Collaborating Centres ANNUAL REPORT

Folder eCC_00020203 is in stage Annual_Report_Due

Name of the University, Hospital, Research Institute, Academy or Ministry

National Health Insurance Service

Name of the Division, Department, Unit, Section or Area

Dept. Global Cooperation and Development

City	Wonju-si	**Reference Number**	KOR-109
Title	WHO Collaborating Centre for Health Insurance Governance and Services		
Report Year	12-2023 to 12-2024		

1. Annual report on the agreed workplan

Describe progress made on the agreed workplan. For each activity, detail (1) the actions taken, (2) the outputs delivered, as well as (3) any difficulties that may have been encountered. Three responses are expected. [maximum 200 words per activity]. Indicate, if an activity has been completed previously, has not yet started or has been placed on hold.

Activity 1

Title: Under WHO's leadership, support for the development and governance of health financing arrangements

Description: The progress towards Universal Health Coverage hinges on the technical capacity of each country to reform and redesign the health financing arrangements to improve access to quality services without financial hardship.

To support progress towards UHC, the institution will provide experiences, lessons identified, share knowledge, and conduct research upon request by WHO to support WHO's activities Member States.

This Activity will contribute to the WHO's 13th General Programme of Work and Programme - Outcome 1: Strengthened health systems in support of universal health coverage without financial hardship, including equity of access based on gender, age, income, and disability.

WHO will use the deliverables of this activity in supporting the countries in designing the health financing arrangements which protect people against financial hardship towards the achievement of SDG (SDG indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income.

Status: completed
According to the results of the preliminary meeting between the National Health Insurance Service (NHIS) and the WHO Western Pacific Regional Office (WPRO) on February 16, 2024, NHIS agreed to submit a research paper to share with WHO Collaborating Centre (CC) member countries before the end of the year. To produce the most valuable output for these countries, NHIS conducted a study titled "Lessons from the Management of Korean Long-term Care Insurance (LTCI)" in collaboration with researchers from the Health Insurance Research Institute. The study aimed to address challenges related to population aging and the rise of non-communicable diseases (NCDs) by sharing Korea's experiences with countries in Asia and the Pacific. NHIS submitted the research report to WHO in December 2024.

To briefly introduce the study, the Korean LTCI scheme aims to improve the health and stability of senior citizens during their post-retirement years, alleviate the burden on family members providing care, and enhance the overall quality of life for citizens. It achieves these objectives by providing long-term care benefits, such as assistance with physical activities and household chores, to senior citizens who face challenges in daily life due to old age or age-related illnesses.

Since its introduction in 2008, the number of LTCI beneficiaries has grown steadily, alongside a significant increase in the number of LTC institutions providing services. The number of beneficiaries increased from 214,000 (4.2% of the elderly population) in December 2008 to 1,098,000 (11.1% of the elderly population) in December 2023. Similarly, the number of LTC institutions grew from 8,318 in 2008 to 28,366 in 2023 (NHIS Statistical Yearbook).

In addition, LTC service users (guardians of beneficiaries) have reported high levels of satisfaction with the program. According to NHIS data from 2021, 91.6% of users expressed satisfaction with the services provided, 76.2% reported that beneficiaries' conditions improved after receiving care, and 87.9% stated that their financial burden was reduced.

Activity 2

Title: Assist WHO's capacity building on the development of governance of health financing arrangements
Description: The progress towards Universal Health Coverage hinges on the technical capacity of each country to reform and redesign the health financing arrangements to improve access to quality services without financial hardship.

To support progress towards UHC, the institution will contribute to WHO's activities in building capacity of countries on health financing towards UHC and social health insurance.

This Activity will contribute to the WHO's 13th General Programme of Work and Programme - Outcome 1: Strengthened health systems in support of universal health coverage without financial hardship, including equity of access based on gender, age, income, and disability.

WHO will use the deliverables of this activity in supporting the countries in designing the health financing arrangements which protect people against financial hardship towards the achievement of SDG (SDG indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income.

Status: completed
1. Background
This initiative is aligned with the designation of Department of Global Cooperation and Development, National Health Insurance Service, as a WHO Collaborating Centre for Health Insurance Governance and Services, under WHO's reference number KOR-109. It aims to fulfill related tasks by leveraging Korea's experience in achieving Universal Health Coverage (UHC).

2. Objective
The primary goal is to support the achievement of UHC, a key target within the health financing related Sustainable Development Goals (SDGs). This involves sharing Korea's successful health system practices to strengthen the health systems of partner countries.

3. Program Overview
Date: September 23-27, 2024
Venue: Hotel Naru Seoul, Republic of Korea
Participants: 80 attendees, including health officials from low- and middle income countries

4. Activities
Health Financing Programs: A program centered on NHIS's core tasks, specifically focusing on health financing. This program creates a foundation to assist participating countries in reinforcing their health financing systems.
Institutional Visits: Participants visited the Il-san Hospital, an insurer-operated hospital, as well as NHIS headquarters. These visits included tours of the Data Center and Senior Friendly Research Center, offering insights into Korea's strategies for addressing the challenges of an aging society.

5. Achievements
Support for UHC Development: Drawing from Korea's experience of achieving UHC within 12 years of introducing medical insurance in 1977, this initiative contributed to improving health systems in low- and middle-income countries.
Capacity Building: Participating countries gained knowledge and tools to enhance their health care systems, with a particular focus on sustainable health financing and preparation for demographic transitions such as aging populations.

2. Annual report on other activities requested

Should WHO have requested activities in addition to the agreed workplan, please describe related actions taken by your institution [maximum 200 words]. Please do not include in this report any activity done by your institution thatwas not requested by and agreed with WHO.

There were no other activities requested by or agreed with WHO in 2024.

3. Resources

Indicate staff time spent on the implementation of activities agreed with WHO (i.e. those mentioned in questions no. 1 and no. 2 above). Do not include any data related to other activities done by your institution without the agreement of WHO. Please indicate staff time using the number of "full-day equivalents" – a day of work comprising 8 hours (e.g. 4 hours work per day for 7 days should be recorded as 3.5 full-day equivalents).

Number of staff involved (either partially or fully)

Senior staff	Mid-career staff	Junior staff, PhD students
2	2	2

Number of full-day equivalents, total for all staff involved

Senior staff	Mid-career staff	Junior staff, PhD students
15	10	10

Implementation of the agreed workplan activities (i.e. those mentioned in questions no. 1 and no. 2 above) normally require resources beyond staff-time, such as the use of laboratory facilities, purchasing of materials, travel, etc. Please estimate the costs of these other resources as a percentage of the total costs incurred (e.g. if you incurred costs of USD 100 and the value of your staff time was USD 50 which makes the total of USD 150, please report 33.3% and 66.7%).

Percentage of costs associated with staff time	Percentage of costs associated with other resources	Total
70.00	30.00	100.00

4. Networking

Describe any interactions or collaboration with other WHO Collaborating Centres in the context of the implementation of the agreed activities If you are part of a network of WHO Collaborating Centres, please also mention the name of the network and describe your involvement in that network [maximum 200 words].

As part of WHO Collaborating Centre (CC) networking activities, the National Health Insurance Service (NHIS) participated in an international conference hosted by the National Center for Chronic and Non-Communicable Disease Control and Prevention (NCNCD), a division of the Chinese Center for Disease Control and Prevention (China CDC), on December 20, 2024. NCNCD, a WHO Collaborating Centre for Community-Based Integrated NCDs Control and Prevention, is supported by the Ministry of Foreign Affairs (MFA) and the National Health Commission (NHC) of China.

Representatives from China, Japan, Korea, and Singapore attended the conference to share their experiences and discuss solutions to address population aging and promote healthy aging in the Asian region. During the seminar, NHIS delivered a presentation on Korea's long-term care insurance (LTCI) and its impact on population health. NHIS also participated in the session entitled "Consensus on Regional Cooperation of Healthy Ageing Actions."

Two LTCI experts from NHIS, Dr. Eunjeong Han and Dr. Yumin Cho, contributed to the conference as a presenter and a panelist, respectively. This event provided an excellent opportunity to share the experiences of the four countries and gain insights for future policy directions concerning population health and aging in the Asia-Pacific region.