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Reviewing Universal Healthcare Coverage in the Asia-Pacific

Universal Health Coverage in South Korea

Lessons for the Asia-Pacific Region

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BACKGROUND

Universal Health Coverage in Asia-Pacific

UHC has become a central policy goal across the Asia-Pacific region.

UHC is increasingly assessed not only by population coverage, but also by:

Sustainable Financing
Revenue mechanisms that can support coverage over the long term.

Strategic Purchasing
Actively allocating funds toward efficient, high-value care.

Financial Protection
Shielding households from impoverishing health expenditure.

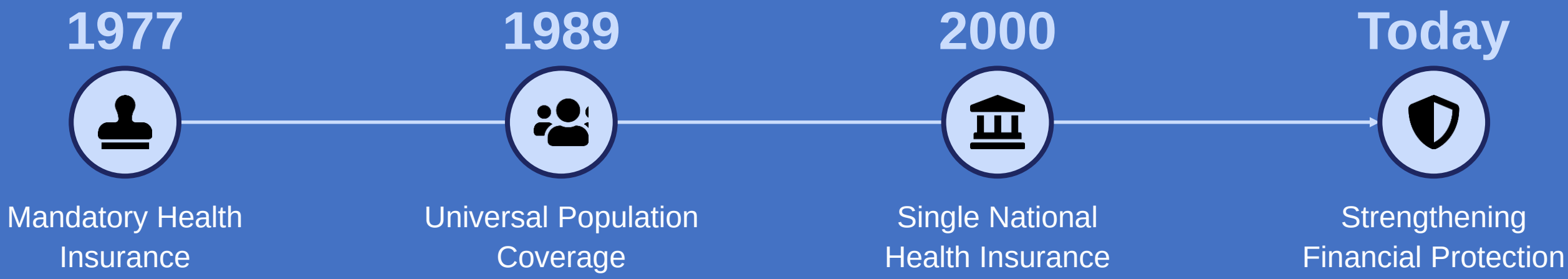
KEY TAKEAWAY

The Republic of Korea provides one of the fastest and most comprehensive UHC experiences among middle-income countries.

WHY SOUTH KOREA?

A Distinctive UHC Experience

TIMELINE



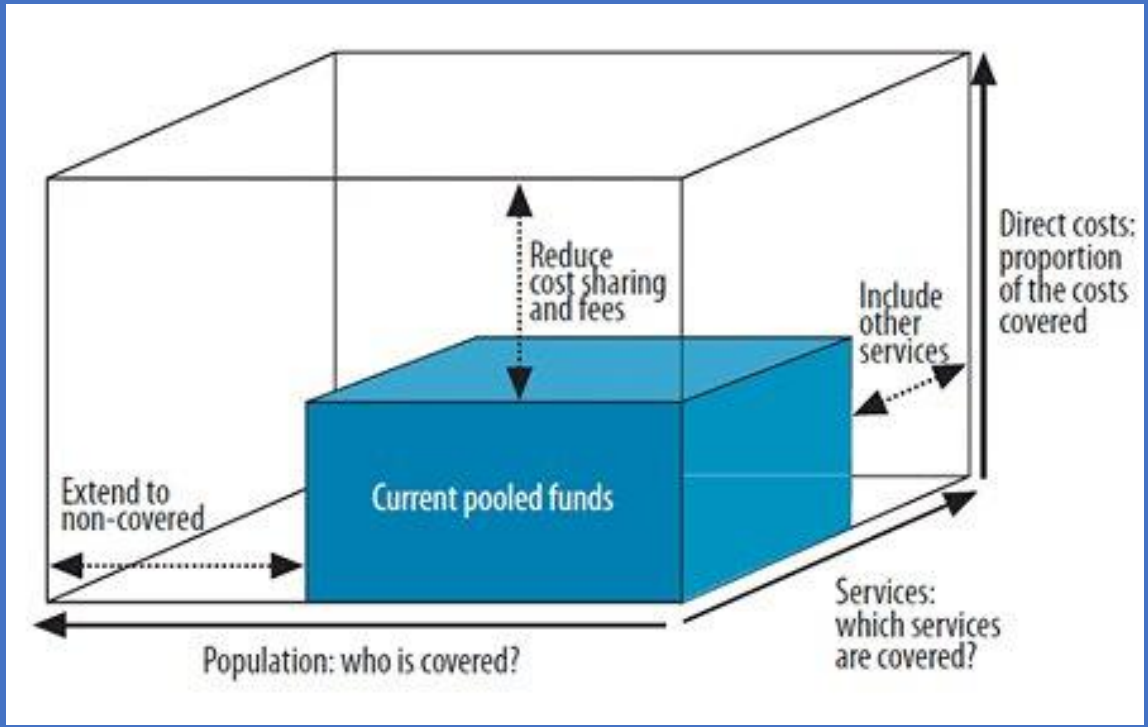
KEY MESSAGE

Rapid population coverage does not necessarily guarantee adequate financial protection.

ANALYTICAL FRAMEWORK

Three Dimensions of UHC

The WHO UHC Cube



WHO UHC Cube

- **Breadth – Population Coverage**

  Who is covered?
- **Depth – Service Coverage**

  Which services are covered?
- **Height – Financial Protection**

  How much of the cost is covered?
- **Key Message**

  South Korea achieved rapid breadth, progressively expanded depth, but continues to strengthen financial protection (height).

This presentation analyses Korea's UHC through these three dimensions.

BREADTH: POPULATION COVERAGE

How Korea Achieved Universal Coverage

- Mandatory enrolment
- Government subsidies for the self-employed
- Family-based membership
- Mandatory provider participation
- Resident registration system
- Phased expansion (1977–1989)

OUTCOME

Universal population coverage within 12 years

BREADTH: INSTITUTIONAL STRENGTHENING

From Fragmentation to a Single National Insurer

BEFORE 2000

- Multiple insurance societies
- Fragmented risk pools

2000
REFORM

AFTER 2000

- Single payer
- Better risk pooling
- Administrative efficiency
- Greater equity

DEPTH: SERVICE COVERAGE

Expanding Service Coverage

Institutional Innovations

National Health Insurance Service (NHIS)

- Standardized benefit package
- Strategic purchasing

+

Health Insurance Review and Assessment Service (HIRA)

- Claims review
- Quality assessment

KEY MESSAGE

Coverage expansion was supported by strong institutions.

HEIGHT: FINANCIAL PROTECTION

Korea's Remaining Challenge

EARLY UHC PRIORITIZED

KEY LIMITATIONS

- Limited benefit package
- High cost-sharing
- Extensive non-covered services
- Fee-for-service incentives
- Predominantly private providers

High out-of-pocket expenditure

KOREA AND TAIWAN

Why Financial Protection Differs

South Korea	Taiwan
Higher OOP	Lower OOP
Higher cost-sharing	Lower cost-sharing
More non-covered services	Broader benefit package
Greater catastrophic expenditure	Better financial protection

POLICY LESSON

Benefit design and cost-sharing matter as much as insurance coverage.

SUMMARY

Korea's Key Lessons

STRENGTHS

- Rapid enrolment
- Unified pooling
- Strong governance
- Strategic purchasing

CHALLENGES

- High OOP
- Weak primary care
- Population ageing
- Financial sustainability

IMPLICATIONS FOR ASIA-PACIFIC COUNTRIES

Lessons for Health System Reform

1 Expand population coverage progressively

- Start with formal sector
- Gradually include informal workers

2 Strengthen risk pooling

- Reduce fragmentation
- Improve equity

3 Build strong purchasing institutions

- Claims review
- Quality monitoring
- Evidence-based purchasing

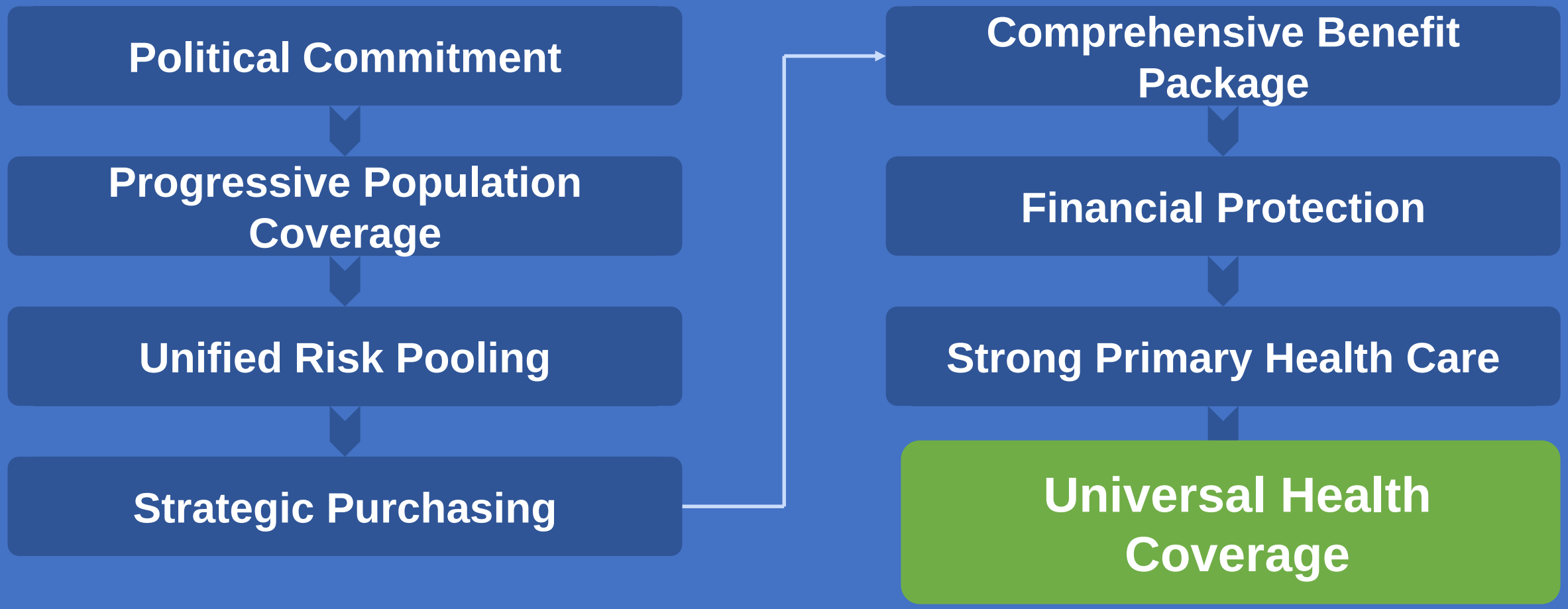
4 Design comprehensive benefit packages

- Focus on NCDs
- Reduce catastrophic expenditure

5 Strengthen primary health care

- Improve service delivery
- Increase efficiency

Policy Framework for Asia-Pacific



KEY MESSAGES

Korea's Experience

Population Coverage

Rapidly achievable

Financial Protection

Requires sustained reform

Institutional Capacity

Essential for UHC success

Conclusions

What South Korea's UHC journey means for the Asia-Pacific region

Rapid, Universal Coverage Is Achievable

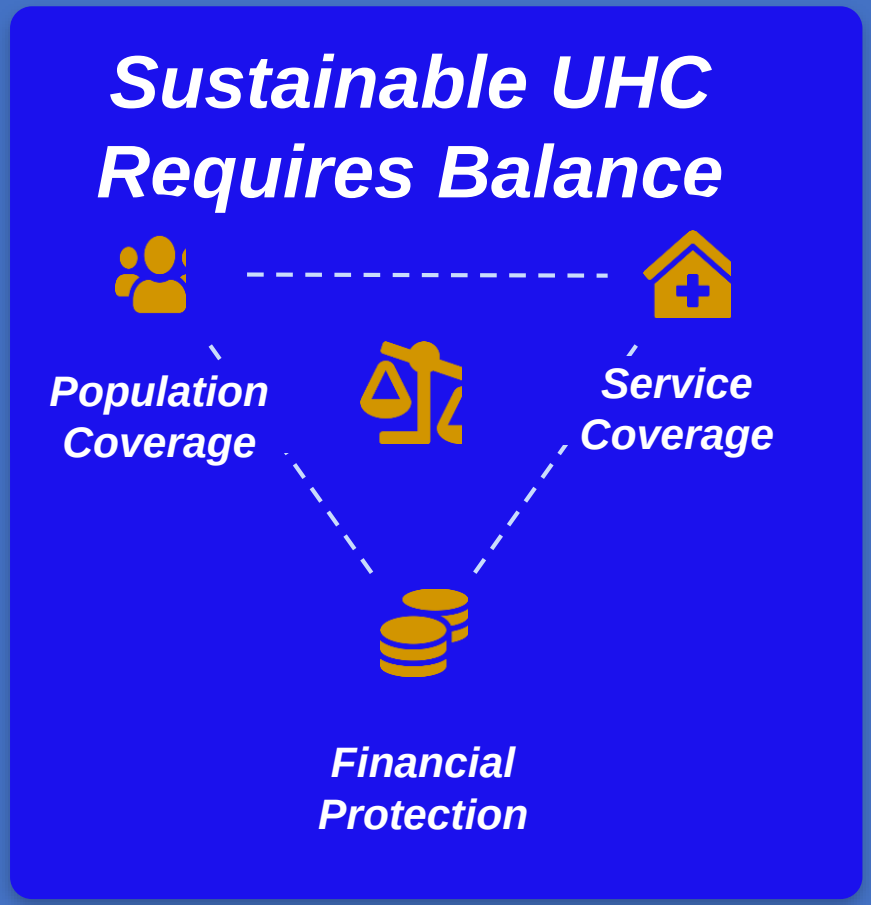
South Korea demonstrates that rapid universal population coverage is achievable through strong political commitment, phased expansion, and unified risk pooling.

Enrolment Alone Is Not Enough

Universal enrolment does not, by itself, guarantee adequate financial protection for patients.

Adapt the Lessons, Don't Copy Them

Korea offers valuable lessons for the Asia-Pacific region, but its experience should be adapted rather than copied, reflecting each country's institutional, fiscal, and demographic context.



Q & A

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