

Corruption in the health sector and poverty in Vietnam:  
Strengthening transparency and accountability  
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*Corruption in health service delivery*

**From the perspective of health practitioners**

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# Questions to answer from perspectives of health practitioners

- Corruption in the present health service delivery: how serious is it?
- How is it, compared to the *pre-doi moi* (*renewal*) period?
- How will it be in the coming time?
- Why so?
- What are the solutions?

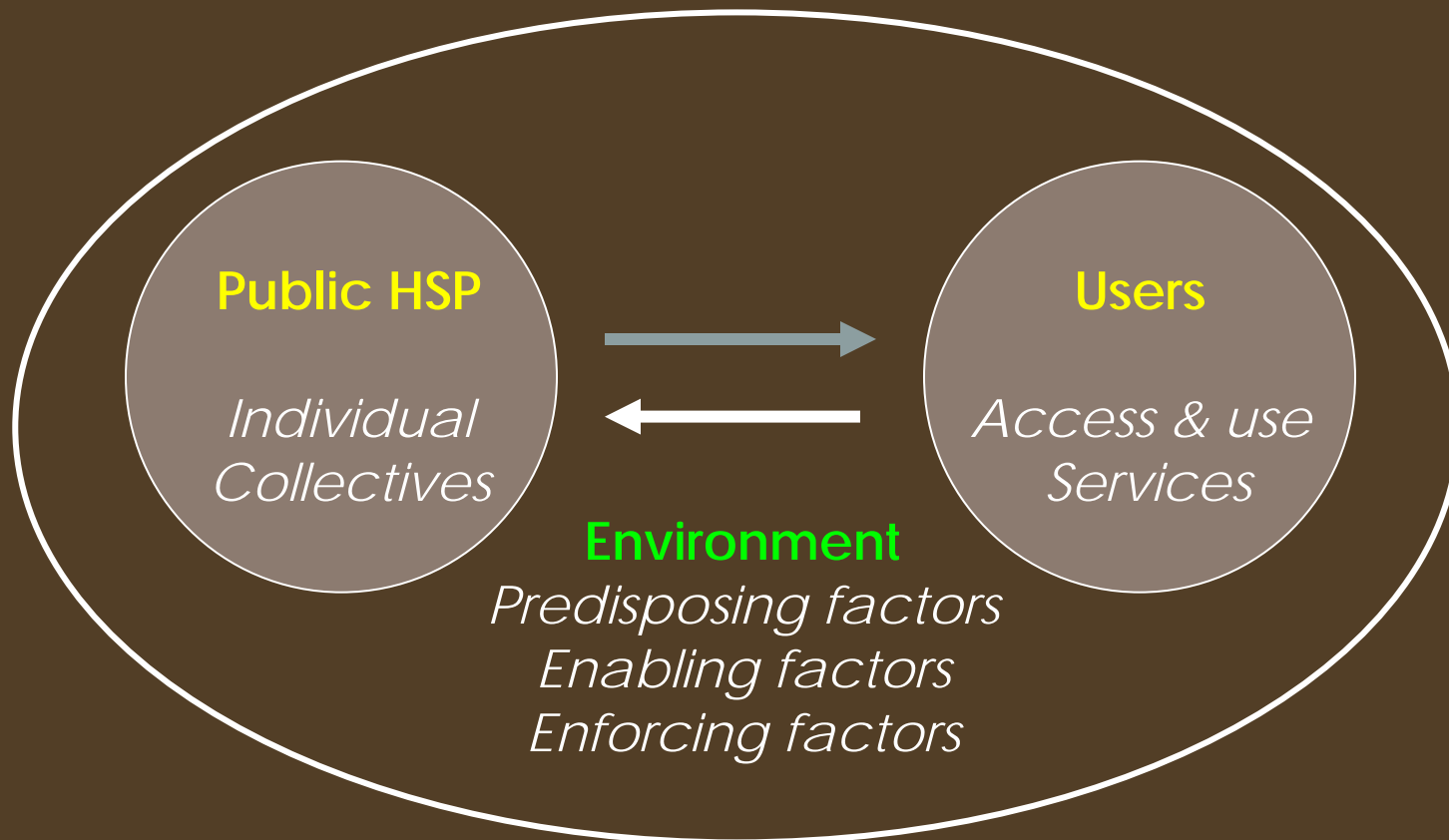
# Corruption?

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- Unexpected outcomes of activities of the public institutions (local, government, international)
- Tham + Nhũng = Corruption
- **An individual** (*of public institutions*), or **a community of public servants** (*within public institutions*), during the implementation of their tasks, **makes corrupt use of their privilege** to create **certain terms** promoting them to **get benefits** for that individual or community which is **larger than those legally assigned for them**.

# Corruption framework

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*Corruption in health service delivery: From the perspective of health practitioners*

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# What can be found when looking into corruption in the health sector

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- It occurs at both individual and institutional levels
- It is as diverse as life
- It is so common that
  - People do not want to hear about it *“It’s common knowledge, why keep mentioning that?”*
  - Patients “offer envelopes” to doctors even when they go to private clinics
- How is it being dealt with at present?
  - “Corrupted case identified, do punishment;  
Case being punished, while conditions remained;  
Case closed, another problem arisen- corruption transmitted”*

# Corruption at institutional wide?

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- Forcing people to use more services:
  - Setting health criteria for future drivers.
  - “Public health institutions apply “self-financing” (Decreets 10, 43...)
- In designing system management
  - Absence of an independent M&E unit in quality control of health service delivery (Law on medical examination and treatment, 2009, 15<sup>th</sup> draft)
- Maintaining a “dim line” between public and private services right in public hospitals
  - Permitting “on-demand health service” unit, “high-quality clinics”. Public servants’ salary linked with fees for services...
  - Health staff investing in healthcare equipment of their hospitals in order to earn extra income. ....

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**“When the whole organisation is placed for being corrupted, corruption is legitimised in minds of both service providers and service users”**

# Evolution of corruption in the health service delivery system

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- Before *doi moi* (*renewal*)
  - Corruption- a “condemnable” activity, causing public anger, “conscience does not permit it”
- *At present*
  - Public viewpoint: “Corruption is a chronic disease without effective cure, forget it”
  - Corruption – not only individual, not only in Vietnam



# Why does corruption increase?

1/ *Changing the value system, basis for designing the healthcare system, but not restructuring the system*

*Before “doi moi”*



*1989 to present*

- To serve political stabilisation, and contribute to the overall development of the country
- The whole public healthcare system was coherently structured, with explicit functions and integrated relationships
- The State performed the function of taking care of citizens' health by operating the public health system

- Market competition
- The former structure is maintained, while “market competition” are added: user fees in healthcare; private healthcare services, private pharmacies,..
- Public health care institutions involved in “the market economy”: As a part of the health service delivery system, it now is allowed to operate on the principle of self-financing; the MoH also executes “projects/programmes”

# Why does corruption increase?

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*2/ Competition in health service delivery, in the absence of a legal framework for management and operation of a multi-sector health system*

- The multi-sector health system is operated on the principle of “delivery of healthcare services”, without a legal basis for healthy competition, i.e. *a law on medical practice*
- Lack of a system to control the quality of healthcare services in the market economy: *Lack of independent monitoring and evaluation in the market of healthcare services.*

# Why does corruption increase?

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*3/ The health management-training system overlooks an analysis of the unique characteristics of medical practice and system issues*

- The health system must be designed in recognition of the unique characteristics of medical practice – *“medical practice is a special profession ... in which the users cannot assess their own needs and identify proper types of services they need ... they entrust their most valuable asset – health – entirely to the service providers.”*
- Leaders in the health system are not well-trained on management and operation of the healthcare system in the market economy – *“confusions between system issues and site-specific issues ...”* – *“showing no fears of the consequences of mismanagement”* while the health system has already been in a disorder status.

# Enhancing transparency and accountability in healthcare service delivery

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- Re-determining the goals of Vietnam's health system, thereby redesigning the health system and management of healthcare service delivery:
  - Healthcare to serve political stability: *“citizens’ satisfaction”*
  - Performance-based healthcare: *“Prevention first”*
  - Healthcare and human rights – *The rights to receive health care*
  - Health care and poverty – *more pocket money for health care expenditure is a causal factor of poverty*
- The health system must be designed to ensure transparency and accountability in its management and operation
  - What does it mean: *“The Party leads, the State manages, and the people supervise”*, in the health system?
  - What is public healthcare, private healthcare, and healthcare provided by other sectors/players?
- Reforming the health system requires reform in human resources managing the system: new knowledge, skills, attitudes, etc.; and reform in training of medical practitioners and management of healthcare services.

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Thank you!