
UNDERSTANDING INFORMAL PATIENT PAYMENTS IN KOSOVO'S HEALTH CARE SYSTEM

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ABSTRACT

The topic of this paper focuses on informal patient payments in Kosovo public health care system, and it includes an analysis of current anti-corruption institutions and policies as well as a description of findings from focus groups with regard to perceptions of doctors' and patients' about informal patient payments. The phenomenon of informal payments, similar to a number of south-east European countries, remains an intense question in Kosovo. This paper presents a small qualitative effort that tries to shed light on determinants of informal payments in the health sector of Kosovo and to identify who benefits, the characteristics and timing of payments, and the reasons for paying. The analysis derives from two focus groups that were organized with doctors and patients. The results show that informal cash payments are common for surgeries and childbirth and skipping waiting lines for diagnostic tests. Paying informally seems more likely to be a result of culture and tradition rather than socio-economic conditions.

Keywords: Health care, Informal Payments, Doctors, Patients, Kosovo

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BACKGROUND

In recent decades the impact of informal payments in health outcomes has received greater attention, particularly in countries in transition that face many economic challenges such as poverty and unemployment. “Corruption in health sector is a concern in all countries, but it is an especially critical problem in developing and transitional economies where public resources are already scarce” (Vian 2002). Some of the acknowledged impacts of informal payments on health care performance are: *it reduces the existing resources for health, it lowers the quality of health services, it harms equity of health services, it discourages people to use and pay for health services and ultimately has a corrosive impact on the population’s level of health* (ibid).

Consequential corruption problems include, among others, unnecessary ordering of tests and procedures to increase financial gain; informal payments for care; absenteeism and use of government resources for private practice (Di Tella and Savedoff, 2001).

Payments for health care often are seen as the most important expenditure within a household. Formal mechanisms are established all around the world for making payments for health care services. These mechanisms consist of

accumulating resources to pay for health care through general taxation, health care contributions or out-of-pocket payments (Tomini, 2011). However, people in certain countries may be forced to use informal ways to pay health care providers for the services provided. Many studies show that such informal payments are prevalent in most of the Central Eastern European (CEE) countries (Killingsworth et al., 1999; McPake et al., 1999; Lewis, 2000; Gaal et al., 2006; Mæstad and Mwisongo, 2007).

Access to health care has been a continuous challenge to health care providers who must take into account important factors such as equity, efficiency and effectiveness in designing healthcare systems to meet the goals of good health care. The design of health care policies and institutional arrangements will usually reflect on the performance of healthcare system, and consequently, access (Maharaj and Paul, 2012). Studies show that in the Eastern European countries there are ethical issues which compromise the principles of ethical practices in healthcare. The region, according to Blasszauer, faces high unemployment, widespread crime and corruption, environmental pollution, abuse of power, and widespread poverty. Corruption and chronic bankruptcy characterize healthcare systems, and policymakers do little to make the necessary changes.

As Blasszauer puts it “citizens can no longer trust in their health care systems and they are therefore suffering from a severe moral crisis” (Blasszauer, 2008).

OVERVIEW OF INFORMAL PAYMENTS

Indeed, does corruption impede the performance of health sector and how does it influence health indicators, health institutions and health policies? These questions have bedevilled scholars dealing with corruption, governance, access, equity and quality in health care. Recently, there is an increased interest among scholars in exploring and explaining informal payments in health care and describing ways it affects health outcome indicators.

A number of theories have been developed and advanced to explain the widespread phenomenon of corruption in health sector, particularly in post-communist health systems of the CEE. There are three main theories that explain this phenomenon: *the socio-cultural theories*, *the legal-ethical theories* and *the economic theory*. Cultural perceptions, deficient funding of the health care sector, lack of power and accountability in the health care system are main explanations of why informal payments are prevalent in these countries (Thompson and Witter, 2000; Balabanova and McKee, 2002; Gaal and McKee, 2004). The socio-cultural

theories explain corruption (bribes, under-the-table payments, informal payments) by tradition or the habit of tipping while the legal-ethical theories explain it by violation of professional moral principles and lack of a proper system of legislation. Economic approaches give emphasis to common insufficiency of financial resources in a healthcare system as the main grounds of the problem (Ensor, 2004).

The ‘inexit’ theory of Gaal & McKee suggests that “informal payments represent a cognitive-behavioural reaction of dissatisfied users and providers to shortcomings in those healthcare systems, in which the options of exit and voice are not available to them” (Gaal and McKee, 2004)². Cohen proposes a new theory to explain the phenomenon in terms of political culture and wider social processes. Taking Israel as a case study, Cohen argues that the manifestation of this practice is related to the development of the so-called alternative politics culture, under which people discontented with publicly offered social services engage in self-supply of public goods, including healthcare (Cohen, 2011). Whatever the reasons behind, corruption is largely seen as a harmful factor of the provision of health care services (Dabalen and Wane, 2010; Chiu et al., 2007). Many authors perceive informal payments as a

² The options of exit and voice refer to Hirschman's theory of 'exit, voice, loyalty'. His theory will not be elaborated here

negative feature of healthcare provision and who recognize the need for reducing them through policy measures (Dabalén, 2008; Chiu et al., 2007; Delcheva et al., 1997; Gaal and McKee, 2004). At the level of individuals and households, there is mounting facts of the harmful effects of corruption on the health and welfare of citizens (McPake et al. 1999; Gupta et al. 2002; Azfar 2005; Lewis 2006; Rose 2006).

METHODOLOGY

Main data collection for this paper consisted of focus groups, complemented by content analysis of texts (government decisions, legislation, books and journals).

The importance of collecting data on informal patient payments is universally recognized, however this task may be a challenging one, given their informal and potentially sensitive nature (Stepurko et al., 2010). Some authors declare that informal patient payments are a sensitive research topic due to their illegal nature in some countries (Dabalén and Wane, 2008).

Informal payments are a sensitive topic for researchers that require particular attention on two main matters: developing an adequate research instrument and using adequate data collection process (Onsembe, 2002).

In this paper, I have chosen to collect data by using focus groups, since the intention here is not to cover the scope or magnitude of informal payments, nor it is a representative sample; in addition, using this methodology it is easier for respondents to understand that a researcher is interested in the aggregate behaviour and not in individual persons hence respondents feel more confident to give honest answers.

Using an applied qualitative research approach, two focus groups meetings were conducted. In order to get the doctors' perspective, participants of the focus groups were recruited from among doctors who have worked for at a period of at least one year from 2008 until today, which was the year when Kosovo declared independence. In total, 15 doctors participated including 5 GPs, 5 surgeons, 2 anaesthetists and 3 nurses. On the other hand, patients who received treatment in public hospitals since 2008, or their family members who accompanied them, were target participants of the focus groups in order to get their feedback. Three of these patients were diagnosed with cancer and had undergone chemotherapy. In total, 14 patient and/or their family members participated.

For both groups, a semi structured questionnaire was compiled, using both closed and open questions, in order to be able to compare results from both

groups and to see the differences where possible. All questions were focused around three main characteristics of informal payments. Firstly, an attempt was made to identify the perception of doctors and patients with regard to whether informal payments exist in public health organizations, including types of services, time of payments (before or after the service is received) and the amount of these payments. Secondly, an attempt was made to find out why these payments are made and what patients benefit from them. Do these payments derive from economic reasons such as low salaries or they are a result of a culture or habit of tipping. And thirdly, focus groups were confronted with questions aimed at analyzing whether these payments had an impact on equity or quality medical services. In addition, I also made use of qualitative text analysis. Through text analysis I tried to identify the most relevant and important sources available, with the goal of finding answers to specific questions above.

MAIN FINDINGS

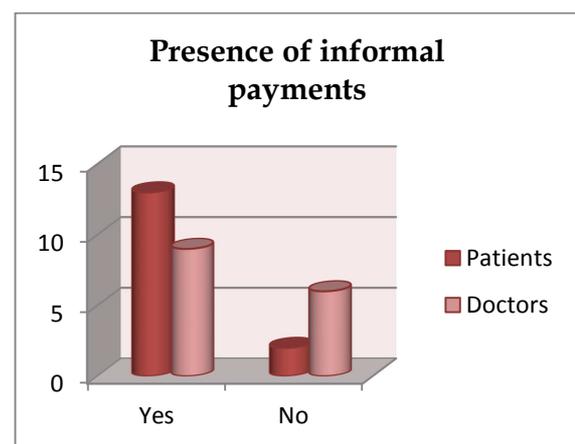
Do informal patient payments occur in public health facilities?

One of the main goals of this paper was to gauge the perception of doctors and patients about the existence of informal payments in the public health care sector. In general, both focus groups feel

that informal payments exist, however, the frequency of such payments differs depending on types of medical services requested or offered, i.e. whether treatment was offered at primary care or secondary health care levels, the relevant department involved, urgency of treatment, patients' attitude towards informal payments etc.

While 70 percent of patients interviewed declared they had offered informal payments for themselves or for a family member and believed that informal payments occur at public health hospitals, very few doctors conceded that informal payments had been received; nonetheless, more than 60 percent of doctors interviewed admitted that informal payments occur in Kosovo public health system.

Figure 1 Doctor and patient perception on informal payments existence



Source: data derived from questionnaires conducted on April 2014

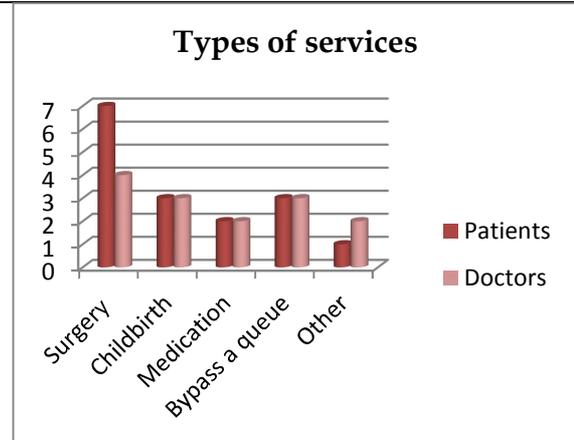
In patients' view, while bribes occur frequently at main hospitals, which are located in the capital city and other regions, bribes are not prevalent at Family Medicine Centres that are located in each municipality and offer only primary health care services.

This is an opinion shared by doctors as well, however, doctors argued that even at main hospitals that offer secondary healthcare, informal payments are not prevalent in all departments but are rather specific to some such as the surgery department, gynaecology and Obstetrics including ORL.

“Informal patient payments are an integrated part of Kosovo’s public health sector, particularly for surgical interventions” (a GP declared).

Both patients and doctors agree that informal payments are mostly prevalent in the surgery department, while maternity, subsidized drugs and queue jumping are other services patients offer money for.

Figure 2 Types of services informal payments are mostly offered for



Source: data derived from questionnaires conducted on April 2014

According to patients, the more complicated the medical service is the more likely it is that an informal payment occurs. Participants at both focus groups stated that most informal payments are given after the treatment; there were only few cases when informal payments were given before treatment. Among the 60 percent of patients who received care, only 25 percent said that they gave money to doctors before the treatment was received.

What are the reasons behind informal payments?

The second aim of this paper was to find out why people were paying informally and why doctors accepted these payments. Discussions revealed that in most cases, doctors do not ask for informal payments, it is rather the patients themselves who willingly offer money to doctors; this way, patients either show their gratitude or they want

to make sure that the treatment to be received will be of high quality.

In most cases, the money was offered at the initiative of patients themselves (only 20 percent of participants declared that doctors were asking explicitly for money for the services they provided)

However, there were cases when health workers may ask patients directly for a payment for the service provided:

“My mother was admitted at one of the main hospitals and a few days before the surgery the doctor demanded 100 euro” [family member of a patient].

According to patients, informal payments are obtained in a number of different contexts: when they want to jump a queue, in case of surgery, when drugs or other medical supplies are needed etc.

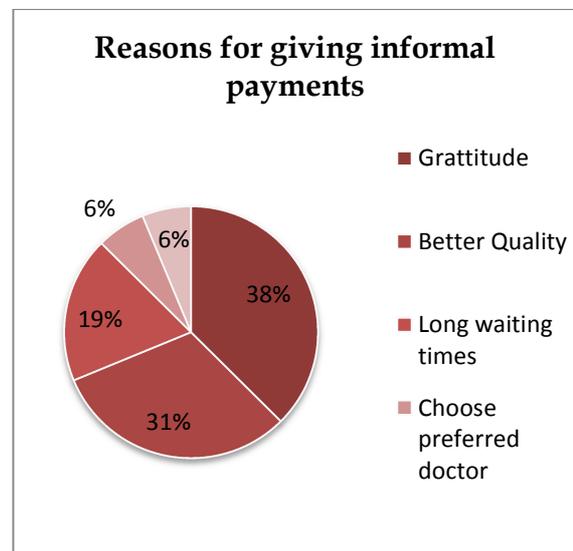
Many participants said that bribes are paid for helping patients to jump a queue:

“Suppose you need to do a colonoscopy as you suspect of colon cancer, and the only way to confirm this is through this procedure. You don’t want to wait 2-3 months to do colonoscopy test... in this case you can bribe someone in order to let you in before the legal deadline”(patient).

When patients were asked to provide main reasons for giving informal payments, 38percent responded that in

this way, they wanted to show gratitude while 31 percent said they wanted to get better care which they thought they would get only if an informal payment was offered. Other reasons for giving informal payments were to jump waiting lines, to choose a favourite doctor etc.

Figure 3 Motivation of patients for giving informal payments

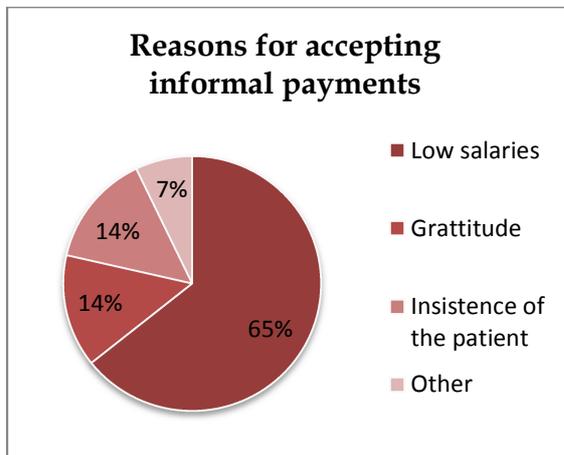


Source: data derived from questionnaires conducted on April 2014

On the other hand, doctors argued that low salaries and lack of government funding was the major reason for accepting informal payments.

“The main reasons for the prevalence of informal payments are low salaries in the public health sector. Due to low salaries, doctors in Kosovo do not have the respect and authority their colleagues from other countries have (particularly in Western Europe)” (a surgeon).

Figure 4 Motivation of doctors for accepting informal payments



Source: data derived from questionnaires conducted on April 2014

Some of the participants from the patients’ focus group declared that health workers may reduce the quality of service in order to create a situation where the patient has to be willing to pay. One example is when waiting times for operations are deliberately extended in order to encourage patients to pay for timely treatment.

“The tendency to push back the dates for taking the patients to the operation theatre might be influenced by the goals of the doctors, the goals aimed at inducing the relatives of the patient to offer money” (a patient).

Do informal payments have an impact on equity and quality of healthcare?

Many scholars argue that informal payments, like all other payments, will increase patients’ costs and thus hinder access and reduce their demand for care. Informal payments may thus induce patients to forego or delay care.

According to doctors, informal patient payments do not have an impact on the equity and quality of health care delivery. Although patients may think that those who pay may get better treatment compared to those who do not, according to them, this does not happen and everyone gets equal treatment.

Doctors who participated in the focus group discussions did not see informal patient payments as one of the biggest problems in Kosovo’s health system that may affect the quality of health services; they pointed to other problems that need immediate intervention (low salaries, poor infrastructure, lack of a health information system, lack of modern advanced technology) which would have a major effect on the improvement of quality health services provided at public health facilities.

From patients’ perspective, people that cannot afford to pay informally, usually receive less attention, hence, they do not

receive equal treatment as those who can afford paying informally.

“Everyone knows that you need to give money in order to receive good treatment, and in some cases, to receive faster treatment. You can understand from the behaviour of a doctor that they expect to receive money” (a patient).

Most of the patients felt that they were receiving better care after they gave money (the doctors were visiting the patient more often, was friendlier and caring).

CURRENT POLICY RESPONSES TO CORRUPTION IN KOSOVO

The main legislative acts that address corruption in the public sector include:

1. Law no. 2004/34 on Anti-Corruption;
2. Law no. 03/L-159 on Anti-Corruption Agency;
3. Law no. 03/L-151 on the Declaration, Origin and Control of Property and Gifts of Senior Public Officials;
4. Law on Prevention of Conflict of Interest in Exercise of Public Function no. 02/L-133 amended and supplemented by Law no. 03/L-155.

In addition to the above-mentioned legislation, the Anti-Corruption Strategy and Action Plan 2013-2017, represent two main anti-corruption policy documents, which were approved in the Assembly of the Republic of Kosovo in February 2013. This Action Plan is designed to implement specific strategic objectives through concrete measures against corruption.

The institution responsible for the implementation of these policies is the Anti-Corruption Agency (ACA), which is an independent institution specializing in the implementation of state policies for combating and preventing corruption. The function of ACA and its scope of work include and focus on the detection and investigation of corruption cases; efforts to prevent and combat the phenomenon of corruption; and the support towards building a healthy and advanced society based on the rule of law.

In addition, the Health Inspectorate which operates within the Ministry of Health represents an administrative tool of the Ministry of Health to carry out external professional monitoring of the health institutions according to Article 102.1 of the Health Law (Law on Health Inspectorate - Law No. 02/L-38). The function of this body is to increase the quality of medical services and care towards citizens in the health care institutions. Among other functions that

this body carries out is the communication of information to “the Ministry of Health, institutions and competent authorities regarding illegal work in the health care institutions and undertakes measures foreseen by this law and other laws in conformity with given authorizations”.

Additionally, the Ministry of Health, with the support of UNDP is currently in the drafting stage of the Institutional Integrity Plan, thus acknowledging the necessity of tackling corruptive behaviour within the health sector, and treat it separately from other sectors. In this line, the main objectives of this document include:

- Minimization of loss due to corruption and integrity violation;
- Minimization of possibilities for corruption and improve the resistance of organizations towards corruption;
- Ensure compliance with legal and procedural norms;
- Ensure compliance with international standards;
- Establish capacities of all staff for an effective combat against corruption while raising awareness at all levels;

- Establishing mechanisms for implementation and monitoring of the Integrity Plan;
- Increase transparency and response rate to requests on performance of integrity in the public sector.

The adoption of this document aims at bringing novelty in combating corruption in health sector, particularly since the current legislation in force shows that in Kosovo, a clear policy response to informal payments is lacking.

CORRUPTION AND ITS RELEVANCE FOR A WELFARE AND HEALTH PERSPECTIVE

Corruption is a topic of rising concern for the international development agenda and is recognized as one of the biggest hindrance to the world's efforts to reach the Millennium Development Goals (MDGs).³

Corruption, according to Transparency International, weakens health systems, has a direct negative impact on the quality of health services, jeopardizes the health of entire communities, wastes limited resources and wears away public trust. Corruption in the health sector can be a matter of life and death. This is especially true for the poor who

³ Taken from the UN Secretary general's message on the International Anti-Corruption Day, 9 December 2009

cannot afford to pay bribes or to use private health care (TI, 2006). Informal payments, as a form of corruption, present a big problem for the well functioning of health systems due to many reasons. First, they may have catastrophic effects on low income families by pushing them further into poverty. Second, these payments are made directly to health care workers and therefore do not contribute to improving health care infrastructure, increasing medical supplies or other necessities. Third, these payments are not recorded; hence, taxes are not collected, which would be used to improve public services such as the health system itself. Fourth, informal payments seriously harm equity in health care delivery. Patients that are not able to pay informally are usually treated with less attention, or at least, not as good as those who are able to pay. In this view, corruption in health sector is both scientifically and socially important and there is a need to deepen the knowledge on its occurrence and most importantly, the knowledge on how it affects people that are in need of health care services. Health sector is particularly vulnerable to corruption, as people buy care even if it costs them their long-term livelihood (Owen, 2006; Ensor and Witter, 2001). In order to design policies that would reduce informal payments, and in this way improve equity in health care, evidence

is necessary. Such information could encourage policy-makers to look for solutions to the problem of informal patient payments. This is particularly relevant to countries where informal patient payments are condoned by the government mainly because they are filling gaps caused by insufficient health care budgets.

CONCLUSIONS

This paper provides insights into determinants and nature of informal payments in the Kosovo health sector.

Contrary to doctors, patients believe that informal payments are more widespread. Doctors argue that low salaries, lack of government attention, and the need to keep services flowing require radical action, and patients' contributions offer an important source of funds to fill the gap.

Thus, low salaries are considered to be an important contributing factor to the prevalence of informal payments, as informal payments are considered an important source of out-of-pocket expenditures. Informal payments are a highly regressive way of funding health care; people with lower income pay proportionally more for public health and refusal to pay informal payments sometimes results in receiving poorer treatment compared to those who pay.

The extent of informal payments in Kosovo is, in part, a reflection of the society in which they occur, namely socio-cultural factors related to the habit of tipping, an expression of gratitude and proof of care for family members. Based on the answer given by participants, these payments are rooted in traditions or culture of tipping.

Doctors who participated in focus group were not very critical towards these payments. In their view, the fact that salaries in the public health care sector are low somehow justifies doctors to request contributions from patients. Providing appropriate incentives for health providers plays an important role in addressing informal payments, nevertheless, single actions will not

contribute to solving the problem and it is more likely that the solution lies in addressing the structure of the health care system and its financing architecture rather than in limited actions that fix specific problems.

Most of the informal patient payments are given to bypass the waiting list for various tests that have to be undertaken for diagnosing the disease. Informal patient payments are mostly prevalent in main hospitals, particularly at the surgery department, when patients receive any kind of surgical intervention, mainly when such an intervention is more complicated. Both focus groups did not think that informal patient payments exist at primary health care providers.

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