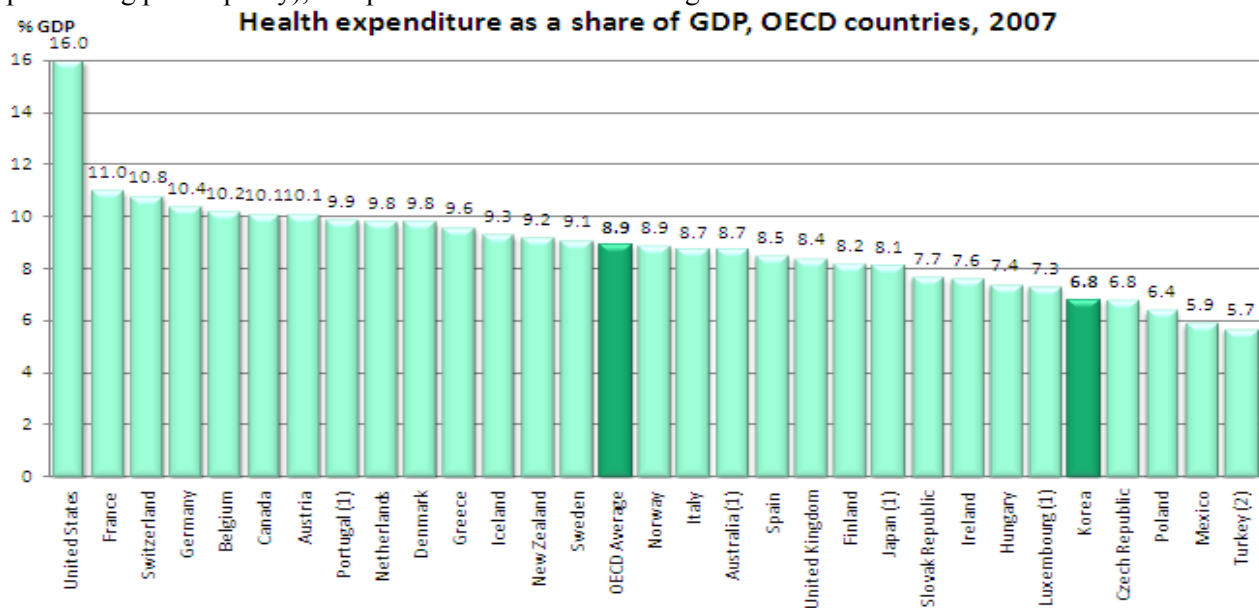




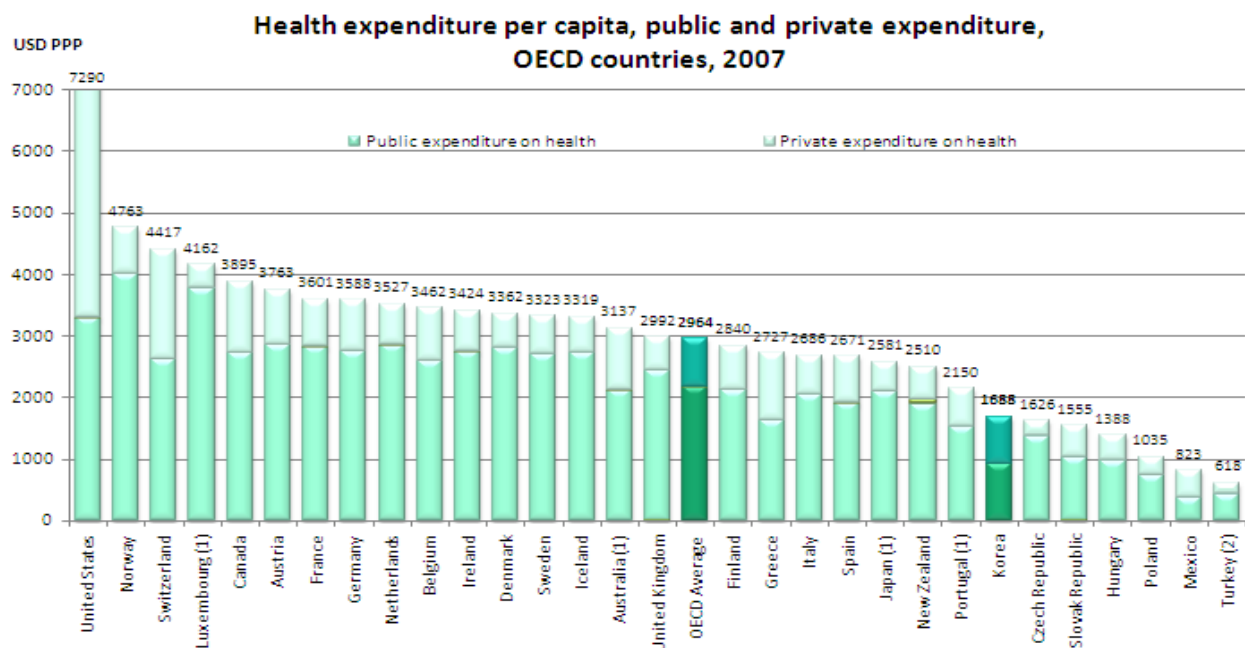
## OECD Health Data 2009 How Does Korea Compare

Total health spending accounted for 6.8% of GDP in **Korea** in 2007, the fourth lowest share (with the Czech Republic) among OECD countries, and 2.1 percentage points lower than the OECD average of 8.9%. The United States (which spent 16.0% of its GDP on health in 2007) is, by far, the country that spends the most on health.

Health spending tends to rise with income, and generally OECD countries with higher GDP per capita also tend to spend more on health. It is not surprising, therefore, that **Korea** also ranks below the OECD average in terms of health expenditure per capita, with spending of 1688 USD in 2007 (calculated based on purchasing power parity), compared with an OECD average of 2964 USD.



(1) 2006. (2) 2005. Source: OECD Health Data 2009, June 09.



(1) 2006. (2) 2005. Data for Belgium, Denmark and the Netherlands are current expenditures (excluding investment). Source: OECD Health Data 2009, June 09.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Health expenditure per capita has, nonetheless, increased rapidly in **Korea** since the second half of the 1980s when the national health insurance was established. During the 1990s, the rate of growth in health spending has been two-times greater than the average across OECD countries. This trend continued between 2000 and 2007, when the growth rate in health spending in **Korea** reached 9.2% per year, compared with an OECD average of 3.7%. This was the highest growth rate in OECD countries. The increase in health spending in **Korea** over the past decade or so has been driven mainly by a rapid rise in public spending on health.

The rise in pharmaceutical spending has been one of the factors behind the rise in total health spending in many OECD countries in recent years. In 2007, spending on pharmaceuticals accounted for 24.7% of total health spending in **Korea**, one of the highest shares in the OECD area and well above the OECD average of 17.1%. In per capita terms, however, pharmaceutical spending (adjusted by purchasing power parity) in **Korea** remains lower than the OECD average and less than half the spending in the United States.

Although the share of public spending on health in **Korea** steadily increased during the past decade, rising from 36% of total health spending in 1995 to 55% in 2007, it remains well below the OECD average of 73%. Among OECD countries, the share of government spending on health is the lowest in both Mexico and the United States (45%), and relatively high (over 80%) in several Nordic countries (Denmark, Iceland, Norway and Sweden), Luxembourg, the Czech Republic, the United Kingdom and Japan.

The relatively high private share of health funding in **Korea** is linked to substantial out-of-pocket payments, which accounted for 36% of total health spending in 2007. This is in sharp contrast with the situation in the United States, where the bulk of private spending is paid by private health insurance arrangements, leaving only 12% of total health spending paid directly by consumers.

### **Resources in the health sector (human, physical, technological)**

The number of doctors per 1 000 population in **Korea** was 1.7 in 2007, the second lowest among OECD countries after Turkey and well below the OECD average of 3.1. However, the number of doctors has increased rapidly over the past two decades. In fact, **Korea** registered the highest growth rate in the number of doctors among all OECD countries, with the number of doctors per capita more than doubling between 1990 and 2007. This rise is expected to continue in the years ahead as a result of newly established medical schools and higher number of medical students.

The number of nurses per capita in **Korea** also remains much lower than in most other OECD countries (4.2 per 1 000 population in 2007, compared to an OECD average of 9.6). But the number of nurses per capita has also increased significantly in **Korea** during the past decade.

The number of acute care beds in hospitals in **Korea** was 7.1 per 1 000 population in 2007, well above the OECD average of 3.8, and behind only Japan (8.2). While the number of acute care hospital beds is being reduced in most other OECD countries, they have been growing rapidly during the past decade in **Korea**. This fast growth can be linked in part with the lack of capacity planning for hospital beds in a private, for-profit dominated health delivery system, and in part with the non-differentiation between chronic and acute care beds.

The average length of stays for acute care in hospitals in **Korea** is the second highest among OECD countries, after Japan. It was 10.6 days in 2003 (latest year available), well above the OECD average (7.1 days in 2003). This relatively high average length of stay in hospitals can be explained in part by the lack of beds for long-term care; hence acute care beds may also be used for chronically ill patients. The growing number of hospital beds may also have given Korean hospitals incentives to keep patients longer.

During the past decade, there has been a rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) in most OECD countries. **Korea** was no exception. The number of CT scanners per million population increased rapidly in **Korea**,

from 12.2 in 1990 to 37.1 in 2007. Similarly, the number of MRIs per million population also increased at a fast pace, from 1.4 in 1990 to 16.0 in 2007. Japan is, by far, the country which reports the highest number of CT and MRI scanners per capita, with 93 CT scanners and 40 MRI per million population.

### **Health status and risk factors**

Most OECD countries have enjoyed large gains in life expectancy over the past decades, linked to improvements in living conditions, public health interventions and progress in medical care. Among OECD countries, **Korea** registered the greatest gain in life expectancy between 1960 and 2007, with an overall increase in longevity of 27 years, rapidly closing the gap with the average across OECD countries. In 1960, life expectancy in **Korea** was 16 years below the OECD average. By 2007, it stood at 79.4 years, above the OECD average of 79.0.

The proportion of daily smokers among adults has shown a marked decline over recent decades across most OECD countries. In **Korea**, there remains however a huge gender gap in smoking rates between men and women. In 2005, 46.6% of men reported to smoke every day, the second *highest* rate across all OECD countries, compared with only 4.6% of women, which is the *lowest* rate.

Obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. The obesity rate in **Korea** is the second lowest among OECD countries behind Japan, with 3.5% only of the adult population defined as obese in 2005. The country with the highest obesity rate among adults is the United States, with a rate of 34.3% in 2006.<sup>1</sup>

More information on **OECD Health Data 2009** is available at [www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata).

For more information on OECD's work on **Korea**, please visit [www.oecd.org/korea](http://www.oecd.org/korea).

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<sup>1</sup> It should be noted however that the data for the United States are more accurate than those from most other countries (including Korea) since they are based on *actual measures* of people's height and weight, while estimates for other countries are based on *self-reported* data, which generally under-estimate the real prevalence of obesity.