed to the rapid achievement of universal coverage of population in the Republic of Korea."

Soonman KWON, Ph.D.
Professor, School of Public Health,
Seoul National University,
President, Korean Health
Economic Association