

# **Informal payments in the public sector in Albania: Qualitative research on citizen and provider perspectives**

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# Objectives

- Analysis of data to compare and contrast providers' and public perceptions about:
  - why informal payments occur,
  - how informal payments occur,
  - effect on access and quality,
  - and opinions about reform
- Implications for policy

# Research Methods

- **Three Towns** (Berat, Kucova, Fier)
- Urban and Rural
  
- **Providers** (doctors, nurses, administrators)
- Total 11 FGD
- Total 40 IDI
  
- **Public informants**
- Total 33 FGD with men, 33 with women
- Total 6 IDI with men, 3 with women

# Why Informal Payments Occur

Patients fear substandard care or refusal of care if they don't pay, even if not directly solicited

Providers themselves report making informal payments as patients to get quality care

*“For the patient there is nothing more important than life. Those who do not have money try to find it because life comes first. Patients are obliged to pay. It is absolutely true that every patient pays the doctor”. (nurse informant)*

# Why Providers Ask for or Accept Informal Payments

- Reasons given by both providers and public:

Personal financial problems

Low salaries

To have a higher standard of living

Market-orientation (health care is a market, people should pay)

# Why Providers Ask for or Accept Informal Payments

- Providers think it is not morally wrong to receive IPs if not directly demanded but given of free will
- Providers think patients would be insulted if they refused to accept payments. Providers report that patients ‘forcibly’ put money in their pocket when they try to refuse it

# How Informal Payments Occur

- Patients learn ‘indirectly’ from friends, relatives, or other patients about different IP prices that providers expect
- Providers scowl act rude, cold, ‘look at the hands,’ leave money visible on the table to indicate other patients paid

# How Informal Payments Occur

- Provider asks directly, or nurses ask on doctor's behalf
- 'Brokers' from outside the health system ask for payment at the hospital entrance (Berat)
- Various staff ask for informal payments for their services, such as cleaners and guards

# How Informal Payments Occur

- The public is uncertain which are 'official' fees and which go to the providers' pocket when asked for payment (even when a receipt is used). The providers are aware of this confusion but don't know how to address this

"A patient may forget to bring the insurance card but never forgets the money." (Fier nurse informant)

# Variation in Informal Payments

Tendency for informal payments to be higher for specialist services, urban locations, and when seeking service outside one's own community (social distance between provider and patient)

# Effect on Access and Quality

- The poor, elderly, and rural patients seeking care outside their village are at a disadvantage

*“One person from our village went to the doctor for an operation (appendectomy) and the doctor asked her for money. He told her ‘this is the amount I ask.’ She did not have money and the doctor did not even touch her.” (Nurse informant)*

# Effect on Access and Quality

- Deflects resources from the public health insurance system and undermines public trust in the profession (according to public and providers)
- Neither providers or the public perceive that the informal payments are used for improvements in infrastructure or supplies
- Patients with chronic illness switch providers continuously to avoid making expected payments (provider informant)

# Effect on Access and Quality

- Providers feel IPs make them 'servile' to the patient and can cause the provider to make exceptions that compromise quality of care (disruptions such as allowing relatives into room during surgery)
- Providers exaggerate the severity of the illness to frighten the patient, or make false diagnoses to get paid for unnecessary treatment (provider and public informants)

# Perspectives on Reform

- Providers and the public both perceive that the laws against informal payments are not enforced, and that the public has no recourse
- Both the public and providers said that sanctions are needed

# Perspectives on Reform

- Providers and the public feel that patients will need more information about their legal rights and a means to report providers to authorities in order to have an active role in increasing transparency and accountability
- Community boards are one means of increasing accountability that providers and public informants endorse

# Some Policy-related Implications

- The practice of informal payments may be reducing public willingness to participate in the social insurance system. The public is unsure of which fees are official
- Education programs could improve the public's understanding of how social insurance and official user fees work

# Policy-related Implications

Insufficient provider remuneration is the factor most frequently cited reason for informal payments by both providers and the public, and needs to be addressed.

Need for increased public understanding of provider salary structures and official fees

# For more information, see the PHRplus website

Informal Payments in the Public Health Sector in  
Albania: A Qualitative Study, Final Report

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Funding provided by USAID