

Letter

Under-the-Table Payments in Iran's Health System: The Need for Structural Reforms and Public Trust Restoration

Mohammadreza Mobinizadeh¹, Farhad Habibi^{2*} ¹National Institute of Health Research/Health Equity Research Center (HERC), Tehran University of Medical Sciences, Tehran, Iran²Department of Health Management, Policy & Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran*Corresponding author: Farhad Habibi, Email: fhabibi@tums.ac.ir

Received: April 5, 2026, Revised: April 25, 2026, Accepted: May 2026, ePublished: June 30, 2026

Informal payments, bribes, under-the-table payments, black payments, unofficial fees, and gratuity payments are all terms that are used to describe the unconventional payments made to healthcare providers, such as physicians, nurses, and other staff members, including receptionists, ward clerks, and even ward guards (1). In the public health sector of Iran, patients may occasionally make additional payments to receive specialized services, such as certain surgeries, from well-known and skilled doctors. In some instances, nurses may occasionally receive such payments, which could be perceived as a way to provide a broader range of higher-quality services, though this is not a common or routine practice. Further, patients' relatives may occasionally give these payments with the hope of receiving more attention and kindness for themselves or their loved ones (2, 3). While these payments are frequently made out of gratitude, it is possible that without them, access to a certain level of high-quality care, kindness, or good communication with the provider might be less assured in some cases.

Informal payments are often used to expedite care, gain access to high-demand specialists, or ensure better quality services. While these payments are not part of the official health financing system, due to economic pressures, inadequate official fees, and lack of sufficient oversight, they have become widespread in many healthcare systems, including that of Iran. This highlights the significant role of these payments in the accessibility and affordability of healthcare services. Furthermore, a large proportion of these payments are made to secure quicker access to treatment, particularly in public hospitals and outpatient clinics.

In addition, informal payments in Iran's healthcare

system may appear in different forms, some of which are direct, while others are more covert. Cash payments are the most common method, involving patients handing over cash directly to the physician or their assistant, frequently in private settings, such as offices or clinics. Due to economic instability, some physicians demand payments in foreign currencies in order to preserve the value of the payment. For example, a patient may be asked to pay a surgeon a portion of the fee in dollars before a procedure. In some cases, patients provide valuable gifts (e.g., luxury goods, jewelry, or even real estate) to secure timely and quality medical services. Moreover, some patients may make unofficial payments through hospital staff or intermediaries, creating a hidden network of financial exchanges that bypass official systems.

The prevalence of informal payments in healthcare can be traced back to several systemic issues that create an environment conducive to such practices. One significant factor is the inadequacy of official tariffs for medical services. These tariffs do not often align with the actual costs and expertise required for providing quality care. As a result, both patients and healthcare providers may feel compelled to engage in unofficial transactions to bridge the gap between what is officially recognized and what is necessary for adequate care. Another underlying cause is that economic instability and inflation have profound impacts on healthcare systems and can increase informal payments by healthcare providers. This relationship can be examined from several angles. Firstly, the cost of living for doctors and other healthcare professionals rises during periods of economic instability. Inflation can directly affect their purchasing power, compelling them to seek additional sources of income. Accordingly, some healthcare providers may resort to accepting



informal payments in order to meet their daily expenses and maintain their standard of living. Secondly, during inflationary periods, delays in insurance reimbursements and a decrease in real income can place additional pressure on physicians. Likewise, these delays may lead them to seek informal ways to secure their finances, one of which is accepting informal payments. This not only benefits the providers but can also create a detrimental culture within the healthcare system, where providers feel they have no choice but to accept informal payments to sustain themselves. Thirdly, economic instability and inflation can erode public trust in the healthcare system. Feelings of inequality and distrust in the system are exacerbated in patients when they realize that they need to pay informal fees to receive better services. This situation can increase pressure on healthcare providers to engage in these informal practices. Ultimately, this vicious cycle can result in worsening health issues within the community. As informal payments increase, the quality of services declines, and access to healthcare becomes more difficult for vulnerable groups.

Furthermore, limited oversight within the healthcare system may contribute to the persistence of these practices. Monitoring systems might not address the issue as comprehensively as possible when they are not fully effective, and informal payments may continue in some cases. With minimal fear of legal or professional repercussions, both providers and patients may feel emboldened to engage in these transactions, further entrenching the problem within the healthcare landscape.

The consequences of informal payments in healthcare are multifaceted and deeply concerning. Firstly, there is a substantial inequity in access to healthcare services, as patients who cannot afford these payments are often denied high-quality care. This situation exacerbates the existing health disparities, leaving vulnerable populations without the necessary medical attention they require. Moreover, the prevalence of informal payments fosters public distrust in healthcare providers and the overall health system. Patients begin to perceive the system as corrupt and inequitable, undermining the relationship between healthcare professionals and the communities they serve. This erosion of trust can lead to decreased patient engagement and reluctance to seek care when necessary. Additionally, informal payments contribute to resource mismanagement within the healthcare system. By circumventing official financial channels, these payments create inefficiencies and a lack of transparency in resource allocation. This not only hampers the effective distribution of healthcare resources but also perpetuates a cycle of corruption and inefficiency that ultimately harms patient care.

It is noteworthy that addressing the issue of informal payments in healthcare necessitates a multifaceted approach that targets the root causes of the problem. One key solution is the revision of tariffs to align them

more closely with the actual costs and expertise required in medical services. The reliance on informal payments can be sharply diminished by ensuring that official tariffs reflect the true value of care. Similarly, implementing mandatory financial transparency is crucial. Opportunities for informal exchanges can be reduced by requiring all transactions to be conducted through traceable electronic systems, thereby promoting accountability and integrity within the healthcare system.

Strengthening regulatory oversight through strict legal enforcement is another vital measure. Imposing stringent penalties for violators can serve as a deterrent to the practice of informal payments, creating a more equitable environment for both patients and providers. In addition, public education plays a critical role in combating this issue. More precisely, informing patients about their rights and establishing accessible platforms for reporting violations can empower them to challenge unethical practices, thereby fostering a culture of accountability within the healthcare system. Moreover, providing regular cultural and ethical training for healthcare professionals can help instill a sense of integrity and professionalism. In addition, such training is essential for cultivating a healthcare environment that prioritizes ethical behavior and discourages informal payments. The alarming trend of requesting payments in foreign currencies or through intermediaries highlights the systemic nature of this issue, indicating the urgent need for collaborative efforts among policymakers, healthcare providers, and the public. Restoring equity and trust in the healthcare system is paramount.

Ultimately, for these solutions to be effective, there must be a significant increase in the income of healthcare providers. In other words, ensuring that providers are fairly compensated for their services is essential to maintaining the quality of care. By addressing the financial pressures that lead to informal payments, it is possible to reduce the risk of compromised care, ultimately lowering mortality rates while improving health outcomes for all. Therefore, to address this problem, it is vital to implement effective economic measures to reduce instability and inflation while also strengthening oversight and financial systems within the healthcare sector in order to prevent such behaviors from occurring.

Thank you for considering this important issue.

Authors' Contribution

Resources: Farhad Habibi

Writing—original draft: Farhad Habibi

Writing—review & editing: Mohammadreza Mobinizadeh

Competing Interests

The authors declare there is no conflict of interests.

Ethical Approval

Not applicable.

Funding

The authors recieved no funding for this paper.

References

1. Arab M, Khosravi B, Safari H, Rahmani H, Rajabi Vasokolaei G, Mobinizadeh M, et al. Reasons for informal payments from the perspective of health care providers and recipients: a qualitative study in Iran. *Glob Health Res Policy* 2022;7(1):30. doi:[10.1186/s41256-022-00263-1](https://doi.org/10.1186/s41256-022-00263-1)
2. Parsa M, Aramesh K, Nedjat S, Kandi MJ, Larijani B. Informal payments for health care in Iran: results of a qualitative study. *Iran J Public Health* 2015;44(1):79-88.
3. Doshmangir L, Sajadi HS, Ghiasipour M, Aboutorabi A, Sergeevich Gordeev V. Informal payments for inpatient health care in post-health transformation plan period: evidence from Iran. *BMC Public Health* 2020;20(1):539. doi:[10.1186/s12889-020-8432-3](https://doi.org/10.1186/s12889-020-8432-3)