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Is universal health coverage really better? Unintended consequences of the 2019 Amendment of the National Health Insurance Act for humanitarian sojourners in South Korea

Minji Ju¹ , Minah Kang² and Eunice Y. Park^{3*}

Abstract

Background South Korea achieved universal health coverage (UHC) through the National Health Insurance (NHI). However, humanitarian sojourners under temporary stay permits were initially excluded. Alongside recommendations from the National Human Rights Commission of Korea (NHRCK), the 2019 Amendment of the NHI Act expanded eligibility of the NHI. While this marked significant progress toward greater universality in health care, it also led to unintended consequences for humanitarian sojourners.

Methods This study employed a two-fold approach aligned with the trajectory of the Amendment. First, we conducted semi-structured in-depth interviews to analyze diverse perspectives on the universality of health coverage, the benefits of NHI, and the limitations of policies prior to the 2019 Amendment. Participants included government officials from the Ministry of Health and Welfare, Ministry of Justice, and NHRCK, as well as humanitarian sojourners sharing real-life experiences. Second, we examined the expected and unexpected outcomes of the Amendment by reviewing legal documents, reports, and media coverage after the Amendment. Specifically, we analyzed precedents set by the Korean Constitutional Court regarding the constitutional litigation, white papers, and interviews published in the news.

Results Despite achieving UHC, Korea had limited universality of health coverage prior to the 2019 Amendment, as humanitarian sojourners were excluded from local subscription. The 2019 Amendment of NHI Act expanded eligibility, making local subscription mandatory for humanitarian sojourners. However, unintended consequences emerged from differential treatment in calculating insurance premiums, determining dependents within the same households, and enforcing penalties for missed payments. Such disparities not only continue to restrict access to care but jeopardizes visa extensions for humanitarian sojourners.

Conclusions Our findings highlight a critical gap between policy intent and policy impact, revealing the consequences that disproportionately affect the most vulnerable populations, even under the UHC. Effective implementation of UHC requires a deeper understanding of how government officials and judicial authorities perceive universality and view refugee populations. The discrepancies identified in this study underscore the urgent need for coherent policies that not only expand health coverage but also establish a robust safety net to protect marginalized groups.

*Correspondence:

Eunice Y. Park

parke@montclair.edu

Full list of author information is available at the end of the article



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Keywords Universal health coverage, South Korea, National health insurance, Humanitarian sojourner, Refugee, Unintended consequences

Background

Universal health coverage (UHC), by definition, is “access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in access” [1]. Challenges in implementing the UHC principle lie in the interpretation of *universality*, leaving scholars in different schools of thought debating over its definition, scope, and the best approaches to achieve truly inclusive health coverage [2–5]. Universalists define universality as covering “all” human beings and insist on the notion of everyone sharing the same rights, including fugitives and refugees [6, 7]. Specifically, Benhabib argues for the rights of *others* such as aliens, immigrants, refugees, and asylum seekers in the existing political communities, thinking beyond the Westphalian state sovereignty [8, 9]. On the contrary, communitarians draw boundaries to citizens of a nation-state, referring to the conditionality of membership and putting accountability within the community [10–12]. Such contradicting stances on the boundary of UHC can be expanded to “the ground of the duty” [13] and the appeal to the transnational duty of all systems [14–16].

Despite the fact that international law reflects universalist perspectives (i.e., granting basic needs and rights to *all* people and recognizing the world’s commitment to UHC [17]), there is a notable gap between policy intent and policy impact. Coverage and access under the UHC cube (i.e., providing better quality services to wider scope of population in need, while increasing financial protection) are relevant only to people who are included in the cube, or a specific system, often at the national level [18]. Previous research suggests that proximity influence people’s perception of who is part of their own community [12, 19, 20]. Naturally, the extent of the population included in *universality* is often politically sensitive to societal consensus, which leaves certain populations at a greater risk for further vulnerability. Displaced individuals are often faced with limited entitlement to various rights, including access to health care.

South Korea is known to have achieved UHC through its national health insurance (NHI) system. However, Korea is also struggling with the unclear definition of *universality*, like other countries claiming to have achieved UHC [21–24]. In this study, we explore the unique case of humanitarian sojourners (i.e., persons granted a humanitarian stay permit by the South Korean government) in Korea. They are neither granted any formal refugee status

nor in the process of applying for the status as asylum-seekers. They do not fall under a known category of immigrants in Korea and thus have been considered exceptional cases. Humanitarian sojourners are granted a stay permit but are in a precarious situation, compared to granted refugees.

To understand the unique situation of humanitarian sojourners in Korea, we first examine the legislative and regulatory contexts by reviewing the Refugee Act and the NHI Act. Second, we analyze the limitations of the NHI Act prior to the 2019 Amendment through in-depth interviews with government officials and humanitarian sojourners. Third, we explore the changes introduced by the 2019 Amendment of the NHI Act, assessing both improvements and remaining limitations. Lastly, we explore the implications of the discrepancy between policy intent and policy impact on humanitarian sojourners before and after the 2019 Amendment.

Legislative and regulatory context

The Refugee Act

The original Refugee Act of 2013

The Refugee Act, the first comprehensive refugee legislation, was enacted in 2013. The Presidential Decree and Enforcement Regulation, which outline broader administrative and procedural mechanisms and specify operational details, came into effect in July 2023. In Korea, asylum seekers can be granted three different statuses by the Immigration Bureau under the Ministry of Justice (MOJ): refugee applicants, granted refugees, and humanitarian sojourners (Article 2). Table 1 shows the number of refugee applicants, granted refugees, and humanitarian sojourners from 1994 to 2023. Refugee applicants (G-1-5), often referred to as asylum-seekers, are those who have requested protection in the country and approval for acknowledgment as official refugees in the countries they escaped to. Refugee applicants can be subsidized for living costs (Article 40) and be provided with some residential facilities (Article 41), as well as medical services (Article 42) by the Korean government, as prescribed by the Presidential Decree. According to the MOJ immigration statistics, the average period of the refugee status screening process is reported to be about 17.3 months [25].

Granted refugees are “persons recognized as refugees.” According to the Refugee Act, granted refugees (F-2-4)

Table 1 Refugee applicant, granted refugee, and humanitarian sojourner (1994–2024)

Year	Refugee Applicant	Granted Refugee	Humanitarian Sojourner
1994–2003	251	14	13
2004	148	18	1
2005	410	9	13
2006	278	11	13
2007	717	13	9
2008	364	36	14
2009	324	70	22
2010	423	47	35
2011	1,011	42	20
2012	1,143	60	31
2013	1,574	57	6
2014	2,896	94	539
2015	5,711	105	194
2016	7,541	98	252
2017	9,942	121	316
2018	16,173	144	507
2019	15,452	79	229
2020	6,684	69	154
2021	2,341	72	49
2022	11,539	175	60
2023	18,837	101	128
2024 Jan.-Jul	11,282	58	68
Total	115,041	1,497 ^a	2,671

Source: Korea Immigration Service, *Korea Immigration Service Monthly Statistics June 2024* (MOJ, 2024)

Unit: person

^a The addition of the number of granted refugees from 1994 to 2024 is 1,493. According to the MOJ, the numbers in the table are subject to change if refugee applicants file a complaint against the result of the first decision within 30 days

are promised a permanent status of residence, right to work, and social security, although their legal status is different from citizenship. Humanitarian sojourners are defined as “persons granted a humanitarian stay permit by the Immigration Bureau of the MOJ as those who have been allowed domestic stay until the situation improves from a humanitarian standpoint with consideration to the human rights situation in the country of origin, even though the person is not recognized as a refugee by the Refugee Convention” (Article 2). They are granted a one-year visa (G-1-6) with temporary, but not permanent protection. They can renew their status, which in rare cases go over 10 years. The number of refugee applicants has increased steadily over time, except for during the COVID-19 pandemic, but the numbers of granted refugees and humanitarian sojourners have not.

Proposals for an amendment of the Refugee Act

Korean society had largely overlooked the refugee population over the years. Various social issues granted refugees and humanitarian sojourners experience remained unresolved despite the recommendations from the National Human Rights Commission of Korea (NHRCK) [26]. However, the significant increase in Yemeni asylum seekers between 2016 and 2018 following the civil war demanded attention. Up until 2017, a total of 430 individuals from Yemen had applied for refugee status in Korea. Of these, only 62 entered Jeju Island without visas between 2013 and 2017, taking advantage of the island's one-month visa-free policy. However, in May 2018 alone, the number of Yemeni asylum seekers in Jeju surged to 432 [27]. At the time, the MOJ decided to grant humanitarian stay permits to 412 individuals, accounting for 85% of the Yemeni applicants [28]. This became a starting point for the discussion on the *universality* of the social security system in Korea. The public sentiment at the time was mixed, encompassing debates over eligibility of social security benefits, rising xenophobia, and demographic changes. While a detailed discussion of the Yemeni Refugee Case¹ is beyond the scope of our study, it has a significant meaning in highlighting the previously overlooked refugee issues in Korea and policy changes.

Following the discussions, a series of amendments of the Refugee Act were proposed and are currently under review, as of August 2024. Proposals include changes on restrictions on recognition of refugee status (Article 19) and cancellation of decision to recognize refugee status (Article 22). The MOJ has the authority to cancel refugee recognition decisions for reasons of national security, maintenance of order, or public welfare [30].

The National Health Insurance Act

National Health Insurance Act

Korea enacted mandatory health insurance for industrial workers in 1977 which was later extended incrementally to cover all individuals in 1989 [31, 32]. Today, Korea has the National Health Insurance System (NHIS), a single-payer health insurance system under the Ministry of Health and Welfare (MOHW). The MOHW oversees all health insurance policies, while the NHIS provides coverage to enrollees and reimburses health care providers. Insured enrollees include all citizens whose insurance is financially supported by their employer or the Employer-Sponsored Health Insurance (ESHI), those enrolled in the Local-Subscriber Health Insurance (LSHI), and individuals eligible for Medical Aid, a public assistance program

¹ Yemeni Refugee Case is a neutral expression the authors chose to use. Other expressions reflecting public sentiment include “problem,” “crisis,” or “issue” [29] which has negative connotations.

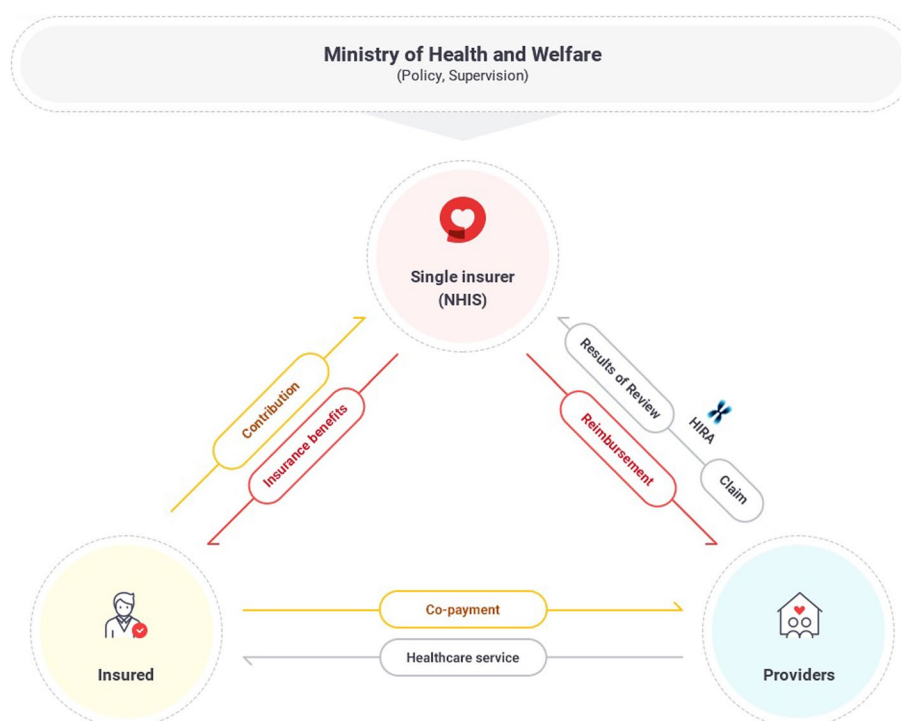


Fig. 1 National Health Insurance System in Korea (Source: NHIS, n.d.)

for low-income individuals. The NHIS incrementally consolidated the ESHI and LSHI risk pools, ultimately covering the entire population in the country and fulfilling a key component of UHC [32]. Insured enrollees pay co-payments to the health care providers when they receive care. Providers bill claims through the Health Insurance Review and Assessment (HIRA) Service and then to the NHIS which reimburses the providers. HIRA is the agency under the MOHW responsible for claims review and quality assessment of the NHI (see Fig. 1).

According to the MOHW, as of 2024, the premium of the NHI is proportional to wage income and shared equally by the employers and employees at 7.09% of income for employees of the government, schools, and industry [33]. Those who are not under the ESHI (i.e., self-employed or unemployed) are enrolled in the LSHI. The premium is determined by the households' wealth (e.g., income, real estate, cars) with intricate scoring system and calculations [34].

Prior to the 2019 Amendment, the NHI enrollment was optional and voluntary for non-Korean citizens whose health insurance was not sponsored by their employers. Before 2019, there was a disparity in the levels of protection and health coverage provided to granted refugees and humanitarian sojourners, compared to Korean

citizens. Despite the legal authorization (G-1: Others), humanitarian sojourners were only partially included in the social security system. While they were permitted to benefit from the ESHI, they were completely prohibited from enrolling in the LSHI. The ban did not apply to marriage immigrants, granted refugees, long-term residents (F-2 visa), or Korean citizens. Such discrepancy is in contrast to the basic rights (e.g., the right to residence and medical services) that are included in complementary forms of protection policies in a number of developed countries such as New Zealand, Ireland, and Finland [35].

Despite several decades of legislative and regulatory history, this study focuses on the period from 2010 onward, the time when the number of refugee applicants drastically increased. The Refugee Act was the legal foundation for policies to provide health care to refugee populations in tiers. Table 2 shows the major health care systems offered by the Korean government and whether various immigrant populations have been included or not. A notable difference for humanitarian sojourners is being banned from LSHI enrollment and being partially eligible for Medical Aid. This changed with the 2019 Amendment when the ban was lifted, and humanitarian sojourners are now mandated to enroll in LSHI. Refugee applicants are still not eligible for LSHI regardless of the 2019 Amendment.

Table 2 Application of major health care systems by immigrant population by law

	Korean Citizen	Immigrants (non-citizen)				
		Marriage (F-6 visa)	Work	Granted refugee	Humanitarian sojourner	Refugee applicant
LSHI eligibility	Mandated	Depends on the spouse's coverage → Mandated after the Amendment	Conditional	Provided → Mandated after the Amendment	Banned → Mandated after the Amendment	Banned
Medical Aid ^a	Provided	Provided	Conditional	Provided	Not provided	Not provided
Emergency Medical Expense Support System ^b	Provided	Provided	Provided	Provided	Provided	Provided

^a While Medical Aid (part of the National Basic Living Security Act) is only provided to granted refugees, the MOHW finances medical care to refugee applicants and humanitarian sojourners and their children under 18, as a charitable measure [36]. Based on the annual budget, recipients can seek care in designated hospitals. The MOHW provides one-time emergency medical expense support of up to 5,000,000 KRW to humanitarian sojourners and refugee applicants [37]

^b Information on emergency medical expense support system was from Ju et al. (2013) [38]

The 2019 Amendment of the National Health Insurance Act

Over the course of eight years (2006–2013), the NHRCK issued policy recommendations related to the humanitarian sojourners' health care to the MOJ, Ministry of Foreign Affairs (MOFA), and MOHW.² Even though the NHRCK has no authority for legal enforcement, the recommendations were formally presented to legislative parties, as well as the Legislation and Judiciary Committee of the National Assembly. Parts of the recommendations were accepted, achieving substantial policy improvement, but most essential proposals were rejected. For example, the NHRCK issued a policy recommendation to the MOHW in November 2013 on improving the enrollment of humanitarian sojourners in the LSHI. They announced that it was “not appropriate for the humanitarian sojourners who were approved to stay in order to protect their lives and personal liberty, and not for the purposes of residence and economic activities” (NHRCK, 2013). This recommendation was rejected at the time but was partially reflected in the amendments made in 2019.

The Amendment of the NHI Act in 2019 mandated that any foreigner who resided in Korea for more than six months must enroll in the NHI [39]. Key amendments were two-fold. First, foreigners and overseas Koreans who are not workplace-based subscribers are automatically enrolled in the LSHI (Article 109(3) and Article 109(5)(2)). Second, if local subscribers who are foreigners or overseas Koreans miss payment of their health

insurance premiums, the insurance benefits will be suspended from the date of default until the overdue premiums are fully paid (Articles 109(8) and 109(10)). With the Amendment, enrollment in the LSHI increased to 574,735 enrollees in 2021, which is more than double that of 270,416 enrollees in 2017 [39].

Understanding the dynamic of MOJ, MOHW, and NHRCK

The well-being of humanitarian sojourners in Korea heavily depends on policy decisions from the MOJ and MOHW, as well as advocacy from the NHRCK. Table 3 presents a timeline of key events since 2010, when the number of refugee applicants increased from 423 in 2009 to 1,011 in 2010, focusing on the dynamic interactions between the two ministries and the NHRCK.

In response to the rapid increase of refugee applicants starting in 2010, several critical developments unfolded. In 2013, the Refugee Act was enacted by the MOJ, providing a legal framework for the treatment of refugee populations in Korea. The NHRCK played a critical role in advocating for these individuals, issuing recommendations to the MOHW for policy improvements regarding humanitarian sojourners' limited access to health care. This was followed by a petition in 2014, urging the MOHW to establish a legal basis to ensure that humanitarian sojourners and their families could enroll in the LSHI.

The MOHW initially rejected the recommendations in 2015, emphasizing the temporary nature of humanitarian sojourners' legal status and not viewing them to “reside and engage in economic activities in the country” [40]. The MOHW also emphasized that the NHIS is “operated with funds collected from the premiums” which is not

² Major recommendations by the NHRCK related to refugees were: (a) “Recommendations of policy enhancement for the human rights of refugee” to MOJ, MOFA, MOHW (June 12, 2006); (b) “Recommendations to protect human rights for granted refugees due to humanitarian reasons” to MOJ, MOHW (January 28, 2008); and (c) “Recommendations of enhancement related to compulsory evacuation order and protection of refugee applicants” to MOJ (April 22, 2009).

Table 3 Timeline of key events (2010–2024)

Time*	Actor	Event
2010	-	Rapid increase of refugee applicants (423 in 2009 to 1,011 in 2010)
1/11/2013	NHRCK	Submitted a petition to the MOHW on the concerns of humanitarian sojourners not being able to enroll in the LSHI, making it difficult to afford medical treatment for their three children (ages 2, 4, and 5)
7/1/2013	National Assembly	Enacted the Refugee Act
11/19/2013	NHRCK	Submitted recommendations of political enhancement related to the limited subscription of the LSHI for the humanitarian sojourners to MOHW
1/9/2014	NHRCK	Submitted recommendation to establish a legal basis to ensure that humanitarian sojourners and their families were eligible for the LSHI to the MOHW
4/30/2015	MOHW	Rejected NHRCK's recommendation: "Humanitarian sojourners are permitted to stay for the special purpose of protecting their life and bodily freedom, not for the purpose of residing and engaging in economic activities in the country. Considering the fundamental purpose of the health insurance system, which is operated with funds collected from subscribers' premiums, it is not appropriate to apply health insurance to them."
2016–2018	-	The number of refugee applicants from Yemen surged, Jeju Island waived travel visa for one-month. ^a
2018	MOJ	Proposed an amendment of the Refugee Act: tightened regulations on restrictions on recognition and cancellation of decision to recognize refugee status
12/18/2018	MOHW	Accepted the Amendment of the NHI Act Enforcement Rules: Change in the minimum domestic stay period for the LSHI enrollment from 3 to 6 months
1/1/2019	MOHW	Amendment to the NHI Act Enforcement Rules: Allow humanitarian sojourners (G-1–6) and their families (G-1–12) to enroll in LSHI
1/15/2019	MOHW	Partial Amendment to the NHI Act: mandated enrollment
6/20/2019	NHRCK	"World Refugee Day Statement: Call to identify the treatment of refugees within the health insurance system and the push for substantial improvements" by the Chairperson was delivered
7/11/2019	MOHW	Partial Amendment to the Ministry of Health and Welfare Notification (No. 2019–151) to change in the criteria for application of the NHI for foreigners 1) Insurance premium shall be average premium if calculated premium falls below the average one 2) In case of missed payment of premium, insurance benefits would be restricted from next month

* Dates for amendments are days that they became effective

^a While the Yemeni Refugee Case did not directly influence the 2019 Amendment of the NHI Act, it raised public awareness, directly impacted the proposal for the Refugee Act amendments, and indirectly impacted the 2019 Amendment of the NHI Act.

appropriate to use for "health insurance for humanitarian sojourners."

Between 2016 and 2018, the number of asylum seekers from Yemen surged, partly due to Jeju Island's waiving travel visas for one month. In 2018, the MOJ proposed an amendment to the original Refugee Act of 2013, tightening the regulations on recognition of refugees and potential cancellation of the recognition. While the Yemeni Refugee Case is not particularly relevant to the 2019 Amendment, it does reflect how refugee populations are viewed in the Korean society.

The 2019 Amendment of the NHI Act intended to improve equity by including foreigners such as refugees into the social security system [41]. The intention of the Amendment was articulated as "addressing the misuse of the Korean NHI policy by some foreigners, such as enrolling in NHI only when they need it and returning to their countries after receiving expensive medical services" [42]. In late 2018 and early 2019, two notable changes were made to the NHI Act Enforcement Rules. In 2018, the minimum domestic stay for LSHI was changed from three to six months which delays eligibility

of granted refugees. In 2019, the ban preventing humanitarian sojourners (G-1–6) and their families (G-1–12) from enrolling in the LSHI was lifted, which expanded access to affordable health care.

The most significant amendment from 2019 on the NHI Act was the requirement for all foreigners, including humanitarian sojourners, to enroll in LSHI. Additionally, in July 2019, the NHI Act Notification was amended to include: 1) insurance premium shall be the average premium if calculated premium falls below the average; and 2) insurance benefits shall be restricted in the event of missed payment of premium starting the following month. (See Supplementary Material 1 for more detail on laws and regulations mentioned in the study).

Methods

Before the 2019 Amendment of the NHI Act

In the first part of the study, in-depth interviews were conducted with three government officials and five humanitarian sojourners. The government officials, each affiliated with the MOJ, MOHW, and NHRCK, were recruited through purposive sampling. The MOJ officer's duties included supporting the (re)settlement of refugees and humanitarian sojourners. The MOHW officer was responsible for implementing domestic health care policies, specifically the NHI. The NHRCK officer handled human rights-related tasks, particularly concerning immigrant populations which included humanitarian sojourners. Their opinions were their own and did not reflect the official positions of their respective institutions.

Inclusion criteria for the five humanitarian sojourners were: (1) being over 20 years of age, (2) having resided in Korea for a minimum of two years, and (3) having at least one experience of using health care services. All participants were recruited through nonprofit organizations and snowball sampling.

Semi-structured, in-depth, face-to-face interviews were conducted to gather perspectives of the participants. The basic questions asked to the government officials covered their perspectives on universality of health coverage, right to health, and policy priorities in their respective organizations related to humanitarian sojourners. Humanitarian sojourners were asked to speak freely about their experiences, such as perceived benefits and challenges they had faced as they were outside of the NHIS. They were also asked for their opinions on refugee policies implemented by the Korean government in general. (See Supplementary Material 2 for more detail on the in-depth interviews.)

This portion of the study is from the master's thesis of Dr. Minji Ju, one of the authors, (2015), 'Universal Health

Coverage' and the Right to Health: The Case of Humanitarian Status Holders in Korea which had been approved by the Institutional Review Board (IRB) of Ewha Womans University (IRB No. 94–11) in 2015. The interviews were conducted using the preferred language of the participants and used interpretation services as needed. All participants and their responses were deidentified to ensure confidentiality.

After the 2019 Amendment of the NHI Act

In the second part of the study, we examine the changes brought by the Amendment of the NHI Act that was introduced in January 2019 and implemented in July 2019. We carefully explored various sources of data. First, we reviewed relevant legislation, white papers, reports, official statements, and press releases from the MOJ, MOHW, and NHRCK. Legislations were accessed through the Ministry of Government Legislation: Korean Law Information Center (<https://www.law.go.kr/LSW/eng/engMain.do>) which has most of the documents in both Korean and English. In cases where an official English translation was unavailable, we either relied on English news reports or provided our own translations.

Second, we searched for the Korean Constitutional Court's precedents regarding the constitutional litigation that followed the system changes, as well as the relevant articles and judgment documents around 2019. In 2019, Bae, Kim & Lee LLC Dongcheon Foundation, a large law firm-based nonprofit organization, filed a constitutional complaint on behalf of the petitioners, who were humanitarian sojourners in this case. It argued that the provisions of the NHI Act concerning the calculation of insurance premiums for foreigners, penalties for non-payments, and the regulations of the MOHW's notifications infringed on the petitioners' basic rights. In 2023, the Constitutional Court acknowledged that certain provisions of the NHI Act could potentially violate the right to equality, providing the legislature with a deadline for amendment until June 2025 (2019Hun-Ma1165: Case on Discrimination against Foreign Nationals in National Health Insurance System, 2023). Accordingly, in this study, we examine the Constitutional Court's order on each specific system in detail.

Lastly, we explored the major news media outlets in Korea through Bigkinds (<https://www.bigkinds.or.kr/>), the Korean Press Foundation's News Big Data and Analysis Platform. Of the categories, we selected "national daily newspapers," "economic daily newspapers," and "broadcasting companies" in the filters and searched several keywords, including "humanitarian sojourners national health insurance," "refugees national health insurance,"

Table 4 Perspectives on universality and stance toward humanitarian sojourners

Institution	Scope of universality	Stance toward humanitarian sojourners
NHRCK	"Every human being within the national borderline"	"A member of the Korean society"
MOHW	"Subjects of the Health Insurance System"	"Temporary passerby outside of the community (Korean citizens)"
MOJ	"Subjects of the Health Insurance System"	"Subjects to be controlled and managed"

"humanitarian sojourners health care," and "refugees health care."

Results

Before the Amendment

Government officials' perception of universality

At the time of the interview in May 2015, enrolling in the LSHI was optional and voluntary for most non-Korean citizens whose health insurance was not supported by the employer. Though humanitarian sojourners were legally residing in Korea under G-1–6 visa, they were banned from enrolling in the LSHI. Despite the legal immigration status, they were not included in the social security system to the same degree as granted refugees, or other non-Korean citizens.

Table 4 presents the variance of government officials' perspectives on universality and humanitarian sojourners. Government officials from the MOJ and MOHW had a narrower scope of universality. As anticipated, their views on universality were heavily influenced by their institutions' mission, goals, and function which was limited to the health insurance system in Korea. This typically includes citizens and some eligible non-citizens (e.g., marriage immigrants, work immigrants, refugees). However, the government official working at the NHRCK considered all individuals within the national border to be considered for UHC.

Such discrepancy in their understanding of universality is reflected in their views on humanitarian sojourners as well. Unlike the person from the NHRCK who viewed humanitarian sojourners as a member of the Korean society, those working for the ministries viewed them as someone who were temporarily staying in Korea (MOHW), who needed to be controlled and managed (MOJ). The government officials' perspectives on humanitarian sojourners reflected the institutions they were affiliated with.

Humanitarian sojourners' perception of universality

To analyze the humanitarian sojourners' perception of universality, we implemented the four elements of "the right to health" suggested by the UN Committee on Economic, Social, and Cultural Rights in 2000 to understand

their perception and experiences on the universality of health coverage in Korea [43].

First, availability (i.e., functioning public health and health-care facilities, goods and services, as well as programs, have to be available in sufficient quantity within the country) was restricted in terms of the LSHI coverage. However, there were instances of accessing health care through unconventional routes. A medical center in Seoul provided "free care to those without health insurance, including screening, treatment, and surgery." Other nonprofits and religious organizations were mentioned as a supplementary provider to the humanitarian sojourners. Despite such access to care, they recognized the inherent limitations of these benevolent efforts which cannot reach all humanitarian sojourners or those in need.

Second, accessibility (i.e., health facilities, goods and services have to be accessible to everyone without discrimination, within the jurisdiction of the country) was compromised due to financial burden. As noted earlier, they were banned from enrolling in the LSHI which means they could only have health insurance if they were employed with benefits. They viewed themselves as "a group left behind in the government's plans for universality," officially excluded from the system.

Third, acceptability (i.e., health facilities, goods, and services must respect medical ethics, cultural diversity, and confidentiality while improving health outcomes) and quality (i.e., as well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality) are tied together. Acceptability and quality were both limited due to discrimination. Despite the high quality of care available in Korea, explicit and implicit biases were prevalent in clinical settings, often manifesting through negative stereotypes due to cultural differences.

After the Amendment

As of July 16, 2019, the amended NHI Act required all foreigners residing in Korea for six months or more to become local subscribers to the NHI. Consequently, refugees and humanitarian sojourners were also mandatorily enrolled in the insurance unless they had specific reasons for exemption (e.g., eligible for the Medical Aid).

The Amendment, in general, can be considered as further expanding universality of health coverage. The purpose of the Amendment presented by the MOHW, however, was not necessarily to further expand the universality of the NHI. The MOHW announced the purpose of this Amendment as “to address the issue of foreigners who only enroll as local subscribers when they need health insurance coverage, receive expensive treatments, and then leave the country, thereby abusing the NHIS” [44].

With the Amendment, humanitarian sojourners who were originally excluded from the LSHI could enroll in local subscription. Despite these policy improvements, the reality is fraught with negative—likely unintended—, consequences for humanitarian sojourners. In this study, we highlight two substantially different policies for Korean citizens and humanitarian sojourners in the 2019 Amendment which leave humanitarian sojourners in challenging situations.

Differences in health insurance premium

According to a study sponsored by the NHRCK [45], the average monthly premium for foreign households in 2019 increased by 30.6% from 2018, which was more than four times higher than that of Korean households (7.1%). Compared to the Korean citizens, different ways of calculating premiums were set for humanitarian sojourners. In general, the LSHI insurance premiums are determined based on individual incomes and assets. These criteria apply to Korean citizens, permanent residents (F-5 visa), marriage immigrants (F-6 visa), and granted refugees (F-2 visa), but not humanitarian sojourners (G-1–6 visa). Instead, humanitarian sojourners are charged whichever is higher between the average premium of all LSHI enrollees from the previous year (113,050 KRW in 2019) and the premiums determined based on income and assets [46]. In other words, they are *unfairly* charged the average premium of all LSHI subscriptions, even if it is greater than the calculated premium for their financial conditions [47].

Regarding this issue, the MOHW claimed that “foreigners often have no or difficult-to-verify income or assets in the country, so the average premium paid by Korean subscribers was used as the standard” [47]. Furthermore, in the constitutional litigation that followed the system change, the Constitutional Court of Korea dismissed the claim of equal rights infringement regarding the “minimum insurance fee” clause. The Constitutional Court stated as follows:

“Even if Korean citizens temporarily receive a significant amount of insurance benefits compared to the total premiums paid, they pay premiums throughout their lives. In contrast, foreigners temporarily

reside in the country and are only enrolled in the NHI during that period. The minimum insurance fee clause takes into account the correlation between insurance benefits and premium payments and prevents abuse, such as foreigners leaving the country to avoid paying premiums, by setting a different minimum premium for foreigners than for citizens. (...) Therefore, having a different method for calculating premiums for foreigners are considered ‘reasonable’”[46].

Additionally, the scope of dependent eligibility was different. For Korean citizens, the head of household and members registered at the same address in the resident registration system can be considered all under one plan, often including parents, siblings, or children as dependents. However, for foreigners, including granted refugees and humanitarian sojourners, each individual is considered a separate household by default. Upon request, they may designate the head of household with their spouse and children under 19 years of age as members of the household [48]. According to a news article, a humanitarian sojourner had to make three separate payments to cover themselves, their parent, and their sibling [47]. Each of the family members were charged 86,000 KRW because they were not allowed to be dependents under one person. As a result, they were subjected to a greater financial burden, despite their precarious status and vulnerable socioeconomic situations.

Regarding dependent eligibility, the MOHW claimed that “Refugees are treated equally to Koreans on health insurance; and premium calculations vary for the citizens depending on circumstances, and thus refugees are not discriminated” [49]. On this issue, the Constitutional Court ruled on the alleged infringement of equal rights regarding the ‘household member benefit’ clause. The Court found that this treatment was reasonable, emphasizing that the differentiation is based on relevant factors and not discriminatory. The Constitutional Court ruling is as follows:

“Unlike the (Korean) citizens, foreigners register individually with no record of exact family relationships like divorce, widowhood, or adoption dissolution. Considering these difficulties, it is reasonable to reflect the most common modern family structure of parents and unmarried children and recognize only spouses and minor children as family members for premium payment for foreigners, thus not violating the petitioners’ equality rights” [46].

Before the Amendment, humanitarian sojourners and their advocates, including attorneys involved in *pro bono* cases in Korea, had been actively urging for the revision

of the NHI Act to include them within the LSHI system. However, even after the Amendment mandating their access to the NHI as local subscribers, their access continues to remain contentious due to issues related to the premium calculations and the criteria for family members who could be covered as dependents. This highlights the limited scope of the revision of the NHI Act.

Differences in policy responses to missed payments of health insurance premiums between Korean citizens and humanitarian sojourners

According to the NHI Act, when there are less than six missed payments of premiums, Korean citizens' benefits are not automatically suspended (Articles 53). The NHIS is required to issue a separate suspension order for it to take effect in writing. Moreover, if the unpaid premiums were approved for a payment plan by the NHIS and at least one payment was made, benefits would be restored. If the missed payments are fully paid, or at least one payment is made under the approved payment plan, insurance benefits can be retroactively applied to medical expenses incurred during the suspended period [46].

The newly established NHI policies from January 2019 respond differently to unpaid premiums for non-Koreans. According to Articles 109(8) and 109(10) of the NHI Act, if a foreign local subscriber does not make the premium payment in time, the health insurance benefits are suspended from the next month, until the overdue premiums are fully paid. They cannot receive benefits in the following month(s) and are required to cover all expenses out-of-pocket. Even if they pay the overdue premiums later, they cannot receive retroactive benefits for the medical expenses they had already paid in full [46].

As such, foreign local subscribers are subject to differential treatment under the "benefit restriction" clause. This raises a serious concern for refugee and migrant communities in Korea. One activist at the Korea Migrant Human Rights Center said, "Refugees should not face discrimination in health insurance compared to Koreans. Active alternatives must be prepared considering the unique circumstances of refugees, such as various document verifications" [50]. Following the constitutional litigation on September 23, 2023, the Constitutional Court ruled "unconstitutionality with a mandate to amend" regarding the equality rights infringement of the "discontinuance of insurance benefit" clause. As a result of this ruling, Article 109(10) of the NHI Act was found to be non-conforming with the Constitution, and the legislature is required to amend it by June 30, 2025. The Constitutional Court ruling is as follows:

"The benefit restriction clause goes far beyond a reasonable level of discrimination by treating foreigners differently from (Korean) citizens. (...) Sending notifications to foreigners' current addresses is not particularly difficult since they register their residence or report changes of address. Additionally, suspending benefits without any exceptions can pose a critical risk to health for foreign local subscribers who cannot afford the average premium due to economic reasons such as poverty, in cases of unforeseen illness or accidents, potentially destabilizing the entire family's livelihood. Automatically enrolling foreigners who have been legally residing for six months or more as local subscribers if they do not qualify as workplace subscribers and prohibiting them from withdrawing from the NHI as long as they reside in the country not only enhances fairness with (Korean) citizens but also extends the beneficiaries of public insurance to foreigners, providing them with insurance benefits. Therefore, the benefit restriction clause violates the petitioners' equality rights" [46].

Article 31 of the Refugee Act stipulates that "foreigners who are recognized as refugees and stay in the Republic of Korea shall receive social security at the same level as that of Korean citizens." However, as mentioned before, the 2019 Amendment to the NHI Act has resulted in differential treatment against humanitarian sojourners regarding premiums and handling of missed payments compared to Korean citizens. Refugee advocates in Korea have criticized these changes as they can have critical adverse effects [51]. They emphasized that granting local health insurance eligibility to humanitarian sojourners would be an important step to improving their access to health care and ensuring the enjoyment of their health rights, urging policy revision that are truly for humanitarian sojourners.

While subscription premiums and dependent eligibility were still acknowledged as 'reasonable differences' for foreigners, including humanitarian sojourners, the Constitutional Court declared that the different criteria for missed payments of the NHI premium was a serious infringement on their "right to health." Considering that the ultimate goal of UHC is "an endeavor to leave no one behind in terms of the right to health" [1], the understanding of who is included under "everyone" by governments and judicial authorities significantly impacts the implementation of the UHC at the national level.

Discussion

This study conducted a critical analysis of the policy implementation of universality, a fundamental value embedded in UHC, from the standpoint of national responsibility for non-citizens through the case of South Korea's humanitarian sojourners. Korea has succeeded in achieving economic growth and democratization faster than any other country, but its perception of social rights, including the right to health, is relatively weak [52]. Creating a consistent and stable UHC system with a certain degree of societal consensus is difficult without the process of sustained dialogue and cooperation to arrive at a standard for universality from governments [53]. The World Health Organization (WHO) emphasizes that ensuring refugees with access to essential, high-quality health services is vital not merely for the rights-based health systems but for promoting health security and addressing health inequities [54]. However, significant challenges have been identified in integrating refugees into national health systems and health security strategies [55]. In a situation when *rights* are violated, there is no home country to protect the refugees, as they are fleeing persecution from their country of origin [56]. Even after being recognized with the refugee status by a host country, protection of their rights is entirely at the discretion of the host country which can limit the extent of the UHC for refugees.

Despite these advancements, achieving universality in health care remains challenging, particularly when addressing the needs of vulnerable populations such as humanitarian sojourners. The findings from this study revealed a gap between policy intent and policy impact of the UHC in Korea of the 2019 Amendment. Korea has failed to sufficiently carry out systematic research or discussion on the ideological basis of the immigrant policy that suggests long-term direction that addresses new needs and demands of a society. As a result, policies lack coherence and have inconsistent implementation for refugees. Policy aims often shift due to an excessive focus on regulations as they are passed on to subordinate departments. Although the Korean Constitution guarantees human dignity, subsistence rights, right to health, and right to social security, these are “programmed rights” that require detailed legislative policies to be fully realized. The case of humanitarian sojourners in Korea demonstrated that universality can be implemented in limited ways, depending on how policymakers interpret the concept. We find that the government officials' views on universality were shaped by the administrative positions on refugees. Furthermore, there was a significant disparity in services and financial responsibilities due to the exclusion

of access to the NHIS, specifically with the local subscription. Such disconnect is particularly evident in the experiences of humanitarian sojourners, whose access to health care reflects the broader struggle to align policy intent and policy impact—reflected in practical outcomes.

The struggle in Korea is not unique. Many countries face barriers rooted in their political and legal structures. While the WHO and the United Nations present idealistic and abstract recommendations, the concept of UHC remains vague. For a successful, effectively functioning UHC, consistent efforts are required to address such ambiguity with substantive and concrete approaches. Lessons from other countries highlight the complexities of integrating refugees into national health systems. For instance, Thailand's attempt to expand insurance coverage to 450,000 ‘stateless people’ through the Health Insurance for People with Citizenship Problems in 2010 faced debilitating operational challenges [57]. Lebanon has been pursuing a UHC for its citizens but has been struggling with a fragmented health care system (i.e., highly privatized and heavily reliant on humanitarian aid for refugees), specifically due to unclear policies, bureaucratic obstacles, and fragmented practices [58]. In South Africa, the Constitution and the National Health Act facilitate UHC and the Immigration Act determines the legal status of migrants, which subsequently determines access to health care [11]. These cases underscore the importance of legislative reform in establishing a responsive health system, enabling the government to meet its global obligations to realize the basic right to health for refugees.

The Korean Constitutional Court's decisions raise important questions on the conditions needed for humanitarian sojourners to become full members of Korean society. Given that foreigners' voting rights are restricted, policy changes within the political and administrative structure tend to be slow. It is especially true for refugee populations and their vulnerable status which make it more challenging to voice their opinions for policies. Another challenge is the inherent skepticism of policymakers, who often perceive asylum seekers as economic migrants attempting to exploit the system. This perspective influences both the refugee status determination process by the MOJ [59], as well as the implementation and delivery of the health insurance system by the MOHW.

Addressing these gaps requires targeted solutions. In 2022, it was estimated that there were 35.3 million refugees, including 5.4 million asylum-seekers, and 108.4 million forcibly displaced people worldwide [60]. Future UHC discussion will need to include standards for

refugees' right to health to achieve consonance between the policy intent and policy impact of "universality." The scope of UHC implementation can be shaped by true integration of international society's commitment to UHC's mission and its "leave no one behind" pledge, alongside a nation's sociopolitical aspiration to grant full human rights status through the right to health privileges to all who need this service. An alternative approach to consider is "targeting within universalism" by Skocpol [61], where weighted priority is given to lifting the most vulnerable populations in the society. Though this piece is about poverty in the U.S., lessons can be learned from the significance of political viability, reducing stigmatization, and combining universal and targeted approaches to improving humanitarian sojourners' access to health care in Korea or anywhere else that is experiencing similar situations.

The 2019 Amendment to the NHI Act sought to address some of these gaps by expanding the UHC framework to include humanitarian sojourners; however, significant challenges remain. When the 2019 Amendment expanded the systemic boundary of the UHC and included humanitarian sojourners in the NHIS, the problem was only partially resolved with unintended and unexpected outcomes. The changes made in the Amendment, without proper context, may give the impression that positive steps toward universality have been made. However, the details of the laws and regulations suggest otherwise. The differential policies for humanitarian sojourners highlight the significant challenges faced in policy implementation at the ground level, illustrating the difficulties in achieving UHC as intended by the international community. With the Amendment, humanitarian sojourners are now officially and legally recognized as members of Korean society. On paper, the Amendment aimed for a shift from exclusion to inclusion. In reality, however, it involved institutional changes bordering on *extortion* rather than true *inclusion*.

To fully address the unintended consequences of the 2019 Amendment, it is essential to examine the perspectives of both excluded groups (e.g., humanitarian sojourners) and policymakers responsible for implementing these policies (e.g., lawmakers, government officials). This study advocates for a comprehensive approach that considers the viewpoints of groups previously excluded from policies, as well as the perspectives of policymakers tasked with enacting and implementing these policies. Such a critical examination is a step toward understanding the gaps between theory and practice in the politicization of UHC and is intended to foster more concrete discussions on realizing the right to health for all people.

Limitations

While the findings of this study show a persistent problem of the alleged improvement in UHC in Korea, there are some limitations. First, study participants in pre-Amendment times were recruited through non-probability sampling. This was especially inevitable due to the vulnerable status of humanitarian sojourners in Korea. The responses of public officials reflected personal views and could not be extrapolated to represent the perspectives of organizations they belonged to. However, their responses were based on the responsibilities and tasks from their work, which directly and indirectly reflects the organizations' perspectives. Second, a lot of the issues arising after the Amendment discussed in this study are based on reports from the NHRCK, news articles, and op-eds from advocacy groups, including law firms. This is because we were not able to reach the interview participants from 2015. Tracing the humanitarian sojourners was a challenge as their stay permits are short-term. Following up with public officials was also difficult due to rotations within the organizations, as is customary in Korean bureaucracy. To understand the changes the Amendment brought, we thoroughly reviewed legal documents, white papers and reports from nonprofits, and media coverage, which allowed us to capture a broad perspective on the impact of the policy changes, focusing on the unintended consequences of expanded UHC since the Amendment. To gain a deeper understanding of how humanitarian sojourners feel and the challenges they have faced since the Amendment, future studies incorporating surveys, focus group interviews, and in-depth interviews with humanitarian sojourners are warranted. Third, our research is a single-case study from South Korea. Comparative case studies with larger sample sizes and scopes will provide a more comprehensive understanding of how different countries address the health care needs of refugee populations.

Conclusion

Our study on the Korean health coverage of humanitarian sojourners illustrates that while expanding eligibility for NHI is an important step toward achieving greater universality in health care, it requires careful consideration of how policies are implemented in practice. This discrepancy between policy and on-the-ground realities underscores the challenges posed by an unclear definition of *population* within the concept of UHC, raising questions on the boundaries of nation-states' responsibilities—especially in an era of increased migration. For humanitarian sojourners, progress toward UHC through

legal and institutional amendments has been fraught with unintended consequences.

In this study, we found that the perception of universality held by government officials and judicial authorities, as well as their views on refugees, is central to shaping how UHC operates in practice. Future studies will need to investigate not only the roles of policy, law, and the judicial system, but also the way these stakeholders conceptualize universality and apply it within the framework of UHC. Addressing these complexities is essential for ensuring that policy changes go beyond expanding health coverage on paper to establish a robust safety net that meaningfully includes vulnerable populations.

Our findings speak to policymakers to strive for alignment between policy intent and policy impact to minimize unintended consequences. One potential strategy is to ensure institutional processes that reflect the target population's feedback based on their experiences and perceptions under the UHC policy, alongside input from stakeholders and decision-makers. Such mechanism could help identify practical barriers and facilitate adjustments to existing policies, tailoring them to the population's needs.

Abbreviations

ESHI	Employer-Sponsored Health Insurance
HIRA	Health Insurance Review and Assessment
IRB	Institutional Review Board
LSHI	Local-Subscriber Health Insurance
MOFA	Ministry of Foreign Affairs
MOHW	Ministry of Health and Welfare
MOJ	Ministry of Justice
NHI	National Health Insurance
NHIS	National Health Insurance System
NHRCK	National Human Rights Commission of Korea
UHC	Universal health coverage
WHO	World Health Organization

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12939-025-02396-4>.

Supplementary Material 1.

Supplementary Material 2.

Acknowledgements

Parts of this research are based on the work of MJ's master's thesis (2015), Universal Health Coverage and the Right to Health: The Case of Humanitarian Status Holders in Korea. This study was presented at the North American Refugee Health Conference 2024. We appreciate the study participants for their time, especially for the humanitarian sojourners who agreed to share their difficult experiences and thoughts.

Authors' contributions

MJ and EP have contributed to the design of the study; acquisition, analysis and interpretation of the data; and written the manuscript. MK contributed to the conception and revision. All authors have approved the submitted version and have agreed both to be personally accountable for their own contributions and ensure that questions related to the accuracy or integrity of any part of the work, even ones in which the author was not personally involved, are

appropriately investigated, resolved, and the resolution documented in the literature.

Funding

N/A.

Data availability

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

This study was conducted in accordance with the Declaration of Helsinki. The first half of the study interviewing study participants was approved by the Institutional Review Board (IRB) of Ewha Womans University (IRB No. 94-11) in 2015. The entire study was deemed not human subject research using secondary dataset by the IRB of the Montclair State University (IRB-FY24-25-4019).

Consent for publication

N/A.

Competing interests

The authors declare no competing interests.

Author details

¹Center for Science, Technology and Future Research, Seoul National University, Seoul, Republic of Korea. ²Department of Public Administration, Ewha Womans University, Seoul, Republic of Korea. ³Department of Public Health, College for Community Health, Montclair State University, 1 Normal Avenue UNIV 4201, Montclair, NJ 07043, USA.

Received: 4 November 2024 Accepted: 23 January 2025

Published online: 11 February 2025

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