

**Asia-Pacific Intergovernmental Meeting on the Third Review and Appraisal of the Madrid
International Plan of Action on Ageing
Bangkok, 12-14 September 2017**

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Country/Organization: Republic of Korea / Ministry of Health and welfare

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Good afternoon. My name is Woo Hyangjea, Director of Population Policy Division of the Korean Ministry of Health and Welfare. Today, I would like to share with you some of the elderly welfare policies of Korea.

First of all, I will talk about the current situation of population aging in Korea. Korea has been experiencing a rapid population aging. It entered an aging society in 2000 and is currently projected to enter an aged society in 2018 and a super-aged society in 2026. From these numbers, we can see that Korea's population is aging at one of the fastest rates in the world. As a result of its rapid aging, families wouldn't be able to support the elderly alone any longer, and the government is required to deal with this issue with its responsive welfare policies. Korean government's welfare policy for the elderly basically consists of income security, health security and elderly care. From now on, I will go over these three policy areas one by one.

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First, let me talk about income security scheme. Korean government established the Basic Livelihood Security Program in 2000 in order to secure a minimum level of living for its citizens. The elderly with low income receive 510K Korean Won (USD 463) per month through this Program, and the number of recipients was around 420,000 (exactly 420,731) in 2016, (6.2 percent of the entire elderly population.)

Korea also started providing the elderly with its Basic Old Age Pension in 2008, which covers around 70 % of the elderly population, that is 4.6 million, by providing 200K Korean Won (USD 182) per month.

There is another supportive scheme adopted in 1988 - National Pension, a universal basic pension that covers all Koreans who have been contributing for at least 10 years. The number of persons subscribed is 21.55 million in 2016, and those who

have been contributing for at least 20 years now receive 884K Korean Won (USD 804) per month.

With regard to health security, Korea established a universal health insurance scheme in 1988, and the government has been trying to extend its coverage for the elderly to cancer, cardiovascular diseases, etc. Ultrasound, costly anti-cancer drugs, and treatment materials as well as dentures and dental implants are now all covered by the health insurance. Moreover, the government is planning to gradually extend the coverage to all essential treatments.

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The last component for the elderly welfare is elderly care. Korean government provides care services to the elderly in poor health, and is especially focusing on strengthening its care for the elderly who live alone through the Long-Term Care Insurance Act. Its primary purpose is to relieve the burden of families for the care for their elderly members, and the resources come from the contributions of the insured in the National Health Insurance, including the contributions of the employees and the self-employed insured.

The Long-Term Care includes two types of benefits, Home Benefit and Facility Benefit. Home Benefit includes support for the elderly who live in their home with visit care, visit bathing, visit nursing, day and night care, short-term care and welfare equipment, while Facility Benefit provides support to the elderly living in a welfare medical facility to help them maintain and improve their physical and mental health. 7.6 percent of the elderly population is offered support in 2016.

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In reflecting the elderly welfare of Korea, as shown in this graph, Korea's population has dropped annually since 1960. What's particular on this graph is the low fertility (TFR under 2.1) that already appeared in 1983, and it seemed proper for the

government to respond to its low fertility issues. However, the then-government instead focused on overpopulation issue, so the Basic Plan on Low Fertility and Aging Society was implemented only in 2006. Now the birth rate is one of the important elements that the government considers in making its population policy.

Meanwhile, the government's population policy is linked to different policies in such areas as housing, education and employment, which means it's urgent to make governance based on shared goals and resources. For that purpose, the Presidential Committee on Low Fertility and Aging Society was established in 2005 consisting of 24 members including 14 ministers of the central government. The committee plans national policies and provides directions in response to population changes, while discussing and reviewing situations on low fertility and aging in the country.

Thank you for your attention.