

Research in Brief



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Health Plan 2030 for National Health Promotion

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Introduction

Underpinned by the budgetary and organizational resources made available via the legislation of the National Health Promotion Act in 1995 and the subsequent launch of the National Health Promotion Fund in 1997, the Korean government embarked in 2002 on the National Health Promotion Plan (Health Plan), a national master plan that guides the implementation of mid-to-long-term policies on disease prevention and health promotion.

The Health Plan sets national-level health visions and goals, and presents strategies for achieving them. Every decade or so since 2002, the master plan has come out renewed, followed by two 5-year plans that update revisions made to it. As the 4th 5-year Health Plan ended in 2020 and the 3rd 10-year Health Plan was launched earlier this year, it is high time now to take a close look at how the latest Health Plan should be implemented for disease prevention and health promotion for Koreans in the post-covid-19 era. Many of the health promotion programs as planned in the Health Plan 2030 consist of services of the type that are delivered in the traditional in-person settings in public health centers in cities, counties and boroughs. However, as it is hard in the current covid-19 situation to expect that these programs will be

delivered in ways they were intended, ways should be sought, by means of strengthening the monitoring of progress, of keeping the Health Plan 2030 on track.



The significance of the HP 2030

The period covered by the 1st to 3rd 5-year Health Plans saw substantial increases in the number of implemented programs, the size of allocated budgets, and the number of target areas. In the making of the 4th Plan, however, the factor of effectiveness weighed more heavily. As a result, both the number of planned programs and the number of performance indicators were cut.

The Health Plan 2030, meanwhile, reflects the need for securing its effectiveness and also the need for scaling up its status as a national master plan. The approach it takes to fostering a health-friendly environment is encompassing and the scope it sets for its programs is wide, with an emphasis on multi-sector cooperation aimed at achieving “health in all policies.”

Health equity has remained one of the two overarching goals of the Health Plan throughout the past 15 years, from the Second Health Plan onward. However, the goal of promoting health equity, without precisely-set indicators and target levels, has been criticized as being no more than a declaration.

Coming with indicators for health equity between men and women, between regions, and between people of different income levels, the Health Plan 2030 puts forth its dual overarching goals—increasing the health life expectancy and improving health equity—in a more precise manner. For example, the Health Plan 2030 clearly set as its goals to narrow the gap in healthy life years between those in the top 20 percent in the income distribution and those in the bottom 20 percent (8.1 years as of 2018) to less than 7.6 years by 2030, and to reduce the gap in healthy life expectancy between the top 20 percent municipalities and the bottom 20 percent in the spectrum of healthy life years (which was been on the increase from 2.7 years in 2018) to less than 2.9 years by 2020.

[Table 1] Health Plan in a tabular summary

	1st HP (2002~2010)	2nd HP (2011~2020)	3rd HP (2011~2020)	4th HP (2016~2020)	HP 2030 (2021~2030)
	-	A Healthy World with Everyone in It Together	A Healthy World That We All Together Make and Enjoy	A Healthy World That We All Together Make and Enjoy	A Society with Everyone Enjoying Lifelong Health
Overarching goals	A society with a healthy life expectancy of 75 years.	Increase the healthy life expectancy and improve health equity	Increase the healthy life expectancy and improve health equity	Increase the healthy life expectancy and improve health equity	Increase the healthy life expectancy and improve health equity
Basic principles	<ul style="list-style-type: none"> · Promote health potential by living healthy practices · Establish an efficient system of disease prevention and management · Deliver effective health promotion services across the life course 	<ul style="list-style-type: none"> · Enhance health potential · Reduce diseases and premature deaths · Reduce health gaps between population groups 	<ul style="list-style-type: none"> · Take Korea's environmental changes into account in policymaking · Incorporate the assessment of the Health Plan 2010 · Take WHO's definitions of health and health promotion into account in policymaking 	<ul style="list-style-type: none"> · Maintain the general framework of the 3rd Health Plan with its goals of increasing the health life expectancy and improving health equity · Increase the reliability of performance indicators · Tailor programs to the needs of the people and to policy changes 	<ul style="list-style-type: none"> · Take health into account as a first priority in all national- and local-level policies · Pursue improvements in people's general health status and health equity · Make all stages of the life course and all dimensions of living relevant · Foster health-friendly environment · Engage anyone in making a healthier Korea and ensure that it is enjoyed by all · Ensure cooperation across all sectors involved
Project areas		<ul style="list-style-type: none"> · Spreading healthy lifestyle practices · Prevention-oriented health management · Fostering health-friendly environments 	<ul style="list-style-type: none"> · Spreading healthy lifestyle practices · Managing chronic regressive diseases and their risk factors · Managing communicable diseases · Safety; environment; health · Health management for population groups · Project management 	<ul style="list-style-type: none"> · Spreading healthy lifestyle practices · Managing chronic regressive diseases and their risk factors · Managing communicable diseases · Safety; environment; health · Health management for population groups · Project management 	<ul style="list-style-type: none"> · Spreading healthy lifestyle practices · Managing mental health · Prevention and management of non-communicable diseases · Prevention and management of infections and other diseases stemming from climate change · Health management for population groups · Fostering health-friendly environment
Other		<ul style="list-style-type: none"> · Scaled up to a government-wide framework · 24 target areas; 108 programs 	<ul style="list-style-type: none"> · 32 target areas; 405 performance indicators 	<ul style="list-style-type: none"> · 27 target areas; 369 performance indicators 	<ul style="list-style-type: none"> · 28 target areas; 400 performance indicators

Source: Kim, D. J. et al. An Evaluation of Health Plan 2020 (2019).

It is not only policies in the health sector, but policies in practically all public sectors, that affect the health of people. This sounds like a truism, but it needs mentioning that the public health sector has been less than keen on addressing issues that concern other sectors. Nor has much been seen of efforts taken by those involved in the public health sector to build capacity to address such issues.

It was with the adoption in 1986 of the Ottawa Charter for Health Promotion that “building healthy public policy” emerged as a top-priority issue, after which the World Health Organization, as part of its “Health in All Policies” (HiAP) initiative, required, at the international-level, governments the world over to actively address the health impact of public policies. Thirty-five years on since the adoption of the Ottawa Charter, Korea has, through the Health Plan 2030, come to recognize HiAP as a national policy agenda. The Health Plan 2030 makes it clear that efforts will be undertaken to lay legal and institutional groundwork and to improve, by means of health impact assessment and of official management of social determinants of health, access to health information, so as to have health taken into consideration in all policies.

Suggestions for the successful implementation of the Health Plan 2030

[*Strengthen monitoring progress on the Health Plan*] The monitoring of the Health Plan has thus far been conducted mostly on a one-off basis, with its results, although compiled into a report, often left without feedback. The monitoring of the implementation of the Health Plan is documented in the Annual Action Plan Report (Ministry of Health and Welfare) and the Health Plan Trend Report (Korea Health Promotion Institute). The Annual Action Plan Report, as it is mostly about activities carried out, does not qualify as an investigative report of progress on the Health Plan. The Trend Report does not quite lead to a momentum toward the goals presented in the Health Plan, as it is composed mostly of indicator values for the overarching goals and other key targets. The fact that there is no review conducted of the current status of the overarching goals—especially of how much effort and progress has been made by the public entities tasked with the implementation of those goals—points to the need for further monitoring on a wider scale. In order to achieve the goals of the Health Plan, it is essential to monitor both the quantitative and qualitative aspects of the resources put toward the implementation of the projects as proposed in the Health Plan. Also important is to reshape the strategies and mechanisms for strengthening the role of feedback on monitoring outcomes. There is an advisory committee tasked with monitoring the trends in outcome indicators, but the need is still there to engage more experts—for example, experts who took part in the making of the Health Plan—in monitoring, in order to ensure, on a regular basis, that all projects are running in keeping with the targets set for the Health Plan.

[*Secure a strong link between Health Plan programs and the National Health Promotion Fund*] The National Health Promotion Fund is the main source of funding for health promotion projects in Korea. The Fund is financed with “National Health Promotion Charges” on tobacco products. The National Health Promotion Fund has grown to a great extent in recent years with the successive increases in

the tobacco tax. It is crucial that the Fund is used in such an appropriate way as to keep it financially justifiable and sustainable. Of late, however, the Fund has been mostly disbursed for purposes other than its original purpose of supporting the implementation of health promotion projects.

An estimative analysis was conducted of how much of the Fund is disbursed to what areas of health promotion and to what extent it has contributed to achieving the goals of the Health Plan. The analysis found that during the period encompassing the years of the Health Plan 2020, as little as 25 to 35 percent of the Fund's expenditure was funneled to projects having to do directly with the Health Plan's overarching goals. A much larger share of the Fund's expenditure, anywhere between 64 to 74 percent, was apportioned to projects whose relevance to the Health Plan's overarching goals was unclear. The most representative, and by far the largest in scale, of the projects with unclear relevance to the Health Plan, was the support scheme for the National Health Insurance enrollees, which took up 51 to 59 percent the National Health Promotion Fund. Projects with direct relevance to the Health Plan accounted for an increasing share of the Fund's expenditure, from 24.6 percent in 2012 to 34.9 percent in 2019. Meanwhile, the share of the Fund that went to projects of only unclear relevance to the Health Plan declined. However, still a significant amount of budgetary resources is directed from the Fund to projects whose relevance to the Health Plan's target areas is deemed unclear. Such a mismatch comes on in part because while the Health Plan encompasses the "health and health determinants of population groups," the Fund as it at present stands allocates its resources to projects concerning health and medical systems as narrowly defined, and in part because the accounts involved are managed on a segregated basis by various ministries and their departments.

Not only is the Health Plan 2030 broader in scope (in terms of the range of projects it covers) than the Health Plan 2020. Its standing as a national strategy has also scaled up with the involvement of a larger number of ministries. However, further project efforts should be taken on an encompassing scale to better manage social determinants of health and to get health taken into account in all policies, with a view to increasing healthy life years and improving health equity. To do this requires increased financial resources which the Health Plan can avail of to support its projects, and, of necessity, a strengthened link between the Fund and the Health Plan.

[Link the planners with the executors] While the national government is responsible for the making the Health Plan and for assessing it, the projects included in the Health Plan are implemented mostly by public health centers in cities, counties and boroughs. There is a need to address the issues and inefficiencies that come about in the implementation process because the planners and the executors are two distinct groups. Take cardiovascular disease as an example. "Tackling cardiovascular diseases," one of the target areas of the Health Plan, while defined in the 4th 5-year Health Plan as consisting of indicators and projects by means of which to manage cases of myocardial infarction and stroke, has been, when implemented by local health centers, centered mostly around managing the behavioral determinants of such cardiovascular risk factors as hypertension and diabetes. This is a case of mismatch between the plan and its implementation. Likewise, it has been pointed out that, after the "global budget scheme" was instituted for health promotion programs, nutrition as one of the Health Plan's target areas has been accorded a low priority in budget allocation and that as a result a series of public nutrition

programs have been facing budget constraints. While the responsibility for the making of the Health Plan lies mostly with the national government, the particularities and budgetary priorities of projects in the process of implementation have been determined contingent upon the circumstances of where they are taken on. Not only does this call into question whether the budgetary resources involved are allocated in an appropriate way, it also may make performance management difficult. To do away with the resulting inefficiencies requires consultative bodies that coordinate the national government with local governments.

After the spread of covid-19, public health centers throughout the country have directed most of their capacity to the response to the pandemic. They have been effective all along in their response to the situations of public health crisis; but in other areas of their role, they remained much less effective. In this regard, there is a need for a mechanism by which those who work in different phases toward their project goals can share among themselves their strategies and objectives and gather and coordinate their views of program planning and resources allocation.

Concluding remarks

Having on many occasions been called into question in terms of its effectiveness and impact ever since it was first embarked upon in 2002, the Health Plan nevertheless has acted as the matrix for Korea's health promotion policies. The Health Plan 2030 is in many ways an improvement over its earlier counterparts. Its implementation rules have improved and it is wider in scope in terms of the goals it is set out to achieve. But there are a good deal of issues that should be dealt with if the Health Plan is to succeed, as the means of implementing the planned projects are limited especially in this post-covid-19 era. This study points to the need to reinforce the process of implementing the Health Plan 2030, building on the findings from the assessment of the Health Plan 2020, and suggests that, in order to attain to the goals of the latest Health Plan, the following three things must be done: strengthening the monitoring of progress on the Health Plan; securing a link between Health Plan programs and the National Health Promotion Fund; and strengthen the link between the planners and the executors. In the current circumstances where the available means are considerably curtailed by the covid-19 pandemic, how to implement the suggested actions should be determined proactively through discussion, with a view to putting through the Health Plan 2030 in an efficient way.