

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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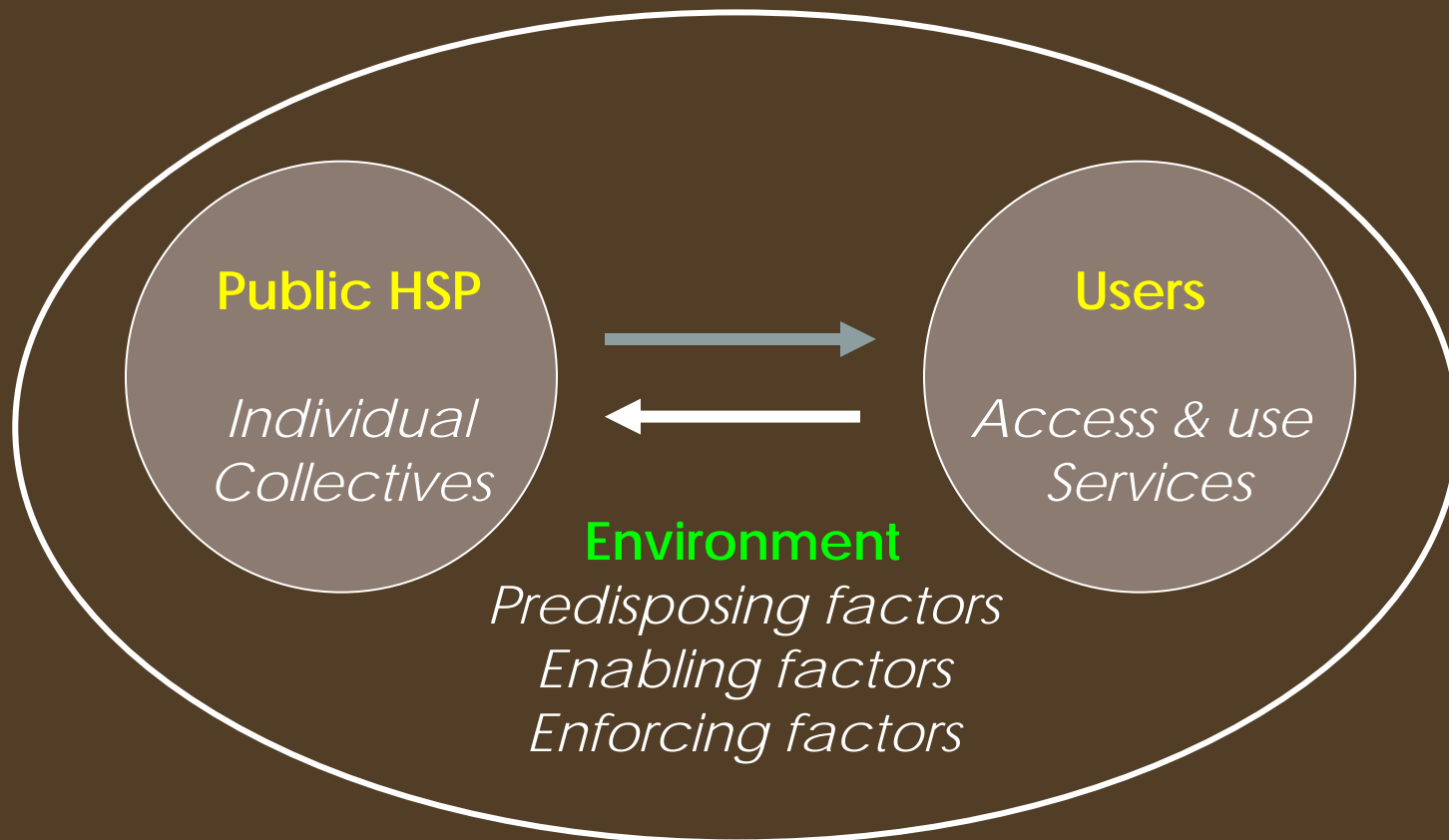
Questions to answer from perspectives of health practitioners

- 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?

- 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



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

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

- 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?

- 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, 15th 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.

“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

- 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?

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?

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

- 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.

Thank you!