February 2024 PHM Korea-Japan exchange program report

1. Background

During the last pandemic, PHM Japan was revitalized through its activities for fair access to Covid-19 MCMs like vaccines. It formed "Equal Health and Medical Access on COVID-19 for All!" Japan Network and produced a film "Pandemic Unmasked, Equal Threats and Unequal Lives-Civil Society`s Pursuit for Health Equity". Having refreshed its network, PHM Japan is motivated to further learn from PHM Korea`s experiences and to foster a regional civil society network in East Asia.The PHM Japan team arrived in Seoul on February 12, 2024, and visited PHM Korea-related organizations working in the region from February 13 to 16; on February 17, the team moved to Busan, visited two organizations involved in health support for migrants there on the same day and on February 18, and returned home on February 19.

2. Main interests of PHM Japan team

- Mutual presentation/introduction/learning of PHM Korea and PHM Japan: their respective activities at communities, main advocacy tasks and challenges
- Exchange program with PHM Korea members including advocacy related to fair access to Covid-19 medical countermeasures for general populations.
- Outreach: site visits to PHM Korea members` activities (LGBTQI, immigrants health, etc.)
- Discussion about potential of PHM Korea-PHM Japan collaboration for Global Health:

3. Expectation:

PHM Korea and Japan will have a deeper understanding about each other and be able to identify common interests of advocacy.

4. Institutions and organizers

Institution	
People's Health Movement	Established in 2000. It is a loose network of civil society, health activists, research organizations, and others involved in health in over 200 institutions in 80 countries. It emphasizes fundamental human rights and primary health care principles, and opposes the commercialization of health services. **Activities** - Usually exchange information and ideas on the PHM-Exchange email list - People's Health Assembly held every few years - "WHO Watch" monitors WHO's Executive Board meetings and annual meetings - Publication of Global Health Watch: "an alternative world health report", an analysis of current health issues - Joint policy advocacy and campaigns on issues such as equitable access to health care **Country circle coordinators** PHM Japan coordinators：Ui, Inaba PHMKorea Coordinator：KIM Sun
People's Health Institute (PHI 시민건강연구소)	Established in 2006. Non-profit research organization. Founded by health activists, researchers, and civil society organizations. Based in Seoul. Secretariat of PHM Korea. **Activities** Conducts research, publishes materials, and organizes lectures, seminars, and dialogues on health equity, health policy, community health, and the relationship between health and globalization and gender. **Members**

	•Chair of the Board of Directors: KIM Chang-Yup • Director of Center for Community Health Research: KIM Jung-woo • Director of Center for Health Equity Research: KIM Seong-yi • Coordinator of PHM Korea: KIM Sun
HIV/AIDS human rights activists network AIDS NET (HIV/AIDS 인권활동가네트워크)	Founded in 2016, the network was formed by LGBTQI+ human rights organizations, HIV-positive human rights organizations and self-help groups to end AIDS stigma and discrimination in the LGBTQI+ community and society. **Activities** Currently working to repeal laws that criminalize HIV transmission in HIV-positive individuals. •"NO TO GILEAD'S PINKWASHING" campaign (a joint statement against Gilead Sciences' activities on the human rights of LGBT and HIV-positive people, a pharmaceutical company that has blocked access to medicines).
RAINBOW ACTION against Sexual-Minority Discrimination (성소수자차별반대 무지개행동)	Founded in 2007. A network of LGBTQI+ human rights organizations working in Korea to oppose stigma and discrimination against the LGBTQI+ community and promote human rights.
Korean Federation Medical Activist Groups for Health Rights (KFHR 보건의료단체연합)	Founded in 2001. Umbrella network of medical professionals dedicated to the realization of the right to health. **Members** Center for Health and Social Change (건강과 대안)、Korean Pharmacists for Democratic Society(건강사회를 위한 약사회)、Solidarity for Workers' Health (노동건강연대)、Association of Physicians for Humanism (인도주의실천의사협의회)
Green Hospital	Visits to learn about worker`s health and health equity
Alliance for a Better Pharmaceutical Production Regime	Formed in 2018 by Korean Pharmacists for Democratic Society (KPDS), People's Solidarity for Social Progress (PSSP), Health Right Network (HRN), People's Health Institute (PHI), and IPLeft. An alliance that advocates for political and economic change in the pharmaceutical industry and institutions that limit access to medicines. ＞Reference
Korean Pharmacists for Democratic Society (건강사회를 위한 약사회)	Formed in 1990. A group of pharmacists working in social movements to achieve a democratic system that protects the health of the people. Executive Director: LEE Dong-gun
MIgration & HUman Rights Institute, MIHU (이주와 인권연구소)	Founded in 2005, became independent from SOMI in 2017. Working in Busan, MIHU is engaged in policy advocacy, dissemination, and learning as a research institute that protects the human rights of minorities, including migrant populations. **Members** • Director: LEE Han-sook • KIM Sa-gang
SOlidarity with MIgrants, SOMI (이주민과 함께)	Founded in October 1996 as the Association for Migrant Workers' Human Rights. It established the Migrant Workers Medical Network in Busan, which provides free medical

	care to protect the health rights of minorities, including migrant workers; MIHU and LINK (free interpretation service) were also born out of SOMI. **Members** • Secretary General: JUNG Ji-sook

Organizers

KIM Sun **PHM Korea/PHI/UnitAId**	Sun Kim has a BS and MS in Pharmacy and a Ph.D. in Health Economics and is currently the National Coordinator of the People's Health Movement (PHM) Korea and a Key Advisor to the Unitaid NGO Delegation. As a researcher-activist, Sun has researched universal health care, access to medicines and pharmaceutical production, and migration and health, from a political economy of health perspective. She has also previously served as the Director of the Research Center on Global Solidarity at People's Health Institute, and the Regional Coordinator of PHM South East Asia and Pacific.
UI Shiori **SHARE/PHM Japan** **https://share.or.jp/english/**	**Services for Health in Asian African Regions (SHARE)**, Board Member / **People's Health Movement (PHM)** Japan Circle, Co-Coordinator Ui worked with a Japanese health NGO based in Nagoya, the Asian Health Institute, for 25 years. She worked in partnership with local organizations in various South and Southeast Asian countries for training and supporting small scale community-based projects. In 1992-1993, she was involved in community development work and emergency relief for internally displaced persons in Cambodia as a field worker of the World Council of Churches. Since 2015, Ui has been teaching university students around the Tokyo area as a part-time lecturer. She is currently a board member of Japanese NGOs, such as SHARE and People's Forum on Cambodia-Japan, and a Co-Coordinator of People's Health Movement-Japan Circle.

INABA Masaki **AJF/PHM Japan** **https://ajf.gr.jp/english/**	**Africa Japan Forum, Co-Chair/Global Health Director** Masaki Inaba is the Co-Chair and Global Health Director of Africa-Japan Forum (AJF), a Japanese civil society organization working to bridge Japanese and African civil society. He also serves as the Chair of Japan Civil Society Organization Network on Global Health, which is a leading civil society network for global health advocacy. He has a long career in Japanese civil society working on global health advocacy, especially on HIV/AIDS. He was a member of Developed Country NGO Delegation of the Board of the Global Fund to Fights AIDS, TB and Malaria from 2004 to 2009, and a Steering Committee Member of the UHC2030, which is an international coordination mechanism to promote Universal Health Coverage (UHC) from 2021-22.
FUJITA Taimu **AJF/PHM Japan**	**Africa Japan Forum, Global Health Project Coordinator** With an interest in access to health and wellbeing among vulnerable and marginalized communities, Taimu interned at Aidsfonds, an HIV/AIDS organization in Amsterdam, the Center for Supporting Community Development Initiatives (SCDI) in Vietnam, and the International Drug Policy Consortium in Asia-Pacific. She also worked as a project assistant at the Robert Carr Fund, a civil society organization based in Amsterdam. Taimu obtained a bachelor's degree in social sciences with a focus on cognition at Amsterdam University College in 2021, and a Master's degree in health promotion and behavior change at the University of Amsterdam in 2022.
KOIZUMI Takakiyo **AJF/PHM Japan**	**Africa Japan Forum, Global Health Project Coordinator** Peacebuilding practitioner with 30 years-experience in Americas, South & Central Asia, Middle East and Africa. Co-director of Peace Museum Itabashi Campaign. Founding member of Network for Peace in Syria. Visiting fellow at Geneva Center for Security Policy and Fighters for Peace(2019). Since 2022 Global Health Project Coordinator at Africa Japan Forum.

5. Meeting details

Prior to PHM Japan's visit to Korea, the program organizers had exchanges with the Korean organizations to establish agendas of questions for both Korea and Japan, and each prepared presentation materials in English in principle in advance of the visit. However, in some cases, due to time and other constraints, these materials were not

always used in the meetings. Korean-Japanese Interpretation on February 13, 15, 17, and 18, and translation of the Korean side's presentation materials on February 17 and 18 were provided by Lee Tae-jung, Research Fellow in Labor History at Sookmyung Women's University, and interpretation on February 14 and 16 was provided by Lee Sunjoo of the Department of Japanese Studies and Yoon Jeongeun of the Department of History and Philosophy of the same university.

(1) PHI (Feb 13 10:00~12:00)

Agenda	Questions

PHI/PHM/Korea-Japan exchange
 	
1) Presentation by PHI
• History and overview of PHI
• Health equity including gender equity, climate and health
• Community health
• Global health and global solidarity
 	
1) Presentation by PHM Japan
• History of PHM Japan
• Japan CSO movement for global health
• Japan CSO movement for Covid-19
 	
2) Discussion points
	For PHI
	
	• In your perspective, what are the main global issues that we must tackle?
	• National issues
	  ○ What are some shortfalls/gaps in ROK's UHC?
	  ○ How do you appeal to the public when presenting global issues (e.g. equitable access to Covid-19 MCM)?
	• Have there been, or will there be any initiatives or collaborations to tackle health challenges (e.g. TB, AMR) faced by the people of DPRK?
	• Social movements
	  ○ Have you had any collaboration with Japanese grassroots activities? Global civil society movements?
	  ○ Mapping of civil society in ROK: What kind of civil society networks on health are operating in ROK? CSOs active in the non-health field?
	  ○ How do health related CSOs in ROK work with CSOs in other East Asian countries?
	• SRHR
	  ○ What are some SRHR issues specific to ROK?
	  ○ What is the state of GBV?
	  ○ How is the sex education in ROK? What is lacking, what should be changed, what are some challenges?

• Challenges faced by PHM and strategies for a stronger movement • Synergy and collaborations between Korea and Japan CSOs for health equity • Strategies for approaching youth	○ How are the advocacy movements for SRHR in ROK? ○ Are you engaged with, do you collaborate with international movements? **For PHM Japan** • In your perspective, what are the main CSO strategies for these topics? ○ Worldwide climate crisis ○ Regression of domestic politics(右傾化) in dealing with Korean and Japanese historical issues, international conflict, renewable energy/nuclear energy policy, gender inequality, migrant worker policy etc. • National issues ○ What are the basic policy directions about local extinction and aging society in Japan? ○ What kinds of elderly poverty policies are there, and are they effective? ○ How does Japanese society respond to youth issues (e.g., employment, debt, non-marriage, etc)? ○ 介護保険 issue about the plan to raise the premium rate of long-term care insurance system this year.

Presentations by PHI:
PHI Overview
Community Health Care in Korea
PHM equitable access to technology
UHC in Korea
SRHR in Korea
PHI十周年評価
韓国市民の取組の今

Presentations by Japan team
PHM Japan circle
History of health sector NGOs in Japan
Role of CSOs in Japanese Health System
Civil Society movement on Global Health in Japan
TRIPS waiver and Japanese CSOs
Aging society, Japan
*Only the SRHR in Korea was used in the meeting.

①Remarks by PHI

PHI
- PHI is a research institute, so we focus on social diffusion of knowledge.(“Knowledge production”)
- We are positioning this exchange as an implementation activity. We would like to use this opportunity to support practical activities.

Background：Social change is rapid, but knowledge is lacking; there is a need for Knowledge production, but the existing system is based on universities. The university system is not in a position to fulfill its role due to neoliberal changes. Need an independent Knowledge production system that can contribute to health care reform.
PHI`s history：Started in 2010 as a small movement financially independent of public institutions.
PHI`s governance: Voluntary fundraising. Approximately 400 contributors each month. Compared to academia, salaries are lower, but staff contribute hard work because knowledge production = social movement.

Challenges：

- Financial challenges still significant after 12 years
- To obtain motivation from the general public, health care professionals, and other professionals.
- There are so many debates about health issues that it is difficult to know what issues to address and what stance to take as a PHI. We decide informally and democratically, exchanging information. Priorities must be set from a social movement perspective. We continue to work to build a sound governance system from philosophical, ideological, and social perspectives.
- There is an increasing conflict between PHI theory/practice and the capitalist system. The health care system is no match for the capitalist system; rather than right to health and social justice, the health care sector is increasingly capitalized and colonized in terms of finance, labor relations, political economy, etc.
- Increased investment in pharmaceutical companies and new technologies (AI, Big Data) in the healthcare sector is closely related to the capitalist financial system. Health insurance is a market and a platform for bio-capitalism to realize its value (once technology, new drugs, and services are covered, capital can be accumulated). It differs from the conventional health care system.
    - There is a need for more analysis of how social services are capitalized in Korea and Japan. Emerging issue: How to analyze capitalization from the perspective of the health care system?

②Discussion: Social Movements in Korea and Japan

Differences in approach between Korean and Japanese social movements: In general, Korean CSOs take a macro perspective, policies, and feel that systemic change is possible, but this is rapidly declining. More CSOs are focusing on practical neighborhood issues (e.g., medical coverage for the homeless), which is becoming more similar to Japanese activities; as PHI, we are examining how to connect practical issues with theoretical and systemic issues.

Q: How do you reach out to people about macro health issues?
Answers: 1) We need to understand the public; 2) There is a huge gap between the vision of the medical profession and that of the public; PHI has a "people centered" perspective, not a "professional" perspective; 3) We need to understand each other's views. We need to learn each other's language and ideas about what kind of system is needed.（3) Collaboration with solidarity groups.

Democratic Movement of the 1990s：

- The student movement has a long-term legacy in all areas of social movements. Even in the political sphere, there still remains a great legacy of the student movement. The labor movement has great power in cooperation with the student movement and now has its own power and conditions.
- New political actors need to be added.

(2) AIDS NET/Nanuri＋ (Feb 14 15:00-17:00)

Agenda	Questions
Overview of LGBTQI health and movement 1) Presentation by AIDS NET/Nanuri+ ● Discrimination against LGBTQI+ ● HIV/AIDS healthcare ● Migrants with HIV/AIDS ● LGBTQI Youth support ● “NO TO GILEAD’S PINKWASHING” campaign ● Current issues in LGBTQI health: mental health (discrimination), transgender healthcare, and aging and care 2) Presentation by PHM Japan ● Overview of LGBTQI issue in Japan 3) Discussion points ● Challenges in national LGBTQI+ movement, strategies for advocacy ● Synergy and collaborations between Korean and Japanese CSOs for LGBTQI	**Questions for AIDS Net/Nanuri+** ● What are some LGBT issues specific to ROK (e.g. AIDS Prevention Article 19, barriers to accessing healthcare, LGBTQI+ in the military)? ● Since 2011 ICAAP (International Congress on AIDS in Asia and the Pacific in Busan), what kind of changes have LGBTQI communities in ROK experienced? ● What challenges are there in accessing HIV/AIDS treatment? (e.g. what is the situation for non-Korean PLHIV?) Are there CS movements against it? ● How do you respond to opposition movements? ● Are you engaged in movements with other affected populations (sex workers, people who use drugs, harm reduction) ● Do you have any relations/collaborations with Japanese movements/organizations? Global networks related to HIV/AIDS? ● What are the issues around Gilead Sciences? In what ways are you engaged in this issue?

Presentation by AIDS NET/Nanuri+
Korean HIV/AIDS and LGBTQ+ rights movements

Presentation by Japan team
Japanese HIV/AIDS and LGBTQ+ rights movements
Lenacapabir (Reference)

〈AIDS NET/Nanuri＋〉

- HIV/AIDS treatment is 90% covered by health insurance, the remaining 5% by local government, and 5% by Korea CDCP, so there is no payment from patients` pocket. HIV treatment is available in any hospitals, whether they are private or public, where they are equipped with internal infectious medicine. Migrant workers(mainly from Southeast Asia countries) visit public hospitals for the treatment because of their social-economic status.
- When LGBTQI is added to HIV/AIDS, there is even stronger discrimination.
- Through the National Human Rights Commission, it has addressed discrimination in relation to medical care.
- It is very important that HIV-positive people continue to work and have health insurance, otherwise it will be expensive and private insurance will be expensive and most importantly, insurance company rejects HIV to get insured due to HIV status
- During the spread of infection in the 1980s and 1990s, the law prohibited HIV-positive individuals from working in public places; the law was later amended to reduce restrictions on work. Currently, they are only prohibited from working as airline pilots, in the military, and in the sex industry.
- However, in fact, since the late 2000s, the number of cases of labor rights violations has increased, so a labor rights team to address the labor rights of people with HIV/AIDS was established in 2021.
- Influenced by various false information, many have incorrect understandings about jobs they "can't engage" in, and there are many consultations regarding employment
- Some companies include HIV as a test item in the medical checkups of their workers and screen them for the disease.
- In some cases, test results were discovered and resulted in dismissal.
- HIV-positive men are among those exempt from military service obligations for adult men.
- Companies ask for reasons for exemption from military service and require documentation when hiring.
- Labor rights of people with HIV/AIDS are not well protected, discriminatory ideas are strong, and affect the ideas of the people themselves, especially against male homosexuals.
- HIV patients are empowered to live their lives without giving up on their dreams through providing correct information, meetings, and counseling services.
- To coincide with the Seoul Olympics, the government criminalized sex without a condom for HIV-infected persons in 1987, and the AIDS rights movement led the Constitutional Court to rule the law branding this infected person unconstitutional in 2019. However, the law remained unchanged.
- It has raised awareness among citizens, human rights groups, LGBTQ groups, etc., held press conferences in front of the National Assembly, lobbied political parties, and initiated debates in the National Assembly. Covid-19 disaster occurred shortly after the decriminalization campaign had begun.
- Increasing recognition that the government should not penalize people for violating the corona guidelines and, in turn, people should not be punished for any disease.
- We want the movement to end discrimination and oppose all discrimination, not just HIV/AIDS.
- Decriminalization and health rights movements will lead to the elimination of discrimination and a healthy society.

Q & A：（J:Japan K:Korea）

J： Which Japanese organizations do you work with?
K： No interaction with specific Japanese groups now.
There were contacts with Japanese groups at the 2019 Asian Conference and international events, but it is not an ongoing exchange. Through the JACK`D App, information on Asian countries can be found.
J：Are there only 15-20 cases that were deemed crimes, or are there more?
K：15-20 indictments, more if threatened, even if they don't go to indictment

〈Japan〉
Issues related to HIV/AIDS in Japan

- In Korea, treatment is completely free of charge, but in Japan, some payment from pocket is required. Public health insurance covers 70% of the cost in principle.
- If the CD4 value is less than 500, the patient is certified as an immunodeficient person with disability, and the prefectural medical subsidy system for the disabled will be applied to cover the remaining 30% of the medical expenses. In Japan, however, even if a patient is found to be positive at an early stage, treatment is not available unless 30% of the cost is paid by the patient, which prevents the patient from going for a test as soon as possible.
- High price of therapeutics; Gilead's BIKTARVY costs $18,000 per year, which is quite expensive even at 30% co-pay.
- Japanese health insurance only covers treatment, not prevention Both Prep and PEP are completely self-paid, inexpensive (10,000-20,000 yen/month) drugs from developing countries may be imported and used privately, and none of the AIDS drugs are approved for prevention.
- There is a risk of problems after 2024. Truvada is expected to be approved as a prep drug, and then we will have to buy it from Gilead at the regular price, which is expensive and will increase our burden.
- The health center became busy due to the Covid-19 and stopped free inspections in Tokyo. The number of people receiving inspections decreased due to the limited number of inspection sites.
- Understanding of HIV/AIDS, high only in the gay community, very low in the general public
- Foreign residents can join and use health insurance if they stay in Japan for at least 3 months and are registered as residents, but the system is complicated and many do not join. Short-term residents and foreigners without resident status cannot receive treatment in Japan.

Issues related to LGBTQ+ human rights in Japan
- In terms of LGBTQ in Japan, local governments and private companies have made considerable progress since the 1990s. In 20 of 47 prefectures, 392 local governments have same-sex partnership recognition systems. Major companies are improving their work environments and anti-harassment policies.Media coverage is becoming more active.
- But no progress at the national level. No same-sex marriage system at the national level.
- Civil society has been working hard to achieve a law banning discrimination against LGBT people at the time of the G7 meeting in 2023, and the business community, the U.S. and European ambassadors to Japan, and others have supported the law.
- However, it became a "law to promote understanding" and did not become an anti-discrimination law.
- The conservative LDP in the Diet strongly opposed the law, and suddenly began to oppose it forcefully.
- Strong opposition to anti-discrimination laws, citing "threats to women's safety," resulting in the passage of the Understanding Promotion Act along with increased social persecution of

transgender women. Civil society worked hard to create good laws, but a sense of frustration remained.

Q & A

K：In Korea, testing is anonymous, and treatment can be done either anonymously or under one's own name, but in the case of anonymity, the patient pays for the treatment. How about Japan?

J：While tests can be done anonymously, treatment and applications for disability certification require the use of a person's real name. In addition, complicated procedures and the attitude of the government office often make people feel uncomfortable. It is better to apply for disability certification than to pay 80,000 yen or more out-of-pocket each month. 70% is covered by health insurance, and there is also a high-cost medical care system with a ceiling on monthly medical expenses, but it depends on the income. If you are certified as disabled, you will not have to pay the co-payment. After the drug-induced AIDS in the 1980s became a problem, the companies responsible for the disease and the patients reached a settlement, and the patients and the government discussed the AIDS treatment system. The government and patients discussed the AIDS treatment system, and a disability certification system was introduced at that time.

K： Who imports Prep and PEP drugs and how? Is it illegal or legalized?

J： Prep and PEP are not imported by the government, but by clinics. Tokyo and Osaka have different decisions. The Japanese government has no intention of actively implementing PreP and PEP. Some researchers have conducted trials of PreP and PEP as demonstrations.

K：Also imported privately in Korea.

J：I guess Prep is not recognized as necessary in Japan or Korea.

K：Korea's national health insurance does not cover PreP. Only illness and injury. Even partners of infected persons are not covered.

J：We would like to exchange information with people in Korea on how we should actively introduce long-term therapeutic drugs.

We would like to think about it together.

Currently considering how to make Gilead's Lenacapavir widely available through the MPP. Regarding AIDS drugs, Gilead has been working through the MPP, but not for COVID19 and hepatitis C drugs, so they may want to work without the MPP this time.

K：In Japan, progress has been made in the private sector, but not in PINKWASH?

J：Western companies in Japan created the system and large Japanese companies introduced it. We actively welcome the efforts of companies. Rather than criticizing Pinkwash, we have taken the approach of drawing out good practice and evaluating it.

K：Since 2010, conservative politicians in Japan have been against us. Is it because of religion? In Korea、it is.

J：Unification Church and Shinto strongly oppose same-sex marriage, influencing conservative LDP members. Apart from religions, social media such as social networking sites (Twitter X, etc.) have also created movements against same-sex marriage.

K：What's behind it?

J：The lack of it is rather worrisome. ”They are trying to be given privileges, spending more taxpayer money than the average person, and getting a better deal." Conservative legislators are also swayed in that direction at election time.

J：What are your expectations for future cooperation, especially with Japanese groups?

K：It would be good to exchange information on the prices of medicines, especially to cooperate internationally to reduce the high prices set by pharmaceutical companies. It would also be nice if we could work together on issues related to access to treatment for foreigners.

J：First of all, it would be great if we could have online information exchange and seminars with interpreters.

K：It would be nice to interact with the Japanese gay community and see what we can learn from each other.

(3) KFHR /APH (Feb 15 10:00-12:00)

Migrants` health & Workers` health 1) Presentation by KFHR/APH ● Healthcare professional activists' movement during the COVID-19 ● Migrants' health rights, including free clinic for migrants ● Worker`s Health (Green Hospital:Japan-Korea-China solidarity movement) 2) Presentation by PHM Japan ● TRIPS Waiver movement ● Migrants health issue in Japan 3) Discussion points ● Challenges faced in national movements for equitable access to MCMs, strategies for a	**Questions for KFHR/APH** ● How well is ROK prepared for future pandemics? ● What was the experience of the COVID-19 TRIPS Waiver movement in ROK? How would you evaluate it? ● How does Korean civil society see ROK's high and growing R&D and manufacturing capacity of MCMs? Are you engaged in advocacy in line with this, or towards private industries? Could you share some insights and opinions about ROK's involvement in WHO's mRNA technology transfer hub? **Questions for PHM Japan** ● Japan's COVID-19 quarantine and medical response policies, how you evaluate them in terms of medical publicity and social safety nets, ● how Japanese society (especially the healthcare system) has changed after the pandemic, and how telemedicine and digital health, such as LINE doctor, are being adopted in Japan.

stronger movement • Synergy and collaborations between Korean and Japanese CSOs in relation to equitable access to MCMs	

Presentation by KFHR/APH
Korea and Covid-19
Migrants` health in Korea

Presentation by Japan team
Health Care access issues for migrants and refugees in Japan
TRIPS waiver and Japanese CSOs (not used due time constraints)

<KFHR/APH>
＜Covid-19＞
◎Korea：Zero corona policy
◎Europe/US：Boris Jonson・Trump（Economy 1st）
◎Analysis
・Korea: successful quarantine policy, poor healthcare (weak public healthcare system)
・Japan also has a small number of beds in public hospitals.
・10% of all public hospitals treat 70% of Covid-19 patients.
・Private hospitals have a strong tendency to refuse medical care.
・Fewer patients, but higher mortality among them.
・The disabled and prisoners were excluded from medical care.
・The number of nurses was low.Failure of the zero-corona policy: there were few benefits from the government.
・Failure to quarantine anywhere in Europe, UK, etc.: austerity issues (Japan: reduction of health centers)
・Yoon administration: originally claimed that "private hospitals are fine" (promoting digital health)
・Oppose digital health and health care privatization. Labor unions are campaigning for the need to increase the number of health care personnel.
・Japan's mixed medical treatment and deregulation of "regenerative medicine" should be reviewed.

＜migrants workers＞
◎Workers' compensation death statistics: many migrant workers.
◎Current administration: negative attitude toward migrant workers' labor rights
・All the support centers for migrant workers have gone (no more government support budget).
・Tendency to not go to the hospital when sick (high cost, language problems, not knowing the right hospital, lack of time, fear of repression, etc)
・Insurance coverage for migrant workers: various issues

・Free medical clinics (run by APH and Women's Migrant Medical Center) *Some are conducted by Christian organizations
・Government rounds up people without visas

＜Q & A＞
◎Free medical clinics: Many are run by religious organizations. However, they are often difficult due to privacy issues.
◎The city of Seoul used to fund and structure the program to some extent, but the mayor changed and the entire budget was cut.
◎Many are from Southeast Asia, but there are also people from Mongolia and Africa.
◎The current administration is trying to actively promote the acceptance of domestic workers (easing of wages and employment conditions): many problems.

<Japan>
・Currently many come to Japan through the technical internship system and for Japanese language study. (many Vietnamese)
・There are many applicants for refugee status, but few are granted refugee status. Provisional release is a problematic system.
・Private and public health care content and prices are the same
・There are institutional and language barriers, as well as "mental barriers".
・The Catholic Church often provides medical care and support.

＜Q & A＞
◎Language barrier is a big problem in Korea as well.:
・Government operates a multilingual telephone center.
◎Japan has a private training program for medical interpreters: In cooperation with hospitals, they would be called and dispatched to the hospitals
・In Korea, medical interpretation is practically free (free clinics are volunteer)
◎Relations with Japan Federation of Democratic Medical Institutions
・Anti-nuclear and anti-nuclear movement since Fukushima, many connections with doctors
◎I have previously participated in August in relation to the A-bombing of Hiroshima and Nagasaki ceremonies. Is it possible to introduce Japanese organizations?
・It is possible.

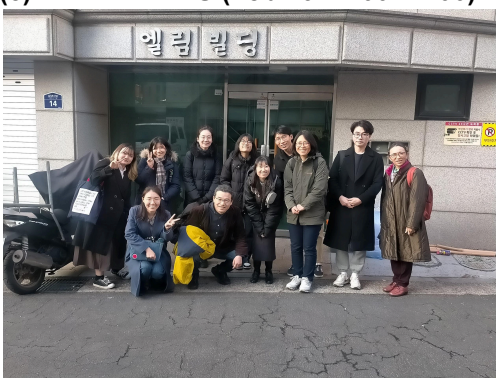
(4) Green hospital (Feb 15 14:00~16:00)

〈Director's Lecture〉
◎History: YH case and Wonjin Rayon case were the starting points.

◎It will be renamed Jeon TaeIl Hospital in the future.
◎This is a hospital for workers.
◎It collaborates with Japan Federation of Democratic Medical Institutions.
◎Medical support agreement for workers in vulnerable occupations (we have support agreements with various organizations)
◎Vulnerable occupations: cultural arts and media workers, other self-employed workers, etc. = support for health screening
◎Rehabilitation treatment for construction workers
◎Tattoo Center (Support for tattoo artists)
◎Support for vulnerable patients in the community (Jungnang District)
・Home health care (hospitals are not supposed to provide home health care)
◎Supporting the Fight for Human Rights
・Support for human rights activists
・Medical assistance for unregistered migrant children (Mongolia, etc.)
・Mongolian Children`s Medical Assistance Project (Ulaanbaatar)
◎Environmental movement
◎Hospital Philosophy
・COVID-19 front line
・All permanent employees (no part-time staff)

〈Q & A〉
Q1 Why support Mongolia?
◎There are many Mongolians around this hospital. We have been providing medical services to people with migratory roots. An extension of this.
Q2 All staff are regular workers: is it difficult to manage? How is it managed?
◎Even in many Japanese companies, the trend is toward layoffs and transition to informal work; it is not good to discriminate against employees (just as it is not good to discriminate against patients).
◎It was not a difficult decision to make them all full-time employees. Management wants to do its best.
Q3 Will free medical checkups and support put pressure on management?
◎The money is being raised by citizens.
Q4 Are there any other green hospitals?
◎Wonjin Green Hospital
・There are other similar hospitals.
Q5 Is medical care free for foreigners?
◎Yes
◎We are taking advantage of the support framework created in 2019.
◎Working with public foundations (grants, etc.) such as Financial Industry Foundation, union-based foundations, etc.
Q6 Why is it called "Green Hospital?"
◎Patients asked to do so.
・Green contains images of peace and health.
Q7 Is the tattoo labor issue a major problem?
・Although it is illegal for tattoo artists to perform their work, they still do it.
・Japan used to be the same way, but that has changed recently.
Q8 Are you dealing with a drug addiction problem?
・No. Leave that to specialists.

(5) ABPPR/KPDS (Feb 16 14:00-17:00)



Access to Medicines	Questions for ABPPR/KPDS
1) Presentation by ABPPR/KPDS ● COVID-19 MCM ● Access to Fuzeon movement ● Abortion/contraceptive pill movement 2) Presentation by PHM Japan ● Movement for TRIPS waiver ● Abortion/contraceptive pills movement 3) Discussion points ● Challenges faced in national movements for equitable access to medicines, strategies for a stronger movement ● Synergy and collaborations between Korean and Japanese CSOs in relation to equitable	● How well is ROK prepared for future pandemics? ● What was the experience of the COVID-19 TRIPS Waiver movement in ROK? How would you evaluate it? ● How does Korean civil society see ROK's high and growing R&D and manufacturing capacity of MCMs? Are you engaged in advocacy in line with this, or towards private industries? Could you share some insights and opinions about ROK's involvement in WHO's mRNA technology transfer hub? ● SRHR ○ What are some SRHR issues specific to ROK? ○ What is the state of reproductive laws, including abortion, contraceptive pills? ○ How are the advocacy movements for SRHR in ROK? ○ Are you engaged with, do you collaborate with international movements?

access to medicines ● Difference in abortion/contraceptive pills movement between Korea and Japan	

Presentation by ABPPR/KPDS
Access to Covid-19 MCM and abortion pills
Presentation by Japan team
TRIPS waiver and Japanese civil society
Contraceptive pills and abortion pills in Japan

〈ABPPR/KPDS〉
COVID19 campaign to expand access to vaccines and other medicines during a pandemic

- Advocated in the media and elsewhere for the government role in the COVID19 test kit developed in South Korea using public funds.
- Appealed for Celltrion to release clinical trial results.
- Interest in vaccine shortages increased in the early stages of vaccination, but waned as the vaccine became more widely available. A campaign to voice opinions about the vaccine gap was also attempted, but was unsuccessful.
- There is a strong belief in intellectual property in Korea, and it was a health issue that gained people's attention, but in the end, it was turned by the logic of money.

Access to oral abortion pills movement

- At the end of December 2020, the Constitution repealed the crime of abortion, after which abortion pills have attracted the greatest interest.
- In February 2021, Hyundai Pharmaceuticals signed a contract with British company Rhein Pharma to introduce an oral abortion pill. However, obstetricians, gynecologists, and religious groups opposed the move, and it was left untouched due to a change of government.
- Health organizations, together with women's groups, demanded that oral abortion pills be recognized as essential medicines. More than 1,800 signatures were collected to request the government to do so. They now plan to continue their demands and recommendations not only on the introduction of oral abortion pills under the National Human Rights Commission, but also on their price and conditions of use.

Financialization of the Pharmaceutical Industry and Civil Society's Fears of Financial Globalization

- Since the 1980s, there has been monopolization by pharmaceutical companies through IP, technology transfer and M&A, pharmaceutical companies using publicly funded research for profit, and active government support for drug development.
- After the success of the semiconductor industry, the pharmaceutical industry received intensive support for more than 20 years as the next industry, but was disrupted by the problem of fake drugs, etc. The Covid-19 disaster brought biopharmaceuticals into the limelight.
- Appealed for IP flexibility regarding the price of expensive new drugs, but to no avail.
- The movement for drug safety gradually weakened, and the deregulation of pharmaceuticals proceeded.

〈Japan〉

Japan Civil Society for Health Equity: Movement for TRIPS Waiver/COVID-19 and more

- In Japan, they were more interested in vaccines for themselves and less interested in the situation in other countries.
- A joint campaign by Japanese NGOs, first of all, requested the Japanese government to accept the TRIPS Waiver, and to collect signatures. In addition, webinars were held for the public.
- In May 2021, due to the international movement, the U.S. Biden administration changed its policy and endorsed the vaccine. When the U.S. changes its policy, Japan follows the suit.
- Unfortunately, the TRIPS Waiver at the WTO ended halfway through in June 2022.
- Currently, the International Health Regulations (IHR) is being revised and the Pandemic Treaty negotiations are continuing for May 2023. Japan's Global Health Civil Society Network has been granted Annex E status and its recommendations on the pandemic treaty were delivered to WHO.
- Japanese civil society participates in the development of the Japanese government's global health strategy. Meetings with Diet members were also held.
- In order to spread awareness and encourage people to think about disparities in access to medical care, we have created a DVD “Pandemic Unmasked: Civil Society`s Pursuit for Health Equity” with the cooperation of colleagues around the world and continue to hold screenings.

Japanese contraceptives and abortion pills

- In Japan, available contraceptives are very limited. Only condoms, IUDs, and oral pills are available and not covered by insurance. Emergency contraceptives are not available at pharmacies and cost 15,000 to 20,000 yen per dose. They must be taken within 72 hours, but they require a prescription from an OB/GYN and are expensive. In Tokyo, the cost of the drugs and other medical care is about 100,000 yen, which is a high barrier to access.
- In 2020 an online survey found that only 17% of those needing access to emergency contraceptives actually had access. There are also privacy issues.
- At the request of youth groups and others,emergency contraceptives have been available at pharmacies without a doctor's prescription since November 2023. However, it will be sold on a trial basis at about 100 pharmacies nationwide and requires a phone appointment in advance.It is obligatory to take the drug in front of a pharmacist.
- Abortion Issues: Even now in Japan, abortion is still considered an abortion crime, and imprisonment is also imposed on women. The conditions for exemption are: consent of the woman and her partner, parental consent for minors, a doctor designated by a medical association, and if there is a risk of physical damage to the woman. The method is curettage, which is considered dangerous in the world, and costs 100,000-200,000 yen out-of-pocket.

Q & A

K：What are the main organizations of the movement in Japan? What about movements by young women?

J：JOICFP, an organization specialized on gender and health such as family planning overseas, has been working on these issues in Japan for the past five years. They have created an ML for gender-related activists to exchange information. Activities through social networking services have been spreading in the wake of the Covid-19.

K：In South Korea, the feminist movement has been on the rise since the murder of a woman at a train station. How about in Japan?

J: The feminist movement began to grow around the time of the Beijing Women's Conference in 1995, and that generation has encouraged young women to participate in international conferences in recent years, leading to a creation of new leaders. If you are interested, we can arrange zoom meetings with organizations and groups that are actually involved in such activities.

J: Why has there been increased interest in TRIPS exemptions in Korea? Was it because of the slowdown in vaccine access? Because of the appeal from South Africa?

K: Intellectual property rights in the Korea-US FTA had been on focus for some time.When Covid-19 become pandemic, we thought it would become an IP issue, so I paid attention to international developments. Then I heard about the proposal from South Africa, so I immediately took action.

We knew there would be problems with the Covid-19 because there were problems with access to flu vaccine and Tamiflu at CSOs in Korea during the 2009 flu season.We were not cooperating with organizations that focused on overseas aid, there was not such a shortage of vaccines domestically, and there was not a mass awareness of the problem.

The issue of intellectual property begins with the movement to criticize the system in the 1990s. Eventually the focus shifted from the manufacturing industry to the technology industry in the late 80s.It was not until the 2000s that the IP system became a major movement, especially in the 90s due to the influence of the U.S.

J：What role do you think Korea can play as a country with pharmaceutical R&D capabilities?

K：Korean pharmaceutical companies are not as high level as Japanese pharmaceutical companies. They are devoted to advertising things to inflate their stocks, and their technology and contents are not really high.

J: How do you monitor the international role of Korean pharmaceutical companies?

K: We Informed the public that Korea has the capacity to produce diagnostic kits and generic drugs for the LMICs. Gilead's Lemdecivir was too expensive and its supply was limited, so we requested that Korea publicly produce the drug by issuing CL.

J: In Japan, domestic corona vaccine development could not be done. Pharmaceutical companies under Samsung were doing fill and finish, but neither Pfizer nor Moderna could do it in Japan. mRNA vaccine development and sales was done by SK Bio about one year earlier than Daiichi Sankyo in Japan. Now the vaccine needs are already low in Japan. The Japanese government recognizes that it has lost the vaccine war. It created an initiative to develop domestically vaccines, but it has no international ambitions. This is what makes it different from the global vaccine strategy under the Moon administration. South Korea is doing better strategically than Japan.

K: It has been a new industry for more than 10 years and has quickly entered the international market. SK Bio did not develop products on its own, but rather, it used the technology of other Western companies. Also it is not an mRNA type vaccine.

J: Technology needs to be transferred to developing countries so that it can be used for production in many countries. Korea has the ability to do so. What do you think? SK Bio is now transferring technology to Thailand.

K: Except for SK Bio, only foreign companies have developed the technology and are producing the products at the request of WHO. The intellectual property of SK Bio's vaccine is owned by a U.S. university. Even if SK Bio owns the technology, neither the government nor the public is in favor of technology transfer. There is self-interest. A pharmaceutical company (Shinpoong) is making a malaria drug, which is promoted as an international cooperation, but in fact it is for the pursuit of profit. If Korea becomes a hub, it is only for its own interest. Japan is really doing this for the purpose of being useful to the international community.

J：Japan is now perceived as a declining developing country, with a sense of crisis and no room to spare.In 2021, the U.K. announced a 100-day plan to develop a vaccine or treatment within 100

days of a pandemic. This is an initiative centered on the U.K. and the U.S. A Japanese research institute (to develop a new vaccine) and two U.S. research institutes (one with military purposes) are supposed to cooperate. There is an issue of safety of drugs developed in a short period of time. Their intention is to monopolize the technology only in developed countries and maintain a competitive edge over the global south. Only clinical trials will be conducted in developing countries. They will limit their role, such as having India and other countries manufacture a certain amount of the product. We need to monitor and exchange information between Japan and Korea.
K：Until now, I don't think the 100-day mission has been discussed in Korea.
J：This is a UK initiative, but they want to expand it, so they may approach Indian and Korean companies. We need to watch this as civil society.
K: Motivation of Korean companies is to boost their stock price. They are interested in how the Korean government and companies can get involved in theWHO mRNA vaccine hub.
J: It turns out that there is a long history of IP-related movements in Korea. By getting involved in fair healthcare access movement, we can contribute to peacemaking. Colonialism through IP is widespread.
K：I would like to see a DVD of Pandemic Unmasked created by the Japanese network.
J：English subtitled version and online screening is available. Screenings in Korea are very welcome and encouraging as well.
J：How PHM-Korea used a 4-minute video to promote a speech contest to inform the Korean public about the challenges of vaccine disparities, and how they used the Infographics created by PHM-Korea for the general public?
K：We planned to collect speeches in 2021 through this video message, but it was not successful. In the past, on the theme of medical waste, we received about 30 speeches(then screened the video created by Mr. Lee, KPDS).
J：This video message is compact and easy for the public to understand. It could be used in the future to raise awareness of the issue of healthcare access disparities.
K： The Infographcs created by PHM-Korea were used passively, just given to website and SNS. By providing information to experts, experts write columns in the media, and people who read the articles make inquiries.I would like to watch the DVD created by the Japanese network (we watched it together for about 15 minutes)

(6) MIHU (Feb 17 14:00-17:00)

Migrants` health	Questions for MIHU
1) Presentation by MIHU ● Migrants' health issues and movement ● National health insurance for migrants 2) Presentation by PHM Japan ● Migrants health issue in Japan ● High medical cost and uninsured problem 3) Discussion points ● Synergy between Korea and Japan for migrants health	● What are the key issues in accessing adequate healthcare among migrants in ROK? ○ What are some legal, structural (bureaucratic?), social (e.g. stigma/discrimination), and financial barriers? ○ What kind of attitudes do policy-makers, healthcare workers, and the Korean public have towards migrants and migrant workers? ● What kind of protective mechanisms are there, in terms of policy, institutions, or community-based? ● What are your current goals in improving health services for migrants? What major changes are needed in order to achieve them? ● How are your collaborations with other Asian CSOs, including Japanese CSOs (e.g. Solidarity Network with Migrants Japan)?

Presentation by MIHU
Migrants` health rights and civil society movement

①About MIHU

- MIHU Institute was founded in 2005 in collaboration with SOMI; became independent in 2017.
- We mediate between researchers and activists, and work to connect Seoul and the region because immigration activities are centered in Seoul, but it is difficult.

- **Activities**
  - Encouraging the Public Health System to allow immigrants to use it as well.
  - The activity that we are most focused on right now: proposing and implementing migration policies. Support for agricultural and fishery workers, who are currently living in the worst conditions among migrants, and for children who are victims of abuse and neglect. We are working on the health of the migrant population, focusing on this.
  - In response to the National Health Insurance's reform against immigrants, we organized a joint campaign against health insurance discrimination. An investigation was conducted by the National Human Rights Commission, and we established a relationship with PHM through this investigation.
  - In 2023, the institute conducted a research on migrants with disabilities. In Korea, there is a very narrow visa limit for people with disabilities to register, and those who cannot have this visa are not eligible to be registered as a person with disabilities. Even after registration, migrants with foreign nationality cannot access most of the services for people with disabilities. We plan to expand our activities in the future through our network.
  - The free clinic has been running since the 1990s.

- Since there is only one public hospital in Busan, we are demanding that at least two be established, one in the west and one in the east, but not much progress has been made.
- At the very least, we demand that pregnant women and people with disabilities be covered by health insurance without discrimination regardless of their visa status.

②Migrants issue in Korea

- The number of foreign workers increased in the late 1980s, and now, due to longer stays and workers living with their families, health problems caused by lifecycle are increasing among children and the aging population. This change has resulted in a lack of support. Discrimination against foreigners has become worse. The private safety network is providing support, but it is insufficient.
- Data from the 2020 survey: migrant and non-migrant workers have about the same percentage of work-related injuries, but migrant workers have much higher fatalities (13% vs. 60%). They are often in charge of the most dangerous jobs in the same workplace. High-risk work is outsourced and migrantized.
- The mortality rate is higher than the occupational injury rate because many cases are covered by workers' compensation insurance and are not recognized when they apply, and are finally recognized when they die.
- Discrimination by Health Insurance：
    - Even if they have insurance, they are discriminated against because they are foreigners.
    - G1 (refugees, etc.) are not allowed to join (only those with special status of residence based on humanitarian considerations and their family members are allowed).
    - If you are a foreigner, the minimum monthly premium is over 150,000 won, while it is less than 25,000 won for Koreans. Koreans who are incapable of supporting themselves can be recipients of medical benefits and do not have to pay premiums, but such support system does not apply to foreigners).
    - Foreigners can get a discount on their health insurance premium only if they have certain types of visa. Other conditions, such as disability or unemployment, are not considered as criteria for a discount. Only spouses and children under 19 years old are allowed as household members; other family members must pay for insurance premiums individually.
    - Arrears:Foreigners who do not pay their insurance premium on time will not receive insurance benefits right after, while Koreans who are in arrears will receive benefits at least for six months. Moreover, foreigners in arrears can be refused to extend their period of stay.
        - In the 2020 action against discrimination in migrant health insurance, an application was filed against the Constitution, and the court ruled that the law would be amended only to discriminate against arrears, but the other discriminatory systems were ruled to be unproblematic. The issue of arrears will not be implemented until 2025. We do not know how the law will actually be revised, and the other programs remain in place.
        - NHI was revised in 2019 to cover all migrants, but in discriminatory ways. Why?
          Political move. The Moon administration decided to increase benefits for Koreans with health insurance, but many Koreans opposed increasing premiums. The number of people paying premiums was increased and immigrants were targeted. The process of revising the law promoted the improvement of the national health insurance law to reduce the number of free riders and to make immigrants have an obligation and pay more. This was the beginning of the spread of xenophobia in society.
- About 38% of resident aliens (immigrants) do not have health insurance; 51% overstay; 29% have residency status but are not eligible to subscribe to health insurance; 20% are short-term visitors.

- A "Fee-for-Service for Foreigners" was authorized for foreigners entering the country for medical services to promote medical tourism. However, some hospitals, even public ones, apply "Fee-for-Service for International Patients" to migrants residing in Korea without health insurance particularly, undocumented migrants.
    - Fees for international patients are 3~5 times higher than NHI fees, thus ordinary migrant workers cannot afford them. (An example of medical costs for a migrant when different fees are applied: migrant with health insurance, 1.2 million KRW; migrants with health insurance but in arrears, 6 million KRW; migrants without health insurance and charged by ordinary fee, 10 million KRW; migrants without health insurance and charged by international patients' fee, 18~30 million KRW..
- The Medical Assistance Program for Foreign Workers is the one and only available medical service for immigrants who are excluded from the right to medical care. Due to budget shortfalls, only a small number of designated medical institutions apply for this service. Other than support for surgery and hospitalization, outpatient treatment and pharmaceuticals are excluded from the program.
- Most disabled persons are excluded from support and welfare policies and are forced to pay higher than average insurance premiums.
- Unmet medical needs of immigrants are high due to high medical costs, lack of time to go to the hospital because of work, etc.
- Farmers say they are not in good health. Many young women work. Farmers and fishermen have no transportation/ hospitals are far away.
- The current administration is in the situation of privatizing more and more health care and also taking advantage of the immigrant population.
- Welfare system: Mainly only marriage immigrants and refugees are eligible. In Japan, eligibility varies by local government and by status of residence. It does not apply to those who are on visas for work.
- Emergency medical care: In Japan, foreigners are not guaranteed and may be sent to free clinics. They may be denied for various reasons, not just whether they can pay later. If a private hospital proves unable to pay, the local government may be able to make up the difference, but public hospitals are not covered.
- In Korea, public hospitals are legally prohibited from refusing to do so, but in practice there are cases where they do. There is only one public hospital in Busan, and it is almost impossible to deal with because of Covid-19. →It is better than in Japan that there is a recognition in Korea that at least public hospitals should accept them.

③Korean Migrant Support Organization Network

- Community initiatives for a medical safety net: there is WeFriends Aid in Seoul.
- Since it is difficult to conduct activities like We Friends Aid in rural areas, a cooperative hospital network has been established. They demand that foreigners be covered by health insurance rather than by foreigner's fees. Free clinics use this network when serious illnesses cannot be treated.
- MIHU sent its delegation to the Migrant Federation Forum in Japan until 2015. Now other organizations are working with them. SOMI works with Kanagawa City Union and there was a partnership in activities to return Koreans who were working as unregistered workers to their home countries. Support for those wishing to return home was provided through consultation with their families, but there was no cooperation with hospitals in the sending country.
- In Korea, it is difficult for migrants to get support, especially in terms of medical care.
  In Japan, they depend on specific doctors and dedicated local support groups. There is a reasonable network of doctors and other organizations related to the Migrant Federation, but only a small portion of them seem to be working hard. The number of medical institutions undertaking low-cost medical care is 0.4% in Japan. There are many in Kanagawa, but few in the rest of the country. It is difficult to accept this system in addition to the threat it poses to hospital operations and finances. Kanagawa has a Progressive innovative municipality with relatively a big foreign population because they have ports, and there have been efforts of citizens' movements and labor union alliances such as the

Minato Town Clinic. The large foreign population is related to low rent, while Saitama has low rent but poor medical resources.

- Koreans have lived and fought for social welfare and other services in Germany. There are support activities for Korean migrant workers from Germany. Korean workers are sent to Germany to cooperate and conduct activities in Germany.
- Through the Peace and Human Rights Collaboration, we also work in Cambodia (educational support) and Vietnam (a town with many Korean troops lost in the Vietnam War).
- In Korea, many blacks live in military camps, and people of African roots tend to go there. There are many Africans among those applying for refugee status, and there are organizations north of Seoul. There are also many support groups for women working in the sex industry.
- There are few Russian-speaking foreigners in Busan and relatively few people seeking assistance. There are many Vietnamese in Busan because of the development of Busan businesses in Vietnam.
- It is important to work with organizations in the sending country. Concern is whether there are proper civil society organizations in the sending country. It is difficult to know how Korean activists can network. It is even more difficult in countries that used to be socialist. Nepal is unique in that sense. It has many labor organizations and political parties that work with Korean labor unions and NGOs. The Filipino community in particular has its own community groups, so there is little need for labor consultation in Korea or in the Korean community. It is difficult for Koreans to intervene in the sending country.

(7) SOMI (Feb 11:00-12:00 Clinic visit, 13:00-17:00 Meeting)

Site visit and migrants` health	**Question for SOMI**
1) Clinic visits ● free clinics for undocumented immigrants ● translation service 2) Presentation by PHM Japan ● Migrants health issue in Japan ● High medical cost and	● What are the key issues in accessing adequate healthcare among migrants in ROK? ○ What are some legal, structural (bureaucratic?), social (e.g. stigma/discrimination), and financial barriers? ○ What kind of attitudes do policy-makers, healthcare workers, and the Korean public have towards migrants and migrant workers? ● What kind of protective mechanisms are there, in terms of policy, institutions, or community-based? ● What are your current goals in improving health services for migrants? What major changes are needed in order to achieve them?

uninsured problem 3) Discussion points ● Synergy between Korea and Japan for migrants health	● How are your collaborations with other Asian CSOs, including Japanese CSOs (e.g. Solidarity Network with Migrants Japan)?

Presentations by SOMI
Free clinic for migrants
Language support

Free Clinic Visits（11:00~12:00)

- The Chinese come every time. Other nationalities come on the same day as the interpreter.
- Basic dental care is available.
- The main task of the general practice is to provide medication guidance to diabetic and high blood pressure patients.
- X-rays are performed once a year by the Korean Tuberculosis Association's x-ray car.
- SOMI was inaugurated 28 years ago. The free clinic began shortly thereafter and has a 26-year history.
- Dentists and medical students volunteer their time.
- This clinic opens every Sunday from 10:00 a.m. to noon.
- Free interpretation services is provided in person and over the phone
- Telephone interpreters are also prepared as needed based on the day's visitors.
- The medical team leader from Kyrgyz may provide Russian interpretation.
- SOMI has also provided assistance to Chinese nationals (of Korean origin) serving time for the 1996 riot aboard the Pescamar fishing boat.

- SOMI was founded in October 1996 as the Society for Migrant Workers' Human Rights.
- At the time, the issue of unregistered migrant workers drew attention when Nepalese technical trainees holed up in a Catholic church demanding better treatment.
- In 2005-2006 it acted as a migrant women's center for married immigrants.
- Subsequently, the MIgration & HUman rights institute (MIHU) was established as a multicultural human rights center.
- In 2009, SOlidarity with MIgrants started its activities. Without systemic change in government, both those who help and those who are helped would suffer. Starting in 2012, the Busan Migrants Support Center was commissioned as a designated management project by Busan City and provides general consultation services for labor, family, medical care, etc. Every Sunday, 50 to 80 people use the center. The center also provides Korean language education.
- The Migrant Support Center was transformed to the Foreign Residents Support Center three years ago and serves as a town hall providing legal manuals and other information.

- SOMI supports people without residency status, people who cannot be helped by the normal system.
- The Migrant Medical Network provides free medical care to protect the health rights of minorities. Migrant and homeless assistance are coordinated. Migrants and homeless people have similar experiences.

- 100% of immigrant, homeless people have health problems.
- Korean homeless people receive free medical care.
- In the beginning, it provided hangul counseling and picnics for foreign workers. Now, as a specialist, it is engaged in health rights and social welfare.
- MIHU became independent as an institute, and SOMI was assigned to the role of a counseling and support center.
- Later, the Busan Multilingual Service Center (LINK) was established, modeled after MIC Kanagawa. Ippei Murayama, the current general secretary of Kanagawa City Union, served as the medical team leader of the free clinic from 2011 to 2020.
- Before Covid-19, it attended the All-Japan Migrant Workers Convention every year.
- SOMI is funded by donations and 800 members through membership fees.

- As a designated management business organization of the City of Busan, the center's director is dispatched to the Migrant Workers Support Center. The system of outsourcing public projects to civic groups began when President Kim Dae-jung and Mayor Park of Seoul were in office.
- Compared to the salaries of government employees, those involved in designated management projects are underpaid. Obtaining a budget from the city is a struggle.

Meeting（13:00~17:00）
〈Director of SOMI〉
- I am a family practice physician and would like to talk mainly about free clinics. The dental clinic operates once a week with one or two doctors and a few medical students. The general department is staffed by eight doctors who rotate once every two months, and includes a family medicine department, an anesthesiology department, etc. A pharmacist and a pharmacy student also participate.
- Dental treatment: People who cannot go for treatment due to work on weekdays and people suffering from language barriers come to the office. Implants, etc. are not available. General treatment only.
- What can be said about the changes over the past 10 years is that the number of patients with chronic diseases such as diabetes and high blood pressure has increased. Migrants tend to overstay longer and are getting older.
- People with residency status can use health insurance. Those who come here are not. What makes this free clinic unique is that it is a place for the excluded.
- S O M I annual checkups show an increase in chronic diseases. Aging, cerebrovascular, cardiac, ophthalmologic and other diseases are common. It costs money and cannot be done by volunteers.
- The challenges are to cope with the aging population and to collaborate with hospitals. We would like to be able to provide precise examination and treatment. It is difficult to find hospitals that will cooperate with us.
- As for my own personal changes, 10 years ago, I thought that the immigrant population needed minimal treatment. With the passage of time, I have come to understand the situation and I have changed. Technology has also developed. Migrants need the same level of medical services as Koreans. There is a difference between medical services provided by volunteers and other hospitals. I want to make it equal. This is my goal.

〈Medical Team Leader〉 Lived in Korea for 14 years. Active for 4 years. Born in Kyrgyzstan:
- There are four free medical clinics in the Busan area. Our clinic is open on Sunday mornings. In the other three areas, clinics are held in the afternoon at the hospital. In the factory area, Catholics are also active.

- SOMI has been providing medical services in the afternoon since 1997 and in the morning since 2022. The feature is cooperation with other medical institutions. The center will perform only simple tests and refer patients to cooperating hospitals for more detailed ones. We also ask for lower medical costs.
- Preventive projects include biannual health checkups and influenza vaccinations.
- In cooperation with the Health and Welfare Office, we are involved in foreign worker support and emergency medical care, but our current focus is on support for visa-less children. Through consultation and networking, we are connecting them to welfare-related support. The most important thing is to deal with children born to unregistered parents.
- The number of users of the free clinic decreased due to Covid-19. The clinic was closed for three months.
- Average of 30 people per day; 940 users in 2022. The reason for not being able to close completely is the need for medication for chronic illnesses.
- There are users from 16 countries, including China and Pakistan. The main symptoms are I-, E-, M-, and R-series .
- Interpreters are most important. The Nepali and Chinese interpreters were absent today. Telephone interpretation was used. Chinese Koreans have no problem with language. The government policy is to be generous to them. They are asked to interpret for Chinese people.
- The leaflet was created in 2019. The number of users increased due to this. Collaboration by the New Port Company of Busan (new Busan Port Authority created 15 years ago). It was their corporate social contribution activity for 2 years starting in 2019. The company offered it as their own initiative; 20 million won in 2019 and 10 million won the following year. The funds were allocated to the budget for medicine, emergency medical care, and educational programs. Since then, no new donations have been made.
- Post-dental care instructions are translated and distributed in 16 languages.
- Health checkups are conducted with the support of the TB Association. 150 people come for the checkups, so the parking lot is used. The large number of Filipino patients is the result of their community activities.
- Influenza vaccination is conducted at Busan-gu Public Health Center. A Japanese marriage immigrant also participated. It appears that she was urged by her husband. Influence of Japanese network.
- If you are Korean, you can get some items for free if you have health insurance. We rent them to immigrants.
- Emergency medical expense assistance is also available.

Q&A:
Q: Is the network more advanced in Busan than elsewhere?
A: I believe that the broader municipality would have such a network. Many of these movements started in Seoul.

Q: China and Pakistan are first and second for both general practice and dental practice, but third and fourth are Vietnam and the Philippines for general practice, and Mongolia and Russia for dental practice. Why this difference?
A: The number of patients by nationality depends on the manpower of the interpreters. Thanks to Ms. Izan's fluency in Russian, the number of Russian patients has increased.

Q: How to reach the community?
A: The spread of information from community leaders through S N S is a common information flow in migrant communities.

Q: Why is Arabic available for the medical checkup results translation service?
A: For dealing with refugees.

- Some come directly to the hospital. Foreigners who have work bring interpreters hired by their companies. There are many foreign companies in the shipbuilding area.
- We are cooperating with homeless support activities. A person contacted by the N P O in Busan, who thought she was homeless, was an immigrant. She was not eligible for any welfare services because she was a foreigner. An old lady in Taiwan was contacted by a homeless organization and looked for ways to help. We supported her in obtaining her nationality because she needed to be hospitalized and treated to recover her health.
- When the then representative retired 27 years ago, its final remark was, "We will be there for you until the end. The "end" includes the end of hardship, the end of life, and end-of-life care for the elderly.

〈The head of the LINK Translation Center〉

- I am from Vietnam, came to Korea as a trainee in 1995, started working as an interpreter in 2015, and am a living witness of LINK's history.
- The interpretation service started in 2010. Since the Korean government could not make it happen despite requests, the private sector had no choice but to do it.
- The main activities of the company are the development of translation activists and policy advocacy.
- Interpretation is important for S O M I activities. A system was required to be established.
- The program supports not only individuals but also organizations.
- There are two permanent office staff, and 50 activists.
- S O M I intends to make L I N K independent in the future.
- Interpreter training is conducted by the migrants themselves helping each other. Interpreters are prepared from among the migrants.
- Interpretation and translation services are provided for general activities such as medical, labor, education, and marriage immigration.
- Specialized medical interpreting education is provided in cooperation with Busan National University.
- Blue bars are medical interpreters. Red is otherwise.
- Regarding the dispatch of interpreters to Busan Medical Center, Busan City pays rewards to the interpreters through SOMI. The Busan National University Hospital, a tertiary care hospital, has a tight budget; in the latter half of 2023, there was a need, but the hospital could not receive interpreters due to lack of budget.
- Interpreter specialists also provide livelihood support to the migrants.
- A 24-hour system was put in place to combat Covid-19.
- The challenge is empowerment and the establishment of centers.
- In 2022, a budget of 100 million won was earmarked for translation services.
- In 2023, the officer in charge cut the budget, saying it was not the work of our department.
- We negotiated a budget with the Busan City Women and Family Affairs office and secured 50 million won. The city does not have a health budget for migrants. This is a problem of Korean politics. The change of government has made the ruling party not interested in the migrant population. Migrant workers are those who return home, while marriage migrants are those who stay in Korea and have children. The idea is that immigration policy is only for women. It does not address the diverse backgrounds of immigrants. They only want to look at Korean spouses. It is so-called nationalism.
- We demand for the establishment of a translation center by 2026.

- MIC Kanagawa is a model for LINK, and in considering the future of LINK, it is necessary to know the current status of MIC Kanagawa.
- Although MIC Kanagawa has medical and general interpreting services, there is no established certification system. It does not mean that they can work in other places. We are demanding that the system be institutionalized as a national system.
- In Korea, the system changes with the administration. They demand that once a system is created, it should be protected no matter who becomes president or mayor.
- Japan is not easily changed, but once established as a system, it will remain the same and be implemented.
- Professional medical interpreters are becoming commercialized. They are valued by medical tourism. However, volunteer interpreters are not valued.
- In Japan, a medical coordinator enters the system. Medical social workers are assigned to hospitals. There is no similar assignment obligation in Korea. SOMI and LINK also play a coordinator role.

6. Findings

Civil society networks for international health are less developed in East Asia than in Africa and Southeast Asia. There are many factors that hinder the development of networks in the region, such as differences in political systems and the maturity of civil society in each country, as well as language. However, the region's dynamic economy and R&D capabilities are not inferior to those of other regions, but are even superior. In order to utilize such regional characteristics to achieve UHC for the world as a whole, it is first necessary to deepen mutual understanding among civil society members and to deepen advocacy capacity in the region, The first face-to-face meeting of the Global Health Civil Society Networking was held in Tokyo in September 2023 with participants from South Korea, Taiwan, China, Japan, and Mongolia. This PHM Japan Circle's visit to Korea was a step toward further empowerment of civil society's advocacy capacity for global health in East Asia and the building of a closer network.

During the February 13-18 visit to Korea, the PHM Japan Circle visited and discussed with Korean organizations pursuing themes such as health equity, HIV/AIDS and human rights, migrants` health, workers' health, access to medicines, and SRHR, among others. In East Asia, there are both sending and receiving countries for migrants in the region, and some cooperative efforts have already been made. LINK, which provides free interpretation services for migrants in Busan, is modeled after MIC Kanagawa, which conducts similar activities in Kanagawa, Japan, while MIHU, which is involved in research and advocacy for the health of migrants in Busan, and SOMI, which operates free medical services for migrants there, are collaborating with the Japanese Migration Federation. Green Hospital, which provides free health counseling for unregistered children of Mongolian migrants in Jungnam-gu, Seoul, is also involved in supporting child medical care in Ulaanbaatar. The connections between South Korea and Mongolia were particularly noteworthy in this mission. Efforts to guarantee the health of migrants in East Asia, where the birthrate is declining and the population is aging, are a theme that needs to be addressed urgently throughout the region. In addition to migrants, there are many issues common to Korea and Japan, such as human rights violations against HIV-positive people, discrimination against the LGBTQI community, high hurdles for emergency contraceptives, and access to antiretroviral drugs, which require exchanges between LGBTQI activists and feminist groups in both countries. And also discussed was the possibility of joint advocacy to reduce the high cost of medicines. In addition, on the issue of access to vaccines and other medicines and intellectual property rights surrounding Covid-19,

the idea of showing the film "Pandemic Unmasked: Civil Society`s Pursuit for Health Equity" in Korea, which was prepared by the Japanese side for awareness-raising purposes, was discussed.

While advocacy related to migrant health and pharmaceuticals was the main focus of the discussion on civil society networks in East Asia, the pros and cons of following the traditional English-centric approach to advocacy and international cooperation in East Asia were also raised. While it is practical that English should be the common language, the languages used in the field of activities within this region are diverse, and there should be no information or issues that fall through the cracks as a result of communication. It was also confirmed that it is necessary to find an international cooperation approach that can be called an East Asian model in the practice of networking.