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9. ABSTRACT

The American Public Health Association, under a contract with the Agency for International Development, has designed a program in public health improvement which is called the Development and Evaluation of Integrated Delivery Systems (DEIDS). The activity is designed to assist countries to demonstrate how to establish health delivery systems within seven years. Such projects include, but are not limited to, Maternal and Child Health and Family Planning and Nutrition. The projects are to cover large populations in predominantly rural areas. They are to utilize in-country resources for the service component, although external assistance organized by DEIDS is available for planning, evaluation, training, and limited amounts of essential equipment. It is expected that successful health delivery systems can be subsequently replicated in the country or in the region.

These are phases through which DEIDS projects proceed:

- a) Phase I -- reconnaissance within a specific country or region, to gather information about disease patterns, health services as currently organized, local resources, cultural aspects, community involvement, the potential for integration of various parts of public health, opportunities for innovation, current and potential staffing, training, supervision, emphasis upon preventive services, outreach, cost, and evaluation
- b) Phase II -- Detailed planning. This phase begins if the survey in Phase I recommends it, and involves experts from the host country as well as experts assigned by DEIDS.
- c) Phase III -- Pilot Project Operations, which continue for as long as eight years.

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**I. Summary and Recommendations:**

**A. Summary.**

6. Korea, with a land area of 86,130 square miles, ranks about eightieth in size among countries of the world. It has a population of over 31 million people. The population is expected to stabilize at 40 million by 1985.

The government has undergone drastic changes since World War II with the withdrawal of Japanese Occupation, the Korean Conflict, the creation of South Korea, and the five-year economic plans. The Republic of Korea has now expressed interest in developing its health care system by declaring health services as one of its priorities. It has been estimated that "approximately one half of those ill do not receive any medical care and over one half of those receiving treatment, receive it from drug dispensers or traditional sources, not physicians."\*

The primary government body charged with health delivery, as it affects DEIDS, is the Ministry of Health and Social Affairs (MHSA). However, policies and personnel changes which affect the provincial level and beyond are processed through the Ministry of Home Affairs (MHA).

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\*"Universal Health Care System Needs Detailed Development" in the Korea Times, by Kit G. Johnson, May 28, 1972.

There are demonstrable multi-lateral and bilateral agencies involved in health delivery, especially in family planning programs. There have been attempts at integrating health delivery systems. W.H.O. has been a contributor in this area with their completed, 7-year Taejon Project and the year old Korea 4001 Project in Yongin. Organizations and institutions such as the Population Council, Seoul and Yonsei Universities and the Korean Institute for Family Planning have been stressing the urgency for a more encompassing health care system with the development and utilization of multi-purpose field workers in the rural areas.

There are 70,547 persons who represent health manpower in Korea, but large numbers are concentrated in the cities with poor distribution in the rural areas. The problem of manpower deployment is accentuated by migration of trained medical personnel to foreign countries. Each year twenty-five percent of the graduating medical students leave the country and over 4,000 registered nurses are now living abroad, mainly in the United States and West Germany. The government has recently mandated that all newly trained physicians be assigned to rural health posts for a 2-year period as a requirement for obtaining their final license to practice. Whether such actions will improve the health of people in the rural communities remains to be seen when there are tangential situations such as high turn-over rate of para-medical workers, inadequate salary, and the need to clarify administrative responsibilities between the national,

provincial, and myon authorities.

The budget for the Ministry of Health and Social Affairs is about 1.5% of the total Government of Korea budget.

**B. Recommendations.**

**1. Positive Factors:**

a. There is recognition in the public as well as private sectors that there is a need to redesign health and family planning services. Experiments with integrated health services have been implemented by multi-purpose workers in at least one locality since 1967.

b. Local manpower resources are available to be redirected and retrained as multi-purpose health workers.

c. The development in health and family planning services, especially in rural communities, seems closely related to the country's total economic development and with the "new village movement."

d. Key individuals in the MHSa have expressed interest in a DEIDS project.

e. A step toward integration in the Ministry of Health and Social Affairs is the 1972 reorganization of the Ministry which placed family planning, maternal and child health and nutrition in one bureau.

f. The current review of administrative and management of family planning service in the Ministry is evidence of constructive

interest in examining its current functions in health delivery (contract MSH/AID/MHSA).

g. Korea's stable government, the improving economy, good communication network, and accessible transportation are seen as positive factors in the capacity to integrate health delivery service to the rural areas.

h. Strong academic support is available from Seoul National University, Yonsei University and others.

In addition, consultative support for diverse subjects could be made available by the University of Hawaii Research Corporation, Medical School, School of Public Health and the East-West Center.

i. There is potential support from voluntary and international agencies such as PPFK, SIDA, Population Council, UNDP.

j. There is an unquestioned need for a stimulus to move Korea upward from the present plateau in family planning.

k. Mr. Michael H. B. Adler, Director of AID, has expressed strong for a DEIDS project in Korea.

## 2. Negative Factors:

a. There is little evidence that the Ministry of Health and Social Affairs has taken steps to support the experimental, integrated health delivery services which have been and are in existence.

b. There are some doubts that the MHSA will be able to re-allocate central staff energies to actively support a DEIDS project.

c. Training programs for multi-purpose workers are available but would require strengthening.

d. The Korean national leadership and government's priorities for health and family planning are not known.

e. There seem to be administrative and organizational constraints which might prevent full development and functioning of a DEIDS project such as: lack of counterpart personnel's time and energy in MHSA; lack of evidence that supportive, procedural steps would be taken in matters such as simplification of record keeping, allocation of manpower and money, and flexibility.

f. There is a lack of an organized personnel system which includes opportunities for career development in the health professions.

### 3. Other Considerations:

a. Positive assurances from the MHSA of support through allocation of funds and manpower to make DEIDS project a Korean activity rather than an APHA or AID activity.

b. Assurances from MHSA of appropriate clearances from Korean Ministries such as Economic Development and Science and Technologies.

c. Assurances of support from the Ministry of Home Affairs and an appropriate Provincial Governor and Health Officer for a DEIDS project to function in that Province which is identified as the project site.

## II. General

### A. Geography, climates, ecological and environmental conditions.

Korea occupies the southern portion of a peninsula which projects from the northeast rim of the Asian mainland between the Yellow Sea and the Sea of Japan. It has held a strategic position in the rivalries of various foreign powers.

The Korean peninsula thrusts from the northeast Asian mainland to within 120 miles of the principal Japanese islands of Honshu and Kyushu on the southeast. North Korea borders a section of the northeastern provinces of People's Republic of China over a distance of about 500 miles and borders the Soviet Union for about 11 miles some 75 miles south of Vladivostok. Elongated and irregular in shape, the Korean peninsula separates the Sea of Japan from the Yellow Sea. The peninsula has a north-south extent of about 600 miles and occupies latitudes ( $43^{\circ}$  to  $33^{\circ}$ ) comparable to those from New England to South Carolina. It is broadest at its northern border and narrowest (about 135 miles) in its center where the Demarcation Line divides it into North Korea (The Democratic People's Republic of Korea) and the Republic of Korea. As a result of the armistice agreement, about 45 percent of the original Korean territory, or 86,130 square miles has been included as the Republic of Korea.

The Korean peninsula is rugged and mountainous, although only one peak, Paektu Mountain in the extreme north, exceeds 9,000 feet

in elevation. About 15 percent of the land may be considered plains which are coastal, small in area, and isolated from one another. The southern, western and eastern halves of the peninsula contain much more level land than the northern half.

There are five major topographic regions in the Republic of Korea. These are the Central Region, the Eastern Littoral, the Southern Mountain and Valley Region, the Naktong River Basin and the Southern Littoral.

The Central Region is an upraised area sloping westward from the T'aebeck Range, parallel to and a short distance from the Sea of Japan. The eastern part of this region is rugged and scenically spectacular, with steep slopes and swift flowing streams. Closer to the west coast the topography is more subdued, being less mountainous and more hilly, and the rivers have built fairly extensive alluvial plains.

The Eastern Littoral is an elongated strip of steep foothills about 20 to 25 miles wide along the eastern flank of the T'aebeck Range. Short streams flowing in narrow, steep valleys have formed a succession of tiny plains at their mouths, separated from one another by extensions of the hills to the coast.

The Southern Mountain and Valley region is relatively small consisting primarily of the Sobeck Mountains extending southwestward from the southern end of the T'aebeck Mountains. The Sobeck Mountains separate into a series of parallel ridges and valleys, which

extend to a complex of coastal indentations and offshore islands at the southwestern tip of Korea (southern Littoral Region). The mountains act as a barrier between the lowlands of the west coast and lowlands of the southeast.

The Naktong River Basin in southeast Korea is a complex of structural basins and river flooded plains separated from one another by low hills. The Naktong River forms an extensive delta where it reaches the sea a few miles west of Pusan, Korea's major port.

The Southern Littoral, where the various arms of the Sobeck Mountains reach the sea, a number of small structural basins are to be found. Offshore the basins contain deep water and create an extremely intricate coastline of extensive highly irregular peninsulas flanked by abruptly rising islands.

In summary, most of the Republic of Korea is hilly and mountainous, although not of high elevation. The most extensive areas of relatively level land are along the western coast and in the Naktong Basin, these two areas being separated by the Sobeck Mountains. With few exceptions the coasts are mountainous with a low tidal range on the east, or very complex with a moderate tidal range in the south, or moderately complex with a high tidal range in the west.

The climate of the Republic of Korea, like that of eastern Asia, primarily results from the Asiatic monsoon. Korea lies in the path of cold, dry air moving outward in the winter from the central Asiatic high pressure area centered over Lake Baikal. In the summer the

reverse flow takes place, and warm, moist air moves inland to a low-pressure area in central Asia.

The Republic of Korea has a warm summer and a cool-to-cold winter. While summer temperatures are everywhere relatively the same, winter temperatures decrease from south to north and from coast to inland. The frost-free period - an important measure of agricultural potential - varies from about 175 days near the Demarcation Line to 220 days in the extreme South.

#### B. Administration and Politics - Policies & Laws.

Korea was a kingdom until the 20th century. It was often under foreign domination and it was annexed by Japan from 1910-1945. Following the Japanese surrender, it was partitioned in 1945 into north (under Soviet control) and south (United States control). Soviet authorities considered the division permanent. In 1948, military occupation, question of trusteeship, and the debates in the United Nations eventuated in the formation of the Republic of Korea which was designated as the Korean peninsula south of the 38th parallel. After the Korean conflict (1950-1953) the Demarcation Line remained essentially the same. In 1961, a democratic republic with actual power was centralized in the Office of the President who is, at present, Park Chung Hee. The power of the president was further strengthened by the "October Revitalizing Reforms" which was declared in October 1972 by President Park. It won the national referendum in November 1972.

Though the Korean government is divided into three branches: Executive, Legislative, and Judicial, the President exercises power over the Executive Branch. This is in accord with the new Constitution which was proposed by President Park Chung Hee in emergency declaration of October 1972 and enacted in November 1972. The President may act, if necessary, as the arbiter among the three branches of government. He can also take emergency measures with regard to all State affairs in time of national emergency.

The President is elected for a six-year term by 2,000-5,000 electors, rather than by direct popular vote. The electoral body, named the National Conference for Unification, is elected by universal and secret vote. The President presides over the Conference on matters related to national unification. One-third of the Unicameral National Assembly, in which legislative power is vested, is appointed by the Conference upon the recommendation of a slate of candidates presented by the President.

The State Council (Cabinet), chaired by the President, is the nucleus of the Executive Branch of the government. The Council is empowered to make decisions and implement government policies. Its membership is not less than 15 but not more than 25 members, including ministers of executive ministries and those without portfolio. There are currently 17 executive ministries. In addition to the State Council, there are agencies and councils under the direct control of the President which formulate and carry out national policies. They

include the National Security Council, the Economic and Scientific Council, the Board of Audit and Inspection, Central Intelligence Agency and others.

The country is divided into two special cities (Seoul and Pusan) and nine provinces for administrative purposes. The provinces are further divided into 193 gun (county), 30 si (city), 91 eup or myon (township), and 1,376 ri or dong (village). The provincial governors and mayors of special cities are appointed.

The Constitution also provides for a unicameral National Assembly which is vested with legislative power. Two-third of the members are popularly elected representatives with 6-year terms. One-third of this number is recommended for 3-year terms by the President and approved by the National Council for Unification. This legislative body has restricted but still substantial independent powers distinct from those of the executive.

The highest court in the judicial branch is the Supreme Court consisting of a Chief Justice and 12 other judges. The Chief Justice is appointed for a 6-year term by the President with the consent of the National Assembly. In addition, there are appellate courts (3), District Courts, Family Court and Courts-Martial.

#### C. Demographic and Statistical Data.

According to a mid-1972 estimate the population of the Republic of Korea is 33.7 million with a growth rate of about 2 percent annually. There are approximately 820 persons per square

mile, which ranks with Japan and the Republic of China (Taiwan) in population density. The largest city in the ROK is its capital, Seoul with a population over 5.5 million (according to the 1970 census).

The Korean population has been essentially homogeneous, with only 30,364 non-Koreans, or less than 0.1 percent of the total, reported in the 1970 census. Although there were nearly one million Japanese in Korea, practically all were repatriated after the conclusion of World War II.

There has always been greater concentration of the population in the more fertile lowlands, especially on the western and southern coastal plains and on the narrow strips of land along the streams. The largest province, North Kyongsang Province, is the most heavily populated with nearly 15 percent of the national population, but the other southern and western provinces are also heavily populated. (See Table 2.) The population is almost evenly divided between the sexes, with slightly more males than females. Though in of Seoul and a few other provinces there are more females than males. For example, in Cheju province, the island province off the mainland, there is a serious disproportion, with about 9 percent more females than males.

The population includes a high proportion of young persons. In 1966, persons under 20 years of age made up 53 percent of the total; those between 21 and 40 years of age made up an additional 28 percent,

and those over 40 constituted the remainder. The cities have a slightly higher proportion of people in the working age group of 20 to 40 and somewhat fewer numbers among the young and the old.

The growth of population in the Republic of Korea while rapid, has proceeded at an erratic rate (see Table below). Prior to 1944, growth rates for all of Korea ranged around 1.5 percent per year. The low rate is explained by relatively high mortality rates and much emigration toward Manchuria and Japan during the Japanese occupation. With the conclusion of World War II there was an

Population Increase in the Republic of Korea 1944-1970

<u>Census Year</u>	<u>Population</u>
1944	15,879,110
1949	20,188,641
1955	21,526,374
1960	24,989,241
1966	29,207,856
1970	31,469,132

Source: Adapted from Bank of Korea, Economic Statistics Yearbook, 1968, p. 6.

extensive repatriation of Koreans living abroad, as well as of Japanese living in Korea. At the same time there occurred a considerable influx of refugees from the north. Most of the explosive growth in the Republic of Korea between 1944 and 1949 is attributable to migrations of peoples. There has been a tremendous increase in urban population. In 1949 the city inhabitants occupied less than 20% of the total population. In 1970, they occupied more than 40%

of the total population. Seoul City alone has about 20% of the nation's population. Between 1966-1970, there has been a steady decrease of the rural population. Current national growth rates are estimated at about 2 percent per year. During the period 1949-1955, perhaps 1,000,000 casualties resulted from the Korean conflict, a loss which was largely offset by the number of refugees moving south. The more peaceful conditions prevailing since 1955 have resulted in a rapid increase in population. With growth rates approximately 2.8 percent per year prevailing in the mid-1960s, projections of the Republic's 1980 population have ranged upward from the 40 million level. Such growth in population indicates that any increase in industrial or agricultural productivity is immediately absorbed and contributes little toward raising the standard of living or reducing unemployment. An abrupt reversal of the rising rate of natural increase appears to have taken place during 1960s as a result of intensive and extensive programs to limit the number of children born as well as other factors such as the rising age of marriage and practice of induced abortions.

#### D. Economics

The Republic of Korea's economy may be generally characterized as a mixed economic system involving government and private enterprises. Agriculture dominates the economy. However, in recent years, significant structural changes have occurred as a result of comparatively rapid development in manufacturing, mining, transportation and electric power.

In addition, the relative importance of private enterprise has been enhanced by a strong government policy of favoring private development.

The economy of the Republic of Korea was adversely affected by the partition of the peninsula into North Korea and the Republic of Korea with the consequent interruption of trade between the two areas. Moreover, the Korean conflict and subsequent tense relations with the North have required that the Republic of Korea maintain a large armed forces which imposes a heavy burden on the economy.

Economic progress in recent years has been substantial. The average annual rate of growth of the gross national product from 1962 to 1971 was over 10 percent. Exports increased from \$41 million in 1961 to over \$1 billion in 1971. Few countries of the world have experienced such growth rate. Among the factors responsible for this rapid economic growth were political stability, stabilization of prices, large inflow of foreign capital and the availability of large export markets, with the exception of agricultural productions which often depend on weather conditions.

Notwithstanding this remarkable economic progress, per capita income is still relatively low. It was \$210 in 1971. Although it almost doubled during the past five years, the high rate of population increase holds down the growth in per capita income levels. The 1968 level was about \$139. Indications of a reduction in the rate of population increase during the 1960s give encouragement that per capita income may rise more rapidly in the future. This is assuming that the

high growth rate in gross national product continues.

Family planning programs have been encouraging 2 children for each family regardless of the sex of the children. However, the traditional preference for male children has forced couples to have children until a male child is added to the family.

#### E. Educational level and distribution.

Since the latter part of the 19th century, the goals, methods, and content of Korean education have been undergoing changes as a result of the introduction of educational systems from outside the country. All systems whether introduced by the Christian missionaries, the Japanese, or the Americans, have militated in whole or in part against the traditional educational pattern based on Confucianism.

Under the influence of Confucianism, rote memorization of Confucian ethics and the ability to write Chinese characters were stressed. The educational goal was to develop a small class of learned men who were able to find the proper ethical form and apply it to a specific social problem. It was from this group that the wise men and rulers of the country would be drawn. Little value was placed on critical examination which forms the basis of Western scientific, philosophical, or political thinking.

Immediately after World War II, under the aegis of the allied military government, the educational system of the Republic of Korea was radically transformed. The new system, modeled on United States lines, was established by the Education Law of 1949 which has as its guiding principle, Hong-Ik-In-Gan, philanthropic ideals, or the idea

of the individual giving the greatest service to humanity. The Constitution also provided that, although fundamental matters of education policy would be determined by law, the freedom and political neutrality of education would be guaranteed.

Overall direction of education was vested in the Ministry of Education, which also was responsible for the administration of such institutions as the National Science Center, the National Library, the National Museum, and the National Academies of Science and Arts. State educational institutions were of two types, national and public. The national system, which in 1967 comprised 12 national universities and colleges, 14 junior teachers' training colleges, and four vocational schools and colleges, was administered by a National Educational Institutions department within the Ministry and was supported out of the Ministry's budget.

The system of public schools, comprising some 5,400 primary, 1,000 secondary schools, 25 vocational schools, 18 vocational and technical junior colleges and two colleges, was administered by the City and Provincial Board of Education which is a department in the Ministry of Education. The Board supervised the activities of its 169 counterpart boards which operated at the city, county, and provincial levels, and which directly administered the public elementary schools.

The constitutional requirement of compulsory and free elementary education was virtually achieved by 1967 when 96.7 percent of the school-age population was enrolled. The number of elementary schools

(grades one to six) nearly doubled since 1945, while the number of pupils increased fourfold, reaching 5,377,232.

The curriculum in the elementary schools is generally similar to that of comparable United States institutions. The Korean language, arithmetic, social studies, natural science, music, art, health education, and ethics are taught in grades one to six in all elementary schools and are supplemented by a program of community centered activities. Simple vocational training - gardening, home-making, and working with tools - is introduced in the fourth, fifth and sixth grades. In accordance with the constitutional provisions for compulsory and free education, the central government meets the bulk of elementary education cost either directly or through subsidy of the local district.

Secondary education in Korea consists of middle schools (grades 10 to 12). Attendance at school is not compulsory beyond the sixth grade, and entrance to the seventh grade has been regulated by the administration of stiff competitive examinations.

Middle school is a bridge between elementary and high school, a status that is reflected in its objectives and curriculum. The middle school attempts to develop work habits needed for success later on in high school; to help students acquire the social, emotional, physical and intellectual maturity necessary to function as responsible citizens; to help them make intelligent choices regarding their future; and to teach basic skills common to all occupations. The basic

subjects taught include the Korean language, social studies, mathematics, natural science, physical education, music, fine arts, a foreign language, and vocational training, or, for girls only, home economics. While foreign language is an elective, almost all students begin to study English in the first year of middle school.

High school is primarily oriented toward the development of the abilities, attitudes, and skills required as a useful, responsible member of society. In 1967 there were 782 high schools in the Republic, of which slightly over half were academic and the rest vocational.

In the academic high schools the curriculum reflects the intention of most students to sit for college entrance examinations. Traditionally, the curriculum has been focused rather directly on preparation for the examination. The prestige of an institution was measured by the number of graduating students. Now, although the college preparatory function is still important, increased emphasis is placed on a well-rounded curriculum with a variety of courses.

TABLE 2

**Population of the Republic of Korea  
by Major Political Subdivisions, 1970**

	<u>Population</u>
City of Seoul .....	5,536,377
City of Pusan .....	1,880,710
Kyonggi Province .....	3,358,105
Kangwon Province .....	1,866,928
North Ch'ungch'ong Province .....	1,481,566
South Ch'ungch'ong Province .....	2,860,690
North Cholla Province .....	2,434,522
South Cholla Province .....	4,004,735
North Kyongsang Province .....	4,559,584
South Kyongsang Province .....	3,119,393
Cheju Province .....	<u>365,522</u>
Total .....	<u><u>31,469,132</u></u>

**Source:** Adapted from Republic of Korea, Economic Planning Board, Bureau of Research and Statistics, Preliminary Population Count of the Simplified Census, 1966, pp. 8, 9.

TABLE 3

**Percentage Breakdown of the Gross National Product  
in the Republic of Korea, 1971**

<u>Sector of product origin</u>	<u>Percent of gross national product 1971</u>
Agriculture, forestry, and fisheries.....	29.1
Manufacturing .....	21.1
Wholesale and retail trade .....	16.6
Services .....	9.2
Public administration and defense .....	5.5
Transportation, storage, and communication	5.9
Construction .....	5.1
Ownership of dwellings .....	2.4
Rest of the world .....	-0.1
Mining and quarrying .....	1.1
Electricity, water, and sanitary services	1.7
Banking, insurance, and real estate .....	2.4
Total .....	<u>100.0</u>

Source: Adapted from Republic of Korea Government sources.

**F. Religions, Cultures, and Ethnic Groups, including Health Beliefs and Systems.**

Koreans are composed of a homogeneous race, independent of their neighbors. They speak, understand, and write the same language. The Korean grammar, like Japanese, employs the subject-object-verb sentence structure. The language has its phonetic system, called Hangeul. The people are proud of their 5,000-year written history.

Because of its geographical location and environment, Korea has been culturally influenced by neighboring countries in the past and by western countries in the present. While accepting these foreign elements, they have maintained and created their unique culture. During the Sila Dynasty, the Koreans were strongly influenced by Buddhism. In turn, the Koreans profoundly influenced the Japanese culture. In Kyongsu, the capital city of Sila Dynasty, there still stands the world's oldest observatory which was built in the 7th century. Koreans are also credited in using the first metal types in the world (1234). The most well-known Korean art form may be the ceramic works of Koryo Dynasty (718-1392) and Yi Dynasty (1392-1910).

With the end of Japanese occupation (1945) and conclusion of the Korean conflict (1950-53), there began a new movement of rediscovering national cultures. The government began to encourage vigorously the cultivation of drama and dance, literature, art,

sculpture, architecture and music. In all fields, one will find works ranging from old traditional to new western forms. At present, there are 6 national museums, 17 university museums, 18 art galleries and 2,583 libraries. Two western style symphony orchestras perform regularly in Seoul. The National Institute of Classical Music is equipped with a traditional court music orchestra.

All citizens enjoy the freedom to chose his religion. There is no national religion. In ancient Korea, ancestral worship was developed and although this custom is still prevalent, the major religions today are Buddhism, Confucianism, Christianity, and Chondo-gyo.

Buddhism was first introduced into Korea in the 4th century. It has influenced the spiritual life of the Koreans and contributed to the development of the Korean culture. There are 16 denominations of Buddhism with followers estimated at 7 million. There are 3,700 temples.

Confucianism was adopted by the Yi Dynasty (1392-1910), which resulted in suppression of Buddhism. It still plays a dominant role, though rapidly diminishing, in family activities and rituals. It claims over 4 million followers.

Catholicism and Protestantism were introduced in Korea at the end of the 18th and 19th centuries, respectively. There are about 800,000 Catholics and over 3 million Protestants of various denominations.

Chondo-Gyo is the newest and most influential Korean religion, founded in the mid-nineteenth century. Its teaching emphasizes self-lessness and service to God and mankind. There are some 600,000 followers.

The old belief of evil-causing-disease has largely disappeared in the populace. Accordingly, only a small proportion of people, probably from desperation in the terminal stage of illness, rely on Shamanism for cure. On the other hand, a substantial proportion of people consume oriental herb medicine for cures. There are two herb medical schools and the herb doctors rank legally with western physicians.

### III. Health Administration & Population Responsibilities and Related Government Activities

#### A. Official.

Essentially all official activities of health care and population programs are planned and directed by the Ministry of Health and Social Affairs (MHSA). Implementation of programs is accomplished by a health center network which is administratively under local governments. These local governments are, in turn, controlled by the Ministry of Home Affairs (see Figure 1, 2, 3 and 4).

##### 1. Ministry of Health and Social Affairs (MHSA) (Figure 2).

There are five bureaus directly related to health services. The Bureau of Public Health is primarily concerned with control of various diseases such as acute communicable diseases, tuberculosis, leprosy and parasites, quarantine activities and health education. Korea has already successfully eradicated typhus, relapsing fever and smallpox. All of these diseases were rampant until two decades ago. Major campaigns today are against cholera, typhoid fever and Japanese B encephalitis.

# ORGANIZATION OF ROK GOVERNMENT

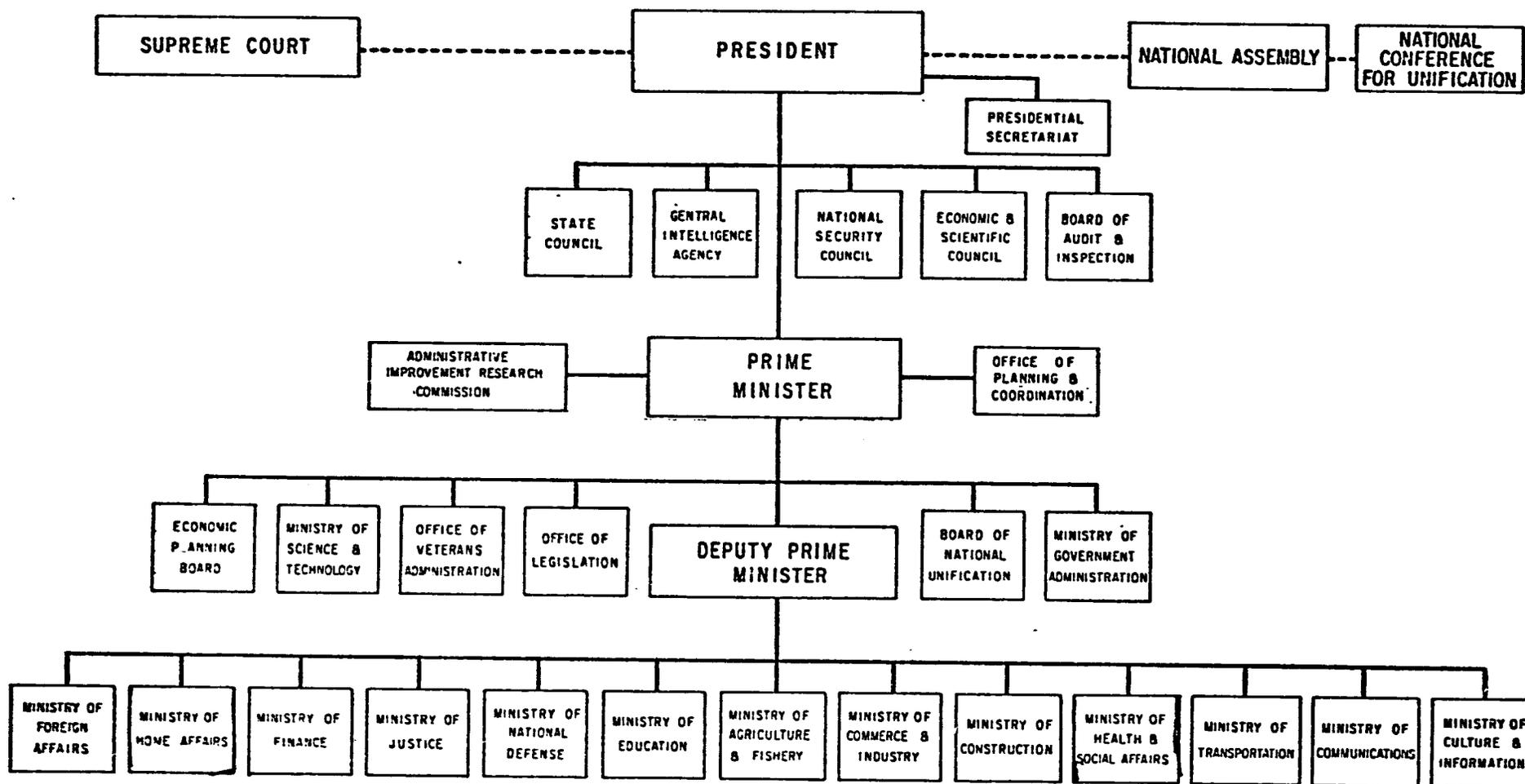


Figure 1.

Jan. 1973

# MINISTRY OF HEALTH AND SOCIAL AFFAIRS REPUBLIC OF KOREA

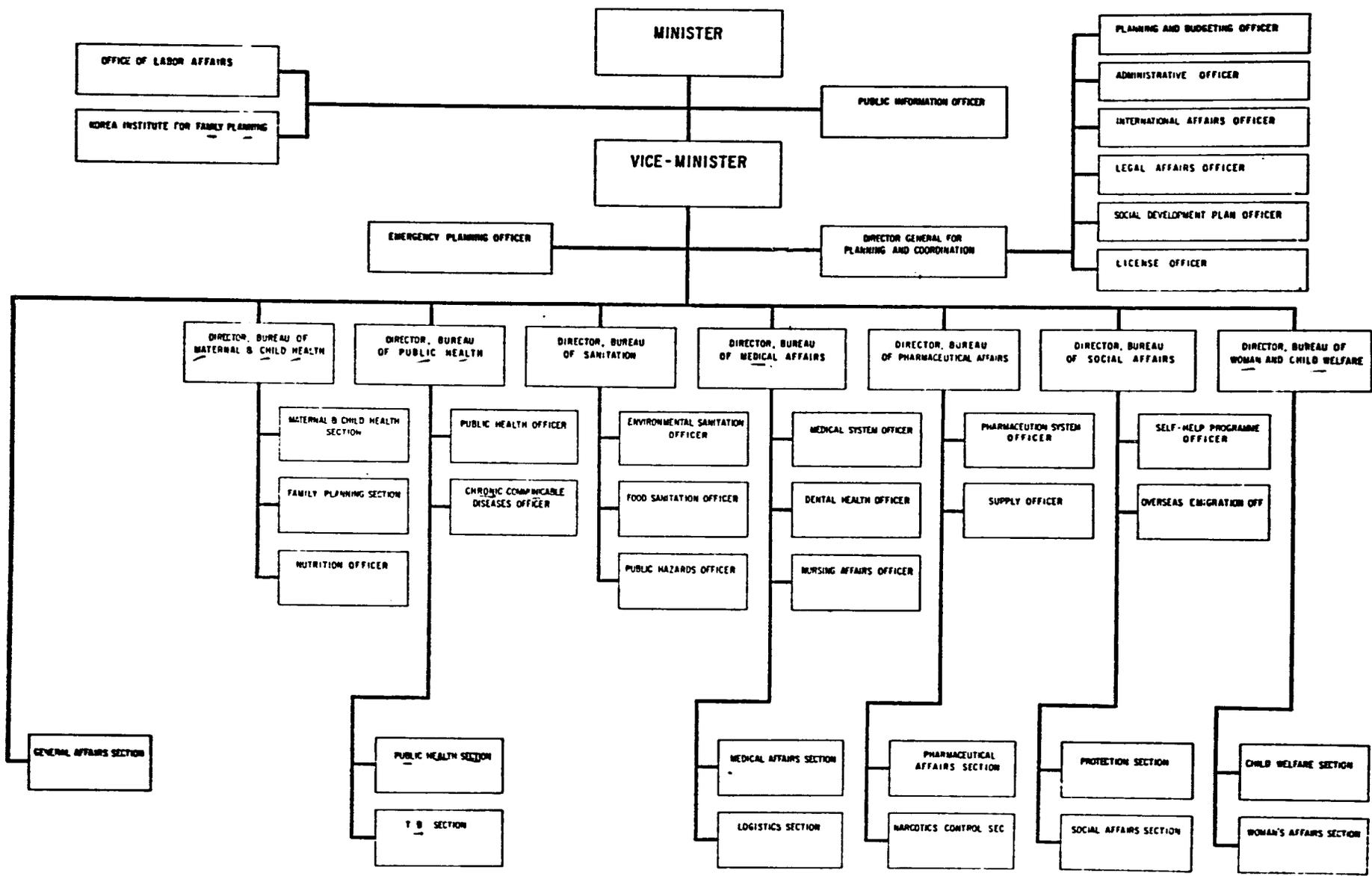
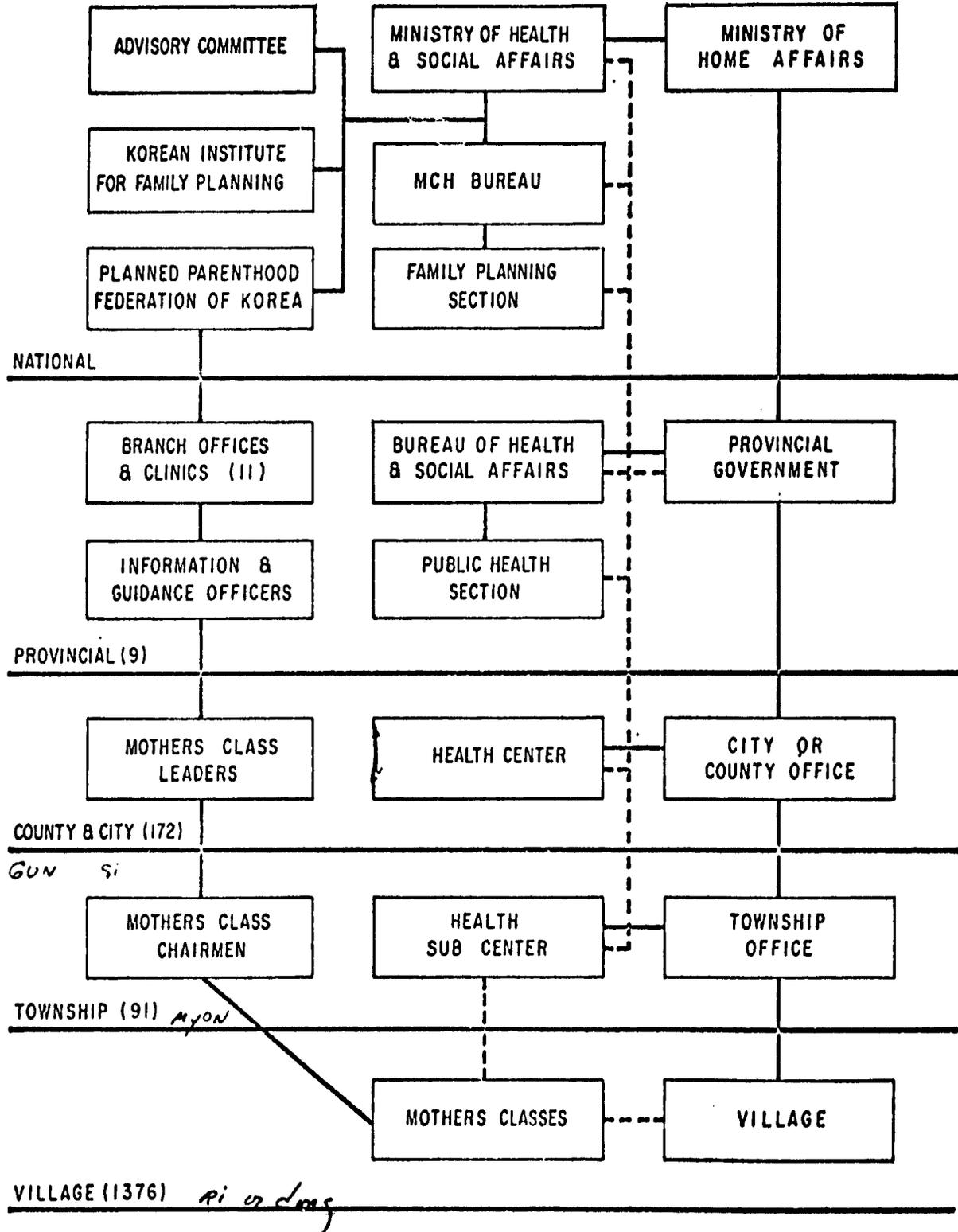


Figure 2.

JANUARY 1973

### ORGANIZATIONAL CHART OF NATIONAL FAMILY PLANNING PROGRAM



Source: KIFP

Figure 3.

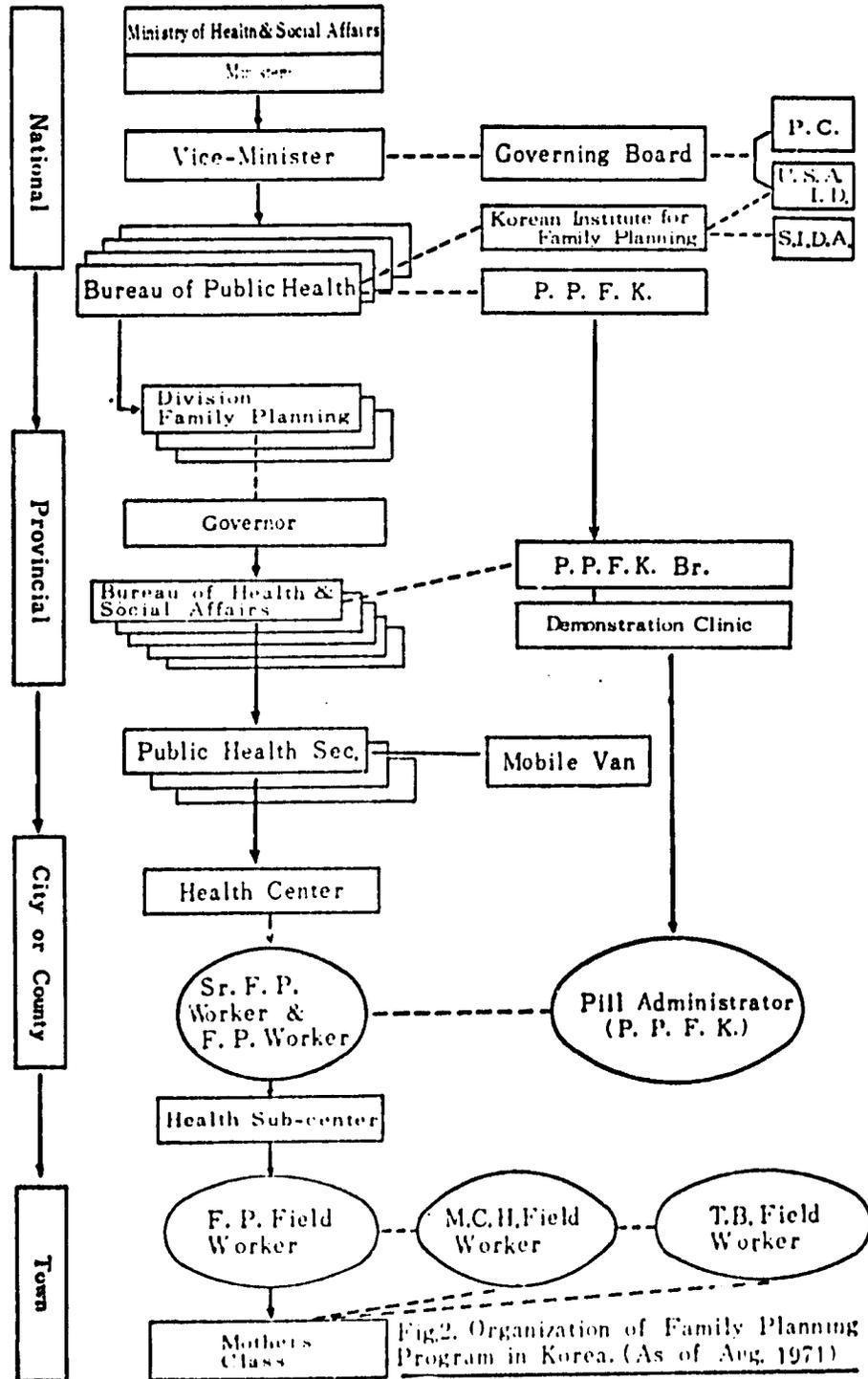


Fig.2. Organization of Family Planning Program in Korea. (As of Aug. 1971)

Figure 4.

Tuberculosis is one of the major health problems. The prevalence rate was over 5 percent of the entire population in 1965. Currently, 160,000 patients are registered for treatment at the health centers. There are 2,000 full-time tuberculosis workers in the field to combat the disease. Three million children are annually vaccinated with BCG. Registered patients receive ambulatory treatment. It is anticipated that by 1981 prevalence rate will be reduced to 1.0 percent.

It is estimated that there are from 80,000 to 100,000 leprosy cases. A major change of policy took place in 1963 with the discontinuation of compulsory isolation of detected cases and the introduction of treating the ambulatory. Currently, about 80 percent of over 33,000 registered cases live at home with the rest receiving care in institutions. The government is also providing self-supporting measures for those negative cases with strong efforts on public education in order to accelerate the already changing attitude of the general public toward the disease.

Ascaris, hook worm, lung and liver flukes are frequently seen parasites among Koreans. Over 60 percent of the population are infested with one or more of these parasites. With the enactment of the Parasite Prevention Law in 1966, nation-wide parasite control programs were initiated. Use of night-soil

as fertilizer has been prohibited in certain areas and free treatment for ascariasis is provided for school children.

In addition, free treatment are available for the anchilostomiasis <sup>Y</sup> and paragonimiasis patients registered with health centers. <sup>(hookworm)</sup>

The Bureau of Maternal and Child Health is engaged with activities in three well-defined areas: family planning, MCH, and nutrition. The population growth was rapid with an annual growth rate of 3 percent in 1955-60. With the initiation of national family planning program in 1962, the current growth rate is estimated at about 2 percent inspite of lowered mortality rates. The program is implemented through the health center network which provides 2,400 field workers. During the first 10-year period 1962-71, the goal was to recruit 45 percent of the married couples of childbearing age. Since 1964 the program placed primary emphasis on the insertion of IUD. However, since 1968 oral contraceptives have been offered with equal emphasis. In addition vasectomies and tubal ligations are performed by participating doctors. Condoms are distributed without charge.

In the initial years, the practicing rate in family planning increased from 9 percent in 1965 to 20 percent in 1967. Since then the achievement is less spectacular with a ceiling of 25 percent in 1970. Rapid decrease of fertility which was observed in earlier stages of the program was also checked, and since 1968 the total fertility has been stabilized at a level of

4.2 per woman. Among the current contraceptive users, IUD and the pill are equally popular, each used by about 7 percent of eligible women.

With the establishment of the Korean Institute for Family Planning, the training of family planning workers has been strengthened. Unfortunately, tremendous turnover of local family planning workers nullifies the effects of training.

Attempts to develop an integrated MCH and family planning program are taking place. The family planning, tuberculosis, and MCH workers are now called "multi-purpose health workers." Several demonstration and pilot activities are being conducted by the government, multilateral agencies, academia and voluntary agencies.

There are about 1,000 MCH workers who provide pre-natal and infant care, and attend home deliveries. They also distribute delivery kits free of charge. Over the years there has been a gradual decline of infant mortality, with an estimated 50 per 1,000 births. In the rural area over 90 percent of deliveries are in the home.

Nutrition service is in the developmental stages and base line surveys are being conducted. A presidential decree was issued in 1969 to improve the status of nutrition of the nation.

Activities of the Bureau of Medical Administration include efforts in providing medical and paramedical personnel to local

health centers, training health workers, licensing health personnel, managing supplies and equipment and developing of a medical insurance system. The Medical Care Law was recently amended to assign for 2 years newly graduated doctors and nurses to rural areas. The areas to be selected are those which do not have physicians or nurses. It is believed that this practice will provide better preventive and curative medical care in the rural health centers and provincial hospitals.

The Bureau of Sanitation places great emphasis in safe water especially in rural areas. Sixty percent of city dwellers depend on water from wells and 95 percent of the rural population drink water from shallow wells or surface water. Each year a large number of simple piped water supply systems and safe public well are being constructed with funds made available by national and local governments. During a 5-year period, 1972-76, the construction of 8,800 simple piped water supply system and 110,400 public wells are being planned so that practically all the rural people will be supplied with safe water. The total cost will be 15 million won.

Most waste is disposed by open dumping. The government is taking steps to use the city waste for sanitary land fill and rural waste for composting material. Use of night soil as fertilizer is decreasing. In major cities sewage and night soil treatment plants are being constructed.

Vector control is centered on campaign against mosquitos. Insecticide spraying is the main effort of this activity.

Food sanitation is another concern of the Bureau. Inspections are made of manufacturing establishments, food retailers and food handlers. Standardization of food products and food additives is under way. The training of food inspectors is being strengthened.

With urbanization and industrialization, environmental pollution has emerged as a serious problem. Source inspections are conducted to determine the pollutants of air and water. To conduct this program, the number and kind of monitoring devices are being increased.

The Bureau of Pharmaceutical Affairs is concerned with drug quality control, supply and exportation of drugs, narcotic control and other pharmaceutical related matters.

## 2. Office of Labor Administration

To promote occupational health and safety, safety officers, plant physicians and assistants to physicians are placed in industry. Annual physical examinations for workers are conducted to detect cases of occupational diseases. In cases of occupational disease or injury, monetary compensation is offered. The amount is based on the Workmen's Compensation Law. Compensations totalling \$10 million is paid annually.

Labor inspectors conduct factory inspection for safety and health for establishments with more than 100 workers. The major

occupational morbidities are: traumatic injuries, burns, hearing losses, pneumoconiosis and various dermatological troubles.

### 3. Ministry of Education

The health of school children is a matter of this Ministry's concern. Each school conducts physical examinations and vaccinations. Elementary schools employ nurses. With the cooperation of Korean Anti-parasite Association free treatments are offered.

Accreditations of medical, dental and pharmaceutical schools are also accomplished by this Ministry.

### 4. Local Health Centers

The entire nation is covered with a network of health centers. There is a center in each Gun (county) and city (in major cities one for each ward). In the rural areas, there is one health sub-center in each Myon (township). Thus, there are 192 health centers and 1,342 sub-centers. These centers belong to the local governments and the staff members are appointed by the local authorities. ✓

Health centers located in the major cities like Seoul or Pusan ("special cities") are divided into four divisions, each with two sections. Tuberculosis, nutrition, MCH and family planning workers are separated into different sections and divisions. Medium-sized cities are equipped with health centers of moderate size, consisting of 4 sections. Here again, tuberculosis, nutrition,

MCH, and family planning workers belong to 3 different sections, respectively. In the rural area, a center generally consists of three sections: public health administration (MCH and Family Planning workers), communicable disease control (Tuberculosis workers), and sanitation. There are no nutrition workers. A sub-center is staffed with 3 field workers (MCH, family planning and tuberculosis). The government is attempting to place one public doctor in each sub-center so that medical care can be provided to the rural people. Though the number of staff varies from center to center, a moderate-sized rural health center, including all sub-centers, has 60-70 personnel under its supervision.

Health Centers functions include: health education, health statistics, nutrition and food sanitation, environmental sanitation and industrial health, school health and dental hygiene, medical care for needy people, preventive and curative measures of tuberculosis, VD, leprosy and other communicable diseases, control of certain endemic diseases, MCH, family planning, and other health related matters. Health Centers vary greatly depending on the training, background, imagination and ambition of the director.

**B. External Assistance****1. Multilateral - United Nations Agencies**

- a. U.N. Development Program (UNDP) and its Family Planning Activities (UNFPA)**
- b. World Health Organization (WHO)**
- c. International Children's Emergency Fund (UNICEF)**
- d. Educational, Scientific and Cultural Organization (UNESCO)**
- e. Food and Agricultural Organization (FAO)**

**2. Bilateral Agencies**

- a. United States Agency for International Development (USAID)**
- b. The Swedish International Development Authority (SIDA)**
- c. A West German Foundation in Bonn, Germany, which assists a Yonsei Medical School project**

**3. Voluntary Organizations**

- a. Planned Parenthood Federation of Korea**
- b. Population Council**
- c. China Medical Board**
- d. The Korean Medical Association**
- e. The National Tuberculosis Association**
- f. The National Leprosy Association**
- g. The American Korean Foundation**
- h. The Red Cross**
- i. CARE**
- j. Many churches and other groups**

A few of the organizations listed above were visited. Those selected were ones which the team members felt had the most interest and concern with a DEIDS project in Korea. For some of the visits, a description of the project was its primary purpose. For others, several appointments and conferences were necessary to discuss the areas of mutual concerns.

4. Organizations visited were:

- a. The United Nations Development Program  
17-1 Chung Song Dong, Chongrols, Seoul  
Tel.: 74-8503, 8504 CPO Box 143

Representative for Korea, Mr. H. Donald McInnis  
Deputy " " " , Miss Nina Nash

Mr. Richard M. Brown, Ph.D., Assistant

Resident Representative serving as Acting Resident  
Representative (interviewee)

George Worth, half-time Acting Representative U.N.  
Family Planning Activities.

In late 1972, UNFPA appropriated \$1,400,000 to begin a four-year program of the Yongin Project entitled, "General Health Services Development." Although the program in general was approved, the following recommendations were made to the grantee, the Government of Korea:

- 1) There should be increased attention for a more comprehensive national population policy which includes the integration of family planning activities with government's emphasis on a new community development.

2) There should be improved administrative and evaluative functions to solve the problems in the field programs.

3) The target system should be shifted to emphasize continuation of contraceptive use more than the recruitment of new acceptors.

4) Population education and development of university centers should be encouraged.

b. The World Health Organization (WHO)  
77 Saenjongro, Chongrobu, Seoul, Korea  
Tel.: 70-3730

Resident Representative, Dr. C. H. Chong (Malaya)  
Chief Technical Officer,  
Project, Korea 4001, Dr. H. T. Lin (Republic of China)

WHO in Korea is staffed by about 14 professional health workers. Some are assigned to the Ministry of Health and Social Affairs, others to the National Institutes of Health and to the Seoul National University, School of Public Health. WHO's main office is located in the Ministry of Health and Social Affairs.

Issues discussed with Drs. Chong and Lin were:

1) The five or more years of experience in conducting the "General Health Services Development Project" which was conducted in Taejon, Korea, Province of Chungchong Namdo. This project was the collaborated efforts between WHO, UNICEF, and the Korean government.

2) A new agreement between WHO and UNICEF with the Republic of Korea which amplifies and supersedes the statement made in the Taejon Project.

3) Project Korea 4001 in Yongin, Kujonggi Do.

The Taejon project was said to be unsuccessful because it started too soon, was identified with only one or two persons, did not have the full support and commitment of the Korean government, was imposed on an area from the top down rather than promoted and supported from the bottom up.

The new agreement (2 above) was signed in October 1972. It describes the scope of WHO as encompassing all international assisted health related projects in Korea. This master plan defines aims and strategies for general health services development in the country, the relationships of participating projects, present and contemplated, and the relationships of all projects to each other. The stated "short term objectives" are:

1) To strengthen the planning, organization and operation of integrated general health services throughout the country.

2) To formulate, adopt, and test systematic practices so that the general health services can be more efficiently managed and the delivery of health services to the community improved.

3) To develop satisfactory working relationships between the national health administration and other agencies, public and private.

4) To promote cooperative operational relationships among internationally-assisted projects in the country.

5) To review, update and undertake education and training schemes for health manpower.

6) To formulate, orient and execute all health programs within the frame of the general health services and to take into account the priorities established by the Government which now include, inter alia, maternal and child health and family planning, communicable disease control and environmental health.

7) To stimulate and encourage population interest and participation in community health.

Project Korean 4001 (3 above) is a new project located in the Kujonggi Do Province which is an hour's drive by car on the freeway from Seoul. Four WHO staff members are assigned to the Team, two physicians, one public health nurse, and one engineer. An MCH physician is being requested from the WHO Regional budget for this project. This project began one year ago. Its primary mission is to improve the general health services in the selected area.

**c. UNICEF**

Samchongdong, Chongrobu, Seoul  
Tel.: 75-2310

Resident Representative, Mr. C. Kondapi  
(absent)

This agency works closely with WHO, UNDP, and other international organizations. Its funds provide supplies and equipment and its maintenance for programs related to maternal and child health which includes family planning.

**d. UNESCO**

UNESCO House  
50 - 16 Ko Myong-dong Chung-Ku  
Tel.: 28-4752

A budget of \$575,000 has been allocated for a 5-year program to support a project for curriculum improvement to promote population awareness in texts used by children in elementary and secondary schools.

**e. FAO**

Since the Resident Representative was out of town, this organization was not visited.

**f. USAID/Korea**

American Embassy  
Sejong Road  
Seoul, Korea  
Tel.: 72-2601/19, Ext. 4400

Director and Counsellor of Embassy for  
Economic Affairs, Michael H. B. Adler ✓  
Population Management Advisor, Edward Keenan ✓  
Population Program Advisor, Scott W. Brandon ✓

Direct-hire personnel in USAID/Korea for Population Planning has been as follows:

<u>Fiscal Year</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
	1	2	3	3½	6*	3	2

\*vacancies.

USAID/Korea's program has been geared to provide commodities, training and advisory services.

Budgets have been as follows:

Fiscal Years

1968	.....	\$1,147,907
1969	.....	\$1,141,545
1970	.....	\$ 863,600
1971	.....	\$1,660,000
1972	.....	\$ 800,000*
1973	.....	\$ 370,000

\*Reduced to \$360,000.

The staff and budget support have declined markedly in the past two years. The U.S. continues to support population programs through multilateral and voluntary organizations at a high level in Korea. It is noted that the Embassy should continue to have a small, qualified staff to keep up with the developments in population and family planning in Korea.

**g. SIDA**

51 Nokkondong Sodaemunbu, Seoul

Tel.: 38-8003

Resident Representative, Mr. Rolf Whirt

SIDA's contributions for population/family planning

programs have been as follows:

Fiscal Years

1968	.....	\$250,000
1969	.....	\$406,000
1970	.....	\$464,000
1971	.....	\$489,000
1972	.....	\$613,000
1973	.....	\$578,000
1974	.....	\$701,000

Its office is located in the Korean Institute of Family Planning building which SIDA helped to construct.

SIDA's program provides oral pills, publishes educational materials, supports operating expenses of the KIFP facilities, and conducts preventive maintenance of vehicles and equipment.

SIDA expects to phase down its activities in Korea over a span of several years but will continue to support population/family planning programs through multilateral organizations. It will continue to support specific needs for Korea's population/family planning programs, but expects to close its offices and terminate its resident staff in its future plans.

**h. Korean Institute for Family Planning (KIFP)**

**5 Nokbondong, Sodaemunbu, Seoul  
Tel.: 38-8003**

**Director, Dr. Cha, Yeun Keun  
Deputy Director, Dr. Kim, Yong Wan**

The construction of the Korean Institute for Family Planning building began in 1969 and was completed in 1970. It was financed by an agreement between the Swedish and Korean governments. SIDA provided construction funds which amounted to more than \$600,000. They have also contributed to the operating expenses of the facility. The USAID contributed equipment totalling about \$160,000.

According to the SIDA-ROK agreement, the KIFP will:

- 1) provide pre- and in-service training for family planning and related workers.
- 2) conduct evaluation and research activities designed to improve the national family planning programs, and measure its impact on population growth.
- 3) provide orientation courses and field training for family planning personnel from other countries.

KIFP is a semi-autonomous body responsible for the national training program in family planning activities which include clinical training. KIFP is also responsible for the evaluation and research of family planning programs. KIFP has published, "The National Fertility/Abortion Survey" and a sample demographic survey.

Although KIFP trained 546 new workers in 1972, at the end of the year, 823 or 37% of the workers had not been given KIFP instruction. This is due to the rapid turnover of personnel in the field.

It is anticipated that KIFP will have problems in the coming fiscal year because its 22% interest rates from endowments will be reduced to 13%. KIFP is hoping for supplementary funds from the National Assembly to maintain its program. In 1972, KIFP's budget totalled about \$495,000 per year, and in 1973, \$637,825. These funds were derived from interest on the principal and grants from SIDA, Population Council, and AID.

KIFP received 300 international visitors since its beginning.

**i. Planned Parenthood Association of Korea**

Suwadong, Chongroku, Seoul, Korea  
Tel.: 75-8537

President, Dr. Yang, Jae Mo  
Chairman, Dr. Lee, Chong Chin  
Secretary General, Mr. Joo, Hyun Lee

This organization was founded in 1961. It has a staff in the central office of more than 30, with an office in each of the provinces. Its budget is as follows:

**Fiscal Years**

1968	.....	\$ 748,607
1969	.....	\$ 622,317
1970	.....	\$ 500,813
1971	.....	\$ 625,393
1972	.....	\$ 450,000

Approximately 90% of its budget is covered by foreign grants (IPPF and Population Council), about 10% by the government, and less than 1% by membership fees and other private donations.

A significant contribution that PPFK has made to the national family planning program is leadership at all levels. It is an important voluntary agency in Korea and has a diverse membership. Its Board of Trustees is made up of community leaders and experts in the fields of medicine and public health, education, and sociology. The Board makes the major policy decisions governing the organization's activities.

PPFK has the advantages of being flexible and innovative. It can move freely and quietly to influence the government in matters related to family planning/population programs. It has a status of a governmental organization in that it was chartered so that it must obtain approval for its major activities and receives a small government subsidy.

PPFK's major functions are public information and education, training, professional consultation, clinical research, administration of foreign funds, and international relations. It is undertaking a Family Health Center Project, integrated with family planning services, outside metropolitan Seoul. This new town has no medical facilities and has a displaced population of nearly 200,000 people. PPFK hopes to obtain IPPF support in the amount of \$500,000 for construction and equipment needs. The land is owned by the organization.

**j. The Population Council**

51 Nokbondong, Sodaemunku, Seoul  
Tel.: 38-7197

Resident Representative, Mr. Jorge C. Worth  
Demographer, Mr. Walter B. Watson

The Council's budget has been as follows:

**Fiscal Years**

1968	.....	\$681,248
1969	.....	\$467,584
1970	.....	\$322,333
1971	.....	\$449,523

The Council provides consultation and advisory services, proposes supportive and evaluative proposals for research or other purposes, reviews projects and prepares reports of family planning population programs.

The staff gives assistance to research programs of KIFP and universities. It supports the concept of the university-based population research centers and provides grants for population/family planning studies.

k. The Korean Medical Association and The Korean Children's Foundation

333-54 Sin Dang Dong, Song-Dong, Seoul  
Tel.: 52-6755

Vice President, Choe, Han Wong, M.D.

(interviewee).

Membership of this Association is made up of two major groups: (1) physicians from university medical schools and (2) physicians in independent practice. Dr. Choe is also Chairman of the Board of Directors of the Korean Children's Foundation and Professor of Pediatrics at the Seoul University Hospital. He gave assurances that if DEIDS should encounter program difficulties in Korea, the Association would gladly assist the project by calling on the provincial chapters of the Association to cooperate.

l. The American-Korean Foundation

P.O. Box 1862, Seoul  
Tel.: 73-7458

Director, Dr. Carroll B. Hodges  
Dr. Y. S. Rhee

This Foundation was founded in 1952. It is a non-profit, non-sectarian, non-political voluntary agency designed to work solely in Korea. It is supported by donations from individuals

and organizations in the United States.

The programs of the Foundation are designed to meet economic, educational, healthy and social needs of the Korean people. The Center administers the TOFEL and other English proficiency tests. Its medical and health projects include the Seagrave Memorial Hospital Project in Kaejong myun, Okku gun, near Kunsan, Cholla Pukto; furnishes medical supplies to various hospitals and refugee relief programs; and conducts community development activities.

5. Summary of contributions and expenditures in the Republic of Korea over a number of years for Population/Family Planning activities follows:

<u>Agencies</u>	<u>Y E A R S</u>						
	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>
Population Council		\$681,248	\$467,584	\$322,333	\$459,523		
SIDA		250,000	406,000	464,000	489,200	\$613,800	\$518,000
WHO			5,000	28,700	33,900		
USAID		1,147,907	1,141,540	863,000	1,660,000	800,000**	492,000
ROK* \$	1,150,000	1,150,000	1,900,000	2,500,000	2,500,000		

\*Converted roughly from won @ 400 to \$1.00.

\*\*Changed to \$360,000.

**C. Manpower and Womanpower.**

The following information was compiled from various documents, but most importantly, facts were gleaned from personal interviews with Dr. Hong Kyu Park, Director, Department of Training, National Institute of Health; Dr. Sook Pyo Kwon, Professor of Preventive Medicine, Yonsei University, Graduate School; Dr. Moon Kee Lee, Director, Bureau of Medical Affairs; and Dr. In Bong Ro, Instructor, Maternal and Child Health, National Institute of Health.

"The present status of medical manpower is 70,547 persons." This figure includes physicians, nurses, dentists, Herb doctors, pharmacists, midwives, sanitary inspectors, X-Ray technicians, laboratory technicians, aide nurses, Dental Technicians, and other para-medical personnel such as Physical, Occupational and Speech Therapists.

The data concerning the supply and demand of physicians are the fundamental factors in estimating the medical manpower for the various para-medical personnel. Additional considerations taken into account in determining health manpower requirements are: the per capita income which may allow for private, medical payment; the disease patterns in the country; and the possible enactment of a national insurance plan by 1981 for 70-75% of the people.

As the nation progresses economically in its third 5-year plan, it is anticipated that attention will be given by the government to health and social affairs which will be dependent upon the availability of health manpower to deliver these services.

"The government plans to increase the output of medical workers to reach the standard of one doctor per 1,243 people and a nurse per 623 people by 1986. To reach these proportions, 32,346 doctors and 64,555 nurses are needed."

1. Medical Doctors.

In 1972, it was estimated that there were 16,207 registered physicians in Korea. This number gave a doctor/population ratio of about 1/2100. The demand was for 18,347.

By 1981, it is predicted that the supply will be 26,287 with a demand of 30,956. If the anticipated supply is met, there will be a doctor/population ratio of 1/1453.

Medical training is provided by 14 colleges with admissions ranging from 60-160 students per year. At Kyong Hee University, there is a Herb Medical College which admits 80 students each year.

Presently there are 3,224 Herb doctors in Korea who practice medicine by dispensing herbs traditionally attributed to the Chinese.

The current rate of training produces about 1,000 physicians each year. Approximately twenty-five percent of this group expatriate to the United States or West Germany. The curricula and length of physician training are comparable to that of the United States.

The Ministry of Education supervises all medical training in Korea, whether the Medical Schools are government-owned or subsidized by non-profit foundations. "The Ministry of Health and Social Affairs

gives technical advice, holds the National Board Examinations, and grants the license to practice."

The government-owned schools are financed through the Ministry of Education. The private schools are supported by endowments and subsidies. It has been estimated that it costs about 5,000,000 won (\$12,500 U.S.) to train one physician.

In addition to the graduate medical doctors, there are 600 "limited area" physicians who have been licensed by the government to practice in prescribed areas, especially in rural communities. These men were mostly trained in North Korea and Japan prior to the Korean War and World War II. No new "limited physicians" are being trained. Therefore, this category will be slowly eliminated.

In the interim, the National Institute of Health conducts short-term in-service training to upgrade the competence of these doctors.

Some constraints in physician manpower are as follows:

a. Korea "exports" about 250 of its new graduates to foreign countries each year. 1,340 or about 8% of available Korean physicians are living and working abroad. "Brain drain" is large in this profession.

b. Eighty-one percent of the physicians in Korea live and practice in cities. It is difficult to interest physicians to serve in rural communities because of low pay (\$80-\$100 per month), lack of cultural activities, poor educational opportunities for the family, and the lack or absence of adequate housing, electricity

and water supply.

c. Skilled professionals and facilities are not available in a rural setting to support the physician. The effectiveness of physician performance is related to the competencies around him.

d. Finally, the medical school curricula may not be in concert with the needs of the rural community. For example, only two Colleges of Medicine offer courses in community medicine.

## 2. Nurses:

In 1972, there were 16,351 registered nurses which gave a nurse/population ratio of 1/2200. There is a demand of about 33,000 nurses, if it is calculated that there should be 2 nurses for each physician.

By 1981, it is estimated that the demand will be for 49,800 registered nurses, with a nurse/population ratio of 1/757.

Nurses are trained in eleven College courses of nursing in universities. In addition, there are thirty-six 3-year nursing schools which include nine, 3-year nursing Technical High Schools. The latter schools were recently abolished and assimilated into the 3-year nursing schools.

3. There are 3,614 aide nurses who are graduates of a 9-month training course at one of the 9 National Aide Nurses Training Agency or the 21 private schools. Applicants for admission must possess at least a middle school certificate.

The constraints found in nursing personnel (womanpower) are:

a. Although 2,300 nurses are graduated yearly, the working period for each nurse is 2-3 years. Attrition is primarily due to marriage with the accepted custom in Korea that a woman does not seek employment after matrimony.

b. It is difficult to interest graduate nurses to locate in rural communities. About 88% of all nurses live in cities. By the end of 1972, it was estimated that 4,000 nurses have migrated abroad mainly to the U.S. or West Germany.

c. The monthly income is deemed to be extremely low (\$37.50-62.50k1 or 15-25,000 won per month) in consideration of their work volume and occupational function and in comparison with employees in other professions of comparable level.

d. It may be that the hospital-centered training does not prepare the nurses for rural community medicine.

4. There are 6,467 midwives of whom about 300 are nurses who possess the license in midwifery. Presently, only registered nurses are admitted for the one-year training course in midwifery. There are twenty Provincial and General Hospitals which provide this training. A major incentive to go into midwifery may be the fact that the nurse-midwife is allowed to charge for services rendered.

5. Multi-purpose workers.

In 1967, the Ministry of Health and Social Affairs decreed that all field workers in Tuberculosis, Family Planning and Maternal

and Child Health qualify as multipurpose workers to staff the 1473 subcenters throughout the country. By 1971, about one-half of the subcenters were staffed with tuberculosis, family planning and maternal child health (usually a nurse-midwife) workers.

To create multipurpose workers, 6-9 month training courses with major emphasis on general health skills were given. An important part of the course is supervised field work under skilled persons in MCH, with a field supervisor who sees that the student receives the required experience. After the training period, the girls were licensed as nurse aides.

Problems encountered :

a. Because of new sets of training and certification standards, none of the incumbents in family planning and tuberculosis were qualified to continue their work under the new regulations. MCH section charged with the training program proceeded to conduct training courses in order to assist the family planning and tuberculosis workers to qualify.

b. Older workers, 30 years and over, could not attend the training courses because of the length of time required. Therefore, these women are being replaced by those who are younger, unmarried and with more formal education. The effects of these young multipurpose workers are not known as yet, especially in their relationship with the village women regarding information on contraceptives,

their side effects and other personal matters connected with health.

#### 6. Dentists.

In 1971, there were 2,354 dentists with a dentist/population ratio of 1/10,000. The demand was for 2,874. By 1981, the demand will be for 5,711 dentists with a dentist/population ratio of 1/6,500. However, it is estimated that 3,928 will be available.

There are 3 dental schools in Korea which offer six-year courses, 2 years of which are pre-dental. Those are located in universities.

The total number of enrollment per year is 190 students.

After the completion of the National Board Examination, he is given the title, Doctor of Dental Surgery.

#### 7. Pharmacists.

There were 14,142 registered pharmacists in Korea in 1971. On the premise that one registered pharmacist would be needed for every two physicians, the demand for pharmacist could be estimated at about 8,900. This is a category in health manpower where there seems to be an excessive supply.

There are fourteen, 4-year College courses. "A majority of these schools are owned and operated by private, non-profit foundations. The Ministry of Health and Social Affairs gives technical advice, holds the National Pharmacist License Examination, and grants the license to practice."

#### 8. Para-Medical Personnel.

	<u>1971</u>
Sanitary Inspector	520
X-ray Technician	807
Laboratory Technician	1,324
Dental Hygienist	729
Dental Craftsman	1,160
Physiotherapist and Occupational therapist	340 ,
Clinical Pathologist and Sanitary experimenters	2,890

It is difficult to ascertain the true data regarding the number of para-medical personnel. It is estimated that the current supply of these categories meet from 6 to 55% of the current demand. The Dental Craftsman appears to be a category in the para-medical professions in which there is an excess.

In general, para-medical personnel training requires two-years of training. These courses are given at Woo Suk University and at the Seoul Health Junior College. The yearly admission totals 610 students. Applicants must possess the secondary school certificate or its equivalent and pass an entrance examination. After graduation, a student must pass a National Examination for certification in their area of specialization.

#### 9. Training in Public Health.

There is a school of Public Health at Seoul National University which began in 1959 and a Graduate Department of Public Health at

Yonsei University which started in 1968. These schools offer a 2-year course which lead to the M.P.H. Admission requirements are the basic medical or Bachelor of Science degrees, or an equivalent qualification approved by the Ministry of Education. A comprehensive examination must be passed before the degree is awarded. "In the Republic of Korea, there are no special posts for which the M.P.H. is a prerequisite."

#### 10. Sectors Involved in Health Manpower and WomanPower Training.

There are at least three sectors involved in health manpower development: the Ministry of Education, the Ministry of Health and Social Affairs, and the private educational institutions. The roles of each sector appear to be well-defined and accepted. The Ministry of Education monitors and finances the curricula of all educational institutions and finances those schools which are operated by the government. The private schools comply with the standards established by the Ministry of Education. Their funds are obtained primarily from tuition fees and private endowments. Finally, the Ministry of Health and Social Affairs regulates and administers the qualifying examinations for the licensing of all health professionals.

The National Institute of Health which is part of the Ministry of Health and Social Affairs provides refresher and in-service training courses for health aides as well as specialized training for various types of health personnel. The Institute is also

involved in research and evaluation of health projects.

In 1971, 2,865 persons received training in the Institute.

It is estimated that 1,966 will be trained in 1972.

11. General Comments Regarding Health Manpower and Womanpower Related to DEIDS.

a. M.D.'s

The ratio of one physician to 2100 Koreans illustrates that this ratio exceeds the minimum recommended by WHO which is 1/10,000. (Yet, there are 240 doctorless "myons" or administrative units which are a combination of villages). Recently, a proclamation was issued by the Korean Government that from January 1974, a physician who is a resident will serve two years rather than the current 6 months in one of 1,102 medical jurisdictions. At the completion of rural service, the resident is given a regular license, since he possesses only a temporary license upon graduation from Medical School and while practicing in a rural setting.

Whether the deployment of physicians in such a manner is effective remains to be seen in that amenities such as salary, housing, water and electrical supply, cultural and educational advantages, and adequate transportation and skilled auxiliary medical assistance are still lacking. An incentive to work in a rural community may be the possibility of extra income through private practice. However, by law, a physician cannot practice for fee while employed by the government. ✓

b. Nurses

It is difficult to deploy fully trained nurses to the rural communities for the identical reasons attributed to the physicians's unwillingness. Furthermore, the work period of this manpower is only from 2-3 years.

c. Multipurpose Health Workers

There is a move to create a "multi-purpose" health worker by combining the job assignments of the family planning, MCH and tuberculosis workers. At present, these workers operate separately in their area of specialization.

The problems connected with this move are many. For example, there needs to be career development programs, pay incentives need to be changed (at present, one-half of their salary is from the National government and the other half is from the Provincial government), and there needs to be a shift and possible increase in the national and provincial budgets to enable some program changes which will occur with the clarification in functions of the multi-purpose worker. In addition, the present workers in tuberculosis, MCH and family planning will require re-training in those areas in which they are not competent. For example, the tuberculosis worker will need to be trained in MCH and family planning. Most importantly, the coordination on the supervisory levels in the provinces and counties will be tested in order to enable a multi-purpose

worker to function effectively. Other related factors include a re-examination of the functions of the multi-purpose worker, such as extensive record-keeping. Finally, there is the question of the utilization or non-utilization of incumbent workers and the development of local workers rather than the importation of outside workers.

d. At present, <sup>52,500,000</sup> .5% or 100,000,000 won of the total Ministry of Health budget is allocated for the training of health manpower. It is estimated that at least 1.0% is required to accomplish an adequate job.

e. More emphasis should be made in the medical curriculum on Public Health and Community Medicine if health delivery is to extend out of the hospital setting. Today, the majority of medical care and delivery is facility centered. Efforts to seek out patients and to introduce public health preventive measures are fragmented. In Korea, there are only two schools, Yonsei University and the Catholic Medical School which have courses in Community Medicine.

#### D. Budget.

The budget of the Ministry of Health and Social Affairs (MHSA) has ranged from 1.4 to 1.6 percent of the total national budget in recent years. MHSA draws its budget from two sources: the general account and the economic development special account. The budget for tuberculosis, MCH and family planning expenses are appropriated from the latter.

During the initial phases of the family planning program (1962 to 1963), the national government and foreign assistance programs provided funds for operations. Since 1967 provincial governments have shared the expenses. In 1966 the family planning budget occupied as much as one-third of the total health budget. This amount has continuously declined. It is less than 7 percent in 1972. However, this decrease does not indicate that the family planning expenses are declining but that the apportionment in other areas are rising rapidly. The current level of national family planning budget is about 700 million won. 5.17%

Each year there has been difficulties in obtaining family planning budget. For example, it has been the usual practice that the requested budget is drastically reduced after going through the maze of administrative channels, but later, in fiscal year, the deleted amount is restored by supplementary budgeting. The uncertainty of budgeting in this manner has adversely influenced the morale of field workers.

Appendix AItinerary of the DEIDS Reconnaissance Team - KOREA

March 24 Sat.

Team met in Tokyo and discussed the mission.

March 25 Sun.

Left Tokyo 1900  
Arrived Seoul 2130 by NW Flight #9.

March 26 Mon.

8:30 USAID Edward E. Keenan  
Scott Brandon

Orientation by Population Program Officers.

9:15 USAID Director Michael H. B. Adler  
Courtesy call.

10:00 USAID Population Program Officer

11:00 M.S.H. Inc. Resident Consultant, Peter Rousselle

14:00 Ministry of Health and Social Affairs (MHSA)  
Director General Planning & Coord. Kim, Won Kyu

Director Bureau of MCH, Min, Chang Dong, M.D.

Chief, FP Section, Chang, Kyong Shik, M.D.

Briefing and reviewing schedule.

16:00 World Health Organization (WHO) Representative,  
Chong, Chun Hyan, M.D.  
Staff Liu, H. T., M.D.  
Staff Ilya. Mohamed, M.D.

March 27 Tue.

10:00 MHSA - Dir. Gen. of Planning & Coord. Kim, Won Kyu  
Dir. Bur. of Med. Adm., Lee, Mun Ki, M.D.  
Dir. Bur. of P.H., Rhee, Sung Hee, M.D.  
Dir. Bur. of MCH, Min, Chang Dong, M.D.

11:00 General Meeting with 3 Bureau Directors

12:00 Luncheon with Bureau Directors at Scandinavian Club.

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## March 27 (continued)

- 13:00 Further discussion with Bureau Directors
- 14:00 KIFP - Korean Institute for Family Planning  
Director Cha, Youn Keun, M.D.  
Dep Director Kim, Yong Wan, M.D.  
Research Head Kim, Tae Ryong, M.D.
- Review KIFP activities and exchange views on DEIDS.
- 16:00 Population Council Representative George C. Worth

## March 28 Wed.

- 9:30 School of Public Health, Seoul National University (SNU)  
Koh, Ung Ring, M.D., Acting Dean  
Loh, In Kyu, M.D. (Epidemiology)  
Kim, Joung Soon, M.D. (Epidemiology)  
Kim, Jong Kun, M.D. (Human Ecology)
- 10:30 Med. Sch. SNU - Kwon, E. Hyock, M.D., Dean
- 11:00 Chairman Lee, Chong Chin, M.D. - Planned Parenthood Foundation of Korea (PPFK)  
Sec. Gen. Lee, Joo Hyun  
Head, Gen. Aff. Yun, Suk Choon
- 12:00 Luncheon by PPFK at Scandinavia Club.
- 13:00 Discussion with PPFK - continuation.
- Jae Mo Yang, M.D. - President, PPFK
- 14:00 Konsei University  
Kim, Myong Ho, M.D. (Chairman of Dept. of PH)  
Kim, Il Soon, M.D. (Epidemiology)
- 16:30 Dinner hosted by Dr. E. Hyock Kwon

## March 29 Thur.

- 9:30 MHSa Vice Minister Hong, Chong Kwan, M.D.  
Three Bureaux Chiefs
- 10:00 Visit Sung Dong Health Center, Seoul  
Lee, Jung Bum, M.D., Director  
Oh, Moo Hee, M.D. - Chief, MCH Section

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## March 29 (continued)

13:00 Leave Seoul

14:00 Visit Shiheung Health Center, Kyonggi-Do  
Pak, Mal Hee, Supervisor Family Planning workers  
Pyon, Ka Hwa, PH Section

15:00 Kyonggi Prov. Government Lt. Gov. Nam, Yong Woo

16:00 Yongin Health Center (WHO Demonstration Center)  
Lee Dae Yun, M.D. - Director

18:30 Return Seoul

## March 30 Fri.

9:00 Leave Seoul

11:00 Kang won Prov. Gov.  
Provincial Health Officer Kim, Sung Koo, M.D.

12:00 Lunch

13:00 Chunchou City Health Center  
Director Lee, Jung Ho, M.D.

14:00 Chun Sung Health Center  
Director Lee, Sung Woo, M.D.

15:00 Seoul National University - School of Public Health  
Visit Demonstration Project

18:30 Return Seoul

19:00 Dinner hosted by Vice Min. Hong of MHSA

## March 31 Sat.

## April 1 Sun.

## April 2 Mon.

8:00 Leave Seoul for Taejon

11:00 Chung Chong nam Provincial Governor  
Bur. Director, Health & Social Affairs Lee, Nam Ho

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## April 2 (continued)

11:00 Prov. Health Officer Chung Kap Soon

14:00 Kongju Health Center  
Director Kang, Ik Mo and Staff.

15:00 Jung An Sub-Center  
Dr. Hong, Sa Yung - Director

## April 3 Tue.

Lee - Visiting Voluntary Organizations

Izutsu - NIPH Training Section  
Head, Park, Hong Kyu, M.D.

Park - MHSa

## April 4 Wed.

12:00 Luncheon with MHSa Staff and USAID/K staff.

13:00 Discussion with MHSa, USAID/K staff.

## April 5 Thur.

Final meeting with USAID Director, Michael H. B. Adler  
Completion of individual reports by team  
members.

## April 6 Fri.

Departure from Seoul

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