



## *Health at a Glance 2011: OECD Indicators*

### **KEY FINDINGS: KOREA**

The OECD's latest edition of *Health at a Glance* shows that medical care is improving in OECD countries, but better prevention and management of chronic diseases is required to reduce costs.

#### **QUALITY OF CARE**

*Korea has mixed health care quality outcomes. Survival rates for cervical cancer are high, but are slightly lower than average for breast cancer. Colorectal cancer survival rates are high for men only. Korea does not do well in preventing costly hospital admissions for chronic conditions such as asthma, chronic obstructive pulmonary disease and uncontrolled diabetes, which should normally be managed through proper primary care.*

##### Details:

- The 5-year relative survival rate for cervical cancer during 2004-2009 was 77%, higher than the OECD average of 66%, and second highest among reporting countries. For breast cancer, it was 82%, slightly lower than the OECD average of 84%.
- The 5-year relative survival rates for colorectal cancer during 2004-2009 were 62% for females and 66% for males. The average across OECD countries was 62% for females and 60% for males.
- Avoidable hospital admissions for asthma complications, COPD and uncontrolled diabetes are all higher in Korea than the OECD average. For asthma admissions, the rate in Korea was 102 per 100 000 adults, almost double the OECD average of 52. For COPD, Korea's rate was 222 (OECD average 198), and for uncontrolled diabetes 128, more than double the OECD average of 50 per 100 000 population.

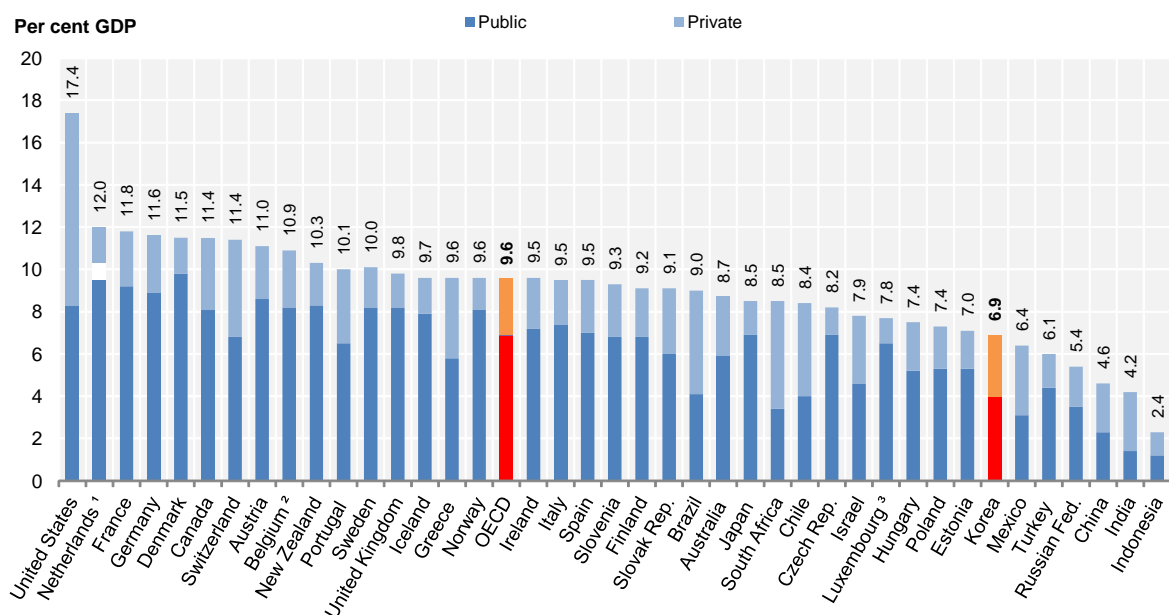
#### **HEALTH EXPENDITURE**

*Korea spent 6.9% of GDP on health in 2009, much less than the OECD average of 9.6%. Spending per person has grown significantly over the past decade, but remains lower than average. The public sector provides slightly more than half of all health funding.*

##### Details:

- Total health spending accounted for 6.9% of GDP in Korea in 2009, compared with an average of 9.6% across OECD countries. However, this share has been growing over the past decade, rising from 4.5% in 2000.
- Korea's spending on health per person is also lower than the OECD average, with spending of USD 1879 in 2009, adjusted for purchasing power parity. The average was USD 3233. Per capita health spending over 2000-2009 grew in real terms by 8.6% in Korea, second highest in the OECD, and much more rapidly than the OECD average of 4.0%.
- The public sector is the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In Korea, 58% of health spending was funded by public sources in 2009, much lower than the average of 72% for OECD countries. The public share of health spending in Korea has grown from 53% in 2003.

## Health expenditure as a share of GDP, 2009 (or nearest year)



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments. 2. Total expenditure excluding investments. 3. Health expenditure is for the insured population rather than the resident population.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>

Source: OECD Health Data 2011; WHO Global Health Expenditure Database.

- Journalists are invited to contact the OECD's Media Relations Division (tel.: 33 1 45 24 97 00 or [news.contact@oecd.org](mailto:news.contact@oecd.org)) to obtain a copy of *Health at a Glance 2011*.
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