

Asia-Pacific

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REPUBLIC OF KOREA AT A GLANCE

Total population (in thousands)	48391 (2010) ¹
Annual population growth rate	0.4% (2010-2015) ¹
Population aged 15-49 (thousands)	26,060(2010) ²
Percentage of population in urban areas	83% (2010) ³
Crude birth rate (births per 1,000 population)	10 (2009) ⁴
Under-5 mortality rate (per 1,000 live births)	5 (2008) ⁵
Human development index (HDI) - Rank/Value	12/0.887 (2010) ⁶
Life expectancy at birth (years)	79.8 (2010) ⁶
Adult literacy rate	N/A
Ratio of girls to boys in primary and secondary education (%)	97 (2008) ⁴
GDP per capita (PPP, \$US)	17,078 (2009) ⁴
Per capita total health expenditure (Int.\$)	927 (2007) ⁵

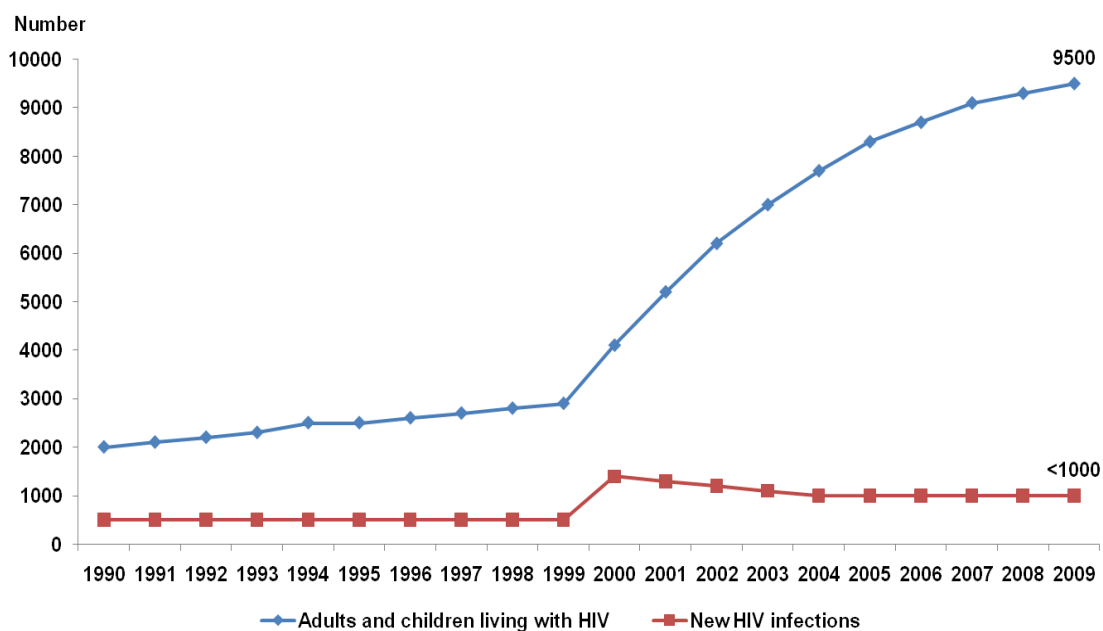


HIV PREVALENCE & EPIDEMIOLOGICAL STATUS

Since 1985 when the first case of HIV was identified, the number of adults and children living with HIV has risen to an estimated 9,500 [7,000-13,000] in 2009 (Fig. 1), up from 5,200 in 2001. Among the total in 2009, almost a third (2,900) were women, up from 1,600 in 2001. In addition, there have been an estimated less than 500 AIDS-related deaths and HIV prevalence in the general population has remained at less than 0.1%.⁷

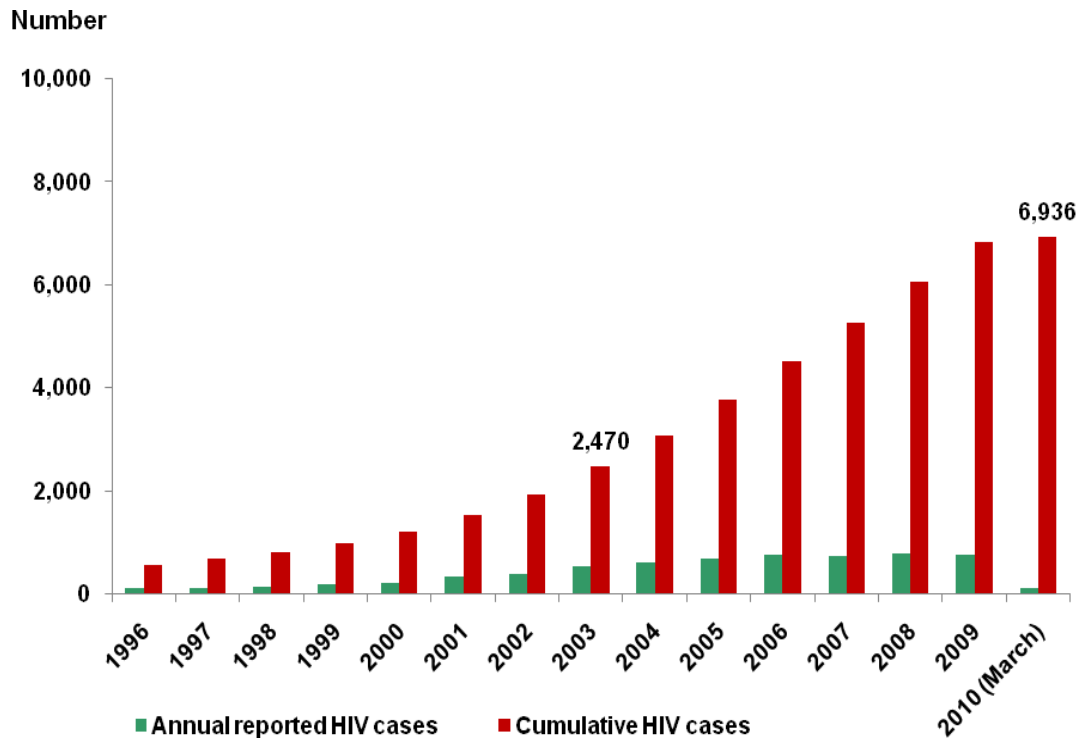
The reported cumulative number of Koreans testing positive for HIV has more than doubled in the last five years from 2,470 in 2003 to 6,936 in March 2010 (Fig. 2).^{8, 9} The number of newly recorded HIV cases in the Republic of Korea decreased by about 3% (771 new cases) in 2009 after a 7% increase in 2008 (797 new cases), according to a report released from the Korea Centers for Disease Control and Prevention (KCDC).⁹

Figure 1: Estimated number of adults and children living with HIV vs estimated new HIV infections, 1990-2009



Source: Prepared by www.aidsdatahub.org based on UNAIDS, Report on the Global AIDS Epidemic, 2010

Figure 2: Annual and cumulative cases of HIV infection, 1996-2010

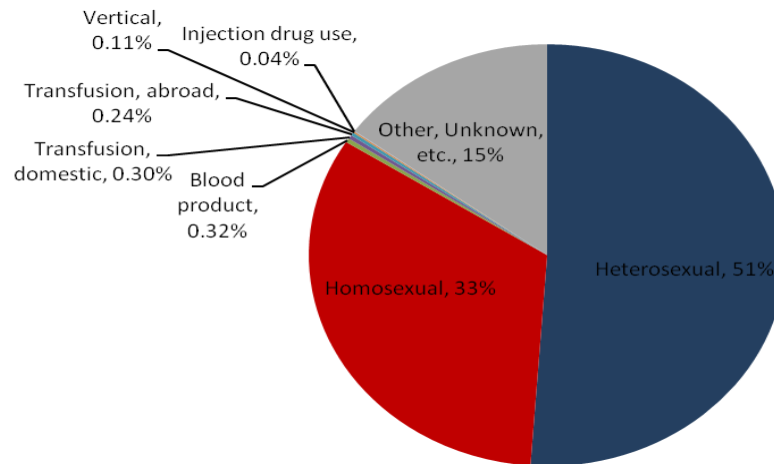


Source: Prepared by www.aidsdatahub.org based on Epidemiological Fact Sheet on HIV and AIDS, 2008 Update: Republic of Korea and Korean Centre for Disease Prevention and Control. Public Health Weekly Report, Week 10, 2010.

WHO IS AT RISK OF HIV INFECTION IN THE REPUBLIC OF KOREA?

The report also found that the overwhelming majority (94%) of newly reported cases in 2007 occurred among men – a trend that has prevailed since the beginning of the epidemic in Korea. Thirty-three percent of the cases were among people aged 30 to 39 while 23.4% were recorded among those aged 20-29 and 22.9% occurred among people aged 40-49. The primary mode of transmission of HIV cases reported from 1985 to 2007 was heterosexual sex at 51%, followed by homosexual sex at 33% (Fig. 3).¹⁰

Figure 3: Mode of transmission of HIV reported cases, 1985-2007



Source: Prepared by www.aidsdatahub.org based on [UNGASS Country Progress Report: Republic of Korea](#).

Although very little recent data is available on the breakdown of HIV prevalence among key affected populations, one of the studies in 2003 estimated that key affected populations include men who have sex with men (MSM), sex workers and their clients and those populations at lower risk include female partners of MSM and partners of clients of sex workers (Table 1).¹¹

The prevalence of HIV from voluntary test takers who were categorized as high-risk groups as well as cases referred by doctors were significantly higher than those from the general population. Furthermore, foreigners showed higher HIV prevalence than Koreans.¹² On a related note, the majority (70%) of HIV-positive individuals are currently diagnosed in hospitals, while most HIV-positive patients were diagnosed at public health centers in 1980s and 1990s, likely reflecting a change from mandatory to voluntary testing during that time.¹³ Furthermore, it was found that between 2000-2007 (n=2,299), late diagnosis was more highly associated statistically with individuals tested due to clinical symptoms of AIDS in the public health centers and hospitals as compared to the routine health check-up, although the primary reason for HIV testing was a routine health check-up (41%) followed by clinical manifestations (31%) of AIDS.¹⁴

**Table 1: HIV estimates by population in subgroups, 2003¹¹**

Subgroups	Estimated size of population	Estimated number of HIV infections	HIV infection rate (%)
Population at higher risk			
• MSM	• 70,854 – 155,897	• 5,668 (3,188 – 8,573)	• 4.5 – 5.5
• Sex workers	• 200,711 – 208,740	• 255 (167 – 347)	• 0.08 – 9.17
• Clients of sex workers	• 1,404,978 – 2,087,396	• 1,277 (686 – 2,035)	• 0.05 – 0.10
Population at lower risk			
• Female partners of MSM	• 35,427 – 109,115	• 361 (159 – 600)	• 0.45 – 0.55
• Partners of clients of sex workers	• 842,987 – 1,252,438	• 368 (206 – 611)	• 0.02 – 0.05
Total	2,554,958 – 3,813,568	7,945 (4,406 – 12,166)	0.03% (0.02 – 0.04)

Source: Yang BM and Choi UJ, Economic Impact of HIV and AIDS infection in Korea, paper presented at 7th International AIDS symposium at the KNIH (11 November 2004).

Men who have sex with men

The estimated number of men in Korea who identify themselves as homosexual or bisexual is between 10,000 and 34,400.¹⁵ Based on this number, the HIV prevalence among them is 6%. This is 66 times higher than the HIV infection rate among those in the general population who have sexually transmitted infections – another group that is generally considered to be at higher risk of HIV infection.¹⁶

MSM at a Glance^{9: 11: 16: 17}

HIV prevalence	<ul style="list-style-type: none"> • In 2008, more than 30% of new HIV cases were among MSM • HIV prevalence is estimated at 6%: 66 times higher than among those in the general population who have STIs, 2005 • Estimated number of men who have sex with men was 70,854–155,879 in 2003
National response	<ul style="list-style-type: none"> • The Korean Alliance to Defeat AIDS, the Korean Anti-AIDS Federation, the Salvation Army, and the Republic of Korea National Red Cross are the main NGOs dealing with AIDS in Korea that promote prevention programs targeted to MSM • Prejudice and discrimination are among the worst fears of people living with HIV

Female sex workers & their clients

Although the sex trade is illegal, the government had required sex workers (SWs) to test regularly for sexually transmitted diseases (STDs) since 1984. After 1985, the government mandated that all registered SWs should be tested for HIV every six months¹⁷. In 2003, it was estimated that the size of the SW population in Korea was between 200,711 and 208,740.¹¹ The surveillance system that operated from 1999 to 2001 showed the prevalence of HIV/AIDS among SWs to be 0.038%. However, the prevalence among those who do not go to public healthcare centres for regular STD and HIV testing is presumed to be higher.¹⁸

NATIONAL RESPONSE

HIV testing and counselling

A study was conducted to explore the characteristics of individuals who sought voluntary testing and counselling (VCT) at the Korean Alliance to Defeat AIDS (KADA). Data collected from 264 individuals who presented for VCT in 2005 showed that a large majority (85%) and more men than women (218 and 46, respectively) reported never using condoms and/or inconsistent condom use. The primary reasons given for seeking HIV testing were unprotected sexual intercourse with sex workers, premarital sex, and extramarital sex. Although none of the participants were HIV-positive, most were engaged in high-risk sexual behaviours.¹⁹

Compulsory testing was abolished as of the year 2000, and government funding for testing was reduced and funding for medical treatment and care were increased. According to the 2008 UNGASS Report, the country has been providing free, voluntary and anonymous HIV tests at public health centres (with 251 locations nationwide, as of 2007).¹⁰

Governance

In 1987, the National AIDS Committee (NAC) was established under then newly enacted AIDS Law (AIDS Prevention Act). A 15-member committee is chaired by the head of the Korean Centre of Disease Control (KCDC), and all members are AIDS experts, public health scholars, or high-ranking government officials. The committee makes proposals on AIDS prevention activities and the health and welfare of people living with HIV. The NAC presents its proposals to the Korean National Assembly, which has to review and approve the proposals before the NAC committee can proceed.

In 2003, the Korean Anti-AIDS Federation conducted a survey on AIDS awareness. Some of the responses reflect the seriousness of discrimination toward people living with HIV.

Law and policy related issues

The Republic of Korea does not have laws that criminalize homosexual behaviour. However, the *Prevention and Punishment of Sale of Sex Act 2004* criminalises all acts involving sex work, including pimping and running of brothels. Six months after the law came into effect, the number of known SWs decreased from about 5,570 to 2,740 women.²⁰

The legal and policy environments related to drug use are unfavourable for reaching and monitoring HIV among injecting drugs users. The Republic of Korea also retains the death penalty for drug offences, and harm reduction programmes are not yet in place (neither substitution therapies nor needle and syringe programs).²¹

The Republic of Korea has legislation specifically dealing with HIV. The *AIDS Prevention Act, 1987* provided the Government with power to, among others, impose mandatory and arbitrary testing and epidemiological surveillance. The law also created the responsibility for people living with HIV/AIDS to provide monthly status reports on their health status and their observance of safer sex regulations to a government health centre.

People living with HIV/AIDS were prohibited to work in service venues such as bars and restaurants. Violations of any of these regulations were punishable under criminal law with up to three years of imprisonment.

There was some indication early in 2010 that the HIV-related travel ban (i.e. entry, stay and residency restrictions on legislative, regulatory and administrative grounds) had been lifted by the Republic of Korea.²² However, and most prominently, HIV tests for foreign teachers on E-2 visas have remained in place. And although a positive test result will not automatically result in visa cancellation or deportation, a public relations official from the Korean Immigration Services stated that “deportation can still occur if the health administration reports someone being a potential hazard to societal health.”²³

In fact, certain immigration restrictions remain in force, including the following:

- The Immigration Control Act²⁴ gives the Minister of Justice discretion to refuse entry to or deport a non-national who has a ‘contagious disease’, and AIDS is classified as such by virtue of the Contagious Disease Prevention and Control Act.
- Foreigners who are considered “long-term sojourners by executive order” must present the Minister of Health and Family Affairs a negative HIV test result or undergo an HIV test within 72 hours after entering the country. A negative HIV test result is also required for certain types of visas.

Article 19, which states that ‘infected persons should not transmit HIV to others through blood or bodily fluid,’ is also problematic given that the wording of the article is ambiguous. It does not specify the elements of intention or knowledge of one’s HIV positive status. Anyone who violates article 19 of the Act can be punishable by up to 3 years of imprisonment.

HIV FINANCING & EXPENDITURE

The data on financing and expenditure in response to the status of the HIV epidemic in the Republic of Korea have not been reported.

REFERENCES

- ¹UN Statistics Division. (2010). Demographic and Social Statistics. Retrieved 10 January 2011, from <http://unstats.un.org/unsd/demographic/products/socind/population.htm>
- ²UN Population Division. (2011). World Population Prospects, the 2010 Revision. Retrieved 10 January 2011, from <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>
- ³UNFPA. (2010). *State of World Population 2010*.
- ⁴World Bank. World Development Indicators & Global Development Finance. Retrieved 10 January 2011, from <http://databank.worldbank.org/ddp/home.do?Step=12&id=4&CNO=2>
- ⁵WHO. (2010). *World Health Statistics 2010*.
- ⁶UNDP. (2010). *Human Development Report 2010*. Retrieved 10 January 2011, from <http://hdr.undp.org/en/reports/global/hdr2010/chapters/en/>
- ⁷UNAIDS. (2010). *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010*.
- ⁸WHO, UNAIDS, & UNICEF. (2008). *Epidemiological Fact Sheet on HIV and AIDS, 2008 Update: Republic of Korea*.
- ⁹Korea Centers for Disease Control and Prevention. (2010). *Public Health Weekly Report, Week 10, 2010*. . from http://www.cdc.go.kr/eng/english/kcdc_01.htm
- ¹⁰Republic of Korea. (2008). *UNGASS Country Progress Report: Republic of Korea*.
- ¹¹Yang Bong-Min, & Choi Un-Jung. (2004). *Economic Impact of HIV/AIDS Infection in Korea*. Paper presented at the 7th International AIDS Symposium.
- ¹²Kee MK, Lee JH, Chu C, et al. (2009). Characteristics of HIV Seroprevalence of Visitors to Public Health Centers under the National HIV Surveillance System in Korea: Cross Sectional Study. *BMC Public Health*, 9(123).
- ¹³Lee JH, Hong KJ, Wang JS, et al. (2010). Estimation of Hospital-Based HIV Seroprevalence as a Nationwide Scale by Novel Method 2002-2008 in Korea. *BMC Public Health*, 10(739).
- ¹⁴Lee, J.-H., Kim, G. J., Choi, B.-S., et al. (2010). Increasing Late Diagnosis in HIV Infection in South Korea: 2000-2007. *BMC Public Health*, 10(411).

- ¹⁵Cho, B.-H. (2004). *Social Impacts of HIV/AIDS*. Paper presented at the 7th International AIDS Symposium.
- ¹⁶Griensven, F. v., Wijngaarden, J. W. d. L. v., Baral, S., et al. (2009). The Global Epidemic of HIV Infection among Men Who Have Sex with Men. *Current Opinion in HIV and AIDS*, 4, 300–307.
- ¹⁷Shin, S. (2006). Republic of Korea. In T. Yamamoto & S. Itoh (Eds.), *Fighting a Rising Tide: The Response to AIDS in East Asia* (pp. 156-171). Tokyo: Japan Center for International Exchange.
- ¹⁸Unyoung, G. (2001). *Epidemiological Characteristics, Estimates and Prediction of HIV and AIDS Epidemic in Korea*. Hanyang University Graduate School.
- ¹⁹Shin SR, Kang HS, & Moneyham L. (2007). Characteristics of Individuals Seeking Voluntary Counseling and Testing for HIV Infection in South Korea. *J Assoc Nurses AIDS Care*, 18(5), 27-33.
- ²⁰Won-Su, J. (2005, 18 March). Reported Change in Sex Industry after Six Months of New Anti-prostitution Law (In Korean). *Dong A* from www.donga.com/fbin/output?sfrm=2&n=200503180327
- ²¹Rao, J. *Speech at the Opening Ceremony of the "Response Beyond Borders" First Asian Consultation on the Prevention of HIV Related to Drug Use, 28 January 2008*.
- ²²Ban Applauds Republic of Korea, US for Lifting Entry Limits Based on HIV Status. (January 4, 2010). *UN News Centre*. Retrieved May 21, 2011, from <http://www.un.org/apps/news/story.asp?NewsID=33401&Cr=hiv&Cr1=aids>
- ²³Views Differ on HIV Testing of Foreigners. (2010, August 24, 2010). *Korea Herald*. from <http://www.koreaherald.com/lifestyle/Detail.jsp?newsMLId=20100824000708>
- ²⁴Immigration Control Act (Republic of Korea) by Ministry of Legislation (2002). Retrieved January 10, 2011 from <http://unpan1.un.org/intradoc/groups/public/documents/APCITY/UNPAN011498.pdf>