

# A Study on the Improvement of Healthcare Services for Migrant Workers and Marginalized People

Young su PARK, Tae-ho LEE, Jung-joo MOON  
Center for Public Healthcare, National Medical Center, Seoul, Korea

## ABSTRACT

This study aims to propose the improvement plan for "Healthcare Services for Migrant Workers and Marginalized People" (MIWOMAP) program to ensure rights for health among undocumented migrants in Korea. We performed the descriptive analysis on the pattern of healthcare utilization of of uninsured undocumented migrants. Main purposes is to propose revision of MIWOMAP program to expand the coverage and service for undocumented migrants.

## BACKGROUND

In South Korea, there are 1 million migrants; among them, 200,000 are undocumented. 19.3% of documented migrant workers become undocumented, because they change workplace many times due to harsh working conditions and they lose legal status if they change workplace more than 3 times. Documented migrant workers may subscribe to National Health Insurance, whereas undocumented migrants have no access to NHI. Korean Ministry for Health and Welfare has reimbursed inpatient services for undocumented migrant workers to manage emergency cases since 2005 with annual budget of 5 billion won (280,0000 €). However, there are significant limitations calling for urgent reform efforts for better access to healthcare for undocumented migrants. Especially, the of healthcare services covered in the MIWOMAP program is limited to acute hospitalization.

## METHODS & RESULTS

### 1. Review of Healthcare System for Undocumented Migrants in South Korea

#### Data sources:

- Literature review of government policies for undocumented migrants in Korea and other OECD countries
- Interview with social workers in charge of administration of "Healthcare Services for Migrant Workers and Marginalized People" (MIWOMAP) in participating hospitals
- Interview with NGO workers promoting migrant health
  - Migrant Health Association Korea (Medical Mutual-Aid Union)
  - UNHCR(United Nations High Commissioner for Refugees), Korea office
  - Durebang(NGO for victims of sex-trafficking)
- Expert meetings to audit opinions regarding programs to improve migrant health

ICESCR framework		Current Healthcare Situation for Undocumented Migrants in Korea
Availability		Prohibition to access local public health center led to absence of public health program to prevent communicable diseases and mental health problems
Accessibility	Non-discrimination	Since MIWOMAP program requires the proof of employment, access to healthcare is not open to jobless undocumented migrants: asylum seekers and victims of sex-trafficking
	Physical Accessibility	Only 60 hospitals participate in MIWOMAP program without specified referring systems. Many provinces do not have tertiary hospitals in MIWOMAP program.
	Affordability	Migrants have no economic resources to cover diseases with significant monetary burdens due to limited reimbursement from MIWOMAP program and lack of private funding from NGOs
Acceptability	Information Accessibility	Almost half of migrants experience difficulties in communication in clinic.
		Migrants lack culturally appropriate social support in hospitalization.
Quality		Most of participating hospitals are outmoded secondary public hospitals

#### ICESCR framework:

- Based on the Committee on Economic, Social and Cultural Rights(ICESCR) General Comment No. 14 (2000) on Article 12 of International Covenant on Economic, Social and Cultural Rights(ICESCR)
- Reference: [http://www.unhcr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En](http://www.unhcr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En)

## 2. Comparison of Healthcare Utilization of Documented Insured Migrants vs. Undocumented Uninsured Migrants

#### Data sources:

- Documented Insured Migrant Workers: healthcare utilization data of top 20 diseases of documented migrant workers reimbursed by National Health Insurance Company between January 2008 and December 2008, excluding government officers and faculty of private educational institutions.
- Undocumented Uninsured Migrant Workers: healthcare utilization data of beneficiaries of MIWOMAP program between January 2005 and March 2009.

#### Population:

- Documented Insured Migrant Workers: 259,874 (Dec. 2008)
- Undocumented Uninsured Migrant Workers: 228,504 (Feb. 2009)

ICD code	Disease Classification	No. of Hospitalizations (person-base)	
		Documented	Undocumented
O80	Single spontaneous delivery	3,197	120
O82	Single delivery by cesarean section	1,793	254
I84	Hemorrhoids	1,014	270
K35	Acute appendicitis	846	186
O81	Single delivery by forceps and vacuum extractor	449	50
A09	Other gastroenteritis and colitis of infectious and unspecified origin	350	51
S62	Fracture at wrist and hand level	345	39
M51	Other intervertebral disc disorders	291	555
O83	Other assisted single delivery	279	50
S66	Injury of muscle and tendon at wrist and hand level	240	17
O47	False labor	238	131
K60	Fissure and fistula of anal and rectal regions	227	77
J18	Pneumonia, organism unspecified	205	79
K40	Inguinal hernia	201	10
N20	Calculus of kidney and ureter	193	135
S02	Fracture of skull and facial bones	180	44
S82	Fracture of lower leg, including ankle	179	133
N10	Acute tubulo-interstitial nephritis	167	72
Z34	Supervision of normal pregnancy	153	6
S83	Dislocation, sprain and strain of joints and ligaments of knee	151	75
S06	Intracranial injury	146	89

#### Results:

- Among top 20 frequent diseases among documented migrant workers, utilization rate of undocumented migrant workers is about 0.2 of that of documented migrant workers.
- Since the data for documented workers is for 1 year and for undocumented 4 years, utilization rate of undocumented migrant workers is about 0.05 of that of documented migrant workers.
- Frequently observed reasons of hospitalization among undocumented migrants were assistance in childbearing and occupational injury.

## DISCUSSIONS

We proposed revision of MIWOMAP program to expand the coverage to refugees and victims of sex-trafficking with priority on emergency medical services, inpatient care of illnesses with significant monetary burden, and outpatient services for maternity and child, based on framework from General Comment No. 14 of ICESCR on accessibility to ensure rights for health: non-discrimination, physical accessibility, affordability and information accessibility. We suggested multilingual health information service, preventive program for communicable diseases and mental health problems, and trans-cultural caregiver service.

ICESCR framework	Suggestion for Revised MIWOMAP program	
Availability	Preventive program for communicable diseases & mental health problems	
Accessibility	Non-discrimination	Include refugees and victims of sex-trafficking
	Physical Accessibility	Involve more hospitals in MIWOMAP program Network participating hospitals systematically
	Affordability	Priority on inpatient care of illnesses with significant monetary burden
	Information Accessibility	Multilingual health information service
Acceptability	Trans-cultural caregiver service	
Quality	Monitoring & Inspection of participating hospitals	

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