**Supplemental Material 2.**
Details of the in-depth interviews of humanitarian sojourners residing in Korea and government officials

## I. Methods of the in-depth interviews

This portion of the research was conducted using semi-structured in-depth interviews. Interviews were conducted with five humanitarian sojourners. 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. 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.

All interviews were carried out face-to-face based on a basic questionnaire and the research team allowed the interviewees to speak freely and assertively. Questions asked of each government official were: (a) What do you think about the current problem of the exclusion of humanitarian sojourners from the social security system including the health insurance system from a policy implementation point of view? (b) What are your priorities regarding policy implementation as regard effectiveness, efficiency, equity, and sustainability? and (c) What does your priority specifically mean? The humanitarian sojourners were asked to talk freely about obstructions to health security they had faced while being excluded from the social security system (including health insurance) and their opinions on refugee policies implemented by the Korean government.

Each interview lasted 60-90 minutes for humanitarian sojourners and lasted 30-60 minutes for government officials. The study was carried out after it was approved by the Institutional Review Board of Ewha Womans University in May 2015 (IRB No. 94-11), and all interview participants were anonymized. The interviews with the government officials were held in conference rooms of their workplaces, while those with humanitarian sojourners were held at the organizations that introduced them to the researcher. All interviews began only after sufficient discussion and process of consent through an information sheet about the research with all interview participants. For the humanitarian sojourners, in particular, detailed explanations were given on the research purpose and the consent acquisition procedure. With regard to preference for interview language, the entire interview process was carried out using the stipulated language of choice and used the services of translation of an interpreter. In addition, a concise one-page material covering the key concepts and principles of UHC was prepared in advance for the interviewees to refer to during the interview.

## II. Analysis of the in-depth interviews

*Government officials' perceptions of universality*

Government officials' perceived boundaries of universality are based on their stance on humanitarian sojourners, which is mentioned as a displaced group situated in a "borderline position" whose code of stay is "unstable yet legal". To the government officials, humanitarian sojourners are a group excluded from national health insurance policies. These are excerpts from interviews with officials from different government organizations:

> *In the case of humanitarian sojourners, MOJ grants an 'Others' code due to their ambiguous reasons for staying. I also heard that it's renewed every year. Korea is just a temporary asylum, so everybody expects them to leave soon and return to their countries. I don't know how it is actually being operated, but that is why we think that humanitarian sojourners do not seem to fit very well with the Korean NHI policy. (Official of MOHW)*

> *In conclusion, this problem will accompany a budget and spending "tax money," while they will have to leave and return at a point. Social consensus among citizens should come before granting certain "benefit." But the social consensus has not yet been formed firmly enough, so we have to be careful about it. There are several cases that abuse this system to get a job here. It is very difficult to distinguish whether all of them truly need protection." (Official of MOJ)*

> *When it is about the survival of a person and living, the state should protect that of anyone who is within the frame of the state … Of course, we need to have certain differences [in treatment] between non-asylum-seeking foreigners and the humanitarian sojourners, but we have to accept them into the system. Put them in the system first, support them, and have them repay their debt if they are able to, but remit the debt if they are in a poor financial situation. (Official of NHRCK)*

Although all the government officials interviewed were in charge of tasks related to the social security system, each of them held different stances or perspectives on the issues of the right to health for humanitarian sojourners (see Table 1).

Table 1. Scope of universality with policies based on officials' perceptions of 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" |

Officials of MOHW and MOJ mentioned the difficulty of amending the existing NHI and the classification standards of immigration control to procure system operation stability. In addition, they regarded the humanitarian sojourners as temporary passersby who would be leaving soon. From these opinions, it would appear that officials of these two departments tend to limit the scope of universality to "domestic residents." Officials from MOHW expressed the view that the current health insurance system generally continued to function well and corresponded with UHC principles.

From the viewpoint of communitarianism, which is the standard used by the officials of MOHW UHC, his perspective only refers to citizens or "all members of the community", and not literally everybody. The official from MOJ also seemed to have a similar attitude to the communitarian opinion that states the scope of the rights holders outside the community are limited by the decisions from members of the community (Kim, 2009).

In contrast, the official from NHRCK viewed the scope of universality differently from the two preceding interviewees. Notably, he brought up the concept of "subsistence rights", referring to the right or grounds for the maintenance of a minimum quality of life. The NHRCK official also acknowledged the guarantee of basic human rights of a refugee. His stance was, once a person entered into a country, regardless of the person's legal or social status, granting basic rights was a clear responsibility of the state. He assumed that the right to health was included as a subsistence right.

Similar views to the NHRCK official's stance could be supported by domestic laws and international discussions. The Constitution of Korea regulates education, work, and environment as "rights necessary for living as humans" and right to public health is also prescribed in these regulations. According to WHO, the right to health is closely related to other human rights of various aspects like food, residence, labor, and education (World Health Organization, 2015). Thus, UHC can be viewed as a primary means to achieve right to health, especially with respect to meeting the standard of subsistence rights so that people could live at a standard fit for humans.

Interviews with government officials disclosed stances that leaned toward passing the responsibility to "the other party", as seen in the following excerpts:

> *MOHW and MOJ have met before and had discussions but each of our stances went parallel without a clear consensus. MOHW has been requesting for the humanitarian sojourners' code of stay from 'others' to a long-term code of stay. However, this is about legal amendment which requires careful thought. (Official of MOJ)*

> *The code of stay is awarded by MOJ, based on the purpose and the length of one's stay. MOHW operates the insurance system based on the code and the code "G-1" is based on one year and is extended on a yearly basis. In reality, if one is going to stay for a long time, one should not be given such a code. (Official of MOHW)*

According to the interviews, the MOJ official shared the view that granting codes of stay should be executed with great caution, so it would be difficult to change the current code of stay

(G-1) of the humanitarian sojourners in reality. It is argued here that institutional improvement was needed from MOHW for issues related to health insurance. However, the MOHW official also insisted through the interview that it was necessary for MOJ to change the code of stay first. When asked to indicate policy priorities and to choose between effectiveness, efficiency, equity, or sustainability, the MOJ official chose "effectiveness" and "equity," while NHRCK saw "equity" as a main priority. The MOHW official stated his priority for the health insurance system operation as "effectiveness" and "sustainability" but also emphasized "equity" and acknowledged its importance. The varied perspectives are presented here:

> *I think (the operation of Korea's health insurance) is doing well and seems to have reached a significant level. But from a viewpoint of collecting insurance, there are problems related to equity and regressivity. Burdens for high income earners can be smaller in ratio because there is a maximum on the increase of insurance fees, but for low-income earners, the more insurance increases, the heavier the tax burden is for them.… (Official of MOHW)*

> *I put my concerns on effectiveness when it comes to refugee policy. It's about how to make the policy be distributed evenly to people who need it.… Equity is also important. Equity is an issue where fairness would follow. Distributing the provisions evenly and equally is important. (Official of MOJ)*

> *The priority of equity is the most important. humanitarian sojourners are also human beings. We need to start from treating all humans the same at a minimum level. These days, there are lots of discussions about moving towards a future integration society, and it's all about the equity problem. (Official of NHRCK)*

As shown in the interviews above, all three officials in the three departments recognized equity as an important priority for policy implementation. Nonetheless, the researchers' perception is that the priority on equity remains as a concern within the institution, not reaching far enough to take equity outside of the institution and regard this as a priority in implementation.

*Humanitarian sojourners' perceptions of universality*

The majority of humanitarian sojourners see themselves as a group left behind in the government's plans for universality. Many members of this displaced group had specialized jobs or expertise before they came to Korea. However, the majority had to take up work as part time workers or do temporary jobs unrelated to their specializations because they could not get suitable jobs in Korea. Their frustration is reflected in the interview responses:

> *I went to the Ministry of Employment and Labor (MoEL) to put my name on the waiting list and waited. The officials told me, "Okay. I'm going to call you. Wait." But there hasn't been any response since. (Humanitarian sojourner A)*

> *Discrimination prevails everywhere including compensation (salary) and positioning at work. I went to the Employment Service Center to find a job but there was no response afterwards. (Humanitarian sojourner B)*

The humanitarian sojourners who participated in the interview were *experiencing difficulties in finding a job because of the delay of policy implementation*, even though they tried to make use of various systems in order to earn a decent living and gain some financial independence. According to the interviews, many of the humanitarian sojourners generally see themselves in very precarious states regarding the baseline of livelihood, such as employment and residence.

> *Unless the Korean government supports us to live independently, we will always be treated like a 'burden'. We just need minimum basic assistance for health insurance, residence and employment. We are not lazy. We are diligent and hard-working. If we get support for basic living standards, we can be independent on our own. (Humanitarian sojourner C)*

> *About taxes, there were taxes to pay when I was in a company. This was around several tens of thousands won. There is not even that now. I would like to pay my taxes. I think contributing nothing to the country I am in is bad. (Humanitarian sojourner A)*

The interviewees all wanted to continue to stay in Korea, and many wanted to contribute to the country. For example, an interviewed humanitarian sojourner said he could not pay taxes under the official system as a daily laborer but he hoped to be able to contribute at least a little bit to the country of his current residence as a taxpayer despite his restrictive status as a humanitarian sojourner.

Many in this displaced group requested the Korean government to grant them a kind of qualification that would allow them a minimal level of security through the social safety net, instead of living a temporary existence in Korea. What is most significant is that the interviewed humanitarian sojourners expressed great hope in wanting to become contributing members of the society.

From a health security perspective, humanitarian sojourners are officially excluded from the security system itself, which is the first criterion in the framework of UHC. The interviewees included a female interviewee who was often sick and had young children, but she was not able to access basic health care services even when her family desperately needed medical assistance. As a result, they had to resort to becoming dependent on over-the-counter drugs that could be easily purchased, such as painkillers.

> *I went to a big hospital because I had a severe headache. At the payment counter, they asked me, "Would you like to have treatment even if it will cost this much since you don't have insurance?" I can't even consider getting treated because of the high cost. Usually, I just take pills (painkillers) from a nearby pharmacy when I'm sick. I have to pay 50,000 won for any little pain if I go to the hospital. So I just bear the pain. (Humanitarian sojourner A)*

> *I can get support for basic drugs from a center when I do not feel very well. They sometimes send me to the hospital. However, I cannot get expensive treatments or dental services. Financial difficulty is the biggest challenge I am facing. (Humanitarian sojourner C)*

> *It is the most problematic when making payments. When I'm not working or having*

*a low salary, it's very hard for me to bear the medical costs. (Humanitarian sojourner D)*

Generally, this group of refugees not only experienced restricted accessibility to hospitals or hospital services, but sometimes felt they also received different or prejudiced treatments or services depending on individual hospitals or doctors.

*I've never personally met doctors and nurses in big hospitals. So I don't know if they are nice or not. People working in counters were all friendly. Doctors in small hospitals were nice as well. They recommended me other hospitals that were cheaper and gave me an IV when I had headache since other examinations were too expensive. (Humanitarian sojourner A)*

*I don't go to the hospital without a big problem, but one day I went to the hospital because I was very dizzy. But (the doctor) just asked me in Korean for what I had eaten, and whether my ears were hurting. Then, they gave me an IV and that was it. He gave me no explanation in particular. I questioned myself whether he was a real doctor because he didn't even take my blood pressure. It was a pretty big hospital too. (Humanitarian sojourner E)*

In some cases, it was discovered that some humanitarian sojourners had been receiving medical services and financial aid from private institutions and members of civil society. In one such case, one respondent said he was satisfied with the overall health system in Korea, despite claiming earlier he had experienced discrimination and alienation in Korea.

*There are many foreigners who cannot receive proper medical services in Korea. However, there are several institutes that help foreigners like us who are in need. One hospital in Hyewha is providing free medical services to foreigners with economic difficulties. I have seen my own friends receiving free treatments, check-ups, and even surgeries. (Humanitarian sojourner B)*

These instances show that humanitarian sojourners' right to health is very much dependent on social network, coincidence, or even luck, rather than on their given or expected right to universal health security. This situation comes about as a consequence of their being excluded from the health and medical system (health insurance system).