



PARLIAMENT
OF THE REPUBLIC OF SOUTH AFRICA



JULY 2023
JOINT STUDY TOUR REPORT:
REPUBLIC OF KOREA

Select Committee on Health and Social Services
Select Committee on Education and Technology, Sports,
Arts and Culture



PARLIAMENT
OF THE REPUBLIC OF SOUTH AFRICA

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REPORT OF THE *SELECT COMMITTEE ON HEALTH AND SOCIAL SERVICES AND THE SELECT COMMITTEE ON EDUCATION AND TECHNOLOGY, SPORTS, ARTS AND CULTURE*, OF THE JOINT INTERNATIONAL STUDY TOUR TO THE REPUBLIC OF KOREA FROM 03 TO 07 JULY 2023, DATED 05 SEPTEMBER 2023

The Select Committee on Health and Social Services, and Select Committee on Education and Technology, Sports, Arts and Culture (henceforth, the Committees) having conducted an international study tour to the Republic of Korea (South Korea) from 03 to 07 July 2023, report as follows:

PART 1: INTRODUCTION

1.1 Delegation

A delegation of the Select Committee on Health and Social Services, and Select Committee on Education and Technology, Sports, Arts and Culture (henceforth referred to as the Select Committee on Education) undertook an international study tour to the to the Republic of Korea (South Korea) from 03 to 07 July 2023.

The delegation comprised of the following individuals:

Members of Parliament

Mr E Njadu (Chairperson: SC Health & Social Services)

Mr E Nchabeleng (Chairperson: SC Education)

Ms EN Nkosi

Ms N Ndongeni

Mr MR Bara

Ms D Christians

Ms SA Luthuli

(Province)

Western Cape

Limpopo

Mpumalanga

Eastern Cape

Gauteng

Northern Cape

KwaZulu-Natal

Parliamentary Support Staff

Ms M Williams

Ms T Ketye

Committee Secretary

Content Advisor



1.2 Arrival in Seoul, South Korea

The delegation was met by Ms Ntombikayise Msibi, the First Secretary: Political and Mr Xolani Ngubane: Corporate Services Manager, from the South African Embassy, at Korea's Incheon International Airport on 01 July 2023. The delegation stayed at the Conrad Hotel in Seoul for the duration of their visit. Ms Msibi accompanied the delegation to all the meetings held from 03 to 07 July 2023.

1.3 Meetings Held During Visit

To achieve the aims and objectives of the study tour, the Committee held meetings with various stakeholders in South Korea. The delegation met the South African Ambassador to South Korea, Ms Zenani Dlamini, who welcomed the South African delegation. The Ambassador went through the study tour programme with the delegation and shared some historical information about the relationship between South Africa and South Korea and protocol. *The Chairpersons expressed their appreciation to the Ambassador and Embassy Officials for the introductory meeting and expressed their appreciation for the engagement.*

The delegation held individual meetings with the Chairperson of the Parliament Health Committee, Dr Shin Dong-Kun and the Chairperson of the Parliament Education Committee, Mr Kim Cheol-Min, respectively at the National Assembly in Yeongdeungpo-gu.

The delegation visited and met with various representatives and stakeholders of both the Koreans' health care and education systems. This included the Director-General of the Ministry of Health and Welfare as well as the Director-General responsible for the Public Education Policy Bureau. The following institutions were visited to gather information on the Korean health care system:

- Ministry of Health and Welfare in Sejong City,
- National Health Insurance Service (NHIS) in Wonju City,
- Health Insurance Review and Assessment (HIRA) Service in Wonju City and
- Samsung Medical Centre in Gangnum-gu.

The following institutions were visited to gather information on the Korean education system:



- Korean Research Institute for Vocational Education and Training in Sejong City,
- Haemil Elementary School in Sejong City, and the
- Korean Educational Development Institute in Jincheon-gun.

The mode of information sharing was largely through PowerPoint presentations followed by discussions where the Members of Parliament would be given an opportunity to ask questions on issues raised in the presentations. In some instances, booklets were made available to learn more about topics of interest to the delegation. Information presented in this report therefore comes from the presentations and the booklets provided to the delegation on these two crucial topics.

PART 2: SC ON HEALTH AND SOCIAL SERVICES

2.1 Background

Countries around the world have made a commitment to achieve universal health coverage (UHC). The World Health Organization (WHO) identified quality essential services as the primary means to achieve UHC, in line with the third SDG which is “to ensure healthy lives and promote well-being for all, at all ages” (United Nations, 2015).

The Committee embarked on a study tour to observe and learn from the best practice performance on the National Health Insurance (NHI). The Committee’s decision to undertake a study tour was preceded by the comparative research study on international best practice of the healthcare systems of seven countries, which included Canada, China, Japan, Republic of Korea, Finland, Norway, and Rwanda.

The study tour to the Republic of Korea (hereinafter, Korea) is in line with the strategic plan of the Sixth Parliament of the Republic of South Africa 2019-2024, the Committee’s Strategic Plan 2019-2024, the Parliamentary Oversight and Accountability Model (2012), the National Development Plan (NDP): Vision 2030, and the third United Nations Sustainable Development Goal (SDG) 3.



2.1.1 Aim and objectives

The *aim* of the study tour was to learn the best practises in the healthcare system of the Republic of Korea by focusing on its national health insurance system, healthcare coverage, how the NHI system is funded, and the services provided by the NHI system fundamental institutions such as National Health Insurance Service (NHIS) and the Health Insurance Review and Assessment Service (HIRA).

The *objectives* of the study tour to Korea were:

- To explore and learn how the government of Korea has achieved its health care coverage under the NHI system,
- To explore and learn how the government of Korea is funding its NHI system to the benefit of its citizens,
- To explore and learn how the NHI system is provided by the different stakeholders or fundamental institutions i.e., the HIRA which is responsible for the Korea's health insurance evaluation and analysis service, and the NHIS which provides for the Republic of Korea's national health insurance service. This will enable the Committee to understand the mechanism of the Republic of Korea's health system.

The healthcare industry of South Korea is mainly governed by the Ministry of Health and Welfare (MoHW). These government authorities are concerned with the healthcare service at large, including the enforcement of healthcare-related laws and regulations, administrative review of healthcare professionals, certification of medical institutions, mediation of medical disputes, sanctions on illegal rebates involving pharmaceutical products and medical devices, national health insurance, pricing and reimbursement, safety management of pharmaceutical products (including bio products) and medical devices, and the overall management of clinical trials.

2.2 Korean NHI System

2.1.1 How was it started?

The Republic of Korea first introduced NHI in 1977. In 1989, the NHI system was expanded to cover all citizens- thus achieving UHC within 12 years.



Healthcare in South Korea has two pillars – a medical aid component which covers about 3% of the population, and the National Health Insurance System (NHIS) which covers about 97% of the population. Thus, healthcare is funded through the NHIS. This system of NHI was developed by government with three main guiding principles set as health policy, namely: compulsory coverage; contributions based on individual income; and benefit levels independent of individual contributions.

2.1.2 What does this mean?

The NHI programme in South Korea is a public insurance system that is premised on UHC. This means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

The key success factors of Korea's NHI scheme are based on the following components:

- (a) *Socio-economic conditions.* Korea has successfully achieved rapid economic growth. The resources required to run the NHI programme are derived from insurance contributions paid by the insured and their employers (as applicable), government subsidies and other income (such as fees for delinquent payments and other penalties).
- (b) *The design of the NHI scheme.* At its launch, health insurance began with low levels of contribution, benefits, and reimbursement owing to the poor financial condition of the government. The current NHI system is the result of expanding coverage systematically.
- (c) *The development and implementation of NHI policy.* The NHI programme is governed by the *National Health Insurance Act* and the key features of this statute are as follows:
 - The NHI programme is compulsory when certain legal requirements are met, and the payment of insurance contributions becomes mandatory.
 - Insurance contributions are imposed according to ability to pay (i.e., depending on income level).
 - Regardless of the level of the insurance contributions paid, insurance benefits are paid equally regarding the scope and level of insurance coverage.
 - All medical institutions are required to join the NHI programme (that is, no opt-out is allowed). Thus, the government imposes mandatory participation, as legal obligation for both insurers and providers, and insurers must provide NHI services.



(d) *Strategic, gradual implementation.* The step-by-step expansion of coverage took into careful consideration the insured's ability to pay and the insurer's administrative capacity. By gradually expanding population coverage, Korea established the NHI 12 years after the introducing the NHI.

(e) *The use of information technology.* In Korea, the government operates the residential identification system. This technology makes efficient management possible, enabling eligibility criteria management, imposition, collection, benefit management, claim review, etc.

2.1.3 Who are the role-players?

There are various stakeholders involved in the healthcare industry in the Republic of Korea. These include medical institutions; healthcare professionals; patients; manufacturers, importers, and sellers of medical devices and pharmaceutical or biotechnology products; insurance companies; government authorities, including the MoHW, National Hospital, the National Health Insurance Service (NHIS), the National Medical Centre, the Korea Institute of Drug Safety and Risk Management, the Health Insurance Review and Assessment Service (HIRA), and the Korea Disease Control and Prevention Agency, and academic institutions for healthcare professionals.

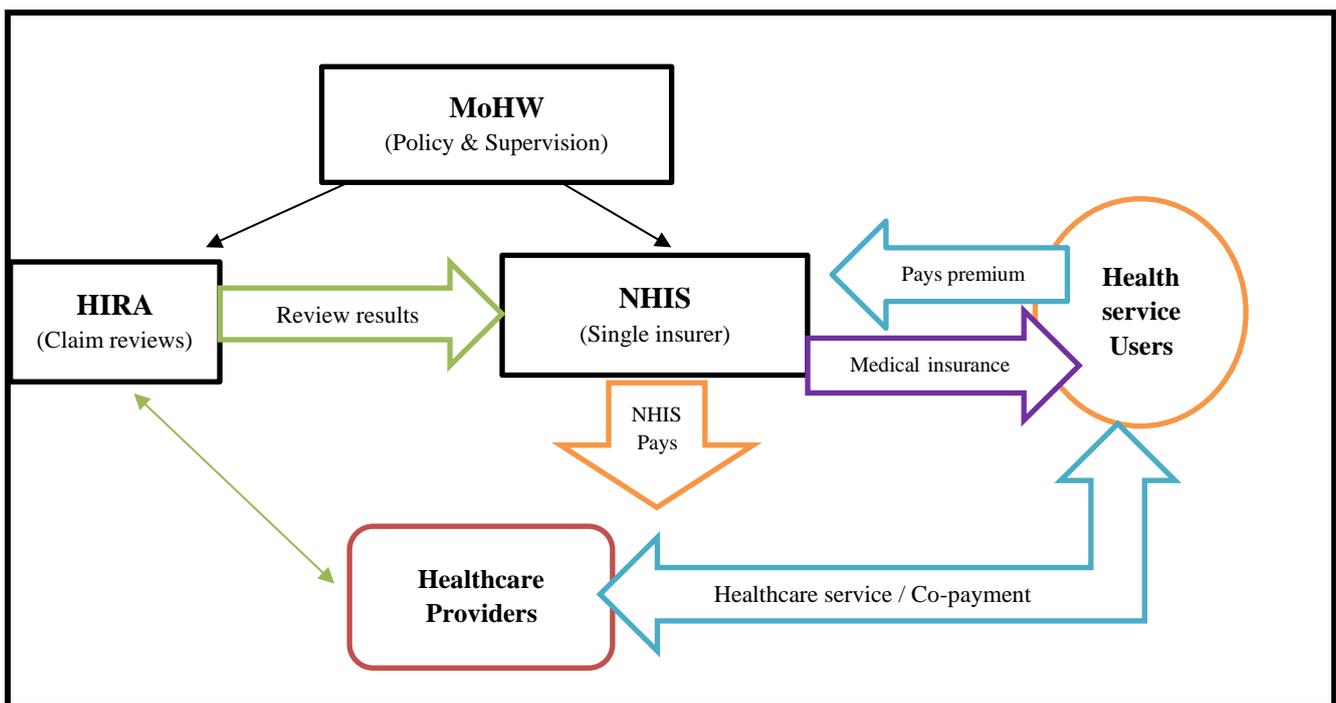


Figure 1: Schematic presentation of the governance of the Korean NHI system

The delegation met with representatives of the MoHW, NHIS and HIRA.

2.1.4 What challenges does it face?

The system has seen substantial growth in the duration of hospital admissions per insured person and the number of days spent receiving outpatient care, over the years. In addition, there has been an expansion in medical facilities and an increase in the number of hospital beds, particularly in higher-tier medical institutions. However, there remains a gap in terms of the healthcare workforce available to the population.

The Korean healthcare system has seen a rise in the use of advanced medical equipment, which contributes to the soaring healthcare costs that cannot be overlooked.

It was noted that newly trained doctors prefer to specialise in services that are not covered by the NHI – where the State cannot control pricing. These services include cosmetic surgery and dermatology.

2.2 Key Stakeholders

2.2.1 MoHW

The MoHW is responsible for making policy decisions regarding the NHI system. For example, the MoHW determines the insurance contribution rate, the standards for the imposition of insurance contributions, and the scope of healthcare benefits subject to insurance. The MoHW is the authority managing and operating the NHI system and thus oversees the NHI system and its two fundamental institutions – the NHIS and HIRA as shown in Figure 1. This involves approving the budget and regulations of the NHIS.

The MoHW implements a variety of social security programmes to ensure a basic standard of living, and to raise the overall quality of life for all citizens. The Korean social security system provides social insurance, public assistance, and social welfare services.



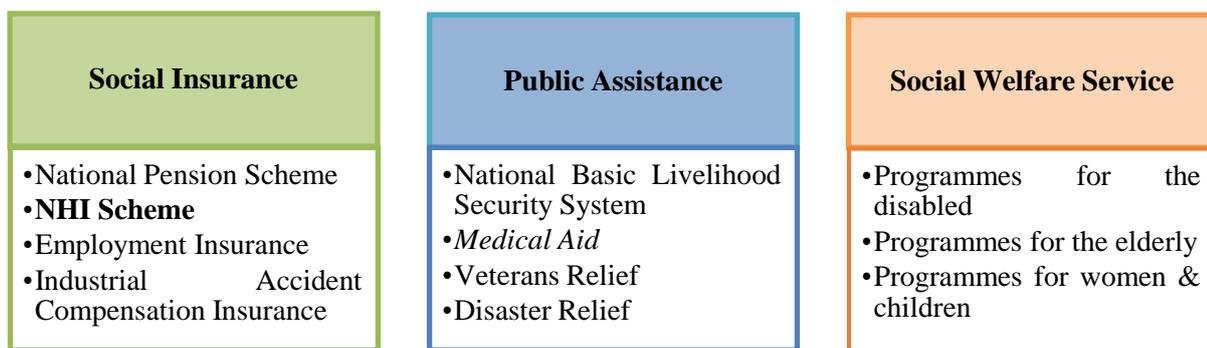


Figure 2: Schematic presentation of the Korean security system

As shown in Figure 2, the Korean health security system has two components, namely: mandatory social health insurance and medical aid. The NHI system ensures UHC. The main sources of NHI funding include contributions from insured health service users and government subsidies. Healthcare providers may not refuse to treat NHI patients, and all enrolees pay monthly contributions.

Healthcare services can be provided by a variety of healthcare providers, including clinic-level medical institutions and hospital-level medical institutions, and citizens can choose the providers from which they wish to receive their healthcare services. The licensing, establishment and operation of healthcare providers is governed by the MoHW pursuant to relevant laws and regulations such as the Medical Care Assistance Act. In principle, the medical benefits system provides support for medical expenses for items specified in the NHI Medical Benefits Criteria published by the MoHW. Certain co-payment requirements may apply, as well as restrictions on the number of days during which medical benefits or treatment procedures can be received as shown in Figure 1. Thus, all Koreans except those belonging to the lower income group enrol to the mandatory health insurance. The medical aid programme is a form of public assistance that uses government subsidies to provide low-income groups with healthcare services.

2.2.2 NHIS

The NHIS serves as the single insurer of the NHI system. The responsibilities of the NHIS include the management of qualification criteria of health insurance subscribers and their dependants; the imposition and collection of insurance contributions; the management of insurance benefits; the implementation of national health check-ups, disease prevention and health promotion related work; payments to medical institutions; the determination of drug

prices through negotiations with pharmaceutical companies; and the execution of pricing contracts with pharmaceutical companies.

In line with the NHI Act, the Health Insurance Committee has the responsibility for setting the contribution rate for the insured within the range of 7% (3.5% directly from the employee/health service user and 3.5% from the employer) of monthly income. Contributions are calculated by using a formula in which the insured person's properties, income, motor vehicles, age and gender are taken into consideration. The government subsidises about 50% of total expenditures relating to the payment of benefits for the self-employed insured and related administrative costs.

2.2.3 HIRA

The HIRA sets the scope and standard of services covered by the NHI, manages healthcare resources, evaluates the cost and quality of healthcare services through advanced information and communication technologies (ICT).

The responsibilities of the HIRA include the assessment of medical care costs and the appropriateness of the healthcare benefits, and the development of the review and assessment criteria. In short, HIRA conducts claim reviews and the quality assessment of healthcare services.

As shown in Figure 1, healthcare providers submit claims to HIRA. This is done through a web-based medical claim portal service. HIRA uses an ICT system to automatically check for errors, omissions and/or miscalculations. Subsequently, an electronic claim review is conducted based on pre-determined criteria. HIRA then submits the results to the NHIS where reimbursement for providers is processed.

2.2.4 Samsung Medical Centre

The Samsung Medical Centre is one of Korea's most renowned hospitals. It was established in 1995, with the goal of focusing on patient and customer satisfaction. It offers specialised treatment for cancer through the *Samsung Comprehensive Cancer Centre*; heart conditions such as vascular strokes, angiographies, acute myocardial infarction, and aortic aneurysm are treated through the *Heart Vascular Stroke Institute*. Other specialised services include the treatment of



brain tumours; organ transplants; and the provision of exclusive treatment to high-risk mothers and neonates (newborns) at the *Mother-Child Intensive Care Centre*.

The Centre has 9200 outpatients; 1200 inpatients; 210 emergency patients and 196 surgical patients daily. The facility offers 1989 beds, 56 operating rooms and 188 intensive care unit (ICU) beds.

To provide the best medical services possible, for international patients, there is an *International Healthcare Centre* which offers the following:

- Specialised clinics for international patients,
- Physicians that are fluent in English,
- Interpretation services which include Arabic, Chinese, Mongolian and Russian.
- Discounted accommodation at nearby hotels and transportation services.

Other services include the *Health Promotion Centre*, which conducts health check-ups; and a *Research Institute for Future Medicine* which entails a Bio Bank and conducts various clinical and biomedical research.

The delegation visited the *Samsung Comprehensive Cancer Centre* and Bio Bank. The Cancer Centre provides an integrative education programme to help cancer patients to receive effective treatment and maintain good health. The cancer types that are treated at the Centre include breast, colon, uterine, gastric, Non-Hodgkin Lymphoma, liver, lung, and pancreas cancer. The Centre's wellness programme is divided into the following categories:

- Cancer treatment. This includes chemotherapy, radiotherapy and managing altered appearance after treatment.
- Symptoms management. This includes pain management.
- Psychosocial support. This includes hospice-palliative care and practical ways of dealing with problems and guidelines for managing physical, social, emotional, and psychosocial health and diet.
- Cancer prevention.

New cancer patients and their families receive orientation so that they receive reliable information about the different stages of the diseases and treatment, and to help them understand



the cancer diagnosis. Family members of cancer patients learn about how to care for the patients. In addition, patients receive support to help them return to work successfully after cancer treatment.

For the rapid recovery of patients, the Samsung Cancer Centre uses advanced treatment technologies such as various non-invasive methods listed below:

- Robotic surgery for prostatectomy,
- Video-assisted thoracoscopic surgery for lung cancer,
- Single port laparoscopic surgery for colon cancer and
- Radiofrequency thermal ablation therapy for liver cancer.
- Innovative radiotherapy that uses preexisting x-ray and gamma ray, proton therapy to provide the best precision and accuracy for minimising errors which are less than *1mm* from tumour cells and minimises the amount of radiation that is applied to normal tissue so that adverse effects and possibilities of having secondary tumours can be lowered.

PART 3: SC ON EDUCATION

3.1 Background

The study tour was guided by the priorities as set in the major government plans such as the National Development Plan: Vision 2030 (NDP) and the Medium-Term Strategic Framework (MTSF) 2019–2024. The following are the key outcomes as stated in the NDP, which guided and informed the Committee’s oversight work:

- Quality basic education.
- A skilled and capable workforce to support an inclusive growth path.
- A diverse, socially cohesive society with a common national identity.

The focus for the SC on Education is explore best practises in the education system, including early childhood development (ECD), Mathematics and Science.

3.2 Aim and Objectives

The *aim* of the study tour was to learn the best practises in the education system of the Republic of Korea by focusing on maths and science education, early childhood development and literacy.



The *objectives* of the study tour were:

- a) To explore and understand the South Korea public education system.
- b) To explore and understand the South Korea maths and science education advancements.

In addition, the delegation engaged with stakeholders on the following:

- The funding of basic education.
- School structure.
- Parental involvement in education of their children.
- Provision of special education and special schools.
- Pass rate in Mathematics and Physical Science.
- Management of scholar transport.
- Competency of teachers and lecturers, and their qualifications.
- How to avoid mismatch of skills (skills needed by the industry and those supplied by the Technical and Vocational Education and Training (TVET) Colleges).
- Employability of their graduates.

3.3 Korean Education System

3.3.1 Ministry of Education

The government spends 14% of its total budget on education. Korea's education system has been the driving force for the country's rapid economic growth. This has led to highly skilled human resources that can quickly learn advanced technology and develop independent, efficient, and effective systems.

The educational administration has a dual structure with the Ministry of Education of the central government and local government offices of education. School education policies are taken control of by the Ministry of Education at the national level and by 17 local offices of education.

In South Korea, education is funded by the government, thus education up to high school is free. Students are offered various forms of support to enable them to perform at their best. This is premised on ensuring that all students achieve a basic level of education.



South Korea uses a 6-3-3-4 single ladder education system. That is, six years in elementary school, three years each in middle school and high school, and four years in university. The nine years of elementary and middle school are compulsory, but from high school and beyond, students choose an education path in line with their career choice.

The government implements policy to fully support ECD. This has been done by establishing more public kindergartens and funding the “*Nurri Curriculum*”, which is the nationwide curriculum for children aged 3 to 5 years. Considering the rapidly changing environment, the Korean government is pursuing the transition to “green smart schools of the future”. This is aimed at tailored education, enhanced school autonomy, renovating and remodelling deteriorated school facilities, and innovative teaching methods that include the expansion of artificial intelligence (AI) education.

With regards to vocational education, the Korean government has established an employment support system. This is to ensure that students get a job that is related to their major after receiving vocational education. There is a *Central Employment Support Centre* that finds decent vacancies for students and shares information with the *Employment Support Centre* of the Office of Education. In addition, schools have an *employment support manager* who provides career guidance to students, to match their aspirations and specialisations.

3.3.2 Korean Research Institute for Vocational Education and Training (KRIVET)

KRIVET was established in 1997 as a research institute focused on national human resource development. Thus, it mainly conducts research on national policies for human resource development and to support the implementation of national policy. In addition, KRIVET fulfils the following functions:

- Supports the network of stakeholders in TVET and Human Resource Development (HRD).
- Conducts research on TVET as part of lifelong learning for all and carry out related projects.
- Develops and propagates programmes for TVET as part of lifelong learning.
- Conducts research on national and private qualification systems and facilitate related projects.
- Evaluates TVET institutes and their programmes upon the government’s request.
- Provides information and career counselling for employment and career development.
- Establishes and manages a system for collecting information and analysing the labour market trends on a regular basis.
- Promotes international exchange of information on TVET.



- Collects, organises, and disseminate information on TVET.

KRIVET continues to conduct research on topics such as ‘*Reform of public education with classroom revolution*’, ‘*Restoration of the hope ladder of education*’, ‘*Improvement of the quality of higher education and innovation of lifelong vocational education,*’ to maximize the government’s policy outcomes.

3.3.3 Haemil Elementary School

Haemil elementary is a public school, that opened its doors in 2022. It was built alongside a middle school, high school, park, and community centre. The cost of the school went over the regional budget by 30%. The school structure comprises a principal, 100 teachers and approximately 1000 scholars. The school has two teachers with nursing certificates resident in the sick bay of the school, fitted with 3 beds. School hours are from 9am to 2pm. The school is fitted with two computer labs, aftercare classes, 3 science laboratories including one for after school, a cooking class fitted with kitchen equipment, a library that offers a reading class and an auditorium. This is in addition to its normal classes for Grades 1 to 6.

This state-of-the-art elementary school also has a cafeteria- meals are provided free of charge and subsidised by the government, and heated floors. A counselling office is also on campus. Thus far the school has had 200 guests from all over the world including Canada, the Emirates and the United States of America.

3.3.4 Korean Educational Development Institute (KEDI)

The KEDI was established in 1972 and played a crucial role in the development of a new educational system. In the 1980s, KEDI has played a leading role in educational reform. In the 1990s, KEDI was redesigned as an educational policy research institute. Over the years KEDI has led innovation in the educational system with a focus on the direction of future education, strengthening data-based policy research and conducting interdisciplinary and convergence research.

Its goals and strategies are:

- To become a strong platform for educational reform policy and field innovation.
- To promote the value of future education and strengthen research and development capacity in innovation education.



- To enhance international status through strengthening global collaboration in educational research and development.
- To strengthen the organizational capacity for innovation.

KEDI strives to establish new education system reflective of traditions and realities of Korea and to develop an innovative educational system to address challenges of Korean education. In addition, KEDI conducts comprehensive and scientific research on current issues of Korean education. Some of its research involves life-long education for adults, to enable adaptability in changing environments.

KEDI has autonomy but works closely with the Ministry of Education (and other institutions) in relation to curriculum development. The Ministry of Education plays a leading role in curriculum development.

PART 4: KEY OBSERVATIONS AND RECOMMENDATIONS

The Committee, having undertaken an international study tour to the Republic of Korea, made the following observations and findings.

4.1 General Observations

- The Republic of Korea's economy is among the ten largest in the world and this is notwithstanding the fact that it does not have a lot of natural resources, hence there is a strong emphasis on human capital to ensure economic prosperity. The country has a less than two per cent unemployment rate which is highly commendable.
- In the Republic of Korea, there is emphasis on meritocracy and being highly skilled, human values, ethical development, creativity, care for others and the environment.
- The Committee notes that visa renewal delays experienced by Korean citizens in South Africa were raised throughout the study tour.
- The Committee notes that the Republic of Korea has entered the race to host the 2030 World Expo which it would like to host in Busan and encourages the Republic of South Africa to consider supporting it in this endeavour.



4.2 Health Sector Focus

- The Republic of Korea focuses on equity and non-profitability. A good standard of health care that is accessible to all is what drives the health sector. Thus, the health system is premised on the following:
 - Ensuring that everyone who needs health services gets them, not only those who can pay for them.
 - Ensuring that the quality of health services is good enough to improve the health of those receiving services.
 - Protecting health service users against financial risk by ensuring that the cost of using services does not put people at risk of financial harm.
- The NHI is the central component of the operation and funding of healthcare services in South Korea. Within the NHI system, insurance enrolment and payment of insurance contributions are mandatory, and the amount of the insurance contributions is determined based on the income level of the insured user.
- There law is enforced by the State and prices are set by the MoHW.
- Application of ethical research methodologies and implementation of ongoing educational training initiatives are key components to ensuring an effective health system and healthy nation.

4.3 Education Sector Focus

- The Republic of Korea has an incredible education system in place, made possible by a high degree of investment research and development. Education was the second largest expenditure item behind *Health and Welfare* services in the national budget of the Republic of Korea for the current financial year.
- The Republic of Korea provides free education to elementary and middle school students while college students' tuition is subsidised. Elementary and middle schools are governed by the local government authorities. Colleges fall under the jurisdiction of the central government.
- Science communication initiatives are imbedded in all levels of education, starting with early childhood development.



4.4 Recommendations

The delegation, having concluded their international study tour to the Republic of Korea makes the following recommendations.

- (a) Government initiatives should be based on ethical and sound research, monitoring, and evaluation. Departments should submit reports of implemented efficiencies to the respective Parliament Committees.
- (b) Government departments should work closely with industry organisations, garner investment and find ways of collaborating on innovative initiatives that will improve education and health sector goals for the betterment of the country.
- (c) Government departments should share summary reports of local and international feasibility studies that have been conducted. The reports should include key lessons from those studies, the department's plan of action and progress. Those reports should be submitted to the respective Parliament Committees.
- (d) The Department of Health should provide more information to the Committee and the public on the following:
 - How the proposed NHI Bill will ensure an improved health care system.
 - The envisaged role the private health sector will play in the rollout of NHI.
 - The estimated timeframes to realise UHC.
 - What the different phases of implementation will entail.
 - The implications of not implementing NHI as set out in the proposed Bill.
 - Cost estimates for the different phases of implementation.
- (e) Parliament, through its relevant committees, should monitor the implementation of health policies and legislation, including the NHI.
- (f) The Education Departments (DBE and DHET) should align curriculum development and skills training to the needs of industry and the economy. This will contribute to the country's economy and the employment of graduates.



PART 5: CONCLUSION

The report introduced the purpose, aims and objectives, and how the information presented in it was collected. It thus provided an overview of the Korean healthcare and education systems. In doing so, it first provided some lessons from Korean NHI system. Then, it presented some recommendations for the Committee to consider when deliberating on matters related to the tabled NHI Bill.

The report also provided information on the Korean education system in relation to the sites that were visited and meetings that were held. This was followed by an overview of elementary education, STEM subjects and vocational education.

APPRECIATION

The delegation, led by Mr E Njadu MP (Chairperson: Select Committee on Health and Social Services) and Mr E Nchabeleng, MP (Chairperson: Select Committee on Education and Technology, Sports, Arts and Culture), would like to thank all stakeholders for the support given during the study tour.

Having undertaken the study tour to the Republic of Korea, the Select Committees recommend that the House endorse the joint study tour report of the Select Committees on Health and Social Services, and Education and Technology, Sports, Arts and Culture.

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Report to be considered.

