

How can we eradicate informal payments for health care in Asia?

Dear Sir,

Informal payments (IPs) for health care are defined as any type of patients' payment to health care workers which is more than legal prices. Although IP for health care has been named differently around the world, such as "under the table" or "unofficial" payment, but despite of its different names, it has same adverse effects on health system equity and efficiency.^[1,2]

Unfortunately, IPs are a significant source of financing health system in many Asian countries.^[1,3] IPs are 85% of average payments of each patient in Bangladesh.^[4] A total of 31% of health care users in Turkey have reported IPs for health care during a 2-month period of time.^[5] Also, a study in Iran has reported that 48% of discharged

inpatients had at least one experience of paying informally to health care workers during a year. And the situation is not so much better in Kazakhstan, Taiwan, Russia, and also China.^[1]

Unfortunately, the size of IPs for health care is still unknown in many Asian countries. But such payments seem to be more common in countries, where there is high corruption of health care workers along with inadequate monitoring of the health care system. Moreover, IPs are common where there are high direct physician-patient financial relationship and imperiously unrealistic medical tariffs.^[1]

Anyway IP for care, regardless of its nature, has become an important health policy issue around the world. A special attention dedicated to overcoming IPs by

European countries, but still there is little attention to this issue in lower income Asian countries while the IPs seems to be more common and complicated issue in such countries. Although some Asian countries have made serious efforts to reducing informal health payments like Iran, Taiwan and Turkey, but their efforts were not with full success due to lack of necessary attention to the nature of IPs.^[1,3] Therefore, we believe that Asian countries can overcome this dilemma only through precise attention to the nature and determinants of informal health payments in their country. But still little is known about the IPs' nature, size, and its effective factors in Asian countries. We need more information about the hidden nature of informal health payments in Asia before any policy adaption.

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Conflicts of interest

There are no conflicts of interest.

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