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## **Gender and corruption in Viet Nam's health sector**

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Corruption erodes sustainable and inclusive development. It is both a political and technical challenge. The U4 Anti-Corruption Resource Centre (U4) works to understand and counter corruption worldwide.

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**Corruption in Viet Nam’s health sector is not gender neutral. Informal payments, procurement irregularities and recruitment practices reveal gendered patterns in who holds power, who pays, who benefits and who bears the cost. As Viet Nam implements its Anti-Corruption Law and National Strategy on Prevention and Combating Corruption and Negativity until 2030, there is a timely opportunity to embed gender-responsive approaches, strengthen women’s leadership, address persistent inequities and build safer, more accountable healthcare for all.**

## **Main points**

- In Viet Nam’s health sector, corruption opportunities are shaped less by gender itself than by position, authority and access to public resources. Because men dominate senior decision-making roles, they are more likely to be involved in higher-value corruption in procurement, appointments and specialist services. Women are concentrated in frontline caregiving roles, where they have less access to major resources but greater exposure to informal payments and patient-facing pressure.
- Informal payments place a particular burden on women, especially ethnic minority women, women with disabilities, and women from low-income households. As primary caregivers, women are often the ones who navigate health services, manage interactions with health workers and decide whether to offer ‘envelopes’ to secure timely or attentive care.
- Women make up much of the frontline health workforce but remain underrepresented in senior management, hospital leadership, and procurement-related decision-making. Low pay, overcrowding, and chronic underfunding create integrity risks across the system, while women health workers may face the added burden of low status, patient frustration, and limited protection when challenging misconduct.
- Viet Nam’s anti-corruption frameworks have not yet fully integrated gender analysis, gender-disaggregated data or gender-responsive monitoring. Sexual corruption also remains insufficiently recognised in law and policy, leaving survivors with limited protection and policymakers with little evidence on the scale and nature of the problem.
- Legal, institutional, and policy reforms should recognise sexual corruption and non-material bribes, strengthen whistleblower protection, make reporting channels safer for women and marginalised groups, and improve health worker pay, working conditions, and commune health stations to reduce the pressures that sustain informal payments.
- Women’s participation in health-sector governance should be strengthened through minimum representation targets for senior hospital boards, bidding committees, and medical ethics councils. This should be supported by mandatory gender-disaggregated data collection, a clearer monitoring role for the Viet Nam Women’s Union, patient rights awareness, and gender-responsive integrity training across the health sector.

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# The intersection of corruption and gender inequality in Viet Nam's health sector

## Overview

Corruption and gender inequality are mutually reinforcing: corruption can exacerbate women's marginalisation, while gendered power imbalances can undermine anti-corruption efforts. Anti-corruption policies should therefore take gender dimensions into account.<sup>1</sup>

Viet Nam's legal framework for anti-corruption and gender equality has improved significantly. The 2018 Law on Anti-Corruption, the 2015 Penal Code, the 2006 Law on Gender Equality, and the 2023 Law on Medical Examination and Treatment provide the main legal bases. The Anti-Corruption Law and the National Strategy on Prevention and Combating Corruption and Negativity until 2030 have established a legal foundation for preventing, detecting, and handling corrupt acts in both state and non-state sectors.

At the international level, Viet Nam is a party to the United Nations Convention against Corruption (UNCAC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), both of which require measures that link integrity with gender equality. Article 10 of UNCAC stresses transparency and accountability in public administration, while Articles 13 and 33 emphasise civil society participation and whistleblower protection. CEDAW obliges states to ensure equal access to health services, especially maternal and reproductive health. These frameworks create a solid foundation for national gender-responsive anti-corruption policies.

Based on this policy and legal framework, Viet Nam has made some progress in addressing corruption over the past decade.<sup>2</sup> Notably, an anti-corruption campaign – often referred to as the 'blazing furnace' – has resulted in the sentencing or removal of several senior state officials.<sup>3</sup> In 2024, Vietnam scored 40 out of 100 on

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1. UNODC (United Nations Office on Drugs and Crime) 2021; Camacho 2021; Peiffer 2025.

2. Nguyen and Nguyen 2025.

3. The 'Blazing Furnace' (Vietnamese: Đốt lò) is the popular name for the intense anti-corruption campaign initiated several years ago and vigorously driven by the late General Secretary Nguyễn Phú Trọng (who passed away in July 2024). Investigations target officials at all levels,

Transparency International's Corruption Perceptions Index (CPI), ranking 88th out of 180 countries and territories, and showed gradual improvement in the CPI compared to the pre-2020 years.

Viet Nam has also made significant progress in promoting gender equality. On the basis of the Gender Equality Law, gender equality has been promoted in areas such as political life, the economy, labour and employment, and health and education. The National Strategy on Gender Equality (2021–2030) demonstrates the state's commitment to closing gender gaps. Women's literacy rates are high, maternal mortality has fallen, and women's participation in the labour force and politics has expanded. In 2023, women's labour force participation was nearly 63%; women also held approximately 30% of seats in the 15th National Assembly for the 2021–2026 term.<sup>4</sup>

Despite these achievements, corruption remains a persistent challenge in Viet Nam, undermining good governance, equity and citizens' trust.<sup>5</sup> In the health sector, common forms include bribery, nepotism and misuse of public funds. Health procurement, recruitment, and patient services are particularly vulnerable because procedures are opaque and oversight is limited.<sup>6</sup> There are also documented cases of doctors and nurses accepting informal payments to diagnose foetal sex through ultrasound and disclose the results, a practice prohibited under the Ordinance on Population.<sup>7</sup> This contributes to sex-selective abortions that favour sons and is considered one cause of Viet Nam's gender imbalance, with a sex ratio at birth of more than 110 boys per 100 girls in 2023.<sup>8</sup>

Corruption directly affects access to quality services, transparency, and accountability – all essential to upholding the right to health.<sup>9</sup> The gendered impacts of corruption have not yet been fully addressed in Viet Nam. Policy frameworks have not consistently examined how men and women experience or respond to corruption differently, or how gender norms affect access to justice and accountability mechanisms. In particular, there are no gender-disaggregated data in the annual anti-corruption reports submitted by the Government to the National Assembly. As presented later in this report, when corruption shapes how health resources are allocated or how care is delivered, it disproportionately affects women and

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including high-ranking political figures, Politburo members, and top business tycoons who were previously considered untouchable. There were unprecedented resignations and removals of top state leaders, such as state presidents and deputy prime ministers.

4. Ministry of Home Affairs and UN Women 2025.

5. Government Inspectorate and UNDP Viet Nam 2024; Maslen 2025.

6. Central Committee for Internal Affairs et al. 2023; Yamada and Vu 2024; Vian et al. 2012.

7. See for example, Thu Hiên et al. 2025.

8. Thu Hiên et al. 2025.

9. Central Committee for Internal Affairs et al. 2023.

marginalised groups, who often have less power, fewer resources, and limited means to challenge unfair practices.

Women, especially those in low-income, mountainous and rural communities, are vulnerable to corruption. They often shoulder unpaid care responsibilities and depend on public health services for maternity and reproductive care.<sup>10</sup> Informal payments, favouritism, and lack of transparency in medical examination and treatment processes can translate into delayed treatment, unsafe births, or exclusion from essential services.<sup>11</sup> Women also comprise the majority of the healthcare workforce, with many holding positions that can be heavily affected by corruption.

In terms of gender inequalities, women remain underrepresented in leadership and decision-making roles, particularly in local governance and institutional management. Gender norms continue to shape expectations around family and work, limiting women's mobility and opportunities. In the economy, women are concentrated in informal or lower-paying jobs, with fewer opportunities for advancement.<sup>12</sup> Access to sexual and reproductive health services, especially in rural or ethnic minority communities, is uneven and often affected by corruption, informal fees, or discrimination.<sup>13</sup> These inequalities heighten women's vulnerability to corruption in the health system and reduce their ability to seek redress.

Against this backdrop, addressing the intersection of corruption and gender is crucial for inclusive, effective governance and for realising Viet Nam's commitments under the Sustainable Development Goals (SDGs), particularly SDG 5 (gender equality) and SDG 16 (peace, justice and strong institutions).

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10. Ministry of Health and UNFPA (United Nations Population Fund) 2017.

11. Central Committee for Internal Affairs et al. 2023.

12. Ministry of Home Affairs and UN Women 2025.

13. Ministry of Health and UNFPA (United Nations Population Fund) 2017.

# Analysis of gendered corruption in Viet Nam's health sector

## Typology and manifestations of health-sector gendered corruption

Corruption in Viet Nam's health sector is multifaceted, ranging from petty informal exchanges to large-scale collusion in procurement and appointments.<sup>14</sup> Evidence triangulated from interviews, secondary data and literature highlights four principal forms of corruption – informal payments, health product procurement corruption, human-resource manipulation, and sexual corruption – each revealing distinct gender and intersectional dimensions. Across the data, several common gendered patterns of corruption in the health sector emerge.

### Common gendered manifestations of corruption

Research has examined whether there are differences in how men and women engage in corrupt practices. Some studies state that women may be less likely than men to accept bribes when there is a risk of detection or control.<sup>15</sup> Other studies, however, show that women may engage in corruption as much as men if they have the opportunity to do so.<sup>16</sup> Based on interviewees' views, secondary data analysis, and corruption cases in Viet Nam's health sector, several inferences can be made.

*Both men and women can commit acts of corruption:* As noted by respondents, the ability to engage in corrupt practices depends mainly on one's position, authority, level of exposure to public financial resources, and decision-making power over procurement, human resource management and patients' medical examination and treatment. Interviewees believed that both men and women can engage in these practices if they have decision-making and resource-distribution power, access to resources and a motivation to gain personal benefits.<sup>17</sup> Corruption cases in the health sector, such as the Viet A Covid-19 test kit case,<sup>18</sup> the Food Safety Authority case<sup>19</sup>

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14. Central Committee for Internal Affairs et al. 2023.

15. Paweenawat 2018.

16. Camacho 2021; Boehm 2015.

17. Interviews with study participants, 2025.

18. Việt Nam News 2024.

19. VnExpress 2025

and the Son Lam case,<sup>20</sup> involved both men and women, including female directors, department heads, doctors, and nurses.

‘The ability to participate in corruption depends primarily on position and authority. Gender is not the main deciding factor; both men and women, if they have power, can participate.’<sup>21</sup>

*Men appear more numerous in corruption cases of greater value:* Interviewees commented that men tend to participate in higher-value corruption because they dominate decision-making positions in procurement, human resource management, and lucrative specialties such as surgery and oncology, where procurement and commissions are concentrated. Women cluster in caregiving roles with lower access to resources but higher exposure to direct patient interactions and small-scale bribery. The sources suggest that corruption is an exercise of professional leverage rather than a reflection of gendered ethics. Because the healthcare system disproportionately places men in high-authority roles, such as hospital directors and lead surgeons, they command high-value corrupt transactions. Meanwhile, women, concentrated in frontline care roles, tend to be involved in smaller-scale informal exchanges while facing higher levels of social scrutiny and professional vulnerability. Gendered power hierarchies therefore transform the general practice of corruption into distinctly gendered outcomes.

*‘Male doctors are usually in higher positions and receive larger gifts, often after treatment. Nurses, orderlies, and midwives, who are usually female, receive ‘petty’ items.’*<sup>22</sup>

*‘If a female doctor is suspected of receiving an envelope, society often judges her more harshly than a man.’*<sup>23</sup>

*Perceptions of corruption:* Some female respondents had relatively positive assessments of informal payments, stating that they had decreased in recent years.<sup>24</sup> However, the majority of both male and female respondents expressed the view that corruption in the health sector – especially bidding collusion, illegal bidding,

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20. SGGP (Sài Gòn Giải Phóng) 2025.

21. Interview with study participant, 2025.

22. Interview with study participant, 2025.

23. Interview with study participant, 2025.

24. Interviews with study participants, 2025.

kickbacks in bidding, and bribery in recruitment and personnel appointments – was common. Data from the Viet Nam Provincial Governance and Public Administration Performance Index (PAPI) 2024 show that female respondents rated government performance in ‘control of corruption’ and ‘public service delivery’ lower than male respondents, implying a more critical attitude among women towards corruption.<sup>25</sup>

## Informal payments

### Scope of informal payments

Informal payments – often referred to as the ‘envelope culture’ (*van hoa phong bi* in Viet Nameese) – remain the most visible expression of petty corruption.<sup>26</sup> Some respondents noted that the practice of receiving envelopes has decreased somewhat in recent years because of ‘no envelope’ policies and restrictions. In some hospitals, according to doctors, patients, and experts in public health and law enforcement, the practice is now minimal. Some patients stated that doctors who had treated them over a long period never asked for envelopes. These declines could be attributed to transparent internal hospital rules, efforts to maintain a good image and attract patients, determined leadership by hospital heads who enforce integrity principles, good income sources for hospital staff, and pressure from the media and anti-corruption campaigns.

However, informal payments remain widespread in the health sector and are still perceived in Viet Nam as a norm rather than an anomaly. Patients routinely prepare envelopes to ensure attentive care or to show gratitude after treatment. Interviewees confirmed that, in some hospitals, this act has become almost routine, with most patients preparing envelopes to thank doctors.

*‘The practice of giving ‘envelopes’ is so common in standard services. I think it stems from the past, when medical staff were scarce. But nowadays, I find that, in the majority of cases, it is the patient’s family who initiates it. There is a saying: “Money upfront is money wisely spent”. From what I know, there is already a general ‘market rate’ for this, so people do not have to overthink it. They hand it over beforehand for their own peace of mind, feeling that the medical staff will look after them a little bit better.’<sup>27</sup>*

*‘No one requested it, but if I did not give money to the doctors, I would feel anxious. This is me forcing myself.’<sup>28</sup>*

25. UNDP Viet Nam (United Nations Development Programme) et al. 2025.

26. Yamada and Vu 2024.

27. Interview with study participant, 2025.

2024 PAPI data reinforce the pattern of informal payments described above: 25.5% of respondents nationwide reported paying additional money to obtain better treatment at district hospitals. This is a gradual decline from 32.8% in 2015, but the pattern varies widely. In northern mountainous provinces such as Son La, Lang Son, Phu Tho, and Ha Giang, over 60% of respondents reported giving envelopes, while the rate in southern provinces averaged below 30%.<sup>29</sup> Similarly, some doctors in this study who had moved from the North to work in southern localities stated that envelope payments were more common in health facilities in northern provinces than in southern provinces.<sup>30</sup> As they explained, these disparities reflect differences in hospital monitoring capacity, institutional culture, and patients' perceptions of medical treatment and 'envelopes' in the two regions.

*'I think it comes down to the culture of southern people. In the past, down here, people used to call it going to Nhà thương (house of mercy). They did not call it bệnh viện (hospital); they went to Nhà thương. Back in those days, if you were sick, you went there to be cured. There was absolutely no thought about paying a bribe or giving money to the doctor. I think they held a certain reverence for doctors and medical staff. They went there to be healed, so the very act of pulling out money to bribe a doctor made them feel guilty, or as if they were doing something improper.'*<sup>31</sup>

On the other hand, as the majority of interviewees noted, receiving gifts from patients should not always be considered corrupt. It should be treated as corruption only where there is an exchange for priority in medical examination and treatment. Small gifts of gratitude after treatment that do not affect professional work should not be considered corruption, but they need to be managed transparently to avoid misunderstanding or abuse.

*'I do not consider it corruption. I only sent a thank-you envelope to the doctor [after giving birth]. The doctors were very enthusiastic and careful.'*<sup>32</sup>

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28. Interview with study participant, 2025.

29. UNDP Viet Nam (United Nations Development Programme) et al. 2025, p.67. PAPI measures and benchmarks citizens' experiences and perception on the performance and quality of policy implementation and services delivery of all 63 provinces (before July 2025)/34 provinces (from July 2025) in Viet Nam to advocate for effective and responsive governance. Interviews with study participant, 2025.

30. Interview with study participant, 2025.

31. Interview with study participant, 2025.

32. Interview with study participant, 2025.

*'Many people want to thank the doctor, just to thank them, not necessarily as a bribe at all.'*<sup>33</sup>

*'If the amount of money or the value of the gift crosses a certain threshold and becomes excessive, it is no longer an expression of gratitude; rather, it becomes an abuse and is considered a form of corruption.'*<sup>34</sup>

### Gendered dynamics of informal payments

Although there are no specific publicly available figures disaggregated by gender in Viet Nam, the information compiled in this study suggests that giving and receiving envelopes and gifts in the health sector differ between men and women, both among givers – patients and family members – and among health workers (see table below).<sup>35</sup>

**Table 1: Giving and receiving 'envelopes' from a gender perspective**

Actor	Motivations & drivers	Impact
<b>Female health workers</b> Nurses, midwives, orderlies, administrative staff	Low official salary and financial pressure. Role as intermediaries collecting 'tips' for the team. Pressure to recoup costs paid for employment. Less guilt over small, frequent payments.	Normalises petty corruption. Creates barriers for patients with low incomes. Enables 'slush funds' within departments. Gatekeeps access to doctors.
<b>Male health workers</b> Surgeons, department heads, hospital directors	Control over high-stakes decisions (eg surgery). Pressure to recoup large bribes paid for leadership positions or 'buying seats'.	Significant financial loss to health budgets. Treatment prioritised according to ability to pay.
<b>Female patients and family members</b> Caregivers; people experiencing poverty, ethnic minority, or disabled patients	Traditional role as primary caregivers. Psychological pressure to ensure safety of loved ones, especially during childbirth. Fear of discrimination or neglect.	Direct financial strain on household income. Perpetuates unofficial payment culture.

33. Interview with study participant, 2025.

34. Interview with study participant, 2025.

35. Synthesised from interviews with study participants, 2025.

Actor	Motivations & drivers	Impact
	Perceived as more 'skilful' in handling bribes.	Risk of poor treatment or delays if unable to pay.
<b>Male patients and family members</b> Family financial decision-makers	Primary financial decision-makers. Resolving problems quickly and avoiding 'losing face'. Using envelopes to assert status or ensure priority for the family.	Financial drain on family. Reinforces a system where money buys priority.

Women are both the most frequent payers and the most visible facilitators of these exchanges. As caregivers, they accompany relatives, negotiate with nurses and bear the emotional responsibility of 'making things work'. Male relatives often leave these negotiations to women, reinforcing a pattern in which women internalise the expectation to offer bribes as part of caring.

Among health workers, women are also on the receiving end, but in smaller amounts. Female nurses and midwives have direct contact with patients and are sometimes expected to 'collect for the team'. Yet they occupy low-status positions and share proceeds with supervisors who control schedules and performance evaluations. Consequently, women bear higher reputational risk but receive limited benefit.

### Informal payments in maternity services

Obstetrics is considered an area where patients face higher risks of giving envelopes. Respondents nevertheless commended several obstetrics hospitals and departments for a noticeable decline in the solicitation of envelope payments. Specifically, interviewees said that, in cases of giving birth under a prepaid service package,<sup>36</sup> they did not have to give envelopes and did not see the practice as common, because all costs were included in the package.<sup>37</sup>

However, respondents also said that they had experienced or knew of cases where informal payments were made to secure good maternity care, see the baby after birth, choose a doctor, or have a caesarean section on a 'lucky day' considered favourable for the baby's and mother's health. These informal payments can prevent low-income mothers from receiving quality services, negatively affect their health, or

36. A prepaid service package (often referred to in Viet Nameese as *gói dịch vụ, khám theo yêu cầu, or trọn gói*) in a Viet Nameese public hospital represents a 'premium' track within the public healthcare system. It is essentially a way to bypass the overcrowding and austerity of the standard state-subsidised system by paying a higher, fixed price upfront for better service, speed, and comfort.

37. Interviews with study participants, 2025.

endanger their lives. As one obstetrician shared, there have been cases where the health of the mother and newborn was put at risk because the team was forced to perform a 'lucky day' early caesarean section at the request of the mother or family.

As indicated by interviews, while informal payments harm all citizens, their effects on women and vulnerable groups are more severe because women are main caregivers and service users, and they are disadvantaged in many other respects. This kind of corruption, along with procurement manipulation, directly restricts women's access to healthcare, especially in rural and mountainous regions. Maternal and child health suffers when misallocated resources, substandard supplies, and unqualified staff degrade care quality.<sup>38</sup>

Informal payments, as well as procurement corruption, make services more expensive. Women experiencing poverty are forced to pay bribes to access maternal and reproductive health services, sometimes borrowing money or selling assets. Meanwhile, one study found poor availability of essential medicines across all levels of primary healthcare in Viet Nam.<sup>39</sup> Corruption skews priorities towards expensive purchases that yield kickbacks rather than basic healthcare needs, including maternal care.

From the users' side, corruption reduces the ability to make informed choices, especially for groups with limited access to information, such as women, ethnic minorities and people experiencing poverty. If health information is not provided transparently, or is distorted because of corruption, for example information about drugs or health programmes, women will have difficulty choosing options to protect their health and rights. Informal payments create a two-tier system in which quality care depends on the ability to pay. Women, minorities, and low-income households are systematically disadvantaged.

### **Corruption in medical procurement**

As interviews and secondary data reveal, procurement corruption involves collusion between hospital managers, bidding committees, and suppliers of medicines or medical devices.<sup>40</sup> These activities represent the costliest losses to the state because they involve large amounts of money. Interviews revealed persistent manipulation, including arranged tenders, abuse of direct contracting, and kickbacks or commissions. Officials or department heads decide procurement lists and receive 'percentages' from preferred contractors.

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38. Interviews with study participants, 2025. For comparison with practices in other countries, see also: Jenkins 2024; Toffolutti et al. 2023.

39. Thuy et al. 2021

40. Central Committee for Internal Affairs et al. 2023.

*'The price of medical supplies or equipment can be inflated by two to three times the actual direct-purchase cost, particularly in public hospitals. Even in private hospitals, corruption can still occur through price padding if there are multiple shareholders or special interest groups involved.'*<sup>41</sup>

*'Enterprises offer bribes to hospital leadership and medical personnel to ensure their products are favoured in tenders and purchasing decisions.'*<sup>42</sup>

*'Corruption persists even in legally compliant bidding processes. Once a tender is awarded, pharmaceutical companies often have to offer 'commissions' to ensure their drugs are actually purchased by the hospital. Without these kickbacks, the contract remains purely on paper.'*<sup>43</sup>

The study revealed some gender dynamics regarding procurement corruption. As stated by interviewees, and as shown in reports, research documents and newspapers, men often have more power than women in decisions on bidding for drugs and medical equipment. They also commit more acts of corruption in procurement for medical equipment, supplies and drugs.<sup>44</sup> This is because men make up the majority of leadership and senior management positions in hospitals, health departments, and procurement-related agencies. These positions have the final say on bidding plans, document approvals, contractor selection, and implementation supervision. At the same time, the healthcare bidding process requires the participation of professional councils, hospital boards of directors, and related departments, where men often play key roles. Because women tend to hold different positions and roles in these councils, they often have less access to information and a less decisive voice than men, especially in highly specialised and powerful bidding councils.

In addition, as a health manager said, the legal framework on public procurement does not contain specific provisions on gender perspectives in the bidding process for drugs, equipment, and medical supplies.<sup>45</sup> This assessment also coincides with studies showing that public bidding processes globally and in Viet Nam still lack gender-sensitive elements.<sup>46</sup>

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41. Interview with study participant, 2025.

42. Interview with study participant, 2025.

43. Interview with study participant, 2025.

44. Interviews with study participants, 2025. See also: UN Women Viet Nam 2024; 2023.

45. Interview with study participant, 2025.

46. See: UN Women Viet Nam 2024; 2023.

Kickbacks and inflated procurement contracts divert resources from essential services, particularly those benefiting women and rural communities. Funds lost to corruption reduce investment in preventive care and gender-focused programmes.

*'Women are often underrepresented in the bidding process and rarely hold decisive roles, as a result of occupational segregation trends.'*<sup>47</sup>

### Corruption in human-resource management

Some respondents observed that transparency in the recruitment and promotion of healthcare workers, such as nurses and doctors, has improved in Viet Nam's health sector. As one obstetrician shared, she was promoted to deputy head on the basis of performance, without any additional payment or relationship. In an online forum of doctors, some participants also stated that they knew of cases where job candidates had been selected through merit-based procedures rather than personal relationships or money.

However, in other cases, recruitment and career development remain largely formalistic. Although formal examinations exist in the health sector, informal influence – money or relationships – often determines hiring and promotion outcomes. This highlights particular concerns about the prevalence of nepotism in public-sector recruitment practices. Respondents in this study confirmed that, in many cases, job candidates had to pay unofficial fees to be hired or promoted. In an online forum, participants discussed 'standard rates' varying by hospital and specialty. For technical posts in surgery or obstetrics, the cost can be hundreds of millions of VND, equivalent to several years of a doctor's salary. More broadly, between 56% and 61% of Viet Nameese citizens surveyed in PAPI considered personal connections necessary for applying for civil service positions.<sup>48</sup>

The study surfaced some gender differences in human resource management corruption. One respondent noted that recruitment and promotion for nursing and midwifery – roles predominantly held by women – are heavily influenced by nepotism and bribery. Because these professions are often undervalued as 'manual labour' requiring minimal expertise, and because the number of candidates is large, merit is frequently sidelined in favour of 'relationships and money'. This dynamic suggests that women in healthcare are disproportionately vulnerable to corrupt management practices, often remaining trapped in lower-tier positions despite high levels of education.

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47. Interview with study participant, 2025.

48. UNDP Viet Nam (United Nations Development Programme) et al.2025.

For highly specialised positions, the corrupt cost of admission or appointment at a public hospital is the same regardless of whether the candidate is male or female. However, as some respondents noted, even when laws guarantee equal eligibility for the same positions, informal networks tend to favour men. Women may be professionally qualified but excluded from promotion.

Corruption in recruitment and promotion reduces fair opportunities for competent women. As a consequence, gender inequalities in human resource management can lead to the appointment of unqualified people to professional positions, directly affecting patients and even endangering their lives during surgery. In addition, some respondents said that because medical staff have to pay money to obtain work, they may then seek ways to recover that money from patients, negatively affecting patients. When unqualified staff are hired through bribery, service quality declines.

Corruption in human resource management, as well as procurement, limits women's participation in health decision-making at departmental, hospital, provincial, and national levels.<sup>49</sup> Corruption undermines transparency and accountability in health management agencies. This can hinder women's meaningful participation in the design, delivery, and monitoring of health services, as their voices may be ignored when decisions are based on vested interests or bribery. As analysed above, women face more difficulties in reporting corrupt practices that impede access to reproductive health services, in resolving cases of gender-based violence, and in recruitment and promotion.

### **Sexual corruption**

Sexual corruption occurs when a person abuses entrusted authority to obtain a sexual favour in exchange for services or benefits, such as employment, promotion, or medical services, connected to that authority.<sup>50</sup> It sits at the intersection of gender-based violence and corruption, yet remains largely invisible in official discourse.

Within the scope of this report, only a few respondents mentioned sexual corruption in the health sector. They referred specifically to relationships between superiors and subordinates in health facilities, between male doctors and nurses, and between medical staff and female patients or family members during medical examination and treatment, or to sexual corruption as a potential risk. One participant in an online forum of doctors described a situation where a male department head 'flirts with staff' and 'texts to invite them to go out drinking with the guys' in exchange for likely benefits at work, causing fatigue and mental pressure on subordinates. In

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49. Interviews with study participants, 2025.

50. Bjarnegård et al. 2024.

addition, some interviewees said they had heard of this corrupt act in the health sector but did not know of any specific cases. In general, respondents considered sexual corruption uncommon in Viet Nam's health sector.

Interviewees who mentioned sexual corruption referred to women as actual or potential victims. In particular, respondents noted that female patients may be at risk of exploitation by medical staff who demand sexual relations in exchange for medical examination or treatment priority. Female healthcare workers are also at risk of being pressured or asked to 'exchange feelings' to keep their jobs, obtain promotion, or avoid being bullied in the work environment.<sup>51</sup>

As respondents stated, victims of sexual corruption may not dare to speak up, or may be reluctant to do so, because of fear of retaliation, victim-blaming, social stigma, cultural taboos, and barriers to evidence collection, all of which prevent incidents from being punished. They pointed out that sexual corruption can have serious psychological, physical, economic and social consequences for survivors, such as pregnancy, unsafe abortion, sexually transmitted diseases, mental health problems, loss of reputation in the community, and leaving jobs or public services to avoid further abuse.

Looking at the broader landscape, data on sexual corruption in Viet Nam are limited primarily because the legal framework does not recognise it as a type of corruption. Although the 2015 Penal Code treats 'non-material benefits' as bribery, it stops short of defining them specifically as corrupt acts. As a legal expert noted, before the 2015 Penal Code took effect, bribery was defined strictly by 'material benefits' such as money or property, meaning sexual favours exchanged for influence were legally invisible and not recorded in corruption statistics.<sup>52</sup> Even with the penal code's inclusion of 'non-material benefits', the lack of historical data creates a significant vacuum. Furthermore, the procedural difficulty of proving a 'transaction' that leaves no financial trail means few cases successfully enter official records or prosecution data. As of the end of 2025, there appears to be only one recorded instance of sexual corruption in Viet Nam being prosecuted and resulting in the imprisonment of a judge (see box below).

Beyond legal hurdles, deep-rooted social stigma and structural gaps further obscure the true scale of the issue. Victims face a 'double stigma' – the shame associated with sexual violence combined with the admission of participating in corruption – which drives extreme under-reporting. Furthermore, because anti-corruption reporting mechanisms are typically designed for financial whistleblowing rather than sensitive

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51. Interviews with study participants, 2025.

52. Interview with legal expert, 2025.

gender-based issues, many instances are likely to be misclassified as harassment rather than corruption, or not reported at all because safe, confidential channels are lacking.

#### *A rare case of sexual corruption reported in Viet Nam*

In August 2023, Chau Van My, the former Deputy Chief Justice of the People's Court of Bac Lieu Province, was brought to trial for demanding both money and sexual favours from a female defendant in exchange for a suspended sentence. Supreme People's Procuracy investigators caught the judge *in flagrante* at a local hotel, where he had driven the defendant to receive a bribe and engage in sexual acts. He was subsequently convicted of 'receiving bribes' and sentenced to four years in prison for abusing his power and compromising the integrity of the judicial system.<sup>53</sup>

### **Marginalised groups' experiences of corruption**

As revealed by interview and secondary data, corruption intersects with ethnicity, disability, socioeconomic status, and sexual orientation to produce layered disadvantages.<sup>54</sup>

**Ethnic minority women:** Corruption, specifically the practice of accepting 'envelopes', is one barrier to accessing maternal health and family planning services for ethnic minority communities in Viet Nam. Ethnic minority women participating in a UNFPA study described discrimination at district hospitals, accompanied by demands for cash bribes in exchange for better services or care.<sup>55</sup> In addition, access to health services by ethnic minority women in Viet Nam is limited by many factors, including social, cultural and economic barriers on the demand side (related to the women themselves and the community) and capacity, language, and process barriers on the supply side (related to the health system and service providers).<sup>56</sup> In rural and ethnic minority areas, the primary healthcare system often lacks funding, human resources, and equipment, forcing people to seek higher-level or private health facilities, where informal costs are likely to arise. Women in this group, because of their role in family healthcare and reproductive health needs, have to bear more expenses. For these reasons, ethnic minority women are often more exposed to corruption risks, alongside increased costs and time to access services.

53. VnExpress 2023.

54. Interviews with study participants, 2025; Australian Aid et al. 2021.

55. Ministry of Health and UNFPA 2017.

56. Ministry of Health and UNFPA 2017.

### People with disabilities

According to a UNDP survey, a majority of people with disabilities positively evaluate the attitude of doctors and nurses in serving patients (89.1%).<sup>57</sup> However, nearly 7% of people with disabilities or their families still have to pay bribes for better treatment when going to public hospitals. The rate of people with disabilities having to pay bribes is highest in the Red River Delta region (21.8%), at least 1.9 times higher than in other regions.<sup>58</sup> Women with disabilities interviewed in this study said that if people with disabilities do not pay this fee, it will be difficult to receive dedicated care from doctors and nurses. Having to pay additional fees outside the regulations becomes a financial burden for people with disabilities, a low-income group in society.

Although stigma and discrimination against people with disabilities in accessing health services are prohibited by law, policies and measures to prevent and handle cases of discrimination have not been issued.<sup>59</sup> In addition, current health policies, especially on reproductive and sexual health and rehabilitation, have not met the needs and difficulties faced by people with disabilities.<sup>60</sup> Such gaps in policies and laws can increase risks for people with disabilities, including requests for 'envelopes' for healthcare services.

### LGBTQI+ community

LGBTQI+ people, particularly trans people, face discrimination and bias at healthcare facilities, as well as fear of exposure. According to an online survey by the Ministry of Labour, Invalids and Social Affairs (June 2022), 76.8% of respondents said that awareness and prejudice in society, medical facilities and among medical staff remained limited towards LGBT people; 24.0% considered that the reason was an incomplete system of policies and laws, including a lack of legal basis for transgender and intersex people.<sup>61</sup> This raises concerns about corruption risks for LGBTQI+ people in healthcare service provision in Viet Nam.

### Informal workers

Informal workers accounted for 68.5% of Viet Nam's employed workforce in 2021, of whom a large proportion were women. Most (97.8% in 2021) did not have compulsory social insurance, and only a few participated in voluntary health insurance or were supported by the state to buy cards.<sup>62</sup> They have to pay many

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57. UNDP Viet Nam and MDRI 2024.

58. UNDP Viet Nam and MDRI 2024.

59. UNDP Viet Nam 2020

60. UNDP Viet Nam 2020.

61. Survey of the Ministry of Labor, Invalids and Social Affairs to serve the preparation of the proposal to develop a law amending and supplementing the 2006 Law on Gender Equality, Hanoi, 2022.

62. General Statistics Office 2022; ILSSA (International Labour Organization and the Institute of Labour Science and Social Affairs) 2024.

medical expenses directly, including informal expenses such as ‘envelopes’, bribes, and over-the-counter expenses. This increases the financial burden and the risk of falling into poverty because of high medical expenses. In addition, women in the informal sector had lower average income than men, especially after Covid-19.<sup>63</sup> This reduces their ability to pay when they are sick or ill, making them vulnerable to medical expenses arising from informal payments.

## Drivers of gendered corruption in the health sector

Corruption in general, and gendered corruption in the health sector in particular, is sustained by structural incentives, power hierarchies, social norms and institutional weaknesses. Understanding these drivers is essential for designing reforms that do not inadvertently reproduce inequality.

### Systemic incentives and economic pressures

Chronic underfunding and low salaries drive much of the problem of gendered corruption in Viet Nam’s health sector. Official monthly salaries for doctors in public hospitals range from 5 to 15 million VND (approximately EUR 162 to 485), much lower than salaries in private hospitals.<sup>64</sup> Nurses, midwives and community health workers – mostly women – occupy the lowest-paid ranks. Equipment shortages and overcrowding further enable staff to demand extra payments for access to scarce services.

As respondents noted, public health sector salaries are neither competitive nor performance-based. Experts and patients observed that this situation has led public health workers to seek bribes to supplement their incomes. While the government has attempted to address this issue by increasing public sector salaries in recent years, many respondents still assess salaries as inadequate for the cost of living in Viet Nam.

‘Of course, when people have low incomes, they are going to want extra perks or side earnings; otherwise, how else are they supposed to cover their life? But honestly, it is just a vicious cycle.’<sup>65</sup>

In addition, economic stress intersects with gender roles. Women in Viet Nam bear a disproportionate burden of unpaid care, which limits their ability to participate in

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63. General Statistics Office 2022.

64. Quỳnh Chi 2025.

65. Interview with study participant, 2025.

the workforce. In one survey, 97% of women and 94% of men agreed that childcare was inherently a woman's duty; twelve out of the fourteen domestic tasks included in the survey were carried out by women, including cooking and caring for senior or ill family members.<sup>66</sup> In that context, women health workers are no exception. They carry dual burdens – professional work and unpaid domestic care – which limit their capacity to engage in additional income-generating activities. Consequently, this situation can contribute to their informal earnings from patients. Economic vulnerability is therefore both a cause and a consequence of gendered corruption: low income drives informal payments, which in turn deepens women's financial precarity.

### Structural inequalities and their effects

The health sector's hierarchy concentrates authority at the top with director-, department head-, and senior specialists positions predominantly occupied by men. Below them, female nurses, midwives, and administrative staff perform essential but undervalued labour. This vertical structure can create conditions in which integrity risks are harder to manage and less likely to be reported.

As health workers stated, women are often in the minority in leadership and decision-making positions, such as department and hospital leadership. Other sources show that, nationwide, although female health workers make up the majority (over 57% to 63%, according to different sources), they are often concentrated in lower-status positions (nursing – 63%, midwifery – 91%), while men dominate specialist- (83%), doctor- (72%), and leadership positions.<sup>67</sup>

A doctor in an online forum remarked: 'In some places, the department head is like a king; if he wants something, everyone must obey'. Such asymmetry increases the risk of misconduct and makes it difficult for subordinates to raise concerns, given that promotions, schedules, and training opportunities depend on superiors' discretion.

Female patients and family members, as service users, are often in less empowered positions in society, making them more vulnerable. As interviewees noted, this includes lack of knowledge about their rights and lack of social or legal support networks. Women, especially those who are living in poverty or single, often have fewer assets and less control over their finances, making it difficult for them to pay informal payments or bribes.<sup>68</sup> This puts them at risk of being excluded from essential services or having to accept poor-quality services. Furthermore, women

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66. Global Institute for Women's Leadership and Investing in Women 2024.

67. Le et al. 2024; Gender Equity Unit 2023; WHO 2018.

68. Interviews with study participants, 2025.

often need specific health services for reproductive health, maternity, and childcare, so they face additional costs because of corruption.

### **Social norms and organisational culture**

Beyond economic and institutional pressures, social norms, including gendered ones, and workplace cultures can condone or normalise certain corrupt practices in the health sector. Interview data and secondary sources show that 'envelope culture' is seen as a natural expression of gratitude rather than an ethical violation. Both patients and health staff often rationalise the practice as unavoidable courtesy, reflecting the broader Viet Namese social norm that gifts maintain harmony and respect. This social expectation has been absorbed into medical settings, where 'voluntary gratitude' can conceal pressure. As many interviewees commented, 'people think of it as politeness, not corruption'.

At the same time, many respondents observed that women are often the primary caregivers in the family, including for children and elderly people. Female patients, especially mothers and daughters, are typically the ones delivering envelopes, perceiving this as an act of responsibility, not misconduct. Men, by contrast, are less expected to handle these exchanges, reinforcing gendered exposure to corruption. This results in women bearing the costs of health-related corruption more than men in the family.

Inside health institutions, the stereotype that men are more suited for leadership positions limits women's access to management roles and decision-making power. A high-level health manager stated that prejudices about women's caregiving and family responsibilities also restrict women's opportunities for education, training, and career advancement, making them more susceptible to corruption pressures.

Social expectations that women remain 'passive' or avoid confrontation reduce their likelihood of reporting corrupt acts, increasing their vulnerability to such practices. A reluctance to speak out, which tends to be stronger among women, further limits reporting. Doctors and nurses described environments where 'everyone knows but no one says anything'.<sup>69</sup> This culture, though unofficial, acts as a strong social control mechanism. At the same time, societal attitudes towards corruption are gendered: female health workers face harsher judgement for misconduct, while similar behaviours among men are often viewed more lightly, as one interviewee noted.

According to interviewees, women are often more vulnerable than men when reporting corruption in the health sector, facing greater psychological and social pressure, such as retaliation, isolation, violence or job loss. Men may also face

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69. Interviews with study participants, 2025.

difficulties when reporting, but they often face less personal and societal pressure than women.

Women's ability to complain about or denounce corruption in healthcare, and to protect themselves, is limited by various socio-cultural factors. Gender stereotypes and social roles make women more likely to be overlooked, isolated or not fully supported when reporting. Women also often have lower positions in organisational structures and less power, making it difficult for them to access official reporting channels or resist the influence of power relationships.<sup>70</sup>

### **Gaps in laws, policies, and institutional context**

Despite achievements in anti-corruption and gender equality legislation, as presented in the introduction, gaps remain in the intersection between gender and corruption, both in the policy and legal framework itself and in implementation. The Anti-Corruption Law does not yet include explicit provisions on gender. Gender equality objectives have not been integrated into anti-corruption programmes, notably the [National Strategy on Anti-Corruption to 2030](#). In a policy report developed by the Government Inspectorate on the National Anti-Corruption Strategy to 2030, there is no analysis or recommendation on gender issues, the roles of women or the Women's Union in anti-corruption programmes.<sup>71</sup> Similarly, health-sector anti-corruption strategies or plans do not contain explicit gender targets, and monitoring rarely uses sex-disaggregated indicators. There are no regular assessments connecting corruption control to gender outcomes, making evaluation of gendered impact almost impossible. A typical example is the [Ministry of Health's plan for implementing anti-corruption tasks in 2026](#), which contains no reference to gender issues.

Women remain underrepresented in decision-making positions in both the health system and anti-corruption agencies. As noted elsewhere in this report, although women constitute the majority of the health workforce, they hold a minority of leadership posts. At provincial and hospital levels, key decisions on procurement, budgeting and personnel appointments are usually made by male directors and department heads. This underrepresentation limits the inclusion of women's perspectives in integrity reforms.

Informal networks and personal connections can influence promotions and postings in ways that formal procedures do not fully prevent. Women are less likely to benefit from such networks, given constraints on their time and mobility. While legal quotas

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70. Interviews with study participants, 2025.

71. Government Inspectorate and UNDP Viet Nam 2024.

or guidelines may exist, cultural norms can still favour men for leadership roles.<sup>72</sup> As a result, gender gaps in authority may persist even where formal criteria appear neutral.

The Law on Denunciation protects whistleblowers and their relatives. However, Article 23 requires individuals making denunciations to give their name and address to government agencies.<sup>73</sup> Specific protection and confidentiality for women whistleblowers are limited. Cases such as that of pharmacist Tran Thi Kieu Oanh in Binh Phuoc, who faced violence and dismissal after reporting malpractice, illustrate how legal protections require stronger institutional support to be effective.<sup>74</sup>

Legal recognition of sexual corruption is not yet explicit. The Anti-Corruption Law and the Penal Code define corruption primarily by reference to monetary gains. The Code refers to 'other benefits or advantages' when addressing bribery, but not as a direct manifestation of corruption. So far, only one case appears to have interpreted 'other benefits or advantages' to include sexual favours.<sup>75</sup> The lack of explicit recognition of 'sexual benefit as a form of corruption' leaves survivors without remedy and makes it difficult to implement UNCAC obligations and protect women's rights. This gap is particularly notable in the context of [Resolution 10/10](#), passed at the UNCAC Conference of the States Parties in December 2023, which includes provisions on sexual corruption.<sup>76</sup>

Data and evidence gaps are another barrier to anti-corruption efforts. Official reports by government agencies, including the Government's annual report on corruption submitted to the National Assembly, do not disaggregate corruption experiences by sex, ethnicity, or disability. Without such data, policymakers cannot identify who pays bribes, who benefits, and who bears the cost, preventing more precise tracking of trends and evaluation of reforms.

The health sector underwent major restructuring in 2025, similar to other parts of the government system. This included merging departments, divisions, or units; abolishing the district level of local government, resulting in a shift of district health facilities to the authority of provincial Health Departments; and strengthening the structure of commune-level health stations. This ongoing restructuring can bring both risks, such as new integrity gaps, potential instability in human resource management and procurement challenges, and opportunities to embed transparency measures, gender-sensitive safeguards and digital reforms.

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72. On the participation of women in political and social life, see: Ministry of Labour, Invalids, and Social Affairs & Oxfam Viet Nam 2022.

73. Law on Denunciation, Article 23.

74. See the case here: Người Lao Động News 2015.

75. VnExpress 2023.

76. See comments on the Resolution here: [Kirya 2024](#).

## Addressing the root causes: structural pressures reproduce gendered corruption

Corruption in Viet Nam's health sector persists because authority, resources, risks, and responsibilities are distributed unevenly. Chronic underfunding, low salaries, equipment shortages, and overcrowding create incentives for informal payments and other misconduct.

Gendered hierarchies shape how these pressures play out: men's greater representation in senior and procurement-related roles gives them more access to high-value corruption, while women are concentrated in lower-paid frontline positions and bear greater exposure to informal payments and patient pressure.

Social norms reinforce these patterns by normalising envelopes as expressions of gratitude, assigning women responsibility for navigating healthcare on behalf of their families and discouraging reporting. Gaps in laws, whistleblower protection, and gender-disaggregated data, including the limited recognition of sexual corruption, compound these risks. Effective reform must therefore address the structural and gendered drivers of corruption, rather than treating corrupt acts in isolation.

# Recommendations

The following recommendations provide a structured, prioritised, and actionable roadmap for systemic change, targeted interventions, and stakeholder-specific actions designed to build a more transparent, accountable, and effective healthcare system for all citizens of Viet Nam.

## Strategic recommendations for systemic change

Systemic reforms addressing legal frameworks, institutional practices, data collection and social norms are foundational for sustainable change. They create the essential enabling environment in which targeted anti-corruption interventions can succeed, and a culture of integrity can become institutionalised. Without these broader reforms, specific efforts risk becoming isolated and short-lived.

### Strengthening legal and policy frameworks

A robust legal and policy foundation is the bedrock of any effective anti-corruption strategy. By clarifying definitions, mainstreaming gender perspectives, and reforming procurement processes, Viet Nam can close critical legal gaps and demonstrate a strong commitment to gender-responsive governance.

#### Gender mainstreaming

The National Assembly, through its committees, and the Government, through its ministries, should work closely to incorporate gender perspectives into anti-corruption-related laws and strategies during the 2026–2030 period. In particular, the Anti-Corruption Law and the National Anti-Corruption Strategy should include direct provisions on gender equality and sex-disaggregated data. The Ministry of Health, Government Inspectorate and Ministry of Justice should integrate gender perspectives into all stages of health policy and anti-corruption programme cycles, from design to implementation and evaluation. This will ensure that national health strategies contain clear gender equality goals based on a thorough analysis of how health risks and service utilisation differ by gender.

#### Legislative reform

##### Clear definition of sexual corruption

The Government should submit amendments to the Law on Corruption Prevention and Control and the Penal Code to the National Assembly, with unified and clear definitions of sexual corruption and the demanding of non-material bribes. This measure aims to address current legal ambiguity, which creates gaps that make it harder for victims to report and for perpetrators to be held accountable. The

December 2025 amendment to the Law on Corruption Prevention and Control did not incorporate gender-specific provisions, which means these critical elements should now be pursued through implementing regulations, secondary legislation, and the next cycle of legislative reform.

### **Whistleblower protection**

These should be strengthened to safeguard individuals, particularly women, who report gender-based misconduct or sexual corruption. Revised laws should ensure protection from retaliation and reputational harm while providing safe, anonymous reporting channels. Reporting channels should be accessible for persons with disabilities, ethnic minorities, LGBTQI+ people, and others who may struggle with access in other ways.

### **Gender-responsive procurement (GRP)**

The government, through the Ministry of Finance, should review and improve public procurement laws to integrate Gender-responsive procurement criteria. This includes officially adding women-owned businesses and gender-responsive enterprises as target groups in the bidding process, to promote women's economic empowerment and diversify supply chains.<sup>77</sup>

### **Addressing root causes**

The government should address the structural conditions that contribute to integrity risks in the health sector. This includes improving the salaries and working conditions of medical staff to reduce the motivation for informal payments and corrupt acts in procurement and human resource management. Critically, the health sector should tackle the uneven distribution of resources that causes severe overload at central hospitals, which in turn creates pressure for informal payments. The ongoing restructuring of commune-level health stations should be seen as an opportunity to strengthen their capacity to meet citizens' healthcare needs at first contact, which in turn can reduce overload at central hospitals. At the same time, as women constitute the majority of the workforce at commune health stations, this process should ensure fairness and equality for women in human resource management, procurement, and labour distribution.

### **Enhancing institutional integrity and governance**

Strong institutions with transparent and accountable governance structures are essential for translating policy into practice. This requires a dual strategy:

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77. UN Women Viet Nam 2024, 2023.

strengthening the role of women as leaders and monitors, while embedding integrity into the core governance models of healthcare facilities.

### **Strengthening the role of women**

#### **In decision-making**

State agencies and health facilities must increase women's participation in leadership and management positions. The Ministry of Health, Provincial Health Departments and the Women's Union should take coordinated action to promote women's leadership within the health sector.

This includes setting equitable quotas for appointments and establishing mechanisms to ensure women's meaningful participation on critical bodies such as bidding and medical ethics councils. A minimum quota of 30% women's representation should be established in senior decision-making bodies, hospital boards, bidding committees, and ethics councils. Transparent, merit-based recruitment and promotion processes should be adopted, ensuring gender-balanced representation in human resource management.

Women's leadership and technical capacity should be enhanced through regular training in management, anti-corruption law, and budget oversight. Mentorship programmes should support women health workers aspiring to leadership roles.

#### **As service users**

The Ministry of Health must empower female patients by raising awareness of their health rights and actively involving them in the formulation and monitoring of health policies, ensuring that solutions are tailored to their needs.

#### **Women's Union roles**

The government should take further measures to encourage and enhance the Viet Nam Women's Union role as a core partner in policy review, independent monitoring, and internal control of the health sector. This can be operationalised through the union's 'traditional' policy advocacy and oversight activities, as well as pilot models such as the 'Women's Union supervises hospitals without envelopes' initiative. The National Anti-Corruption Strategy should directly recognise the Women's Union's roles and assign it clear tasks in anti-corruption programmes and activities.

#### **Championing accountable governance at the facility level**

The Ministry of Health should mandate the adoption of the 'Patient-Centred Hospital' model to increase transparency and accountability. Hospitals should seek to strengthen the separation of administrative and clinical decision-making to reduce opportunities for conflicts of interest, while recognising that effective

governance of complex healthcare organisations requires both integration and oversight. At the same time, doctors' and nurses' opinions and voices should be heard and counted in decision-making in each facility. Independent internal control units should be established to oversee financial integrity and ethical compliance. Ethics and integrity training should be mandatory for all hospital leaders and managers. Independent patient feedback systems, including mobile applications and hotlines, should enable anonymous reporting, and hospitals must publicly document follow-up actions.

### **Advancing transparency**

True accountability is impossible without the visibility that only consistent transparency and granular, gender-disaggregated data can provide. To strengthen transparency, the Ministry of Health, provincial departments, health facilities, and social organisations should ensure that key hospital information, such as licences, staff credentials, service fees, and procurement results, is disclosed on the health sector's websites and other digital platforms.

Procurement data and standardised prices for medical supplies and drugs should be published on time on the ministry's website to prevent collusion. Patient-centred transparency tools, including online complaint systems, real-time cost disclosure, and digital fee schedules, should be widely implemented. Expanding e-procurement and digital human resource systems will reduce discretionary decision-making and promote accountability.

Transparency demystifies healthcare processes, reduces opportunities for abuse, and provides the evidence needed for equitable policymaking. Mandating public disclosure and systematic data collection is essential for building an accountable health system.

Health facilities must be required to publicly disclose key information to empower patients and enable public oversight. This includes:

- Hospital operating licences, full service price lists, and the qualifications of medical staff.
- Complete details of procurement processes, including public offers, terms, selection criteria, and final results.
- Standardised and public medical examination and treatment procedures to minimise abuse and clarify patient pathways.

### **Improving gender-disaggregated data**

Interview participants emphasised the need for gender data collection and analysis on corruption in the health sector. The Ministry of Health must issue unified guidelines for the mandatory and systematic collection of gender-disaggregated

health data, including intersecting factors such as age, ethnicity, and economic status. Key data points must include:

- Treatment costs, waiting times, and health outcomes, disaggregated by gender.
- Human resources data, showing the separation of men and women by position (doctor, nurse, midwife, leader) and specialty (obstetrics, paediatrics, surgery).
- Data on the differential impact of informal payments on male and female patients and their families.
- This granular data must be actively used to adjust budget allocations, inform equitable human resource policies, and rigorously monitor the progress of gender-responsive anti-corruption efforts.

### **Education and communication**

Strategic communication is essential for building a culture of integrity. To be effective, campaigns must be social norm-sensitive and grounded in local evidence. However, as international practice shows, such campaigns must be carefully designed and implemented to avoid unintended effects.<sup>78</sup> Merely highlighting the prevalence of corruption can normalise it and backfire; the focus should therefore be on celebrating integrity, clarifying rights, and showcasing positive models.

#### **Core messaging**

Develop clear and consistent communication campaigns centred on patients' rights, the consequences of corruption, clear definitions of sexual corruption, and examples of integrity from both medical staff and patients. Messages should also aim to change social norms that reinforce gender bias and inequality.

#### **Targeted campaigns**

Within the health sector, mandatory 'gender-related integrity governance' training should be conducted for managers, along with ethics training for all staff, especially nurses and midwives. Health facilities can use posters and digital screens to promote integrity and publicise feedback channels. At the same time, good practices mentioned by respondents in this study should be disseminated by the health sector itself, through the media, social media, and other communication channels.

In the community, the media and social organisations can launch public campaigns such as 'Women say no to envelopes in healthcare', leveraging the extensive grassroots network of the women's union.

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78. See: Peiffer and Cheeseman 2023.

### **Engaging men as allies**

All communication activities must actively attract men's participation. Changing entrenched norms that fuel corruption is impossible without engaging men as agents of change who challenge outdated gender roles and share family healthcare responsibilities.

These systemic changes create the foundation for addressing the specific, tangible manifestations of corruption that citizens experience daily.

## **Targeted interventions for specific corrupt practices**

While systemic reforms are important, they are most effective when complemented by measures that address the specific, everyday integrity challenges that affect public trust. The following targeted interventions are designed to combat informal payments, sexual corruption, and integrity risks in procurement and human resources, making systemic change tangible for all.

### **Dealing with informal payments**

Informal payments disproportionately burden patients, particularly women in vulnerable situations such as maternity care, where social pressure to give an envelope for a safe delivery is immense. A multi-pronged approach is required to tackle this deeply entrenched practice.

#### **Clarify regulations**

The Ministry of Health must develop and enforce strict codes of conduct that clearly distinguish between culturally appropriate 'thank you gifts' and coercive bribes, with clear disciplinary consequences for solicitation.

#### **Increase transparency**

Mandate the public posting of all official service costs and health insurance co-payments, especially in departments heavily used by women, such as obstetrics, gynaecology, and paediatrics.

#### **Build capacity and awareness**

Provide training for medical staff on how to tactfully refuse envelopes. Launch public awareness campaigns, modelled on successful examples such as the 'Say no to envelopes in health services' project, to assure patients that quality service is their right and does not require an extra payment.

### **Ensuring integrity in procurement**

Promoting transparency and women's participation are key countermeasures to prevent corruption risks in procurement and promote gender equality. The Ministry

of Health could be a pioneer by increasing women's participation on bidding committees and appraisal panels, with a recommended minimum quota of 30%, to mitigate corruption risks. The ministry, its provincial departments, and hospitals can invest in capacity-building programmes for female health workers on procurement management and public finance.

### **Ensuring integrity in human resource management**

Hospitals should ensure transparent recruitment and appointment processes by publicising all criteria, procedures and results. The Ministry of Health should require gender-balanced representation on personnel councils and empower the women's union to participate in monitoring these processes to prevent bias.

### **Preventing and responding to sexual corruption**

Alongside a formal definition of sexual corruption in the national legal framework, a comprehensive strategy is required to define the problem, create safe reporting channels, and foster a culture of zero tolerance.

#### **Develop specific regulations**

Hospitals must adopt and enforce workplace codes of conduct prohibiting sexual corruption, ensuring disciplinary action such as dismissal and legal referral for perpetrators.

#### **Establish safe reporting mechanisms**

Dedicated and confidential reporting mechanisms, including hotlines and digital platforms managed by independent bodies, should be established to handle cases of sexual corruption. Survivors must be guaranteed anonymity and protection from retaliation. Health facilities must create confidential, anonymous reporting channels, such as hotlines and mobile applications, with clear protocols for victim protection and support, established in coordination with the women's union.

#### **Comprehensive support services**

Support services, including legal aid, psychological counselling, and medical care, should be accessible and sensitive to the needs of women and marginalised groups.

#### **Strengthen women's role**

Empower women to lead cultural change by serving as role models of integrity and leveraging the women's union to monitor the implementation of anti-sexual corruption regulations and support victims.

**Promote culture change**

Launch internal campaigns on 'Saying no to sexual corruption in healthcare'.  
Mandate training for all staff on identifying and handling sexual corruption and embed this content into the core curriculum of medical schools.

# Implementation roadmap: Prioritising for impact

To ensure momentum and the effective use of resources, these recommendations need to be strategically sequenced. This roadmap organises actions into a phased implementation plan. Short-term priorities focus on quick wins that build political will and demonstrate visible action. These foundational steps pave the way for more complex, medium-term institutional reforms, which in turn enable the deeper, long-term legislative changes required for lasting transformation.

**Table 2: Implementation roadmap**

Stakeholders	Key actions	Timeframe	Expected outcomes
National Assembly, Government, Inspectorate, MoH, Ministry of Justice	Revise anti-corruption & health laws to include gendered corruption amendments.	3–5 years	Gender equality & accountability embedded in anti-corruption legal and policy frameworks.
MoH, Provincial Health Departments, health facilities, Women's Union	Ensure 30% female representation in health sector decision-making bodies.	5 years	Increased women's leadership & improved integrity in hospital governance.
MoH, Provincial Health Departments, social organisations, health facilities	Introduce gender-responsive procurement standards; publish hospital & procurement information.	2–5 years	Enhanced transparency and patient trust in healthcare services.
General Statistics Office, MoH, Provincial Health Departments, health facilities, academic partners	Collect gender- and intersectional data on corruption; integrate gender indicators in reports.	2–3 years, ongoing	Evidence-based policymaking & measurable progress on gendered impacts.
MoH, Ministry of Education and Training, media, social organisations	Conduct campaigns on gender & corruption in health; integrate gender integrity training into medical education.	Ongoing	Increased public awareness & reduced tolerance for informal payments.
MoH, Government Inspectorate	Launch online complaint systems; establish gender-sensitive reporting hotlines & whistleblower protections.	1–3 years, ongoing	Safe reporting mechanisms and reduced retaliation against whistleblowers.

Stakeholders	Key actions	Timeframe	Expected outcomes
Hospital boards, professional associations	Create internal control units and ethics training programmes.	1–3 years, ongoing	Strengthened hospital governance and professional accountability.
MoH, Women's Union	Establish victim support systems.	Immediate, ongoing	Safer, more equitable working & care environments for women and vulnerable groups.

# Looking ahead: building gender-responsive integrity in the health sector

Viet Nam's ongoing health-sector reforms create an opportunity to address the structural conditions that sustain gendered corruption. This will require more than responding to individual acts of misconduct. Reforms should reduce the pressures that enable informal payments, strengthen transparency in procurement and recruitment, improve protection for those who report abuse, and recognise sexual corruption more clearly in law and policy. They should also address the unequal distribution of authority within the health system by expanding women's meaningful participation in leadership and oversight.

Embedding gender analysis and disaggregated data into anti-corruption measures will help ensure that reforms respond to the different ways in which corruption is experienced across the health sector and produce fairer, more accountable healthcare for all.

# References

Australian Aid, Asian Development Bank, International Labor Organization, and UN Women. 2021. [Country gender equality profile: Viet Nam 2021](#).

Bjarnegård, E., Calvo, D., Eldén, Å., and Lundgren, S. 2024. [Sexual corruption is abuse of power – and there's more to it than 'sextortion' alone](#). U4 Blog.

Boehm, F. 2015. [Are men and women equally corrupt?](#) Bergen: Chr. Michelsen Institute. U4 Brief 2015:6.

Camacho, G. 2021. [Corruption and gender equality. A summary of existing research](#). Bergen: U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute. U4 Helpdesk Answer 2021:9.

Central Committee for Internal Affairs, UNDP Viet Nam, and Norwegian Agency for Development Cooperation. 2023. Report on the identification and prevention of corruption in the public sector related to the private sector – international experiences and recommendations for Viet Nam.

Gender Equity Unit. 2023. [Viet Nam: A gender equity report](#).

General Statistics Office. 2022. [Overview of informal employed workers in Viet Nam](#). In Viet Nameese.

Global Institute for Women's Leadership and Investing in Women. 2024. [The care economy in Viet Nam, the Philippines, and Indonesia](#).

Government Inspectorate and UNDP Viet Nam. 2024. Research report: Proposed policies, solutions, and implementation plan for Viet Nam's national anti-corruption strategy 2022-2030. In Viet Nameese.

International Labour Organization and the Institute of Labour Science and Social Affairs. 2024. [Research report: Informal employment in Viet Nam through a gender lens](#).

Jenkins, M. 2024. [The impacts of corruption on women and their role in preventing corruption](#). U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute. U4 Helpdesk Answer 2024:35.

Kirya, M. 2024. [Gender and corruption resolution at UNCAC-COSP: Progress underway, yet paths to inclusion remain](#). U4 Blog.

Le, Tran Thi Hong, Le Chi Nhan, and Ha Bao Tran 2024. [Healthcare human resource shortfall in Viet Nam compared to select countries in Asean](#). Archives des Sciences. 74. 3. 258–64.

Maslen, C. 2024. [Gender transformative approaches to anti-corruption](#). Bergen: U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute. U4 Helpdesk Answer 2024-37.

Maslen, C. 2025. [Viet Nam: Corruption and anti-corruption. A focus on risks associated with Viet Nam's nationally determined contributions](#). Bergen: U4 Anti-Corruption

Resource Centre, Chr. Michelsen Institute. U4 Helpdesk Answer 2025:21.

Ministry of Health and UNFPA. 2017. [Exploring barriers to accessing maternal health and family planning services in ethnic minority communities in Viet Nam.](#)

Ministry of Home Affairs and UN Women. 2025. [Country report of the 30-year implementation of the Beijing Declaration and Platform for Action in Viet Nam 2019–2023.](#) United Nations.

Ministry of Labour, Invalids, and Social Affairs and Oxfam Viet Nam. 2022. Report on assessment, improvement of policy and law on gender equality in the political area in Viet Nam. In Viet Nameese.

Người Lao Động News. 2015. [Vụ tổ cáo tiêu cực bị đùổi việc: Nữ dươc sĩ ã làm trở lại.](#)

Nguyen, Ngoc Anh, and Duc Nhuan Nguyen. 2025. [Anti-corruption in Viet Nam – an institutional analysis.](#) Cogent Social Sciences. 11. 1. 2460320.

Paweenawat, S. W. 2018. [The gender-corruption nexus in Asia.](#) Asian-Pacific Economic Literature. 32. 1. 18–28.

Peiffer, C. 2025. [Gendered corruption: How gender norms underpin experiences of corruption in Asian and Pacific countries.](#) Asia and the Pacific Policy Studies. 12. 1. e70010.

Peiffer, C., and Cheeseman, N. 2023. [Message misunderstood: Why raising awareness of corruption can backfire.](#) Bergen: U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute. U4 Brief 2023:1.

Quỳnh Chi. 2025. [Chi tiết bảng lương viên chức y tế năm 2025.](#)

SGGP (Sài Gòn Giải Phóng). 2025. [Tens of billions in bribes paid to secure drug contracts with hospitals.](#)

Thu Hiền, Trúc Quyên, and Đan Thuần. 2025. [Nhức nhối lựa chọn giới tính thai nhi – kỳ 1: Nhiều bệnh viện lớn công khai làm trái luật.](#)

Thuy, Hua Thanh, Dinh Thu Ha, Phan Van Tuong, Chu Quoc Thinh, and Nguyen Thi Nga 2021. [Availability of essential medicines in primary care in Viet Nam.](#) International Journal of Healthcare Management. 14. 4. 1213–20.

Toffolutti, V., Paglino, E., Kentikelenis, A., Mencarini, L., and Aassve, A. 2023. [Does bribery increase maternal mortality? Evidence from 135 sub-Saharan African regions.](#) PLOS Global Public Health. 3. 12. e0000847.

UN Women Viet Nam. 2023. [Assessment of stakeholder capacity to develop a gender-responsive procurement programme in Viet Nam.](#)

UN Women Viet Nam. 2024. [Creating equal market opportunities for women by advancing supplier diversity through gender-responsive procurement in Viet Nam.](#)

UNDP Viet Nam. 2020. [Report on Law on persons with disabilities compared with the International Convention on the Rights of Persons with Disabilities and experiences of some countries.](#)

UNDP Viet Nam, CECODES (Centre for Community Support and Development Studies), and RTA (Real-Time Analytics). 2025. [The 2024 Viet Nam provincial governance and public administration performance index: Measuring citizens' experiences.](#)

UNDP Viet Nam and MDRI (Mekong Development Research Institute). 2024.

[Assessment of disability inclusion in local governance in 2023.](#)

UNODC. 2021. [The time is now: Addressing the gender dimensions of corruption.](#) United Nations.

Vian, T., Brinkerhoff, D. W., Feeley, F. G., Salomon, M., and Nguyen Thi Kieu Vien. 2012. [Confronting corruption in the health sector in Viet Nam: Patterns and prospects.](#) Public Administration and Development. 32. 1. 49–63.

Việt Nam News. 2024. [38 defendants, including two former ministers, in Việt Á COVID-19 kit test case go on trial.](#)

VnExpress. 2023. [Cựu phó chánh án ép hối lộ tiền, tình bị phạt 4 năm tù.](#) Former deputy chief judge sentenced to 4 years for demanding money and sexual favors.

VnExpress. 2025. [55 to stand trial in Viet Nam food safety bribery case.](#)

WHO. 2018. [Human resources for health country profiles: Viet Nam.](#)

Yamada, H., and Tien Man Vu. 2024. [Perception of bribery, an anti-corruption campaign, and health service utilization in Viet Nam.](#) Journal of Global Management. 3.

# About the author

**[Anon.]**

This U4 publication was developed by a specialist who wishes to remain anonymous. U4 knows the author's identity and has conducted standard quality control including peer review of the contents in this publication.

# Methodology

## Objectives

This study examines how corruption in Viet Nam's public health sector interacts with gender, and how existing laws and policies address, or have yet to address, these intersections. Specifically, it aimed to:

1. Analyse the manifestations, specific forms, extent and drivers of corruption in the health sector.
2. Identify how men and women, and vulnerable groups, experience, perceive, and respond to corruption differently, focusing on risks, barriers, and accountability mechanisms.
3. Evaluate the effectiveness of current anti-corruption measures in addressing gendered risks and promoting women's participation in oversight and prevention. In particular, the study assessed the extent to which Viet Nam's legal, policy and institutional frameworks integrate gender considerations in anti-corruption efforts within the health sector.
4. Developing practical, evidence-based recommendations to support gender-responsive implementation of the National Anti-Corruption Strategy.

## Scope

The study focused primarily on corruption in medical examination and treatment services in

public facilities, with a specific lens on maternity and reproductive health services, where women's rights and wellbeing are directly at stake. It also explored corruption risks in the procurement of medicines and medical equipment, human resource management (recruitment, appointment and promotion), and sexual corruption. These areas were selected for their high exposure to bribery, favouritism and lack of transparency, all of which have gendered consequences.

## Approach and data sources

The report combines a desk review of existing literature, laws and data with in-depth interviews and case studies from the media.

- **Desk review:** Analysis of Viet Nam's policy and legal documents, especially the Law on Anti-Corruption, the National Anti-Corruption Strategy for 2021–2030, government statistics, reports and previous studies, to establish a contextual foundation.
- **Interviews:** During 2025, thirty-six in-depth interviews were conducted with patients using maternity services, as well as healthcare providers, administrators, experts in gender, law and public health, and representatives of social organisations. A purposive sampling approach ensured the inclusion of women, men and vulnerable groups, including persons from mountainous areas and persons with disabilities.
- **Case studies:** Selected from the media to illustrate how corruption manifests in specific contexts and affects men and women differently.

Data were analysed from gender-sensitive perspectives,\* exploring how power, gender norms and institutional incentives shape experiences and perceptions of corruption in Viet Nam's health sector.

The data collection adhered to ethical standards, including informed verbal consent, confidentiality and voluntary participation. Sensitive data were anonymised, and interviews were conducted in formats that ensured participants' safety and comfort, including remote methods where necessary. Interview references are anonymised; internal respondent codes are not reproduced in the report.

## Limitations

The report is qualitative and therefore not statistically representative. Instead, findings reflect the experiences and perceptions of selected participants and should be interpreted as illustrative rather than generalisable. Given the sensitivity of the topic, some respondents were reluctant to discuss corruption openly. Focus group discussions were not feasible due to administrative restrictions, and online interviews were used to mitigate these challenges. Case studies were drawn from publicly available media and institutional sources, which may reflect reporting biases and uneven coverage across regions and types of corruption. While the study's scope is limited by time and resources, triangulation with secondary data strengthens the validity of the findings.

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## Keywords

human resource management – datasets – disability – gender – health sector – procurement – public sector reform – sexual corruption – whistleblower protection – Viet Nam – Southeast Asia

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Swiss Agency for Development and Cooperation – SDC

UK Aid – Foreign, Commonwealth & Development Office

Corruption erodes sustainable and inclusive development. It is both a political and technical challenge. The U4 Anti-Corruption Resource Centre (U4) works to understand and counter corruption worldwide.

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