



Public-Private Mix under National Health Insurance Scheme in South Korea

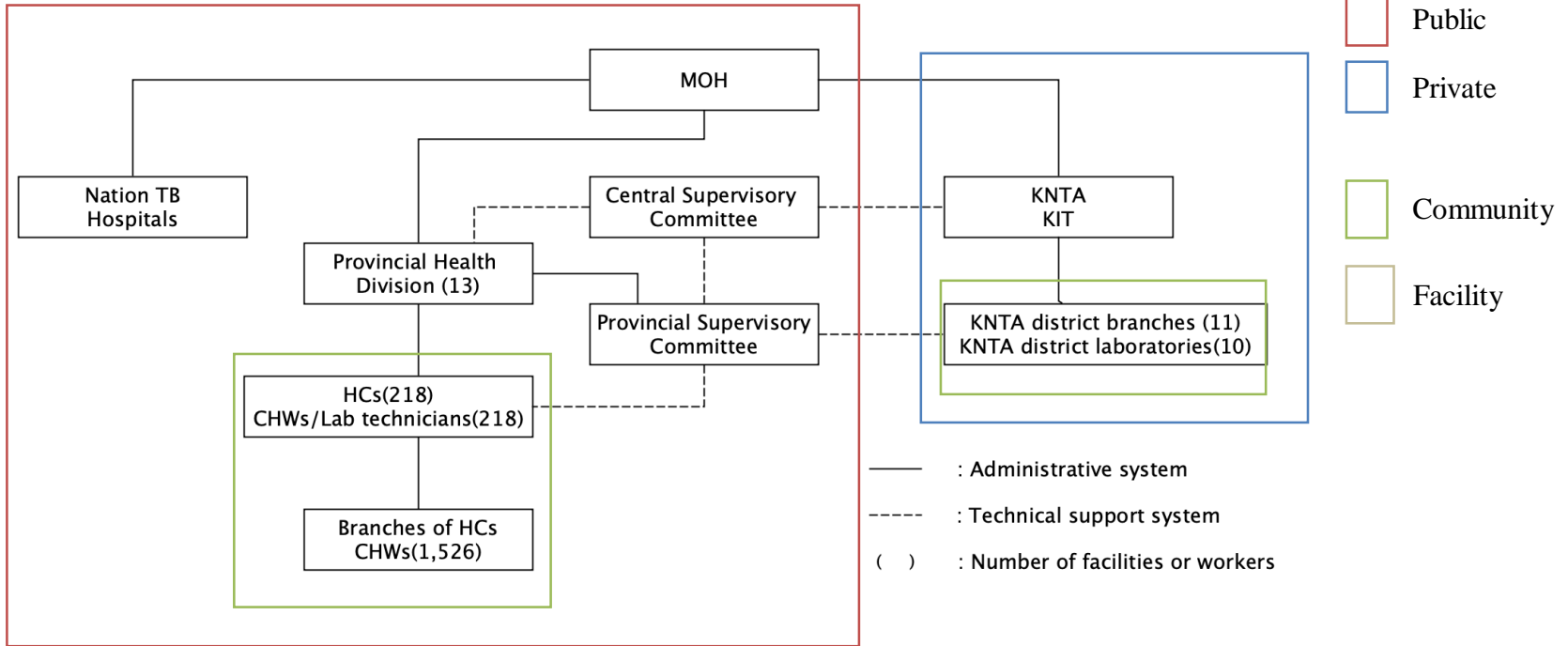
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(TB-MAC MRG 2019 in Istanbul)



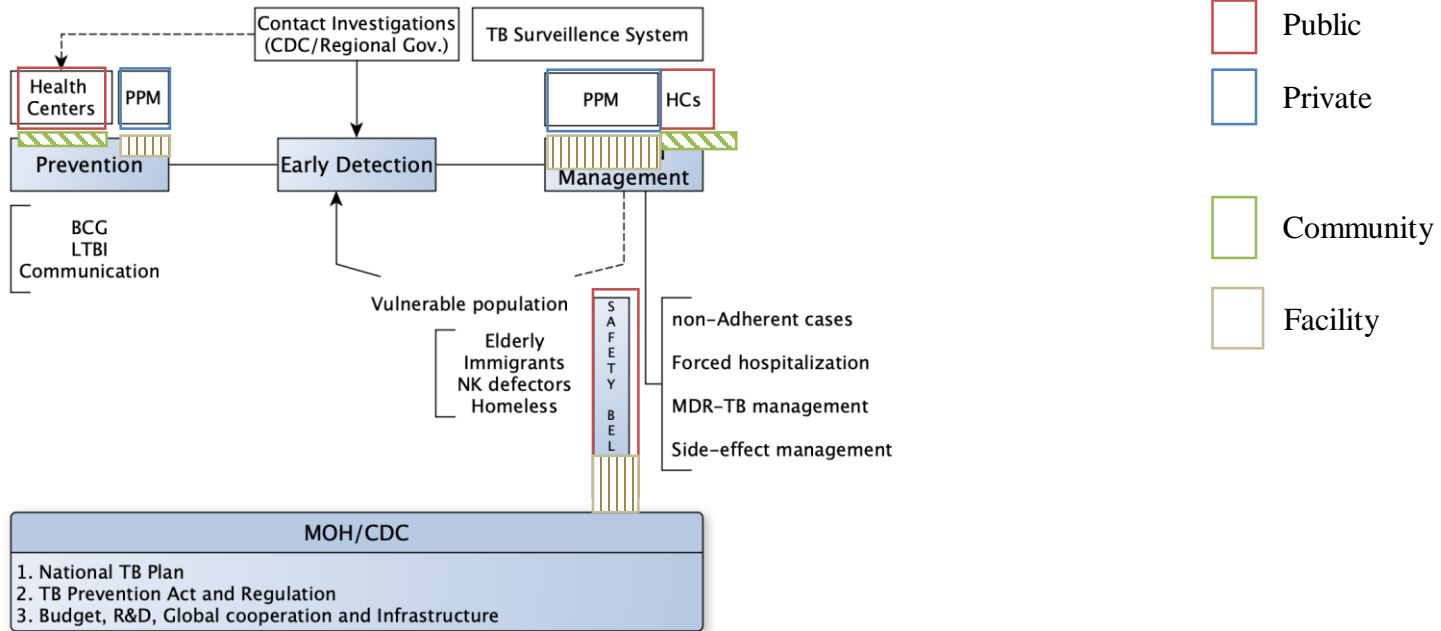
1 NTP in South Korea

NTP in 1980s



(BW Jin, TRD, 1982)

NTP in 2017

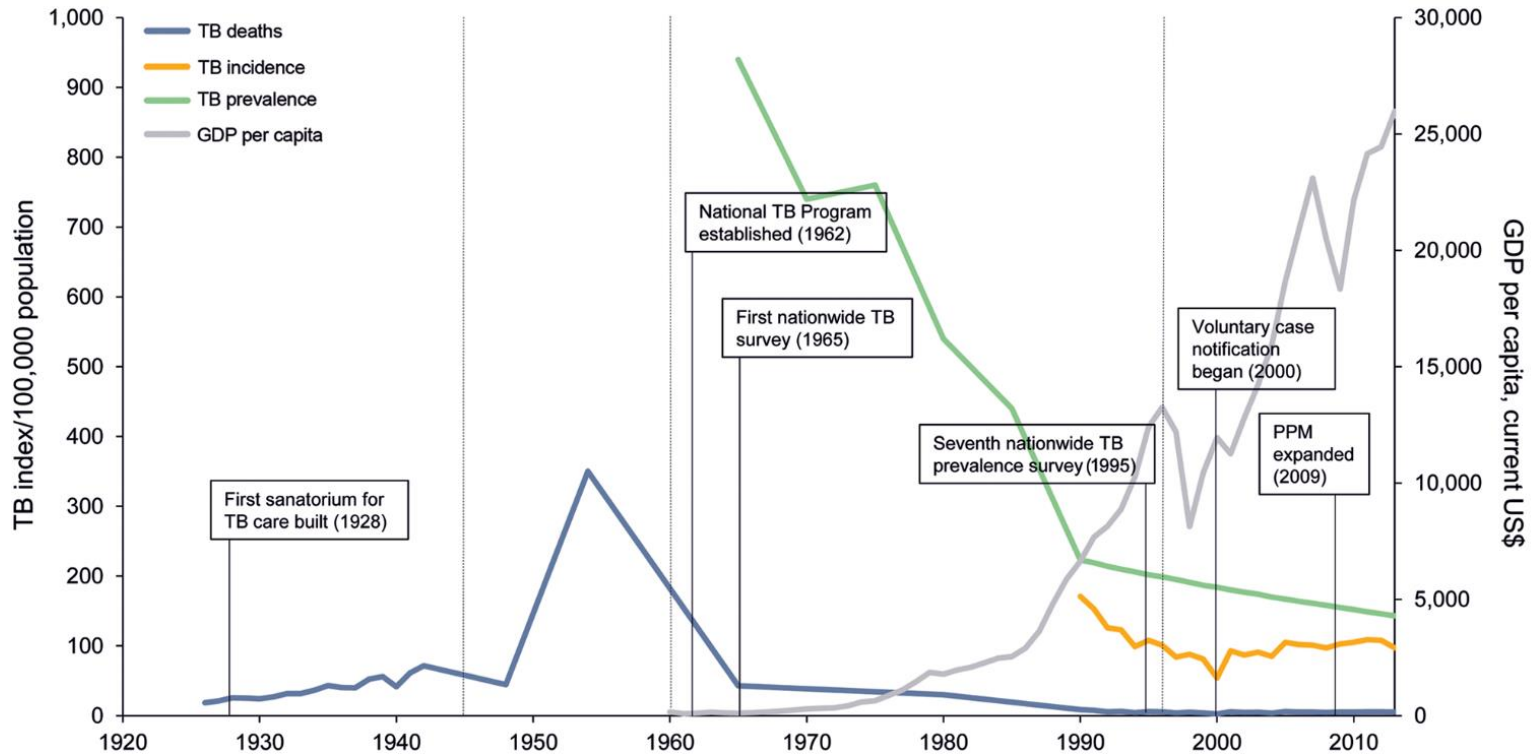


(Cho, 2017)

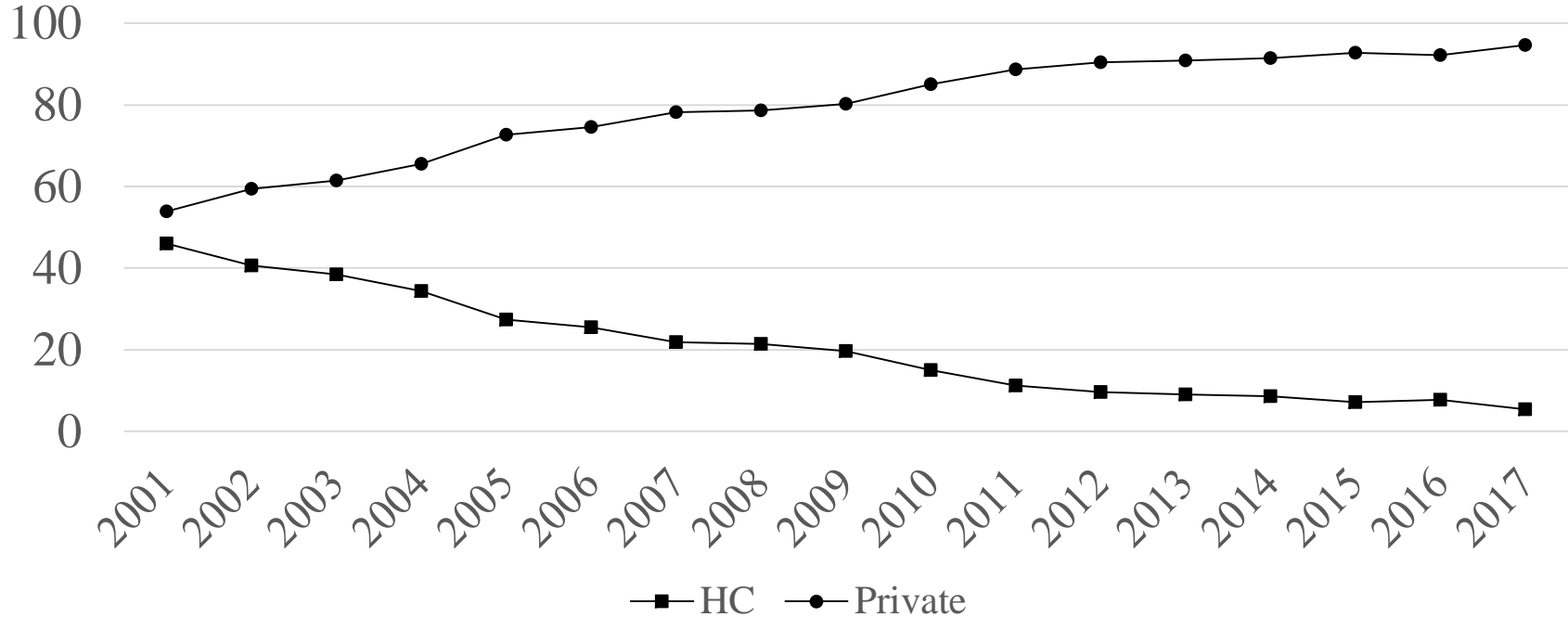


2 TB burden and health services

TB burden in South Korea



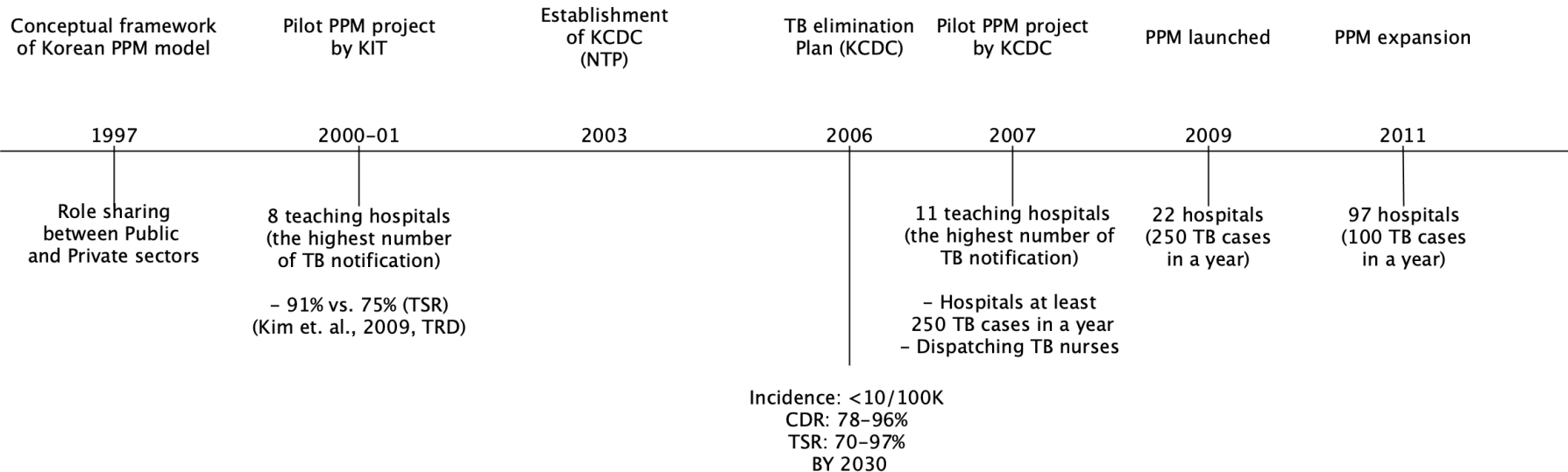
Historical trend of TB treatment facilities



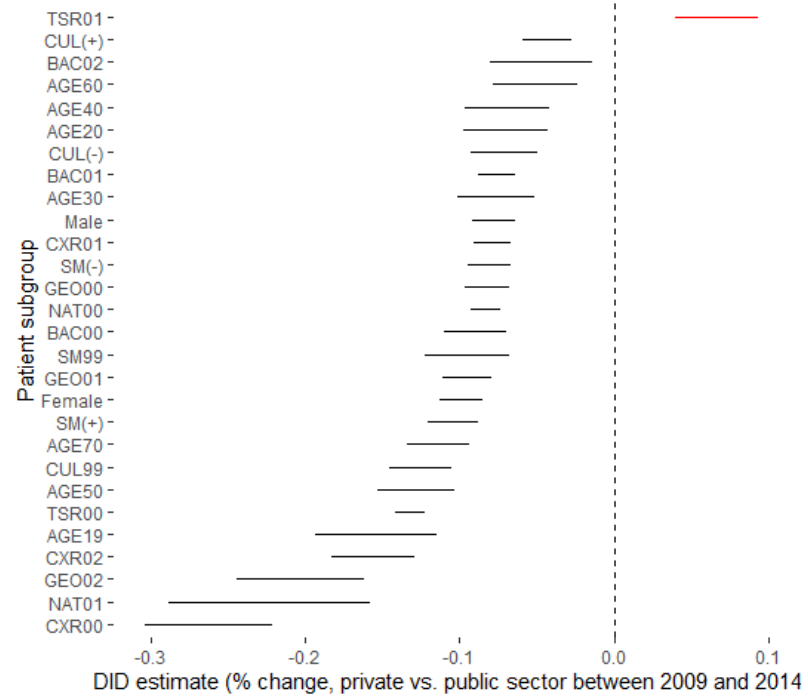
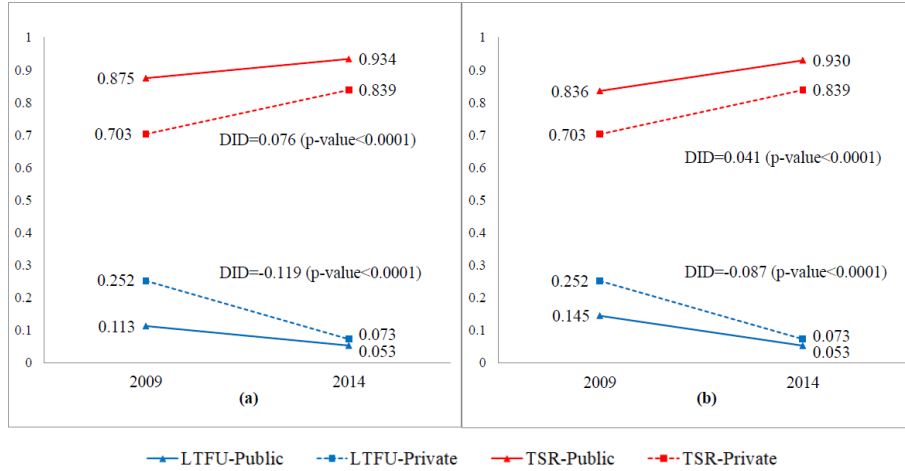


3 PPM under NHI Scheme

Timeline



Achievements



(Yu et. al, 2019, in revision)

- National Health Insurance
 - Covered all population in 1989
 - Co-payment system
 - HC (free for TB), Private sectors (30% patient payment)
 - 5% patient payment in private sectors in 2011
 - 0% patient payment in private sectors in 2017
- Leadership of old and new NTP
 - Korean Institute of Tuberculosis under KNTA since 1970
 - Korean CDC since 2003
 - Launched TB elimination plan 2030
- Easy language of PPP to financial ministry

Summary and conclusion

- **Main changes within NTP**
 - From public to private service provision
 - From community-based approach to facility-based approach
- **Main changes within National Health System**
 - Launched and expanded their coverage of NHI including private sectors
- **Korean PPM under NHI scheme**
 - Half victory of its implementation in private sectors
 - Gap between hospitals should be solved through rebuilding community-based structure

Multisectoral approach

- To tackle social determinants

Original Article

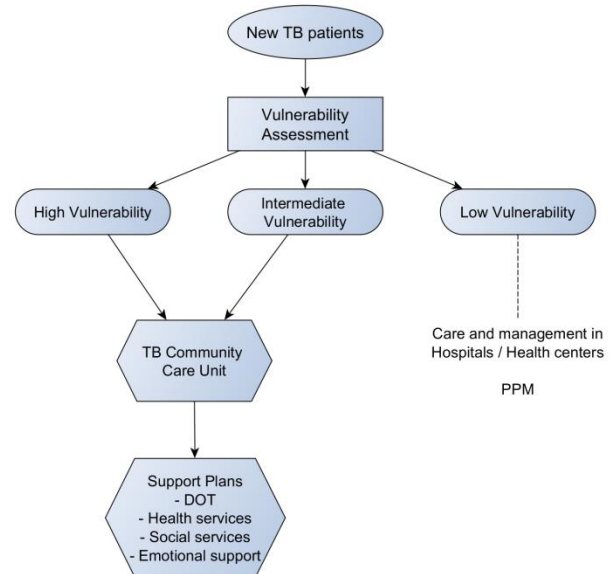
Impact of Housing Provision Package on Treatment Outcome Among Homeless Tuberculosis Patients in South Korea

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Community-based support

- Ongoing a pilot project





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