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Migrant Population in South Korea

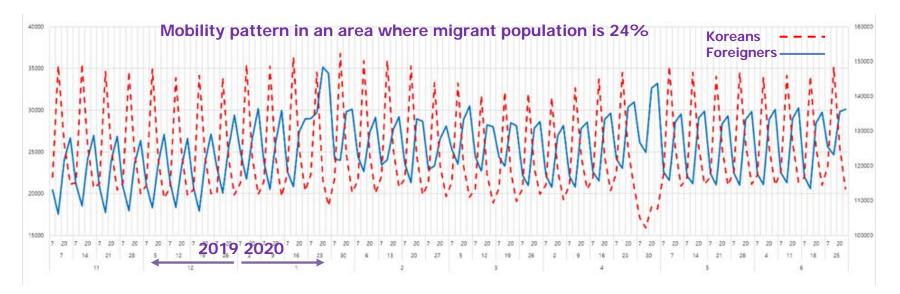




Migrants: Invisible Others



- ✓ 'Rarely seen migrants in the neighborhood': 4.5% (2018) \rightarrow 12.4% (2022)
- ✓ Mobility patterns of Koreans and migrant workers differ



Migrants' Right to Health



- ✓ Right to health: "the right to the highest attainable standard of health (Constitution of the WHO, 1946)"
- ✓ States have obligations to allocate <u>maximum</u> available resources without discrimination
- ✓ The accessibility should be physically available, affordable, and informed

National Health Insurance Plan for Migrants



- ✓ Mandatory to enroll the national health insurance plan
- ✓ Seasonal workers, asylum seekers, undocumented workers: ineligible for enrollment
- ✓ Cost for migrants working for small business or self-employed is higher than for Koreans
- ✓ Failure in payments affects visa status
- ✓ Information on the national health insurance plan is not disseminated effectively

Barriers to Health Care Access



Ever had an experience of unable to visit a hospital when sick in the past year: 6.1%

	%
Language barriers	30.0
Medical expenses	27.9
Time constraints	23.5
Little information on hospitals	7.7
Others	10.7

2022 Survey on Immigrants' Living Conditions and Labour Force. n = 1,461 (N = 23,962)

Social Determinants of Migrants' Health



General socioeconomic, cultural, and environmental conditions Living and working conditions Social and community influences Individual lifestyle factors Biological factors

Policies prohibiting
discrimination, legislation
ensuring all migrants' access
to health, labor policies
protecting migrants' rights

Limited access to sanitation, availability of decent housing, poor working conditions, appropriate living wage

Separation from family, social exclusion, discrimination, stigma, Availability of migrantfriendly health services

education, income, immigration status, cultural & linguistic barriers

Source: https://migrationhealthresearch.iom.int/

Coexisting but Invisible: the early pandemic



- ✓ Discriminatory policy practices
 - Announced ethnic enclaves as the most vulnerable to COVID-19, fostering stigmatization
 - Restricting right to purchasing government-supplied facial masks based on immigration status and the national health insurance plan
- ✓ The absence of system ensuring migrants' right to health resulted in
 the hierarchical prevention measures

Change of Perspectives: Symbiotic Relationship

- ✓ Better understanding of the nature of infectious diseases
 - "No one is safe until everyone is safe"
 - Inclusive preventive and treatment policies
- ✓ Civil society's bottom-up demands changing policy practices
 - Criticizing policy practices discriminating migrants
 - Providing prompt translations of quarantine regulations and support programs
 - Establishing networks among stake-holders

Change of Perspectives: Symbiotic Relationship

- ✓ Shortage of migrant labor due to
 - Travel restrictions and quarantine requirements
 - Policy banning the permanent settlement of low-skilled migrant workers
 - Increased demands of health caregivers and seasonal workers
- ✓ Media generated public discourse about migrants and their rights
 - Disseminated information on labor shortage and related issues
 - Criticized discriminatory policy threats the public safety

Promoting Vaccination



	1 st dose	2 nd dose	Booster
Documented foreigners	81.9 %	79.7 %	34.4 %
Undocumented foreigners	89.9 %	87.5 %	36.1 %
Koreans	86.8 %	85.1 %	47.2%

Record of January, 2022.

- ✓ Open access to vaccination regardless of immigration status
- ✓ Undocumented foreigners could get vaccination without providing personal information
- ✓ Exempted the penalty of overstay for vaccinated undocumented foreigners
- ✓ "Vaccine Bus": proactive measure to encourage migrant workers' vaccination

Bad practice: Financial assistance



- ✓ State relief payments excluded most of foreigners
 - 1st round: included only marriage migrants and permanent residents
 - From the 2nd round: include foreign business owners
 - 5th round: expanded eligibility for foreigners based on income, household composition, national health insurance plan
- ✓ Local governments' financial assistance eligibility varied
 - National Human Rights Commission advised to include all registered foreign residents

Good practice: Financial assistance



- ✓ Monetary support for hospitalized or quarantined included documented migrant workers
- ✓ Medical expenses for foreigners residing in Korea were covered
- ✓ State loan program for migrant workers

Opportunities



- √ Whole-of-government & Whole-of-society approaches
 - Government agencies traditionally not dealing with migrants got to know the multidimensional reality of migration
 - Developing and implementing policies targeting migrants should be addressed through cooperations
 - COVID-19 enlightened the relationship between the host society and migrants is symbiotic, not coexisting
 - Fostering multi-stakeholder partnerships to promote migrants' right to health

Challenges



- ✓ Banning the settlement of low-skilled migrant workers encourage overstays
 - Could be severe labor shortages if another pandemic occurs
 - Settled low-skilled workers with experiences of policy practices during the pandemic are needed
- ✓ Lack of administrative systems ensuring migrants' healthcare
 - Supporting migrants relied on NGOs and volunteers
 - Vulnerable to operating during the pandemic