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Public Perceptions of Essential Health Care and Their Policy Implications¹⁾

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Achieving the goal of expanding essential health care (EHC) requires fostering a shared understanding through extensive communication with stakeholders and inclusive feedback gathering, while considering the current socio-political and cultural context. The majority of the public, both as beneficiaries of health care policy and as stakeholders, supports a greater state role in ensuring better access to expanded EHC. However, there is a lack of consensus on what precisely counts as EHC. Efforts to advance EHC should proceed based on clear, policy-oriented definitions, a well-defined scope for EHC areas as appropriate to the Korean context, and broad agreement on related policy priorities.



Introduction: the need for building social consensus on EHC

Korea has made sustained efforts toward ‘expanding and strengthening EHC,’ a task regarded as among the most urgent and important in the health sector.

The term EHC entered the policy vernacular in earnest after the incident on July 24, 2022, that involved a nurse who, struck by an acute condition while on duty but as the Seoul-based top-tier general hospital where she worked had no specialist available to perform the surgical incision her condition required,

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1) This article is an English translation of Issue and Focus No. 459, originally published in Korean in November 2025. The original article, based on *Current Status and Policy Directions for Essential Health Care and Public Health Care in Korea*, (2024; KIHASA) by Jaeyong Bae et al., is available at <https://www.kihasa.re.kr/publish/regular/focus/view?seq=72258>

had to be transferred to another hospital and died there soon afterward. This incident drew national attention to a possible shortage of neurosurgeons capable of performing open surgery in Korea's leading general hospitals and, in turn, triggered a growing policy debate on the need to strengthen EHC.

In response, the government designated 'strengthening EHC' as a high-priority health agenda. The former Yoon Suk Yeol Administration made 'expanding and strengthening EHC' a central component of its national policy task, "Strengthening the Foundation for Essential Health Services and Alleviating the Burden of Medical Expenses," and pursued it through a range of implementation measures. The Lee Jae Myung Government, inaugurated in June this year, has likewise identified the expansion and enhancement of EHC as a key element of its national policy task, "Addressing Regional Disparities, Expanding Essential Health Care, and Strengthening Public Health Care."²⁾

Despite these initiatives, however, little tangible progress has been made toward the policy goal of "expanding and strengthening" EHC for the lack of social agreement on the concept and scope of EHC and on the need for—and priorities among—the associated policy measures (Kim, M. J., 2023; Bae, J., 2024). These efforts have been made with the term either left loosely defined or framed so narrowly that certain medically necessary services fall outside its boundaries. Indeed, although EHC has become a prominent policy term and core agenda item, it still lacks a universally accepted definition.

As the endeavor continues toward advancing EHC, it is essential to establish a clear definition and a properly delineated scope. This undertaking must be accompanied by an understanding of how the general public—both as primary beneficiaries and as key stakeholders—perceive EHC and its boundaries. In this article I examine the concept and scope of EHC, explore public perceptions of both, and draw implications for achieving the goal of expanding and strengthening EHC.



The concept and scope of EHC

The concept of EHC has hardly been defined from a theoretical or academic perspective. Furthermore, it lacks a clinically agreed-upon definition (Eddy, 1991; Kim, M. J., 2023; Lee, K. S., 2018; Lee, S. M., 2019). The difficulty of defining EHC from the clinical perspective stems from the fact that the concept of what is "essential" remains unspecific. For example, if defined clinically as "areas of care for life-threatening conditions requiring immediate and appropriate medical attention," EHC would be limited to time-sensitive, high-mortality fields such as critical and emergency conditions, severe trauma, and cardiovascular or cerebrovascular disease, thereby leaving out conditions like infectious diseases, cancer, and rare diseases, for which the need for immediate intervention may be lower, yet which can still lead to serious health risks if not properly diagnosed and treated (Kim, M. J., 2023).

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2) The 84th of the 123 national tasks announced in September 2025, titled "Addressing Regional Disparities, Expanding Essential Health Care, Strengthening Public Health Care," aims to reduce the gap in deaths from treatable conditions between regions by improving the availability of essential health care. Key elements of this initiative include enhancing compensation for regional and essential health care, as well as training personnel for regional, essential, and public health care services.

Inasmuch as it is more a normative or policy-oriented construct than a clinical one, the concept of EHC can be framed in various ways anchored in the prevailing values and contexts, politico-ideological or socio-cultural (Eddy, 1991; Kim, M. J., 2023; Kim, J. H. & Kim, C. Y., 2022; Park, J. G., 2020; Lee, S. M., 2019). In policymaking, the term EHC is often used to represent the minimum essential health coverage that the state is supposed to guarantee to its people. Synonymous terms, such as “essential health care benefit” (or “essential health services benefit”) and “essential health care package” (or “essential health services package”), often turn up in the global literature to refer to the minimum set of health services that governments are considered responsible for on the path to achieving universal health coverage (Danforth, 2023; Institute of Medicine, 2012; World Health Organization, n.d.; Wright, 2016).

These terms are primarily used in developing low-income countries where UHC has not yet been achieved, rather than in countries where UHC is already in place (Alwan, 2023; Connolly, 2024; Gupta, 2024; Republic of Uganda Ministry of Health, 2024; Wright, 2016). In countries like Korea, which have already achieved UHC, EHC refers to a much broader range of medically necessary services and benefits that are, or ought to be, provided under their public health systems (Lee, S. M., 2019).

Existing policy priorities affect how EHC is defined, sometimes narrowing its scope and making it more concrete.³⁾ These policy priorities are themselves subject to adjustment depending on national politico-socio-cultural circumstances and on the broader health care environment.⁴⁾ In the context of Korean policies, the term EHC commonly refers to a wide range of medically necessary services and benefits for which the public health system and public health organizations are, or are expected to be, the principal providers. These areas of care, as listed in the Public Health and Medical Services Act, include emergency, trauma, and critical care, which cover cardiovascular and cerebrovascular diseases; maternal, newborn, and pediatric care; rehabilitation; community health management (chronic diseases, mental health, disabilities); and infection control and patient safety (Ministry of Health and Welfare, 2018, 2019, 2021; Public Health and Medical Services Act, 2022).

Korea's EHC policies have lately been pursued with a focus on emergency care, severe diseases, maternal delivery, and pediatric care (Ministry of Health and Welfare, 2023a, 2023b, 2024a). This course of action has been criticized for being charted based on the scope of EHC as shaped by policy priorities given to areas where certain medical conditions, if left without immediate treatment, could lead to severe physical or mental consequences or even death, and where regional disparities and current supply-demand imbalances could result in care gaps or discontinuity (Park, I. S., 2022; Bae, D. H., 2024; Lee, C. S., 2023).

3) For example, Lee, K. S. (2018) defines essential health care as “areas of care that are time-sensitive and critical, such as emergency care, trauma response, intensive care, cardiovascular and cerebrovascular care, and neonatal care, where delays in medical attention could significantly affect individuals’ lives and health, and where market failure may compromise care quality and make it difficult to ensure balanced supply, necessitating direct state intervention.” (p. 11). This definition seems to emphasize prioritizing care areas based on Korea’s current social and health care context.

4) In the UK, policy priorities are announced regularly every year by the National Health Service (NHS) (NHS England, 2022, 2023, 2024).

The gist of this criticism is that EHC has been defined and delimited either too imprecisely or so narrowly that it excludes even some services of high medical necessity, a problem largely attributable, as mentioned, to three factors. First, because EHC remains nonspecific in the clinical sense, establishing a clear-cut definition has been difficult. Second, the practice of treating EHC as a clinical concept grounded in medical necessity, when in fact it is more of a policy-oriented construct reflecting governmental priorities, has been a source of confusion and misunderstanding. Third, the pursuit of the EHC policy has not included sufficient efforts to build a shared understanding through communication with diverse stakeholder groups. In fact, critical care, emergency medicine, intrapartum care, and pediatric care—core elements of the latest EHC policies—correspond either to a segment of the EHC scope outlined in key legal frameworks and policy measures or to services classified as “essential specialized departments” under the Medical Service Act.

This situation demonstrates that developing and implementing further EHC policies requires defining what EHC is—specifying the types of medical care it includes and excludes—and ensuring the definition is anchored in the contextual circumstances and widely accepted.



A survey of public perceptions of EHC

To better understand public perceptions of EHC, we conducted a nationwide survey of adults aged 19–74.⁵⁾ This article examines three main survey items: (1) people’s understanding of what EHC is and what it includes; (2) their views on which areas of EHC the government should guarantee; and (3) their opinions on whether the government should take a greater role in providing EHC.

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5) The survey, conducted online with a structured questionnaire, included 1,005 adults aged 19–74 who were recruited across Korea through proportional quota sampling based on sex, age, and place of residence to ensure representativeness.

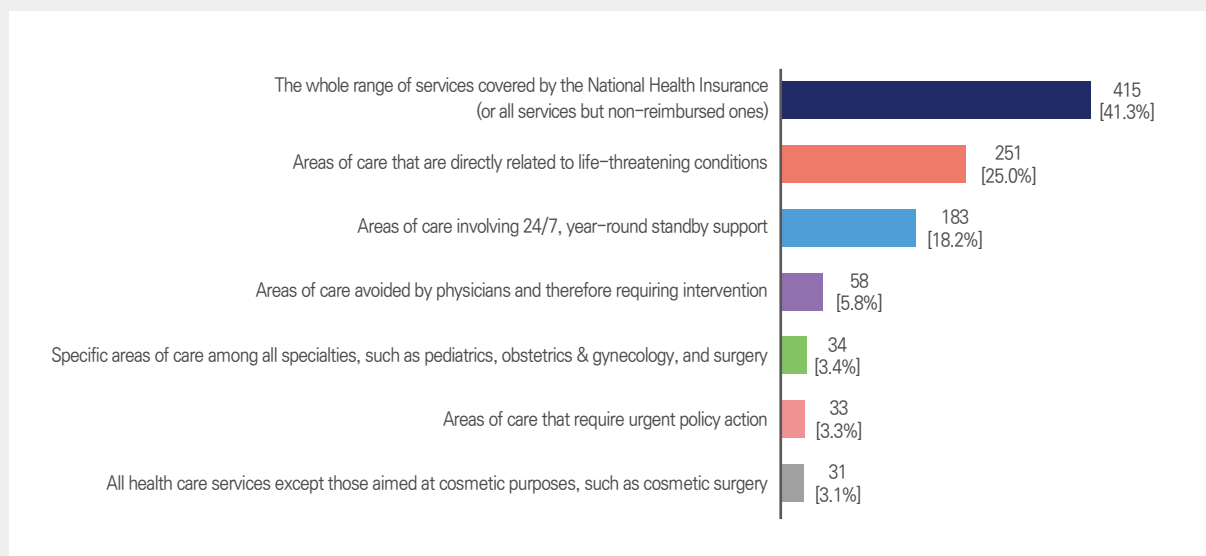
[Table 1] National survey on public perceptions of Essential Health Care

Survey items	Questions
Notions of what EHC is and what it encompasses	<p>Which of the following options best reflects what you consider to be essential health care?</p> <ol style="list-style-type: none"> 1. All health care services covered by the National Health Insurance (or everything except non-covered services) 2. All health care services except those aimed at cosmetic purposes, such as cosmetic surgery 3. Area of care involving 24/7, year-round standby support 4. Medical areas directly related to life-threatening conditions 5. Medical areas that require urgent policy action 6. Medical areas avoided by physicians and therefore requiring intervention by the nation or government 7. Specific medical areas among all specialties, such as pediatrics, obstetrics & gynecology, and surgery
Views on the areas of EHC that the government should guarantee to people	<p>Select all areas of EHC below for which you believe the government should be responsible for provision.</p> <ol style="list-style-type: none"> 1. Emergency care, trauma response, cardiovascular and cerebrovascular care (severe conditions requiring rapid response) 2. Maternity care, including childbirth, maternal care, and neonatal care 3. Pediatric care 4. Cancer, severe and intractable diseases, rare diseases 5. Rehabilitation medicine, health management for persons with disabilities, mental health 6. Chronic disease management such as diabetes and hypertension 7. Disaster and infectious disease response
Opinions on whether the government should take a greater role in providing EHC	<p>Some argue that the government should take a greater role in providing essential health care services to the public. Others believe an increased government role is unnecessary, as private medical institutions are capable of meeting the need for essential health care services. What is your view?</p> <ol style="list-style-type: none"> 1. The government should play a greater role in providing essential health care. 2. It is unnecessary for the government to expand its role in providing essential health care.

Source: National Survey on Public Perceptions of Essential Health Care

As for the question of what EHC is and what it includes, responses were divided between those who believed it to be coextensive with the whole range of services covered by the National Health Insurance (NHI) and those who thought that the scope of EHC should be determined according to policy priorities set in light of current circumstances, including the broader health care climate. Specifically, 41.3 percent of participants (415 individuals) regarded EHC as coextensive with NHI-covered services. In contrast, 55.6 percent (559 individuals) were of the view that EHC should be defined and delimited based on areas designated as policy priorities—areas of care “directly related to life-threatening conditions” (25.0 percent), “involving 24/7 year-round standby support” (18.2 percent), “undersupplied by providers unless the government intervenes” (5.8 percent), or “in need of immediate policy action” (3.3 percent), as well as “pediatric care, OBGYN, and surgery” (3.4 percent).

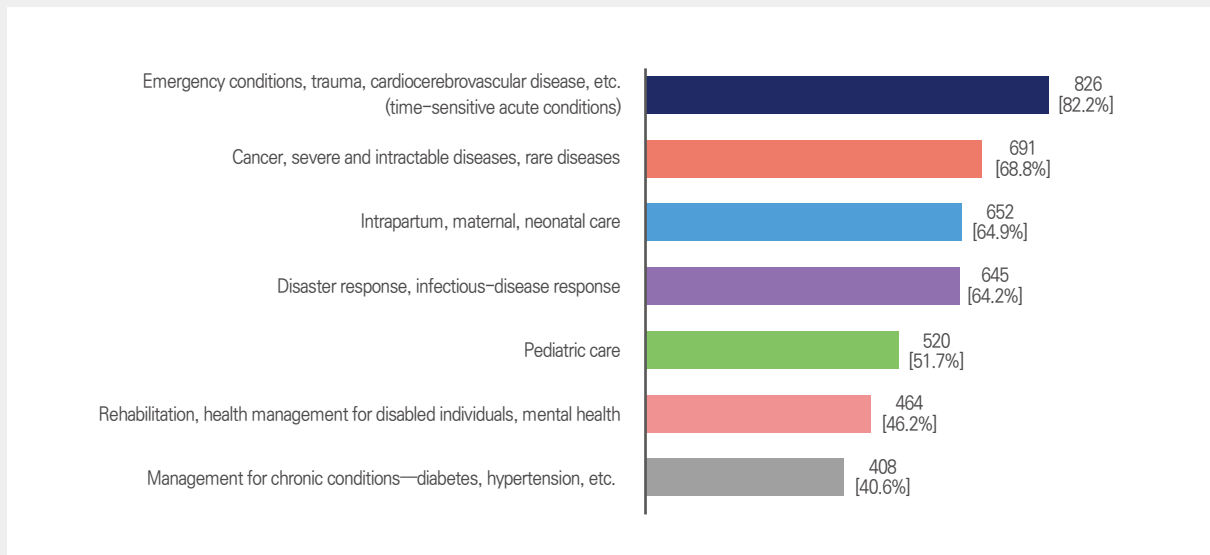
[Figure 1] EHC as perceived by Koreans



Source: *Current Status and Policy Directions for Essential Health Care and Public Health Care in Korea*, (2024; KIHASA), p. 103

When participants were asked which EHC services they believe should be ensured by the state, their responses generally aligned with the areas prioritized by the current government—areas involving medical conditions that are potentially life-threatening, could result in serious physical or mental consequences, or may face gaps or discontinuations due to contextual factors such as local remoteness and imbalances in service supply and demand. In response to the survey prompt, “From the 7 listed areas of EHC, select all those for which you believe the government should be responsible for ensuring access for the general population,” more than 80 percent of participants checked “Emergency conditions, trauma, and cardiocerebrovascular diseases,” which require immediate medical attention. Many respondents also selected “Maternal delivery and maternal care” and “Pediatric care.” Overall, this suggests that a large majority of the general public supports defining the scope of EHC around the government’s top-priority areas—those involving medical conditions that, if not treated promptly, could threaten life or lead to serious physical or mental disorders. “Rehabilitative care, health care for people with disabilities, mental health care” and “Management of chronic health conditions such as diabetes and hypertension” were also selected by many participants. These findings indicate a need for policymakers to consider expanding EHC policies beyond their current confines to include the areas of care that respondents deem essential.

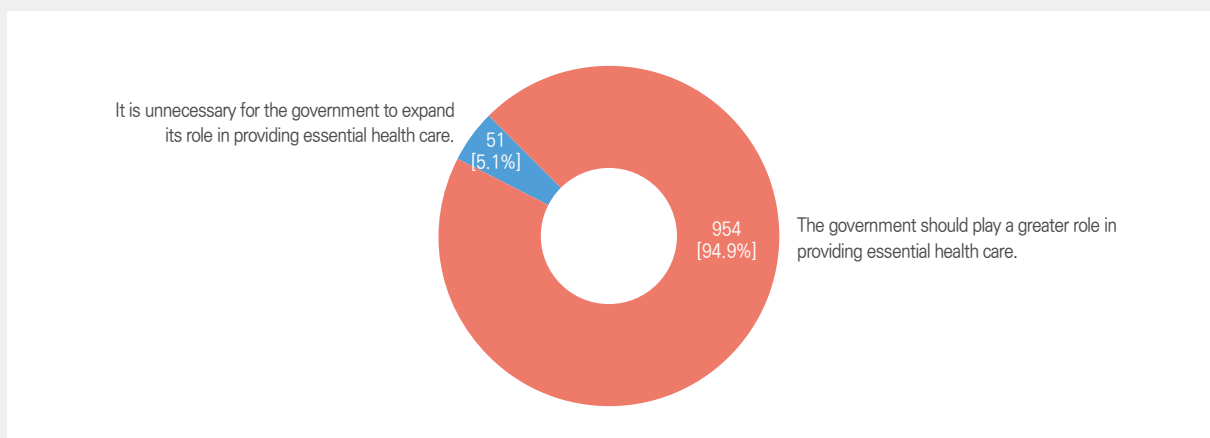
[Figure 2] Which areas of EHC seen as government responsibilities (multiple select)



Source: *Current Status and Policy Directions for Essential Health Care and Public Health Care in Korea*, (2024; KIHASA), p. 105

A vast majority of Koreans supported an increased government role in providing EHC services. When asked whether the government should take a larger role in ensuring access to EHC or whether private medical institutions alone are sufficient, 94.9 percent of respondents agreed that the government should play a greater role.

[Figure 3] Views about the government's role in the provision of EHC



Source: *Current Status and Policy Directions for Essential Health Care and Public Health Care in Korea*, (2024; KIHASA), p. 107

Concluding remarks

In their endeavor to advance the policy goal of expanding and strengthening EHC, policymakers must reckon with socio-cultural and politico-economic circumstances. As we have seen, the concept of EHC has never been fully articulated in any theoretical or academic sense. It remains clinically unsettled. More a normatively charged concept than a clinical construct, EHC can be mapped and re-mapped according to shifting politico-social or ideological circumstances.

A vast majority of the general public—who are policy beneficiaries and stakeholders—agrees that EHC should be expanded and strengthened with the state taking charge in achieving that goal. However, consensus has scarcely been reached on the definition and scope of EHC.

Our public-perceptions survey reveals diverse views. More than half of respondents associate EHC with fields of care that require prompt medical attention or that are so underserved that government intervention is essential—two priority areas the government aims to improve through its policy of ‘expanding and strengthening EHC.’

A significant number of respondents suggested that EHC should encompass ‘rehabilitation, health management for individuals with disability, mental health care’ and ‘management of chronic diseases including diabetes and hypertension,’ which contrasts with the fact that 40 percent of respondents regarded EHC as representing the whole set of services covered by the NHI. In this connection, it is important to note that, as our expert interviewees rightly cautioned, when a term as fragile in its theoretical foundations, clinically unsettled, and hard to define through social consensus as EHC is placed at the center of the policy conversation, there is a high risk of tension building up among stakeholders in the course of implementing related policy measures. To address this, policymakers must engage in transparent, open dialogue—an active engagement with key stakeholders that brings clarity to the definitional ambiguity, without which the process will remain stunted.

Without a concerted, methodical effort to establish consensus on what EHC means, there can be no effective implementation of policies meant to strengthen it. This critical task—arriving at a shared understanding of EHC’s contours and limits—has so far been treated as something of a secondary concern—an afterthought, when it is in fact the first thing that must be addressed if any real progress is to be made.

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