

POPULATION PERCEPTION ON CORRUPTION, INFORMAL PAYMENTS AND INTRODUCTION OF CO-PAYMENTS IN THE PUBLIC HEALTH SYSTEM IN ROMANIA

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1. INTRODUCTION

In a period of profound economic crisis, introduction of co-payments in the public health system may be a substantial additional burden for the population. Presented by the authorities as a World Bank recommended measure in the current health system reform process, can it be a regulation accepted and bearable for the population? The present article presents the population perception regarding corruption in the health system, informal payments and introduction of co-payments for medical services in the public health system, in addition to the one already existing. The population opinion must be known and taken into consideration by the decision-makers from at least two perspectives: (1) in a social insurance health system as the one from Romania, declared "focused on patient' needs", all the decisions that directly affects the population must take into account its needs and expectations and (2) the legislative initiatives that are known, understood and accepted by the population before they are enforced are easier to implement and have more success chances.

The general objective of the study was to explore the population opinion regarding the evolution of the health system in Romania, focusing on the access to medical services both in urban and rural areas, and also to identify the way in which the health services respond to the population needs and expectations.

Following are presented the main results of the section regarding the population's perception over the corruption phenomenon in the health system and attitudes and practices regarding the informal payments. Some of the results are described comparatively with the results of a similar study performed in 2007.

2. MATERIALS AND METHOD

The sample is representative for the Romanian population over 15 years old with an accepted error of $\pm 3\%$ and a trust level of 95%. The research method was face to face interview based on a questionnaire administered by the interview operator.

This article presents the results of an opinion study realized in 2009 and representative at national level regarding population perception regarding corruption in the health system, informal payments and introducing co-payments for medical services in the public health system, in addition to the existing ones. According to the study findings one of every five respondents considers corruption as the main problem of the Romanian medical system. The vast majority of the participants in the study is against the informal payments and considers that the introduction of co-payments will not necessary lead to corruption or informal payments reduction in the health system, nor to the increase of the health services quality if they are not accompanied by measured directly addressed to these services.

Key words: Public health system, Romania, corruption, informal payments, co-payments

The sample was probabilistic and multistage stratified. The criteria for stratification were the development region, the residence area and type of locality. The sampling was done by probabilistic selection of the locality, household and respondents. In the first stage the sample was stratified in the eight development regions: North-East, South, South-West, West, Nord-West, Center and Bucharest. In the second stage for each region were selected randomly 3-4 counties. In the third stage, in each county the localities were stratified according the urbanization degree/type of locality in four categories: (1) peripheral village; (2) village center of commune; (3) small and medium town (under 50,000 inhabitants and between 50,000 and 200,000 inhabitants); (4) big towns, county capital (over 200,000 inhabitants). Two rural localities were randomly selected (a village center of commune and a peripheral village) and two urban localities and there the interviews took place. The selection chances of each locality were directly proportional with the locality's size (number of inhabitants), in order to provide each county inhabitant equal chances to be included in the sample. In the fourth stage, in each selected locality, a sector of households were randomly selected (cluster, succession of households, selected based on a certain statistic pace, starting from a randomly selected starting point). The interviews were done in the clusters. In each cluster the households were selected successively, starting with the starting point (randomly selected), respecting the rule of the right side of the street, using various rules for following the path based on the situations encountered. Based on the required number of households calculated in this way and based on the sector visiting rules the lists of sampling were elaborated. In each household a person over 15 years was selected. If the selected household included more eligible persons, only one was selected, using a table of random numbers correlated with the questionnaire code and number of eligible persons in the household. If the selected person was not home a

re-visit was scheduled (principle of the three visits). The interview operator registered for each visited household the total number of eligible persons and the main socio-demographic characteristics (sex, age, education level etc.). In this way the sample included 1213 persons. The data validation was done based on the data from the National Statistics Institute. Because the sample model is not self weighted the data had to be weighted for the analysis. Because the sample size for each selected development region is not proportional with the size of the target population a weighting factor was used in order to give back to each area the correct weight. This post-adjusting weighting factor is equal with the ratio between the known national value and the estimation by the sample of that value. For each development region from the sample, the respondents were allocated a weight equal with the ration between the population from the respective development region and the number of respondents from the corresponding sample. The 2002 census data were used for the real population dimensions. In this way the weight was calculated as the ration between the census and sample population. The quality control consisted of checking 20% of the interviews by visiting the respondents and by phone. The correctness of both questionnaires administration and selection of the eligible person were checked. Before introducing the questionnaires in the database they were corrected. In order to avoid errors, texts and validation rules were used for each control from the form used for data recording. Specialized statistics software was used for data analysis.

Totem Communication performed field data collection and built the data base in April and May 2009.

3. RESULTS

3. A. Opinion regarding the health system evolution

In 2009, population opinion regarding the direction of the Romanian health system is mixed. A percent of 43.4 of the respondents appreciate that the direction is good, while 24.8% do not know or choose not to respond (Graphic no. 1). These results are similar to the ones from the previous study: in 2007 an equal percentage of respondents (43.2%) considered that the system heads in a good direction, while the proportion of answers considering the direction to be wrong is decreasing (from 36.1% in 2007 to 31.8% in 2009)

One of every five respondents (20.5%) considers that corruption is the main "defect" of the Romanian health system; other problems identified are the negligence and lack of interest of the medical staff (8.2%) and lack of modern medical equipment (7.5%). Almost half of the interviewees (47%) did not answer this question (Graphic no. 2). The most important quality of the Romanian health system is, for one of every five respondents (20.8%) is the medical staff professionalism and education. Devotement in treating the patients and communication with the patients are considered qualities of the medical system only by 1.5% of the respondents, while the drugs reimbursement and the attention to patients are considered qualities of the system only by 1% of the respondents. Two

thirds of the interviewee (63.5%) had no opinion or did not answer this question.

3.B. Opinions regarding corruption in the health system

A physician or nurse using conditions in performing the medical act by requesting money, gifts or services is considered an act of corruption by 78% of the population. Six out of ten respondents consider also a corruption act inducing the feeling of "obligation to provide small gifts to the medical staff" (59.4%), while four out of ten adds as corruption offering money to a physician of which the responded was pleased. Offering gifts or flowers to a physician of whom the responded was satisfied is not considered by most of the respondents (70.4% and respectively 78.6%) as corruption (Graphic no. 3).

The main reasons for which the respondents considers that the corruption exists in the health system are: the society accustomed with giving or receiving bribery (73.4%) and lack of penalties (70.9%). Half of the interviewees consider that the small salaries of the medical staff may also be a reason for the corruption existing in the health system (Graphic no. 4).

Over three quarters of the respondents (78.3%) considers that in the last years the corruption increased or remained the same in the health system, while 44% considers that it decreased (Graphic no. 5).

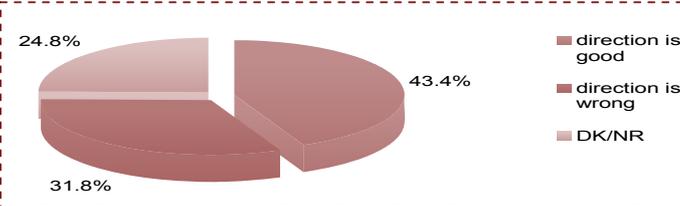
Most of the respondents (80%) consider that the institutions responsible for preventing and fighting corruption should punish the corruption acts from the health system. A small part of the respondents (5.9%) considers that some official limits should be established regarding payment and gifts offering to the medical staff for the services provided.

In the respondents' opinion, some actions that could be undertaken in order to diminish the corruption in the health system are: mass media presenting the corruption cases (62.7%), obliging the medical staff to treat equally all the patients (60.9%), increasing the salaries of the medical staff (54%). Over half of the respondents (53.3%) consider that introducing co-payment for medical services will not lead to corruption diminishing (Graphic no.6).

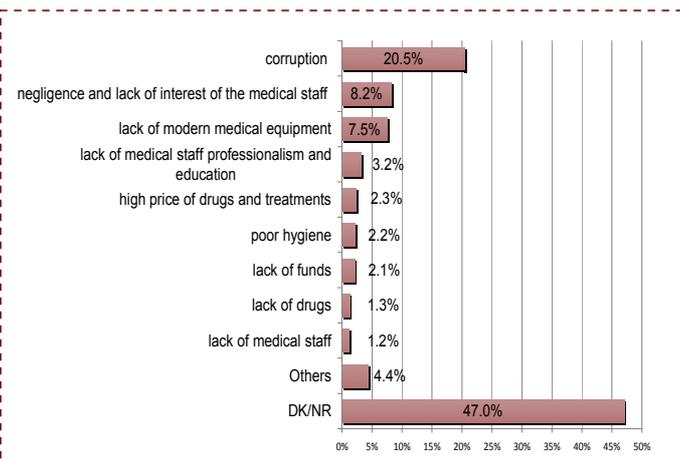
3.C. Opinions and practices regarding informal payments in the health system

Most of the respondents (82.8%) do not agree with the unofficial payment (offering money, gifts) of the medical staff for the services provided. Only a small part of the respondents (6.3%) agree with this practice (Graphic no. 7). The results are in concordance with the ones provided by the 2007 study, when 81.4% of respondents declared that they do not agree with the unofficial payment of the medical staff, 8.8% declared that they are indifferent and only 7.6% of the respondents declared their

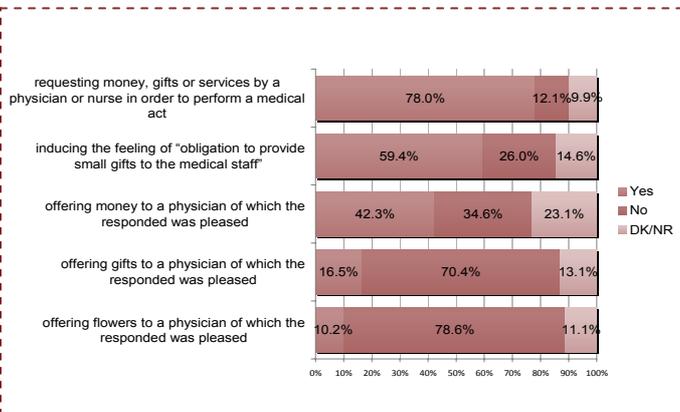
Graphic no. 1: Opinion regarding the direction of the Romanian health system



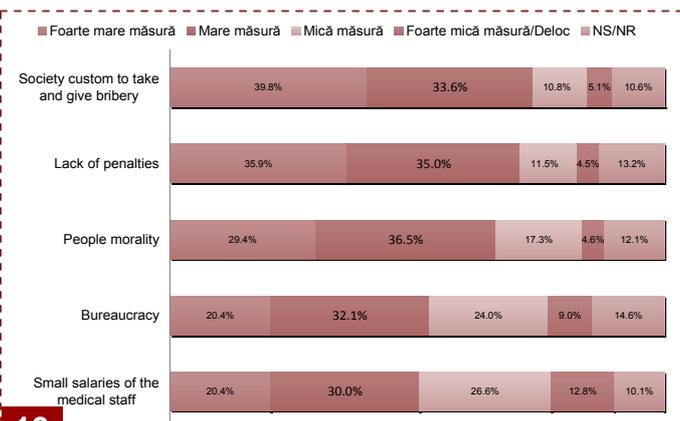
Graphic no. 2: Opinion regarding the biggest „defect” of the Romanian health system



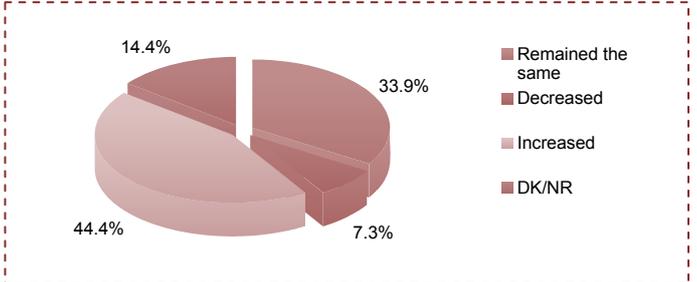
Graphic no. 3: Opinion regarding the situations that are acts of corruption in the health system



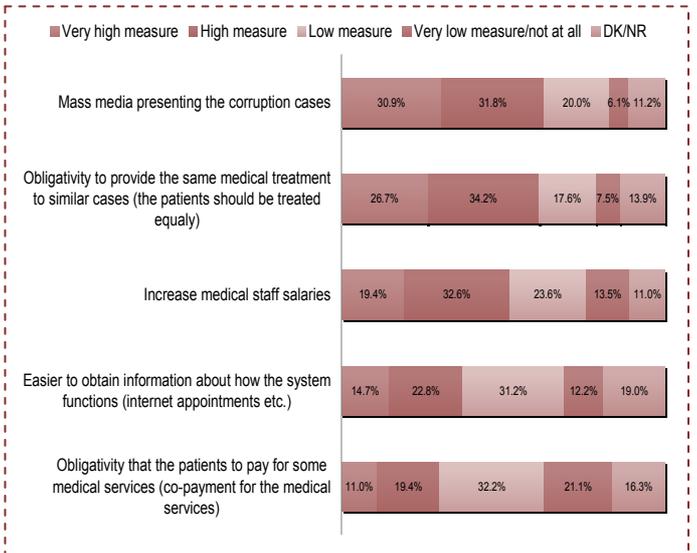
Graphic no.4: Opinion regarding the reasons for corruption existence in the health system



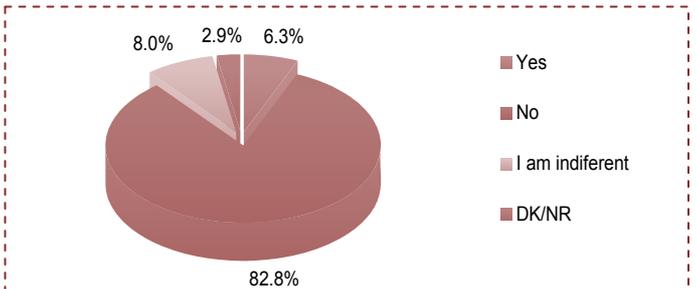
Graphic no. 5: Opinion regarding the corruption in the health system in the last years



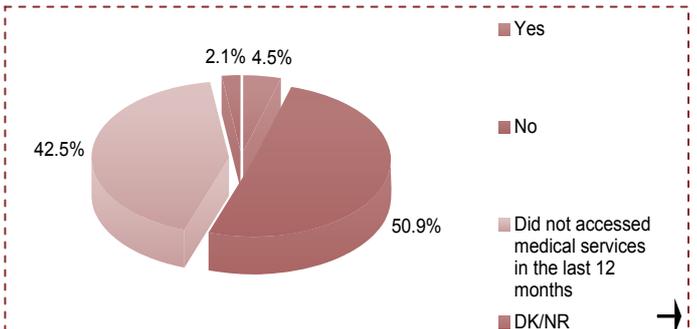
Graphic no. 6: Opinion regarding the actions that may be undertaken in order to diminish the corruption in the health system



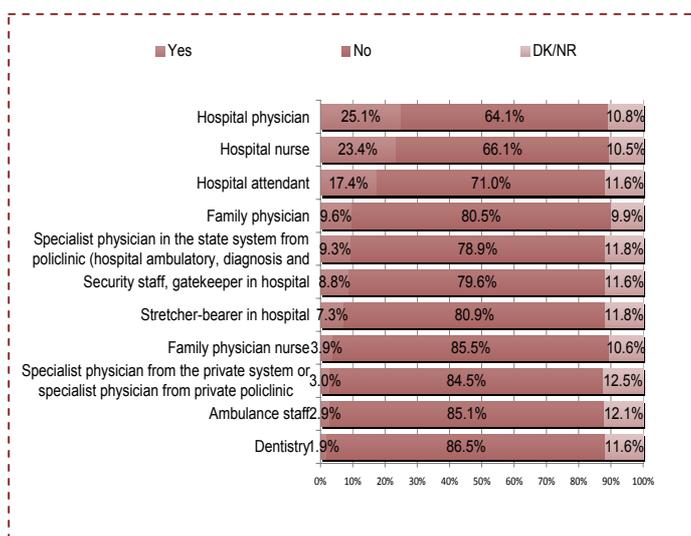
Graphic no. 7: Agreement regarding unofficial payments (offering money, gifts) to the medical staff for providing health services



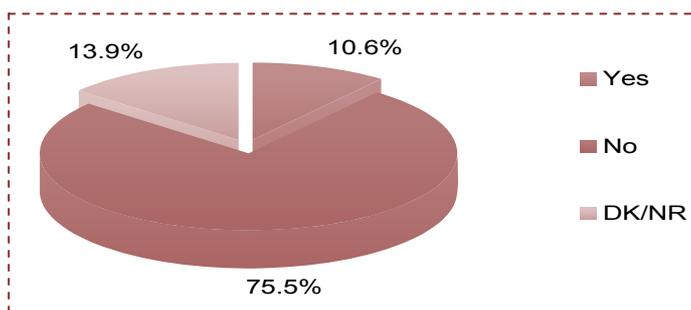
Graphic no. 8: Practices regarding direct request by the physician or nurse of supplementary payments



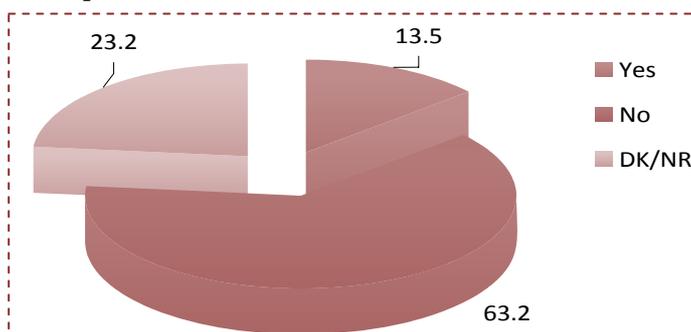
Graphic no. 9: Practices regarding supplementary payments for medical care, besides the official taxes. Number of cases: 697 persons in the total sample



Graphic no. 10: Opinion regarding a supplementary payment to a private health insurance company



Graphic no.11: Agreement over the Ministry of Health initiative to introduce co-payment for the medical services in the public sector



agreement with the informal payments for medical services in the public health system

Asked if, last time when they accessed in the last 12 month the medical services (family physician, hospital etc.), they were directly asked by the physician or nurse to pay supplementary for medical care, of the 1213 persons from the sample, over half of the respondents (50.9 %) declared that they were not asked for supplementary payments by the medical staff and only 4.5% admitted to be asked for this (Graphic no. 8).

A percentage of 42.5 of the interviewees declared that they did not accessed medical services in the last 12 months. Most of the 697 respondents that did accessed medical services in the last 12 month did not offered unofficial amounts of money in order to get medical services. The main medical institution where unofficial payments are declared to happen is the hospital (25.1% of the respondents declare unofficial payments to the hospital physicians, 23.4% to the hospital nurses and 17.4% to the hospital attendant (Graphic no. 9).

Almost half of the respondents that declared that they offered money or gifts to various medical staff categories (221 persons from the total sample, 46.2%) did this in order to receive more attentive care. The other reasons declared by about a third of the respondents were the custom/the fact that this is what everybody does (30.8%), respectively as thanks/gratitude for the services received (29.9%). A percentage of 11.3 of the respondents declared that the unofficial payments was requested or suggested by the medical staff, while 5.4% say that these payments were done in order to be admitted in the hospital/hospital department.

Half of the respondents that offered money or gifts to various medical staff (50%) did this before benefiting of any kind of medical care (consultation, treatment, surgery intervention). A quarter of them (25.5%) offered money or gifts at the end of consultation/treatment/surgery, and one of every five respondents (17.7%) paid unofficially the medical staff both before and after receiving medical care.

More than half of the respondents (54.1%) used personal savings to pay officially and unofficially for medical services. One of every five interviewees (19.1%) had to borrow money in order to pay for these services, while for 17.3% of the respondents the official and unofficial payment for medical services did not involved a special financial effort.

3.C. Opinions and practice regarding the private health insurance and co-payment

A percentage of 8.2 of the respondents declared that they have a private health insurance and most of the respondents (90%) declare that they have none. Asked if they would be willing to pay a supplementary amount to a private health insurance company, over three quarters of the respondents (75.5%) declared that they do not agree with buying a private health insurance (Graphic no. 10).

Regarding the Ministry of Health initiative to introduce co-payment for the medical services in the public system, only a person of ten (13.5%) declared the approval of this initiative (Graphic no. 11). Table no.1 presents the distribution by sex, age, residence, education and occupation of respondents.

Also, a person of ten (13.7%) considers that introducing the system of co-payments would lead → **11**

Table no.1: Agreement over the Ministry of Health initiative to introduce co-payment for the medical services in the public sector

		Do you agree with the Ministry of Health initiative to introduce co-payment for the medical services in the public sector?				
		Yes	No	Do not know/NR	Total	
		%	%	%	%	No. Cases
Sex	Male	13.8	64.1	22.1	100	574
	Female	13.3	62.4	24.3	100	639
Residence	Urban	13	62.9	24.1	100	685
	Rural	14.2	63.6	22.2	100	528
Age	15-24 years	12.4	54.8	32.7	100	217
	25-44 years	15.7	63.5	20.9	100	446
	45 years and over	12.2	66.4	21.5	100	550
Education	Low	6.2	68.7	25.1	100	339
	Medium	15.3	62.3	22.4	100	687
	Superior	19.5	56.8	23.7	100	169
	Not declared	27.8	55.6	16.7	100	18
Occupation	Working	17.4	60.9	21.7	100	489
	Pupils/Students	13.8	52.6	33.6	100	152
	Not working	10.8	67.5	21.7	100	166
	Retired	8.6	69.1	22.3	100	337
	Occupation not declared	15.9	63.8	20.3	100	69
	Total	13.5	63.2	23.2	100	1213

Table no.2: Population opinion regarding the level of co-payment for various categories of medical services

	Which would be the maxim amount you would agree to pay for ...							Total	
	No money	Up to 50 lei	Up to 100 lei	Up to 300 lei	Any amount	Do not know/NR	%	No. cases	
	%	%	%	%	%	%	%		
Medical services provided by family physician	69.8	11	2.3	0.5	0.7	15.7	100	1213	
Medical services provided by specialists	61.3	12.2	6.3	1.1	1.2	18	100	1213	
Medical services provided by hospital	66.1	8.5	5.2	0.7	1.2	18.2	100	1213	
Medical services provided by emergency room	69.4	7.5	3.3	0.6	1.2	18.1	100	1213	

to decreasing the corruption in the health system in Romania, while 58.1% of the respondents do not agree with this information, and 28.2% do not know or do not answer to this question.

Two thirds of the respondents are not willing to pay an additional amount for medical services. The amounts under 50 lei are acceptable for about 10% of the interviewees. Table 2 presents the population opinion regarding the level of co-payment for various categories of medical services.

4. Discussions and conclusions

According to the results presented above, a little more than half of the respondents consider that the direction of the health system reform in Romania is good, while one in every

main problem of the Romanian medical system. The main reasons for which the respondents consider that there is corruption in the health sector are: the society custom to give or receive bribery (73.4%) and lack of penalties (70.9%). More than three quarters of the respondents (78.3%) consider that in the last years the corruption in the health system either increased or remained the same. These results are consistent with the report "Corruption perception index" published by Transparency International in 2009, where Romania is on the last rank among the European Union member states regarding general perception about corruption, at equal level with Bulgaria and Greece. In this way, our country is perceived as the most corrupt state in EU, under the circumstances that in 2009 is the first year of the last seven when no progress was registered in the fight against corruption.

Half of the interviewees (50.4%) consider that the small salaries of the medical staff can also be a reason for the existing corruption in the health system. In the health system, even if the majority of the studies regarding corruption include the informal payments, defined as “all the direct payments made by the patients, excluding the legal official provisions” (adapted after Killingsworth, 2002), as one of the components of the corruption in the public systems, the recent analysis demonstrate the multi-dimensional character of the corruption phenomenon in the health systems – from corruption at the macro-systemic decision making level (procurement, constructions, new medical technologies, medical education etc.) to corruption induced by distribution and use of medicines and services.

So, even if the informal payments made by patients must not be assimilated with the corruption phenomenon in health, they can not be completely excluded due to the burden that they put on the population, in a system that is declared to be built on the principle of universal and equitable access to health services. The vast majority of respondents (82.8%) declare that they are against informal payments and over half of the users of medical services in the 12 months previous the study mention that they were not directly asked by the physician or nurse to pay supplementary for medical care. The hospital is the medical institution most frequently mentioned by the medical services users (697 cases in the sample) in this context. It is worth noting that in order to evaluate the size of the informal payments in the hospitals other studies are required with a more sensitive methodology for this hypothesis and addressed to discharged patients. From the study presented here, even if not part of the chapter presented, it is notable that in the section regarding hospital medical services, the most important aspect that should be changed in the Romanian hospitals is considered (by about 33% respondents) the care towards the patients and the elimination of bribes. Also, it is interesting that 64.8% of the responders that used the medical services in the last 12 months had to buy medicines or other sanitary materials for the last admission in the hospital – this being another form of considerable unofficial, supplementary payment in the health system.

Introducing the co-payment and private health insurances recommended consistently by the World Bank experts (Project RO 4676/2005, conditions 2009-2010 according to central authorities declarations) – as a measure to (1) increase the efficiency in the use of health system by limiting the access to not-necessary medical services, (2) to increase the system financing and (3) to increase the transparency of the resource utilization and reduce corruption will not necessary lead to reducing the corruption or informal payments in the health system, nor to the increase of the quality of medical services if

they are not accompanied by measures directly addressed to them. This is also the population opinion – as it is revealed by this study: (1) only one person in ten (13.5%) agrees with this initiative, (2) the accepted amounts are under 50 lei, and (3) more than half of the respondents appreciate that introducing co-payments for medical services does not represent an aid in order to diminish the corruption. The regulations about co-payments will have to be accompanied by measures to increase the transparency in using the public funds, to real limit the informal payments (especially for hospital services), to monitor the quality of services provided. But nothing from the history of the last twenty years reforms doe not guarantee that introduction of co-payment will lead to anything else than a supplementary financial burden for the population, under the conditions that this population is already affected by the economic crisis and is not satisfied by the services provided in the public health system. Reducing the number of beds or introducing the co-payment is the actions recommended in general by the experts in health system reform for the countries in transition or recently pass transition, but these interventions are difficult to be implemented and may have adverse effects especially over the poor population. Decentralization of the health services towards the local authorities and correctly regulated privatization may be frequently more realistic and more efficient options.

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