



**Asia-Pacific
Economic Cooperation**

2026/SOM2/SCE/003

Agenda Item: 3.3

**Korea's Progress in Advancing Aotearoa Plan of
Action (APA) Individual Actions: Strategic Approach
to Artificial Intelligence (AI)-Powered Universal
Healthcare**

Purpose: Information

Submitted by: Korea



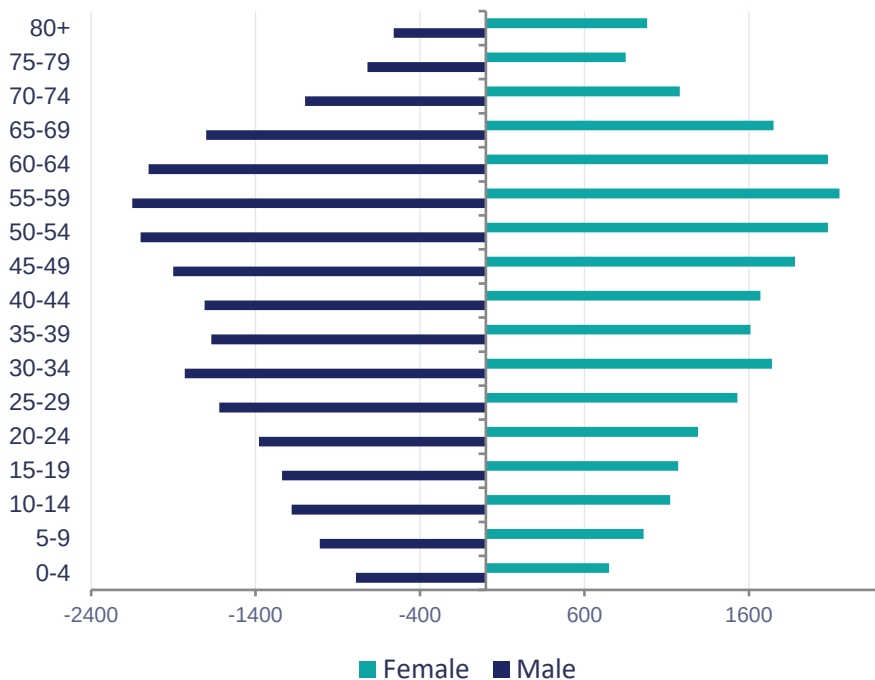
**Second SOM Steering Committee on
Economic and Technical Cooperation
Meeting
Shanghai, China
17 May 2026**

AI Basic Health Framework & *MyHealthWay*

Korea's Strategic Approach to AI-Powered Universal Healthcare

Korea's Demographic Transition

Population pyramid 2025 — total population 51.67 million (Statistics Korea)



Cohort size (thousands) · ◀ Male Female ▶

20.3%

Super-aged society

Population aged 65+ in 2025 — projected to reach 40% by 2050

2.4×

Regional disparity

Jeonnam 27.4% vs. Sejong 11.6% — aged-population gap

7.4 yrs

Fastest aging globally

Aged → Super-aged transition
(Japan: 10 yrs · France: 39)

Source: Statistics Korea(KOSTAT)

Three Structural Challenges

Demographic shifts create pressure on Korea's healthcare system

01



Urban–Rural Imbalance

- Seoul: 4.7 doctors per 1,000 people vs national avg 3.2
- Rural counties face emergency-care deserts
- Medical access depends on geography, not need

02



Population Aging

- 10.5 million people aged 65+ in 2025
- Chronic-disease burden rising rapidly
- Caregiver shortages strain long-term care

03



Regional Disparity

- Jeonnam: 27.4% aged 65+ population
- Sejong: only 11.6% — capital concentration
- R&D and tertiary care cluster in Seoul

AI as the Strategic Response

Three goals once thought mutually exclusive — AI breaks the trilemma



HEALTH EQUITY

- Urban–rural care disparities persist
- Physician shortages create care deserts
- Emergency access depends on geography



SUSTAINABILITY

- Aging populations surge demand
- Fee-for-service models inflate costs
- Prevention-oriented care underdeveloped



INNOVATION CAPACITY

- R&D ecosystems concentrated in metros
- Regulatory frameworks lag technology
- AI-health workforce insufficient

AI's universality · reliability · efficiency breaks the trilemma — achieving all three goals simultaneously

AI Basic Healthcare Framework

Connect fragmented care through AI · transform care into innovation · build a healthier society

PILLAR 1

AI for Health Equity

AI Teleconsultation

Underserved areas,
rural access

Intelligent Triage

Emergency routing
by clinical severity

Health Data Exchange

Seamless data
across institutions

Equity-Centered AI

Bias-free training &
Outcome tracking

PILLAR 2

AI for Sustainability

Healthcare Navigator

AI guides rational
facility use

Proactive Intervention

High-risk population
management

Data-Driven Compensation

Region-specific
reimbursement

Evidence-Based Fees

Volume → value-
based
reimbursement

PILLAR 3

AI for Biohealth Innovation

Vertical AI

Genomic + clinical +
admin data

Global Collaboration

Cross-border trials +
Global-ready talent

Regional Ecosystems

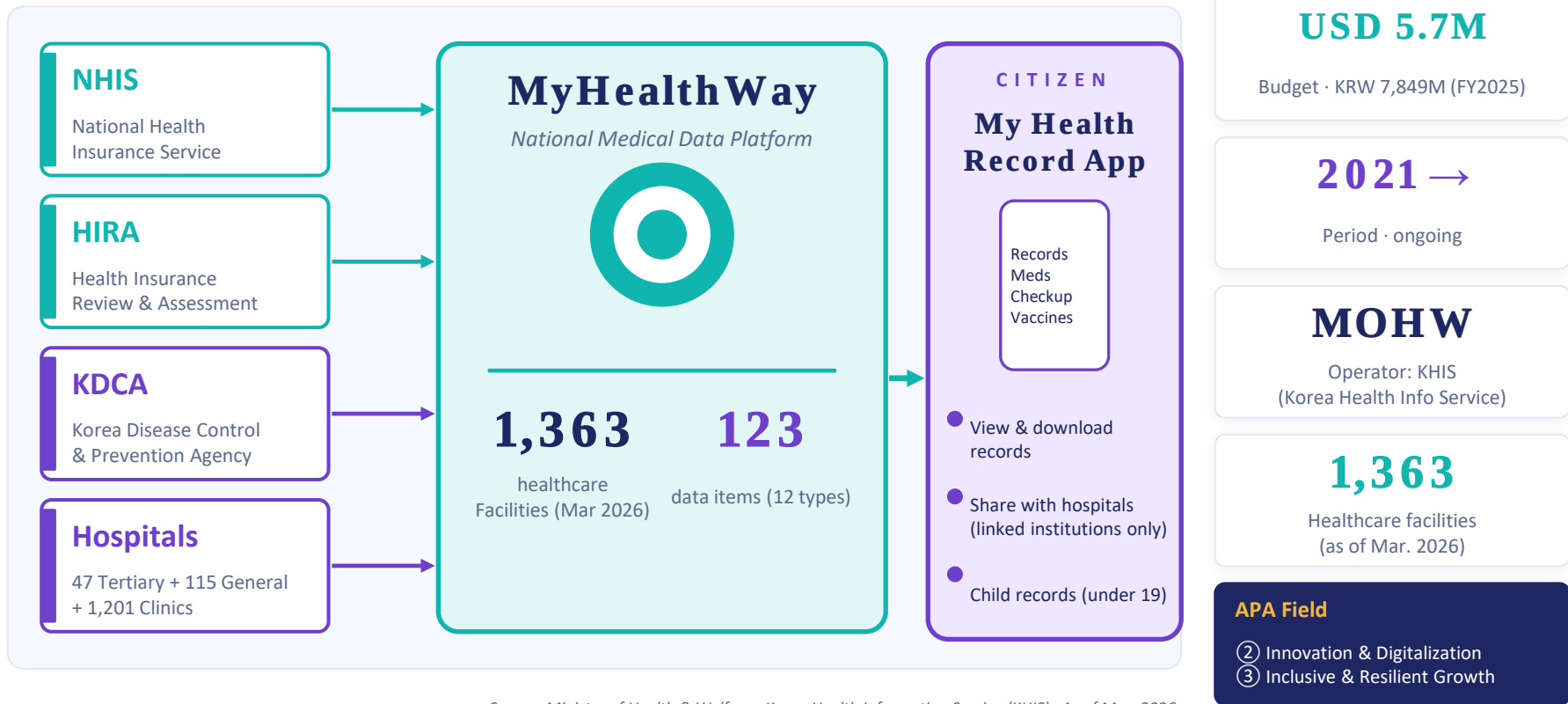
Decentralize R&D
beyond capital

Adaptive Regulation

Digital Healthcare
Act + sandbox

MyHealthWay

National Medical Data Platform — connects **1,363** facilities through the My Health Record App



Source: Ministry of Health & Welfare · Korea Health Information Service (KHIS) · As of Mar. 2026

My Health Record App



Medical Records

- Diagnoses & visit history
- Surgery & procedures
- Allergy & adverse effects



Medications & Checkups

- Prescription history
- Health screening results
- PGHD(Person Generated Health Data)



Vaccinations

- Full vaccination history
- Upcoming schedule alerts
- Child records (under 19)



Facility Access

- 24-hr hospital & pharmacy locator
- Share records to any hospital



Scale: 860 facilities (2023) → 1,013 (2024) → 1,290 incl. ALL 47 tertiary hospitals (2025) → 1,363 (Mar. 2026)