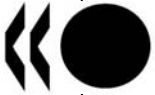

SHA-Based Health Accounts
in 13 OECD Countries: Country Studies
Korea
National Health Accounts 2001

Hyung-Sun Jeong

7

Unclassified

DELSA/ELSA/WD/HTP(2004)7



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**DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS
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Unclassified

OECD HEALTH TECHNICAL PAPERS NO. 7

**SHA-BASED HEALTH ACCOUNTS IN THIRTEEN OECD COUNTRIES
COUNTRY STUDIES: KOREA
NATIONAL HEALTH ACCOUNTS 2001**

Hyoung-Sun Jeong

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English text only

DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS

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FOREWARD

1. A project aimed at presenting initial results from the implementation of the System of Health Accounts has been carried by the Health Policy Unit at the OECD and experts from thirteen member countries. The results are presented in the form of a comparative study (OECD Health Working Papers No. 16) and a set of OECD Health Technical Papers presenting individual country studies. This volume is the seventh in this series, presenting the Korean SHA-based health accounts.
2. In response to the pressing need for reliable and comparable statistics on health expenditure and financing, the OECD, in co-operation with experts from OECD member countries, developed the manual, *A System of Health Accounts* (SHA), releasing the initial 1.0 version in 2000. Since its publication, a wealth of experience has been accumulated in a number of OECD countries during the process of SHA implementation, and several national publications have already been issued. Furthermore, the Communiqué of Health Ministers, issued at the first meeting of OECD Health Ministers held on May 13-14, 2004 emphasised the implementation of the *System of Health Accounts* in member countries as a key item in the future OECD work programme on health.
3. The Secretariat considers as a key task to disseminate the SHA-based health accounts of OECD member countries and their comparative analysis. In the series of Health Technical Papers - that are also available via the internet - the key results are presented on a country-by-country basis, supported by detailed methodological documentation. They – together with the comparative study - will provide a unique source of health expenditure data with interpretation of SHA-based health accounts. In particular, the results describe in a systematic and comparable way that how, and for what purposes, money is spent in the health systems of the participating countries. These papers are also important in a methodological sense: the analysis of data availability and comparability shows where further harmonisation of national classifications with the International Classification for Health Accounts (SHA-ICHA) would be desirable.
4. Thirteen countries participated in this project: Australia, Canada, Denmark, Germany, Hungary, Japan, Korea, Mexico, the Netherlands, Poland, Spain, Switzerland and Turkey. The next edition of the comparative study to be published in 2006, is expected to include several additional countries. Meanwhile, new country studies will be presented on the OECD SHA web page and in the Health Technical Papers when they become available.
5. The OECD Secretariat invites readers to comment on the series of Health Technical Papers on SHA-based health accounts and to make suggestions on possible improvements to the contents and presentation for future editions.

AVANT-PROPOS

6. L'Unité des politiques de santé de l'OCDE et des experts originaires de treize pays Membres ont mené un projet visant à rendre compte des premiers résultats de la mise en œuvre du Système de comptes de la santé (SCS). Ces résultats se présentent sous la forme d'une étude comparative (document de travail sur la santé n° 16 de l'OCDE) et d'un ensemble de rapports techniques sur la santé contenant des études par pays. Ce volume est le septième de la série, il examine les comptes de la santé fondés sur le SCS en Corée.

7. Face à la nécessité croissante de disposer de statistiques fiables et comparables sur les dépenses et le financement des systèmes de santé, l'OCDE, en collaboration avec des experts des pays Membres, a élaboré un manuel intitulé *Système des comptes de la santé* (SCS), dont la version 1.0 a été publiée en 2000. Depuis sa publication, une grande expérience a été accumulée dans plusieurs pays de l'OCDE au cours du processus d'application du SCS, et plusieurs publications nationales sont déjà parues dans ce domaine. En outre, le Communiqué des ministres de la santé, diffusé lors de la première réunion des ministres de la santé de l'OCDE qui s'est tenue les 13 et 14 mai 2004, qualifie l'application du *Système des comptes de la santé* dans plusieurs pays Membres d'élément clé du futur programme de travail de l'OCDE sur la santé.

8. Le Secrétariat juge essentiel de diffuser les comptes de la santé fondés sur le SCS des pays Membres de l'OCDE ainsi que leur analyse comparative. Dans la série des rapports techniques sur la santé, également disponibles sur internet, les principaux résultats sont présentés pays par pays et s'accompagnent de documents détaillés sur la méthodologie employée. Ces rapports, conjugués à l'étude comparative, constituent une source unique de données sur les dépenses de santé et fournissent une interprétation des comptes de la santé fondés sur le SCS. Ils décrivent en particulier de manière systématique et comparable la façon dont les dépenses de santé des pays participants s'effectuent ainsi que leur objet. Ces documents sont également importants d'un point de vue méthodologique : l'analyse de la disponibilité et de la comparabilité des données révèle les domaines dans lesquels il serait souhaitable de poursuivre l'harmonisation des systèmes de classification nationaux avec la classification internationale pour les comptes de la santé (ICHA).

9. Treize pays ont participé à ce projet : l'Allemagne, l'Australie, le Canada, la Corée, le Danemark, l'Espagne, la Hongrie, le Japon, le Mexique, les Pays-Bas, la Pologne, la Suisse et la Turquie. La prochaine version de l'étude comparative, à paraître en 2006, devrait inclure plusieurs pays supplémentaires. Pendant ce temps, de nouvelles études par pays seront présentées sur la page web du SCS de l'OCDE et dans les rapports techniques sur la santé dès qu'elles seront disponibles.

10. Le Secrétariat de l'OCDE invite les lecteurs à faire part de leurs commentaires sur la série des rapports techniques sur la santé relatifs aux comptes de la santé fondés sur le SCS, ainsi que de leurs suggestions sur la façon dont le contenu et la présentation des prochaines éditions pourraient être améliorés.

INTRODUCTION

11. Several Korean researchers had previously produced independent estimates of total health expenditure in Korea. However, considerable differences emerged in both the methods and the results, and total health expenditure estimates differed by over 30%. While most estimates were sound within the different frameworks chosen, it was difficult to compare them with OECD estimates for other countries because they included different health expenditure items.

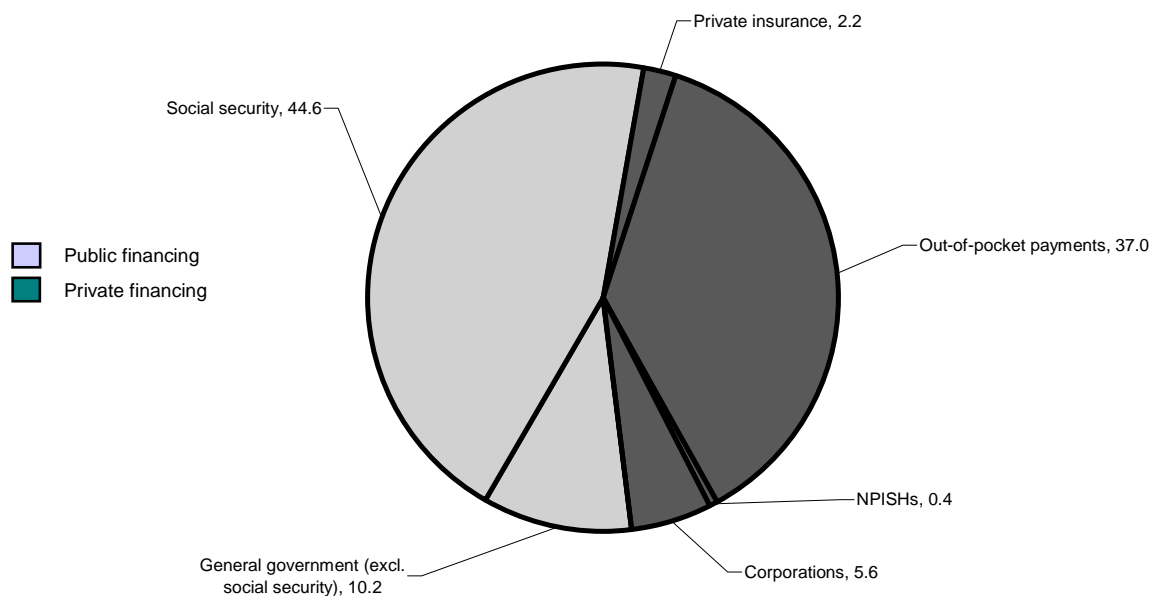
12. With the new accounts, it is now possible to better compare total health expenditure of Korea with other OECD countries, even though not all OECD countries include the same items of expenditure in their total health expenditure accounts and are currently at different stages of implementation of the SHA manual.

13. Until 2002, estimates of health expenditure were made and submitted by the KIHASA (Korean Institute for Health and Social Affairs). Data on health expenditure in OECD Health Data 2003 were based on these. In 2003, the Ministry of Health and Welfare newly commissioned Yonsei University to carry out a project of constructing Korean National Health Accounts according to OECD's System of Health Accounts. Both the differences in data on which estimations are based and the differences in some methods of applying the SHA manual resulted in a significant change in the structure as well as in the value of total health expenditure.

Summary data on health expenditure

- Total health expenditure as a share of GDP was 5.8% in 2001. (Korean Central Bank, which officially estimates GDP figure in Korea, has recently published new series of GDP figures for 1995-2003 that substitute the existing ones. When these new figures for GDP as a denominator are used, the THE share in GDP of the year 2001 will be reduced to 5.1%.)
- The share of current health expenditure in total health expenditure was 94.4% and the remaining 5.6% was on capital formation of health care provider institutions.
- Per capita total was KRW 673 430 (920 USD PPP) and per capita public health expenditure was KRW 368 652 (504 USD PPP).

Figure 1: **Total health expenditure by financing agent** (Total health expenditure = 100)
Korea



Note: Four standard figures are to be presented and numbered in the same way in each country chapter. **Figure 2:** Total health expenditure by function is not presented in this chapter due to lack of separation of long-term care (HC.3) and curative-rehabilitative expenditure in the Korean National Health Accounts.

Figure 3: **Current health expenditure by mode of production** (Current health expenditure = 100)
Korea

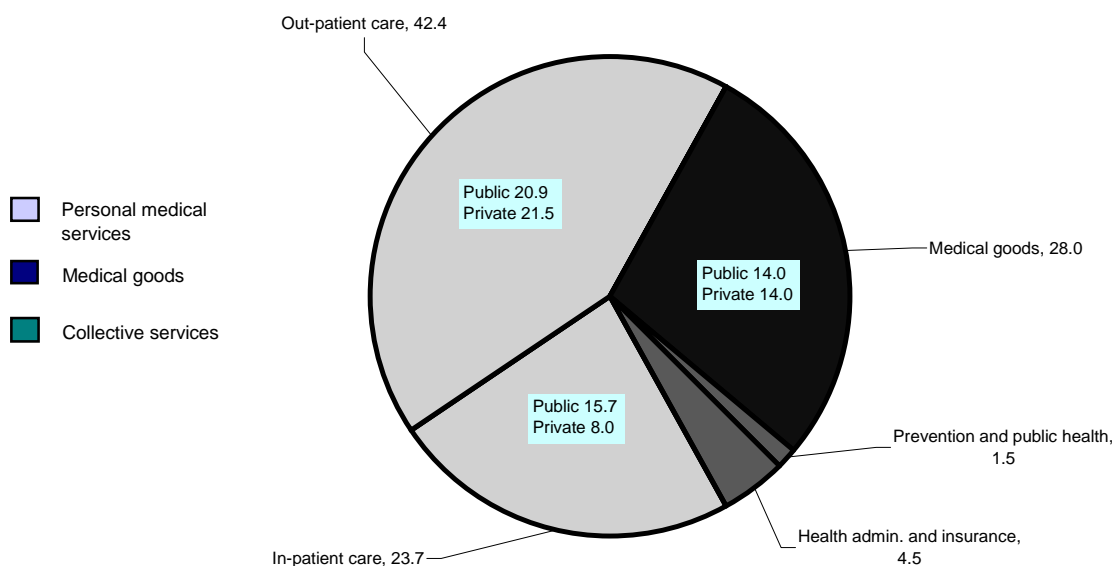
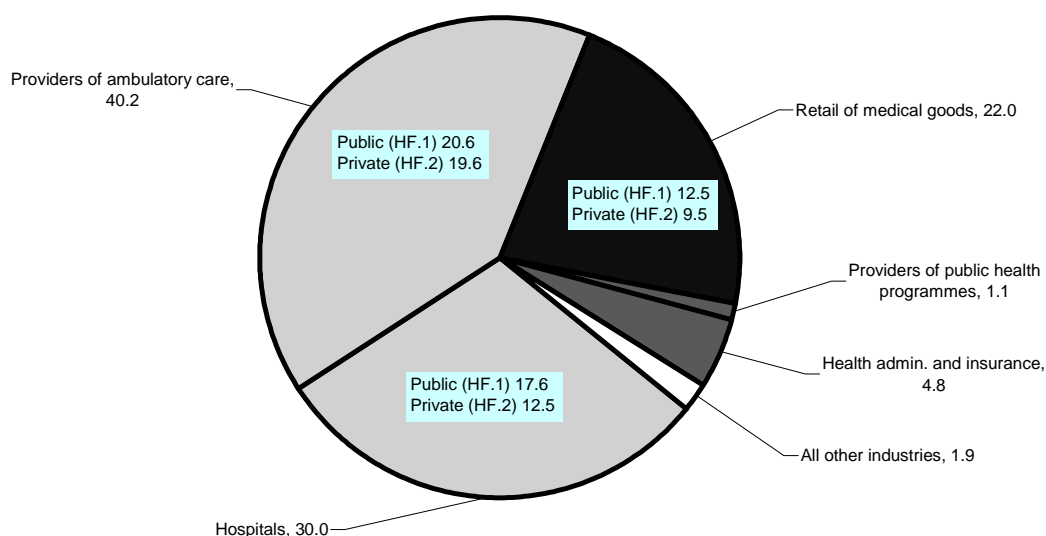


Figure 4: **Current health expenditure by provider** (Current health expenditure = 100)
Korea, 2001



Total health expenditure by financing source

14. Public share in total expenditure was 54.7% (government 10.2% and social security 44.6%), and private share in total expenditure was 45.3% (private insurance 2.2%, out-of-pocket 37%, non-profit 0.4% and corporations 5.6%)¹ (Figure 1 and Table A1).

15. The private share of health care funding is high by the standards of other OECD countries. It is the third highest share after the United States and Mexico, and well above the OECD average. The high private financing share is linked to substantial out-of-pocket payments, which differs from the US system where private financing derives from widespread private health insurance arrangements. Patients have to pay high co-payments towards their treatment charges, moreover they pay the full cost of services not included in the National Health Insurance benefit range.

Current health expenditure by function (mode of production)

16. Korean health expenditure is not well classified according to function such as curative-rehabilitative care, long-term care and ancillary services, and particularly, long-term care facilities are not yet popular in Korea. (Therefore, standard Figure 2 and Table A2 presented in the majority of the country chapters are not available for Korea.)

17. Korea has an unusual mix of health expenditure by mode of production, compared with other OECD countries (Figure 3 and Table A3). It has the lowest *inpatient share* of current health expenditure (23.7% in 2001). Before the abrupt fall in 2001, the inpatient share had been gradually increasing over the last decades. Inpatient, outpatient and drug shares were 30.3%, 38.6% and 22% respectively in 1999. This past increase in inpatient expenditure was caused in part by a rapid increase in the number of hospital beds.

1. Unless specified, figures represent those of 2001.

Korea had a considerably high *outpatient* share (42.4% in 2001) and a high share for *pharmaceuticals* (25.4%). Korean *pharmaceutical expenditure* of 13.9% in 1999 and 15.9% in 2000 as mentioned in *OECD Health Data 2003* did not include drugs sold by “doctors”, which was very common in Korea until prohibited in the latter part of the year 2000. In other words, the figures for pharmaceutical expenditure in *OECD Health Data 2003* were erroneous in that they were representing provider’s classification rather than functional classification. Prevention and public health services occupied 1.5 % of current health expenditure, and health administration costs, 4.5%.

Current health expenditure by provider

18. Of the current health expenditure, 30% was spent on hospitals in 2001, 40.2% was on providers of ambulatory health care (24.7% on offices of physicians; 9.5% on offices of dentists; 5.5% on offices of other health practitioners; and 0.5% on outpatient care centres), and 22% was on retail sellers and other providers of medical goods (19.4% on dispensing chemists) (Figure 4 and Table A4).

19. But it was quite a different picture when the roles between doctors and dispensing chemists were not taken separately before mid-2000. In 1999, of the current health expenditure, 43.2% was spent on hospitals, 25.1% on offices of physicians and 7.4% was on dispensing chemists.

20. When observed separately, the *outpatient* expenditure including doctor-sold drug expenditure gradually increased while pharmacy-sold *drug* expenditure rapidly decreased in the 1990s. These trends indicate that in the years towards the separation reform, a larger share of drugs was dispensed directly by doctors rather than by pharmacists.

Current health expenditure by function and provider (SHA Table 2)

21. Share of hospitals in provision of **inpatient care** was 86.4% in 2001 and that by providers of ambulatory health care 13% (SHA Table 2.2). In Korea, medical facilities with less than 20 beds are classified as so-called “doctors’ clinics”(which are named hereafter as “offices of physicians” following the OECD/SHA manual).

22. The hospitals’ share in the provision of **outpatient care** was 19.1% in 2001 and that of providers of ambulatory health care 76.8% (among them, offices of physicians 49.4%, offices of dentists 22.1%, offices of other health practitioners 4.1%, and outpatient care centres 1.2%); corporations, 3.3%. In Korea, hospitals maintain large outpatient departments from which they admit many of their inpatients. Both doctor’s clinics and hospitals compete for ambulatory patients who are free to choose the facility they want, presumably the one they see as being the most convenient or having the best quality.

23. Of the hospitals’ current health expenditure, inpatient care accounts for 68.1%; outpatient care, 27%; and pharmaceutical and other medical non-durables, 4.9% (SHA Table 2.3).

Current health expenditure by provider and financing agent

Spending structure of the financing agents (SHA Table 3.3)

24. Of current health expenditure by **general government (HF.1)**, 31.1% was spent on hospitals, 36.4% was on providers of ambulatory health care (28.9% on offices of physicians; 3.9% on offices of dentists; 2.9% on offices of other health practitioners; and 0.7% on outpatient care centres), 22.1% was on retail sale and other providers of medical goods (22% on dispensing chemists), 2.5% was on provision and administration of public health programmes, and 7.9% was on general health administration and insurance.

25. Of current health expenditure by **general government (excluding social security) (HF.1.1)**, 36.8% was spent on hospitals, 16.6% was on providers of ambulatory health care (14% on offices of physicians; 0.8% on offices of dentists; 1.2% on offices of other health practitioners; and 0.6% on outpatient care centres), 12% was on retail sale and other providers of medical goods (11.9% on dispensing chemists), 11.9% was on provision and administration of public health programmes, and 22.7% was on general health administration and insurance.

26. Of current health expenditure by **social security (HF.1.2)**, 29.9% was spent on hospitals, 40.3% on providers of ambulatory health care (31.8% on offices of physicians; 4.5% on offices of dentists; 3.3% on offices of other health practitioners; and 0.7% on outpatient care centres), 24.1% on retail sale and other providers of medical goods (24.1% on dispensing chemists) and 5% on general health administration and insurance.

27. Of current health expenditure from **private sources (HF.2.)**, 28.7% was spent on hospitals, 45.1% on providers of ambulatory health care (19.3% on offices of physicians; 16.8% on offices of dentists; 8.7% on offices of other health practitioners and 0.3% on outpatient care centres), 21.9% on retail sale and other providers of medical goods (15.9% on dispensing chemists; and 6% on all other sales of medical goods), and 4.3% on other industries (3.3% on corporations; and 1% on all other secondary producers).

28. Of current health expenditure from **private insurance (HF.2.1.+2.2.)**, 59.5% was spent on hospitals and 40.5% on providers of ambulatory health care (40.4% on offices of physicians; and 0.1% on offices of other health practitioners).

29. Of current health expenditure from **out-of-pocket payments (HF.2.3.)**, 28.2% was spent on hospitals, 47.5% on providers of ambulatory health care (18.9% on offices of physicians; 18.6% on offices of dentists; 9.7% on offices of other health practitioners; and 0.3% on outpatient care centres) and 24.2% on retail sale and other providers of medical goods (17.6% on dispensing chemists; and 6.6% on all other sales of medical goods).

How different providers are financed (SHA Table 3.2)

30. Of current health expenditure for **hospitals' services**, 58.5% was financed by general government (HF.1) (11.5% by general government excluding social security (HF.1.1), and 47% by social security), and 41.5% by private sector (4.7% by private insurance; and 36.8% by out-of-pocket payments).

31. Of current health expenditure for services of **ambulatory health care providers**, 51.2% was financed by general government (HF.1) (3.9% by general government excluding social security (HF.1.1), and 47.4% by social security), and 48.8% was by the private sector (2.4% by private insurance; and 46.4% by out-of-pocket payments).

Current health expenditure by function and financing agents

Functional structure of spending by financing agents (SHA Table 4.3)

32. Of current health expenditure by **general government (HF.1.)**, 89.5% was spent for personal health care services and goods (27.8% for inpatient services; 37% for outpatient services; and 24.7% for pharmaceuticals etc.) and 10.5% was for collective health services (prevention and public health services, 2.5%; and health administration and health insurance, 7.9%).

33. Of current health expenditure by **general government (excluding social security) (HF.1.1)**, 65.4% was spent on personal health care services and goods (among them, 28.6% for inpatient services;

22.6% for outpatient services; and 14.2% for pharmaceuticals etc.) and 34.6% was for collective health services (11.9% for prevention and public health services; and 22.7% for health administration and health insurance).

34. Of current health expenditure by **social security (HF.1.2)**, 94.3% was spent on personal health care services and goods (27.6% for inpatient services; 39.9% for outpatient services; and 26.8% for pharmaceuticals etc.), and 5.7% for collective health services (0.7% for prevention and public health services; and 5% for health administration and health insurance).

35. Of current health expenditure from **private sources (HF.2)**, 99.9% was spent on personal health care services and goods (18.3% for inpatient services; 49.5% for outpatient services; 26.2% for pharmaceuticals etc.; and 6% for therapeutic appliances).

36. All of current health expenditure from **private insurance (HF.2.1+2.2)** was spent on personal health care services and goods (94.1% for inpatient services; 5.3% for outpatient services; and 0.6% for pharmaceuticals etc.).

37. All of current health expenditure from **out-of-pocket payments (HF.2.3)** was spent on personal health care services and goods (14.3% for inpatient services; 50.1% for outpatient services; and 29% for pharmaceuticals etc.; and 6.6% for therapeutic appliances).

How the different functions are financed (SHA Table 4.2)

38. Of current health expenditure on **inpatient services**, 66.4% was financed by general government (HF.1) (11.3% by general government excluding social security (HF.1.1), and 55.1% by social security), and 33.6% was by private sector (9.4% by private insurance; 23.7% by out-of-pocket payments; and 0.5% by non-profit institutions).

39. Of current health expenditure on **outpatient services**, 49.3% was financed by general government (HF.1) (5% by general government excluding social security (HF.1.1), and 44.4% by social security), and 50.7% by the private sector (0.3% by private insurance; 46.3% by out-of-pocket payments; 0.8% by non-profit institutions; and 3.3% by corporations).

40. Of current health expenditure on **medical goods**, 50% was financed by general government (HF.1) (4.8% by general government excluding social security (HF.1.1), and 45.3% by social security), and 50% by the private sector (0.1% by private insurance; 49.9% by out-of-pocket payments).

41. Of current health expenditure on **pharmaceuticals**, 55.1% was financed by general government (HF.1) (5.2% by general government excluding social security (HF.1.1), and 49.9% by social security), and 44.9% by the private sector (0.1% by private insurance; 44.8% by out-of-pocket payments).

42. Of current health expenditure on **prevention and public health services**, 98.1% was financed by general government (HF.1) (76% by general government excluding social security (HF.1.1), and 22.1% by social security), and 1.9% by the private sector (corporations).

43. All of current expenditure on **health administration and health insurance** was financed by general government (HF.1) (47.4% by general government excluding social security (HF.1.1), and 52.6% by social security).

Conclusions

44. The new estimation of Total Health Expenditure and construction of National Health Accounts by Yonsei University through a new project commissioned by the Ministry of Health and Welfare has added new tables including providers' aspects, which are expected to be a paramount contribution for evidence-based health policy in Korea, as well as for the construction of Korean health account itself.

45. There have been considerable differences in the scale of total health expenditure between previous KIHASA's work and the new project. In the former case, out-of-pocket expenditure including pharmaceutical expenditure was estimated from both urban and rural household surveys. However, household surveys are performed for general economic purposes, and thus, with very limited survey questions concerning items of health care and with no distinction made for items among health care providers. Another deficiency in the household survey data is that items which are not classified as pharmaceuticals by SHA criteria such as oriental tonic herbs, deer antlers and ginseng for a healthy body are included under the title "drugs" in the "household survey" and cannot be separated. Thus, in our new project, these household survey data were supplemented, in the estimation of out-of-pocket expenditure, by data from the Health and Nutrition Survey, which has been periodically performed through interviews with about 40 000 persons sampled from all over the country. This survey includes quite a lot of items on medical use, such as disease names, health care providers, number of visits, out-of-pocket payments, etc.

46. New estimations seem to have greater value in that information on the provider side can be newly added. Further work is now under construction for both backward and forward application of the estimation methods that has been built in the course of constructing health accounts for the years of 1998-2001. Questions on health expenditure in the Nation Health and Nutrition Survey is scheduled to be revised for more valuable information on health expenditure.

ANNEX 1: METHODOLOGY

1. Data sources:

Main sources for public expenditure:

- NATIONAL HEALTH INSURANCE STATISTICAL YEARBOOK, National Health Insurance Corporation
- MEDICAL AID STATISTICAL YEARBOOK, National Health Insurance Corporation

Main sources for private expenditure:

- ANNUAL REPORT ON THE FAMILY INCOME AND EXPENDITURE SURVEY, National Statistical Office
- NATIONAL HEALTH AND NUTRITION SURVEY, Ministry of Health and Welfare

A. General government expenditure (excluding social security) (HF.1.1)

- REVENUES & EXPENDITURES OF GOVERNMENT, Ministry of Health and Welfare, Ministry of Home Affairs, and National Police Agency
- UNPUBLISHED DATA, Ministry of Justice, Ministry of National Defense, and Patriots & Veterans Agency
- NATIONAL HEALTH INSURANCE STATISTICAL YEARBOOK, National Health Insurance Corporation (2000 and after)
- MEDICAL INSURANCE STATISTICAL YEARBOOK, National Federation of Medical Insurance (1999 and before)
- MEDICAL AID STATISTICAL YEARBOOK, National Health Insurance Corporation
- NATIONAL ACCOUNTS, The Bank of Korea
- REVENUES & EXPENDITURES OF LOCAL GOVERNMENT, Seoul Metropolitan City
- HANDBOOK OF PUBLIC MEDICAL INSTITUTES, Association of Public Medical Institutes

B. Social Security expenditure (HF.1.2)

- NATIONAL HEALTH INSURANCE STATISTICAL YEARBOOK, National Health Insurance Corporation (2000 and after)
- MEDICAL INSURANCE STATISTICAL YEARBOOK, National Federation of Medical Insurance (1999 and before)
- MEDICAL AID STATISTICAL YEARBOOK, National Health Insurance Corporation
- YEARBOOK OF INDUSTRIAL ACCIDENT COMPENSATION INSURANCE, Ministry of Labor
- REVENUES & EXPENDITURES OF GOVERNMENT, Ministry of Health and Welfare, Ministry of Labor
- SUBSIDY TO LOCAL GOVERNMENTS, Ministry of Health and Welfare

C. Private Insurance (HF.2.1+HF.2.2)

- UNPUBLISHED DATA, Korea Insurance Development Institute
- INSURANCE STATISTICS YEARBOOK, Insurance Supervisory Board

D. Household Out-of-pocket Expenditure (HF.2.3)

- NATIONAL HEALTH AND NUTRITION SURVEY, Ministry of Health and Welfare
- NATIONAL HEALTH INSURANCE STATISTICAL YEARBOOK, National Health Insurance Corporation (2000 and after)
- MEDICAL INSURANCE STATISTICAL YEARBOOK, National Federation of Medical Insurance (1999 and before)
- MEDICAL AID STATISTICAL YEARBOOK, National Health Insurance Corporation
- YEARBOOK OF INDUSTRIAL ACCIDENT COMPENSATION INSURANCE, Ministry of Labor
- REPORT ON THE FAMILY INCOME AND EXPENDITURE SURVEY, National Statistical Office
- REPORT ON THE FARM HOUSEHOLD ECONOMY SURVEY, National Statistical Office
- REPORT ON THE FISHERY HOUSEHOLD ECONOMY SURVEY, National Statistical Office
- ANNUAL REPORT ON THE FAMILY INCOME AND EXPENDITURE SURVEY, National Statistical Office
- STATISTICAL YEARBOOK OF AGRICULTURE, Ministry of Agriculture & Forestry
- STATISTICAL YEARBOOK OF FISHERIES, Ministry of Maritime & Fisheries

G. Non-profit institutions serving households (HF.2.4)

- NATIONAL ACCOUNTS, The Bank of Korea

H. Corporations and private employers (HF.2.5)

- SURVEY REPORT ON LABOR COST OF ENTERPRISE, Ministry of Labor
- SURVEY REPORT ON ESTABLISHMENT LABOR CONDITIONS, Ministry of Labor
- REPORT ON HEALTH SCREENING OF LABORER, Ministry of Labor

2. Differences between classification of health expenditure in national practice and the International Classification for Health Accounts:

47. As explained in the main text, there are considerable differences in the scale of total health expenditure between the previous work undertaken by KIHASA and the new project. In the former case, out-of-pocket expenditure including pharmaceutical expenditure was estimated from both urban and rural household surveys. However, household surveys are performed for general economic purposes, and thus, with very limited survey questions concerning items of health care and with no distinction made for items according to health care providers. Another deficiency in the household survey data is that items that are not classified as pharmaceuticals by SHA criteria such as oriental tonic herbs, deer antlers and ginseng for a healthy body are included under the title “drugs” of the “household survey” and cannot be separated. In our new project, thus, these household survey data were supplemented in the estimation of out-of-pocket expenditure by data from the Health and Nutrition Survey, which has been periodically performed through interviews with about 40 000 persons sampled from all over the country. This survey includes quite a lot of items on medical use, such as disease names, health care providers, number of visits, paid out-of-pocket payments, etc.

48. The OECD SHA manual classifies oriental (traditional) medicine clinics as HP.3.3. “Offices of other health practitioners”, which comprises establishments of independent health practitioners (other than physicians and dentists). In Korea, however, oriental medical services and herbal medicine play a far greater role than in other countries. Students who wish to enter oriental medicine schools are required to obtain as high a grade in the entrance examination as those who enter western medical schools. Estimates in this chapter followed the manual, and thus, oriental medicine doctor’s clinics are classified as HP. 3.3 “Offices of other health practitioners”. But it is recommended that they should be classified as HP.3.1 Offices of physician and, if necessary, three-digit item such as HP.3.1.1 and HP. 3.1.2 can be prepared to distinguish the two.

3. Other methodological issues

49. Explanation for HP.5 Provision and administration of public health programmes and HP.6 General health administration and insurance in OECD SHA manual are not clear. Factors of both function and provider are mixed. “Provision and administration of public health programmes” or “General health administration and insurance” are not names for providers, but for functions.

ANNEX 2: TABLES

Table A1
Total health expenditure by financing agents

		First available year		Last available year	
		1998		2001	
		KRW billion	percent	KRW billion	percent
HF.1	General government	9,719	46.7%	17,453	54.7%
HF.1.1	General government excluding social security funds	1,887	9.1%	3,249	10.2%
HF.1.1.1	Central government	-	-	-	-
HF.1.1.2;1.1.3	Provincial/local government	-	-	-	-
HF.1.2	Social security funds	7,831	37.6%	14,204	44.6%
HF.2	Private sector	11,086	53.3%	14,427	45.3%
HF.2.1	Private social insurance	552	2.7%	715	2.2%
HF.2.2	Private insurance enterprises (other than social insurance)	-	-	-	-
HF.2.3	Private household out-of-pocket expenditure	9,418	45.3%	11,798	37.0%
HF.2.4	Non-profit institutions serving households (other than social insurance)	109	0.5%	136	0.4%
HF.2.5	Corporations (other than health insurance)	1,007	4.8%	1,778	5.6%
HF.3	Rest of the world	-	-	-	-
	Total health expenditure	20,805	100.0%	31,880	100.0%

Table A2

Total health expenditure by function of care

Note: Four standard tables are to be presented and numbered in the same way in each country chapter. This table cannot be presented due to lack of separation of long-term care (HC.3) and curative-rehabilitative expenditure in the Korean National Health accounts.

Table A3
Current health expenditure by mode of production

		First available year		Last available year	
		1998		2001	
		KRW billion	percent	KRW billion	percent
	<i>Inpatient care</i>	5,916	30.0%	7,123	23.7%
HC.1.1;2.1	Curative & rehabilitative care	-	-	-	-
HC.3.1	Long-term nursing care	-	-	-	-
	<i>Services of day-care</i>	-	-	-	-
HC.1.2;2.2	Day cases of curative & rehabilitative care	-	-	-	-
HC.3.2	Day cases of long-term nursing care	-	-	-	-
	<i>Outpatient care</i>	7,194	36.5%	12,770	42.4%
HC.1.3;2.3	Outpatient curative & rehabilitative care	7,194	36.5%	12,770	42.4%
HC.1.3.1	Basic medical and diagnostic services	-	-	-	-
HC.1.3.2	Outpatient dental care	-	-	-	-
HC.1.3.3	All other specialised health care	-	-	-	-
HC.1.3.9;2.3	All other outpatient curative care	-	-	-	-
	<i>Home care</i>	-	-	-	-
HC.1.4;2.4	Home care (curative & rehabilitative)	-	-	-	-
HC.3.3	Home care (long term nursing care)	-	-	-	-
HC.4	<i>Ancillary services to health care</i>	-	-	-	-
HC.5	<i>Medical goods dispensed to outpatients</i>	4,869	24.7%	8,419	28.0%
HC.5.1	Pharmaceuticals and other medical non-durables	4,398	22.3%	7,637	25.4%
HC.5.2	Therapeutic appliances and other medical durables	471	2.4%	782	2.6%
	Total expenditure on personal health care	17,800	91.2%	28,311	94.0%
HC.6	<i>Prevention and public health services</i>	397	2.0%	440	1.5%
HC.7	<i>Health administration and health insurance</i>	1,334	6.8%	1,352	4.5%
	Total current expenditure on health care	19,711	100.0%	30,104	100.0%

Table A4
Current health expenditure by provider

		First available year		Last available year	
		1998		2001	
		KRW billion	percent	KRW billion	percent
HP.1	Hospitals	8,401	42.6%	9,045	30.0%
HP.2	Nursing and residential care facilities	-	-	-	-
HP.3	Providers of ambulatory health care	7,256	36.8%	12,095	40.2%
HP.3.1	Offices of physicians	4,694	23.8%	7,435	24.7%
HP.3.2	Offices of dentists	1,552	7.9%	2,862	9.5%
HP.3.3-3.9	All other providers of ambulatory health care	1,010	5.1%	1,798	6.0%
HP.4	Retail sale and other providers of medical goods	2,012	10.2%	6,614	22.0%
HP.5	Provision and administration of public health	169	0.9%	432	1.1%
HP.6	General health administration and insurance	1,548	7.9%	1,352	4.8%
HP.6.1	Government administration of health	620	3.1%	641	2.1%
HP.6.2	Social security funds	928	4.7%	711	2.7%
HP.6.3;6.4	Other social insurance	-	-	-	-
HP.7	Other industries (rest of the economy)	325	1.6%	566	1.9%
HP.7.1	Occupational health care services	215	1.1%	429	1.4%
HP.7.2	Private households as providers of home care	-	-	-	-
HP.7.9	All other secondary producers of health care	109	0.6%	136	0.5%
HP.9	Rest of the world	-	-	-	-
	Total current expenditure on health care	19,711	100.0%	30,104	100.0%

ANNEX 3: KOREA 2001 SHA TABLES

SHA Table 2.1 Current expenditure on health by function of care and provider industry (KRW, billions)

Health care by function ICHA-HC code	Total current health expenditure																							
	HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.2	HP.3.3	HP.3.3	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3, 6.4	HP.7	HP.9	
	Hospitals	Nursing and residential facilities	Providers of ambulatory care	Offices of physicians	Offices of dentists	Offices of other health practitioners	Out-patient care centres	Medical and diagnostic laboratories	Providers of home health care services	All other providers of ambulatory health care	Retail sale of medical goods	Dispensing chemists	All other sales of medical goods	Providers of public health programmes	General health admin. and insurance	Government admn. of health	Social security funds	Private insurance	All other industries	Rest of the world				
<i>In-patient care</i>	6,156	-	929	925	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37	-	
Curative and rehabilitative care																								
Long-term nursing care																								
<i>Services of day-care</i>																								
Curative and rehabilitative care																								
Long-term nursing care																								
<i>Out-patient care</i>	2,443	-	9,806	6,306	2,824	529	147	-	-	-	-	-	-	-	-	-	-	-	-	-	-	520	-	
Basic medical and diagnostic services																								
Out-patient dental care																								
All other specialised health care																								
All other out-patient care																								
<i>Home care</i>																								
Curative and rehabilitative care																								
Long-term nursing care																								
<i>Ancillary services</i>																								
Medical goods	445	-	1,360	203	38	1,114	5	-	-	-	-	-	-	6,614	5,832	782	-	-	-	-	-	-	-	
Pharmaceuticals / non-durables	445	-	1,360	203	38	1,114	5	-	-	-	-	-	-	5,832	5,832	782	-	-	-	-	-	-	-	
Therapeutic appliances														782	782	782	-	-	-	-	-	-	-	-
Total expenditure on personal health care	9,045	-	12,095	7,435	2,862	1,644	155	-	-	-	-	-	-	6,614	5,832	782	-	-	-	-	-	557	-	
Prevention and public health services																								
Health administration and health insurance																								
Total current health expenditure	9,045	-	12,095	7,435	2,862	1,644	155	-	-	-	-	-	-	6,614	5,832	782	335	1,449	641	808	-	566	-	

SHA Table 2.2 Current expenditure on health by function of care and provider industry (% of expenditure on functional categories)

Health care by function ICHA-HC code	Total current health expenditure																					
	HP.1 Hospitals	HP.2 Nursing and residential facilities	HP.3 Providers of ambulatory care	HP.3.1 Offices of physicians	HP.3.2 Offices of dentists	HP.3.3 Offices of other health practitioners	HP.3.4 Out-patient care centres	HP.3.5 Medical and diagnostic laboratories	HP.3.6 Providers of home health care services	HP.3.9 All other providers of ambulatory health care	HP.4 Retail sale of medical goods	HP.4.1 Dispensing chemists	HP.4.2-4.9 All other sales of medical goods	HP.5 Providers of public health programmes	HP.6 General health admin. and insurance	HP.6.1 Government admin. of health	HP.6.2 Social security funds	HP.6.3, 6.4 Private insurance	HP.7 All other industries	HP.9 Rest of the world		
<i>In-patient care</i>	86.4	-	13.0	13.0	-	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Services of day-care</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Out-patient care</i>	19.1	-	76.8	49.4	22.1	4.1	1.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Basic medical and diagnostic services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient dental care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other specialised health care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Home care</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Ancillary services</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical goods	5.3	-	16.2	2.4	0.5	13.2	0.1	-	-	-	78.6	69.3	9.3	-	-	-	-	-	-	-	-	-
Pharmaceuticals / non-durables	5.8	-	17.8	2.7	0.5	14.6	0.1	-	-	-	76.4	76.4	-	-	-	-	-	-	-	-	-	-
Therapeutic appliances	-	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-	-	-	-	-	-	-	-	-
Total expenditure on personal health care	31.9	-	42.7	26.3	10.1	5.8	0.5	-	-	-	23.4	20.6	2.8	-	-	-	-	-	-	-	-	-
Prevention and public health services	-	-	-	-	-	-	-	-	-	-	-	-	-	76.0	22.1	-	22.1	-	-	-	-	-
Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	47.4	52.6	-	-	-	-	-
Total current health expenditure	30.0	-	40.2	24.7	9.5	5.5	0.5	-	-	-	22.0	19.4	2.6	1.1	4.8	2.1	2.7	-	-	-	-	-

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SHA Table 2.3 Current expenditure on health by function of care and provider industry (% of provider category expenditure)

Health care by function ICHA-HC code	Total current health expenditure																			
	HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3, 6.4	HP.7	HP.9
<i>In-patient care</i>	68.1	-	7.7	12.4	-	0.1	1.8	-	-	-	-	-	-	-	-	-	-	-	6.6	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Services of day-care</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Out-patient care</i>	27.0	-	81.1	84.8	98.7	32.2	95.1	-	-	-	-	-	-	-	-	-	-	-	91.9	-
Basic medical and diagnostic services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient dental care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other specialised health care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Home care</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Ancillary services</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical goods	4.9	-	11.2	2.7	1.3	67.8	3.1	-	-	-	100.0	100.0	-	-	-	-	-	-	-	-
Pharmaceuticals / non-durables	4.9	-	11.2	2.7	1.3	67.8	3.1	-	-	-	88.2	100.0	-	-	-	-	-	-	-	-
Therapeutic appliances	-	-	-	-	-	-	-	-	-	-	11.8	-	100.0	-	-	-	-	-	-	-
Total expenditure on personal health care	100.0	-	100.0	100.0	100.0	100.0	100.0	-	-	-	100.0	100.0	100.0	-	-	-	-	-	98.5	-
Prevention and public health services	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	6.7	-	12.0	-	1.5	-
Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	93.3	100.0	88.0	-	-	-
Total current health expenditure	100.0	-	100.0	100.0	100.0	100.0	100.0	-	-	-	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-

SHA Table 3.1 Current expenditure on health by provider industry and source of funding (KRW, billions)

Health care provider category	ICHA-HP code	Total expenditure on health										
		HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3
		General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private social insurance	Other private insurance	Private household out-of-pocket payments	Non-profit organisations (other than social ins.)	Corporations (other than health insurance)	Rest of the world
Hospitals	HP.1	5,288	1,039	4,249	3,757	425	425	-	3,332	-	-	-
Nursing and residential care facilities	HP.2	-	-	-	-	-	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	6,197	468	5,729	5,898	290	290	-	5,608	-	-	-
Offices of physicians	HP.3.1	4,917	395	4,521	2,518	289	289	-	2,229	-	-	-
Offices of dentists	HP.3.2	665	22	644	2,197	-	-	-	2,197	-	-	-
Offices of other health practitioners	HP.3.3	501	33	468	1,142	1	1	-	1,142	-	-	-
Out-patient care centres	HP.3.4	114	18	96	41	-	-	-	41	-	-	-
Medical and diagnostic laboratories	HP.3.5	-	-	-	-	-	-	-	-	-	-	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	-	-	-	-	-	-	-	-	-	-	-
Retail sale and other providers of medical goods	HP.4	3,756	338	3,418	2,858	-	-	-	2,858	-	-	-
Dispensing chemists	HP.4.1	3,753	335	3,418	2,079	-	-	-	2,079	-	-	-
All other sales of medical goods	HP.4.2-4.9	3	3	-	779	-	-	-	779	-	-	-
Provision and administration of public health programmes	HP.5	432	335	97	-	-	-	-	-	-	-	-
General health administration and insurance	HP.6	1,352	641	711	-	-	-	-	-	-	-	-
Government (excluding social insurance)	HP.6.1	641	641	-	-	-	-	-	-	-	-	-
Social security funds	HP.6.2	711	-	711	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	-	-	-	-	-	-	-	-	-	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	-	-	-	566	-	-	-	-	136	429	-
Occupational health care	HP.7.1	-	-	-	429	-	-	-	-	-	429	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	-	-	-	136	-	-	-	-	136	-	-
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		17,025	2,821	14,204	13,079	715	715	-	11,798	136	429	-

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SHA Table 3.2 Current expenditure on health by provider industry and source of funding (% of provider category expenditure)

Health care provider category	ICHA-HP code	Total expenditure on health	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3
			General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private social insurance	Other private insurance	Private household out-of-pocket payments	Non-profit organisations (other than social ins.)	Corporations (other than health insurance)	Rest of the world
Hospitals	HP.1	100.0	58.5	11.5	47.0	41.5	4.7	4.7	-	36.8	-	-	-
Nursing and residential care facilities	HP.2	-	-	-	-	-	-	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	100.0	51.2	3.9	47.4	48.8	2.4	2.4	-	46.4	-	-	-
Offices of physicians	HP.3.1	100.0	66.1	5.3	60.8	33.9	3.9	3.9	-	30.0	-	-	-
Offices of dentists	HP.3.2	100.0	23.3	0.8	22.5	76.7	-	-	-	76.7	-	-	-
Offices of other health practitioners	HP.3.3	100.0	30.5	2.0	28.5	69.5	0.1	0.1	-	69.5	-	-	-
Out-patient care centres	HP.3.4	100.0	73.8	11.6	62.2	26.2	-	-	-	26.2	-	-	-
Medical and diagnostic laboratories	HP.3.5	-	-	-	-	-	-	-	-	-	-	-	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	-	-	-	-	-	-	-	-	-	-	-	-
Retail sale and other providers of medical goods	HP.4	100.0	56.8	5.1	51.7	43.2	-	-	-	43.2	-	-	-
Dispensing chemists	HP.4.1	100.0	64.3	5.7	58.6	35.7	-	-	-	35.7	-	-	-
All other sales of medical goods	HP.4.2-4.9	100.0	0.4	0.4	-	99.6	-	-	-	99.6	-	-	-
Provision and administration of public health programmes	HP.5	100.0	100.0	77.5	22.5	-	-	-	-	-	-	-	-
General health administration and insurance	HP.6	100.0	100.0	47.4	52.6	-	-	-	-	-	-	-	-
Government (excluding social insurance)	HP.6.1	100.0	100.0	100.0	-	-	-	-	-	-	-	-	-
Social security funds	HP.6.2	100.0	100.0	-	100.0	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	-	-	-	-	-	-	-	-	-	-	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	100.0	-	-	-	100.0	-	-	-	-	24.1	75.9	-
Occupational health care	HP.7.1	100.0	-	-	-	100.0	-	-	-	-	-	100.0	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	100.0	-	-	-	100.0	-	-	-	-	100.0	-	-
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		100.0	56.6	9.4	47.2	43.4	2.4	2.4	2.4	39.2	0.5	1.4	-

SHA Table 3.3 Current expenditure on health by provider industry and source of funding (% of expenditure by financing agent category)

Health care provider category	ICHA-HP code	Total expenditure on health	HF.1 - HF.2.5										HF.3
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	
			General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private social insurance	Other private insurance	Private household out-of-pocket payments	Non-profit organisations (other than social ins.)	Corporations (other than health insurance)	Rest of the world
Hospitals	HP.1	30.0	31.1	36.8	29.9	28.7	59.5	-	28.2	-	-	-	-
Nursing and residential care facilities	HP.2	-	-	-	-	-	-	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	40.2	36.4	16.6	40.3	45.1	40.5	40.5	47.5	-	-	-	-
Offices of physicians	HP.3.1	24.7	28.9	14.0	31.8	19.3	40.4	40.4	18.9	-	-	-	-
Offices of dentists	HP.3.2	9.5	3.9	0.8	4.5	16.8	-	-	18.6	-	-	-	-
Offices of other health practitioners	HP.3.3	5.5	2.9	1.2	3.3	8.7	0.1	0.1	9.7	-	-	-	-
Out-patient care centres	HP.3.4	0.5	0.7	0.6	0.7	0.3	-	-	0.3	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	-	-	-	-	-	-	-	-	-	-	-	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	-	-	-	-	-	-	-	-	-	-	-	-
Retail sale and other providers of medical goods	HP.4	22.0	22.1	12.0	24.1	21.9	-	-	24.2	-	-	-	-
Dispensing chemists	HP.4.1	19.4	22.0	11.9	24.1	15.9	-	-	17.6	-	-	-	-
All other sales of medical goods	HP.4.2-4.9	2.6	0.0	0.1	-	6.0	-	-	6.6	-	-	-	-
Provision and administration of public health programmes	HP.5	1.4	2.5	11.9	0.7	-	-	-	-	-	-	-	-
General health administration and insurance	HP.6	4.5	7.9	22.7	5.0	-	-	-	-	-	-	-	-
Government (excluding social insurance)	HP.6.1	2.1	3.8	22.7	-	-	-	-	-	-	-	-	-
Social security funds	HP.6.2	2.4	4.2	-	5.0	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	-	-	-	-	-	-	-	-	-	-	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	1.9	-	-	-	4.3	-	-	-	100.0	-	100.0	-
Occupational health care	HP.7.1	1.4	-	-	-	3.3	-	-	-	-	-	-	100.0
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	0.5	-	-	-	1.0	-	-	-	100.0	-	-	-
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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SHA Table 4.1 Current expenditure on health by function of care and source of funding (KRW, billions)

Health care function	ICHA-HC code	Total current exp.	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3
			General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private insurance schemes	Other private insurance	Private household out-of-pocket payments	Non-profit institutions (other than social insurance)	Corporations (other than health insurance)	Rest of the world
Personal health care services	HC.1-HC.4	19,892	11,029	1,444	9,585	8,863	711	711	-	7,595	136	421	-
In-patient services		7,123	4,728	807	3,921	2,395	673	673	-	1,685	37	-	-
Day care services		-	-	-	-	-	-	-	-	-	-	-	-
Out-patient services		12,770	6,301	638	5,664	6,469	38	38	-	5,911	99	421	-
Home care services		-	-	-	-	-	-	-	-	-	-	-	-
Ancillary services	HC.4	-	-	-	-	-	-	-	-	-	-	-	-
Medical goods dispensed to out-patients	HC.5	8,419	4,212	401	3,812	4,207	4	4	-	4,203	-	-	-
Pharmaceuticals and other medical non-durables	HC.5.1	7,637	4,209	398	3,812	3,428	4	4	-	3,424	-	-	-
Therapeutic appliances and other medical durables	HC.5.2	782	3	3	-	779	-	-	-	779	-	-	-
Personal health care services and goods	HC.1-HC.5	28,311	15,241	1,845	13,396	13,070	715	715	-	11,798	136	421	-
Prevention and public health services	HC.6	440	432	335	97	8	-	-	-	-	-	8	-
Health administration and health insurance	HC.7	1,352	1,352	641	711	-	-	-	-	-	-	-	-
Current expenditure on health care		30,104	17,025	2,821	14,204	13,079	715	715	-	11,798	136	429	-

SHA Table 4.2 Current expenditure on health by function of care and source of funding (% of expenditure on functional category (mode of production))

Health care function	ICHA-HC code	Total current exp.	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3
			General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private insurance schemes	Other private insurance	Private household out-of-pocket payments	Non-profit institutions (other than social insurance)	Corporations (other than health insurance)	Rest of the world
Personal health care services	HC.1-HC.4	100.0	55.4	7.3	48.2	44.6	3.6	3.6	-	38.2	0.7	2.1	-
In-patient services		100.0	66.4	11.3	55.1	33.6	9.4	9.4	-	23.7	0.5	-	-
Day care services		-	-	-	-	-	-	-	-	-	-	-	-
Out-patient services		100.0	49.3	5.0	44.4	50.7	0.3	0.3	-	46.3	0.8	3.3	-
Home care services		-	-	-	-	-	-	-	-	-	-	-	-
Ancillary services	HC.4	-	-	-	-	-	-	-	-	-	-	-	-
Medical goods dispensed to out-patients	HC.5	100.0	50.0	4.8	45.3	50.0	0.1	0.1	-	49.9	-	-	-
Pharmaceuticals and other medical non-durables	HC.5.1	100.0	55.1	5.2	49.9	44.9	0.1	0.1	-	44.8	-	-	-
Therapeutic appliances and other medical durables	HC.5.2	100.0	0.4	0.4	-	99.6	-	-	-	99.6	-	-	-
Personal health care services and goods	HC.1 -HC.5	100.0	53.8	6.5	47.3	46.2	2.5	2.5	-	41.7	0.5	1.5	-
Prevention and public health services	HC.6	100.0	98.1	76.0	22.1	1.9	-	-	-	-	-	1.9	-
Health administration and health insurance	HC.7	100.0	100.0	47.4	52.6	-	-	-	-	-	-	-	-
Current expenditure on health care		100.0	56.6	9.4	47.2	43.4	2.4	2.4	-	39.2	0.5	1.4	-

SHA Table 4.3 Current expenditure on health by function of care and source of funding (% of expenditure by financing agent category)

Health care function	ICHA-HC code	Total current exp.	HF.1										HF.3
			General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private insurance + HF.2.2	Private insurance schemes	Other private insurance	Private household out-of-pocket payments	Non-profit institutions (other than social insurance)	
			HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3	
Personal health care services	HC.1-HC.4	66.1	64.8	67.5	67.8	99.4	99.4	99.4	64.4	100.0	98.1	-	
In-patient services		23.7	27.8	27.6	18.3	94.1	94.1	94.1	14.3	27.3	-	-	
Day care services		-	-	-	-	-	-	-	-	-	-	-	
Out-patient services		42.4	37.0	39.9	49.5	5.3	5.3	5.3	50.1	72.7	98.1	-	
Home care services		-	-	-	-	-	-	-	-	-	-	-	
Ancillary services	HC.4	-	-	-	-	-	-	-	-	-	-	-	
Medical goods dispensed to out-patients	HC.5	28.0	24.7	26.8	32.2	0.6	0.6	0.6	35.6	-	-	-	
Pharmaceuticals and other medical non-durables	HC.5.1	25.4	24.7	26.8	26.2	0.6	0.6	0.6	29.0	-	-	-	
Therapeutic appliances and other medical durables	HC.5.2	2.6	0.0	-	6.0	-	-	-	6.6	-	-	-	
Personal health care services and goods	HC.1-HC.5	94.0	89.5	94.3	99.9	100.0	100.0	100.0	100.0	100.0	98.1	-	
Prevention and public health services	HC.6	1.5	2.5	0.7	0.1	-	-	-	-	-	1.9	-	
Health administration and health insurance	HC.7	4.5	7.9	5.0	-	-	-	-	-	-	-	-	
Current expenditure on health care		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	

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