



## The Right to a Healthy Environment and Corruption

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### Abstract

This study examines corruption in the healthcare sector, focusing on its causes and possible legal solutions. Corruption is analyzed both as a legal issue abuse of official power for private gain and as a socio-cultural phenomenon shaped by informal gift-giving practices. Key challenges include the acceptance of gifts by medical staff, societal expectations of material gratitude, low salaries, weak accountability, and the influence of informal payments on service quality. Using a comparative approach, the study analyzes the healthcare systems of Germany, Estonia, and Moldova. These countries demonstrate effective mechanisms such as transparent financial systems, strong public financing, and mixed funding models that help reduce corruption risks. The findings show that healthcare corruption is driven by economic, legal, and cultural factors. The study proposes reforms including improving salaries, strengthening accountability, and promoting public awareness and ethical standards. Ensuring a corruption-free healthcare system is essential for protecting the right to health and maintaining public trust.

**Keywords:** Healthcare corruption, Gift-giving practices, Legal regulation, Health system financing, Comparative study, Public trust, Accountability mechanisms

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### Introduction

Corruption in the healthcare sector has become a significant global concern, as it directly undermines the protection of the fundamental right to health and weakens public trust in state institutions. Healthcare systems are particularly vulnerable to corruption due to the asymmetry of information between patients and providers, the urgency of medical services, and the discretionary power held by healthcare professionals. In many countries, including Mongolia, corruption manifests not only in formal illegal transactions but also through informal practices such as gift-giving, which are often socially accepted but legally questionable.

From a legal perspective, corruption is defined as the abuse of official authority for private gain. In the context of healthcare, this includes the acceptance of gifts or informal payments by medical staff in exchange for preferential treatment or improved service quality. While such practices may be culturally perceived as expressions of gratitude, they create inequality in access to healthcare services and compromise the principles of fairness and justice.

The current situation in Mongolia demonstrates several pressing challenges, including low salaries of healthcare workers, weak accountability mechanisms, bureaucratic inefficiencies, and a social mindset that normalizes material expressions of appreciation. These factors collectively contribute to the persistence of corruption within the healthcare system and highlight the need for comprehensive legal and institutional reforms.

This study adopts a comparative legal approach to analyze how selected countries Germany, Estonia, and Moldova address corruption in their healthcare sectors. These countries provide diverse models of healthcare financing and governance, offering valuable insights into effective anti-corruption mechanisms such as transparency in financial management, strong insurance-based systems, and mixed public-private funding structures.

The purpose of this research is to identify the root causes of corruption in the healthcare sector and to propose legal and policy solutions aimed at improving accountability, enhancing transparency, and strengthening ethical standards. By doing so, the study

seeks to contribute to the development of a more equitable and corruption-free healthcare system, thereby ensuring the effective protection of the right to health.

### **The Current State of Corruption in the Healthcare Sector The Current State and Pressing Issues of Corruption in the Healthcare Sector**

In legal terms, corruption is defined as “any legal violation manifested through acts or omissions whereby a person specified in Article 4.1 of this Law abuses their official power for personal gain, grants undue advantage to others, or obtains such unlawful advantage from individuals or legal entities.” By contrast, from a linguistic perspective in the Mongolian language, the term “corruption” refers to “greed for material gain, the acquisition of benefits through unfair means, and bribery.”<sup>[1]</sup> It is understood in this sense. In legal terms, a “gift” is defined as “any financial benefit, including the provision of property free of charge to a public official, the rendering of services, the transfer of rights, the release from obligations, or the waiver of rights for the benefit of a person related to a public official, as well as other similar forms of financial advantage.”<sup>[2]</sup>

From a linguistic perspective in the Mongolian language, the term “gift”<sup>[3]</sup> is defined as “something given to express gratitude.” Traditionally, Mongolians have long practiced the giving of gifts in order to accomplish various matters, and expressions such as “If you know how to receive, know how to give; if you know how to give, know how to receive” suggest that a gift often carries an expectation of reciprocity.<sup>[4]</sup>

According to D. Zumberellkham, “corruption encompasses acts and omissions whereby a person vested with authority abuses such power for personal material or non-material gain after receiving a bribe, including the acceptance of unlawful remuneration in exchange for the performance of official duties, as well as the act of offering bribes or illegal benefits by individuals and legal entities.”<sup>[5]</sup>

In this regard, it can be observed that when a medical doctor receives unlawful remuneration in return for performing official duties, such conduct constitutes corruption (including what may be framed as a ‘gift’).

### **Accordingly, the following pressing issues can be identified**

1. The prevailing mindset among doctors and healthcare personnel that accepting gifts is permissible.
2. The perception among patients that they are expected to express gratitude by giving gifts to doctors and healthcare staff.
3. Low salaries and inadequate remuneration of healthcare personnel, which serve as underlying causes for accepting gifts or engaging in corruption.
4. The influence of bribes and gifts provided by patients on the quality of services, thereby creating a perceived necessity for patients to offer such benefits.
5. A societal mindset that gratitude must be expressed in material form, which exerts a broader influence and reinforces such practices.

6. Failure to adhere to ethical standards, including bureaucratic attitudes and misconduct.
7. Weak accountability mechanisms, particularly the lack of effective liability for acts of corruption.
8. The absence of professional liability insurance for medical doctors.

### **A Comparative Analysis of Solutions to Corruption in the Healthcare Sector: Selected Foreign Countries**

#### **Federal Republic of Germany**

The Federal Republic of Germany is recognized as one of the leading countries in the world in terms of the development, structure, and quality of its healthcare system. The country has a population of approximately 82 million, of which around 4.8 million people are employed in the healthcare sector. Total healthcare expenditure amounts to approximately €287 billion, with annual per capita healthcare spending reaching about €3,500, representing 11.6%<sup>[6]</sup> of the country’s Gross Domestic Product (GDP).

Germany’s healthcare system is characterized by a long-standing and well-established legal and institutional tradition. The Health Insurance Act was first enacted in 1883 and has continued to operate to this day while largely preserving its original essence and structure. Furthermore, provisions relating to health insurance are also incorporated into civil legislation.

#### **The healthcare system of germany**

- It is based on the principle of solidarity
- It is governed through a system of self-administration
- It operates on a prepayment-based service model
- It aims to ensure universal coverage
- Although the Ministry of Health plays a central role in the healthcare sector, the federal states (Länder) are responsible for hospital planning and bear the primary responsibility for financing
- Approximately 90% of the population is covered by mandatory health insurance, while the remaining portion is insured through private health insurance
- The system prioritizes outpatient care over inpatient treatment. The activities of the healthcare sector are overseen by the Ministry of Health

#### **Financing of the healthcare sector:**

The Federal Republic of Germany ranks fourth in the world in terms of healthcare expenditure. Although the United States ranks first according to this indicator, Germany is considered more effective in terms of coverage and accessibility for all individuals.

#### **Structure of healthcare expenditure**

- Hospitals: 38.8%
- Medical and treatment supplies: 18.4%
- Physicians: 12.5%

Furthermore, in addressing corruption among doctors and healthcare personnel, Germany has introduced mechanisms

<sup>1</sup> Tsevel, Ya. (1966). *Concise Explanatory Dictionary of the Mongolian Language*. Ulaanbaatar, p. 16.

<sup>2</sup> Tsevel, Ya. (1966). *Concise Explanatory Dictionary of the Mongolian Language*. Ulaanbaatar, p. 16.

<sup>3</sup> Tsevel, Ya. (1966). *Concise Explanatory Dictionary of the Mongolian Language*. Ulaanbaatar, p. 16.

<sup>4</sup> Tsevel, Ya. (1966). *Concise Explanatory Dictionary of the Mongolian Language*. Ulaanbaatar, p. 16.

<sup>5</sup> Tsevel, Ya. (1966). *Concise Explanatory Dictionary of the Mongolian Language*. Ulaanbaatar, p. 16.

<sup>6</sup> Tsevel, Ya. (1966). *Concise Explanatory Dictionary of the Mongolian Language*. Ulaanbaatar, p. 16.

such as hospital donation boxes, through which patients who receive services may express their gratitude in monetary form. The funds collected in these donation boxes are transparent and publicly disclosed, and financial reports are issued on a monthly basis. Of the total amount collected, 20% is allocated to increase the salaries and benefits of doctors and healthcare personnel, while the remaining 80% is used to improve hospital operations, including the procurement of medical equipment.<sup>[7]</sup>

### Republic of Estonia

Over the past 20 years, Estonia has implemented comprehensive reforms in its healthcare sector, and its experience has been actively studied by former Soviet countries. The main achievements of these reforms include expanding the functions of primary healthcare institutions, consolidating hospitals, increasing the specialization and efficiency of inpatient care, expanding outpatient services, and introducing new management mechanisms based on the needs of healthcare personnel.

Furthermore, a key direction of the reform has been the transition from the traditional centralized hospital system to a family medicine model. Most centralized hospitals were transformed into family health centers, and significant investments were made in their development. Some specialized physicians, such as surgeons and cardiologists who previously worked in centralized hospitals, established private practices, while others continued to work as salaried physicians combining inpatient and outpatient services.

Since 1991, a wide range of measures have been implemented, including retraining general hospital physicians, enhancing their professional qualifications, equipping primary care doctors with the competencies of specialized outpatient physicians, expanding preventive care, and promoting the implementation of family medicine principles. General practitioners have evolved into family doctors providing care to both children and adults. The objective of establishing a new institutional framework for primary healthcare services was successfully achieved during the first decade of reform.

### Financing of the healthcare sector

Public financing predominates in Estonia's healthcare sector, and the financing system is based on the principles of health insurance. The Estonian Health Insurance Fund acts as the principal purchaser of healthcare services on behalf of insured persons. The majority of public revenue used to finance healthcare services is derived from a social tax (13%) deducted from wages, as well as social tax contributions paid from the state budget.

In the Republic of Estonia, all medical professionals regardless of whether they operate in the public or private sector enter into contracts with the Estonian Health Insurance Fund and receive financing on the basis of these contracts. Although the reform and financing processes of the healthcare sector in Estonia have encountered various challenges, assessments conducted by international experts analyzing healthcare systems across the 27 European Union countries as well as Switzerland, Norway, Croatia, and North

Macedonia have ranked Estonia among the countries with the most effective healthcare systems in Europe. According to these evaluations, Estonia ranked 10th, scoring 669 out of 1000 points across six categories and 34 indicators. Furthermore, the issue of corruption can be effectively mitigated through public financing mechanisms within the healthcare sector.<sup>[8]</sup>

### Republic of Moldova on the financing of the healthcare sector

The financial sources of public healthcare institutions are legally defined to include funds from mandatory health insurance (based on contracts concluded with the National Health Insurance Company and its territorial branches for the financing of healthcare services), budgetary allocations distributed in the form of payments for healthcare services, donations and grants from sponsors, as well as other sources not prohibited by law. The activities of state-owned healthcare institutions financed through health insurance operate on a non-profit, self-financing basis. The financing of private healthcare institutions consists of paid services and other financial sources not prohibited by law.

The central health authority at the local level is vested with the authority to consolidate funds allocated in the state budget for healthcare in a given year and to distribute them to subordinate institutions, including for the implementation of sector-specific targeted projects. Healthcare service provision is carried out on the basis of contracts concluded with the National Health Insurance Company.

The methodology for determining tariffs for medical and sanitary services provided by both public and private healthcare institutions, the unified tariffs for paid services of state-owned medical and sanitary institutions, and the unified tariffs for services reimbursed from the mandatory health insurance fund for both public and private healthcare institutions are developed by the Ministry of Health and approved by the Government.

### Conclusion

Without health, there can be no Mongolian people; and without the Mongolian people, material wealth is of no value. Therefore, the State must prioritize and strive to protect and promote the well-being of its most valuable asset the healthy Mongolian citizen. In this regard, it is imperative to undertake comprehensive reforms and improvements at all levels of Mongolia's healthcare sector. Healthcare services constitute one of the fundamental social services. However, in recent years, corruption has emerged as a pressing issue within the healthcare sector, which is entrusted with safeguarding human health. Accordingly, the researcher has identified the following key challenges:

1. The prevailing mindset among doctors and healthcare personnel that accepting gifts is permissible.
2. The perception among patients that they are expected to express gratitude by giving gifts to doctors and healthcare staff.
3. Low salaries and inadequate remuneration of healthcare personnel, which contribute to the acceptance of gifts and engagement in corrupt practices.

<sup>7</sup> Tsevel, Ya. (1966). *Concise Explanatory Dictionary of the Mongolian Language*. Ulaanbaatar, p. 16.

<sup>8</sup> Tsevel, Ya. (1966). *Concise Explanatory Dictionary of the Mongolian Language*. Ulaanbaatar, p. 16.

4. The influence of bribes and gifts provided by patients on the quality of services, thereby creating a perceived necessity for patients to offer such benefits.
5. A societal mindset that gratitude must be expressed in material form, which reinforces and perpetuates these practices.

A study was conducted on the financing of the healthcare sector in selected foreign countries. Based on this analysis, the following conclusions can be drawn:

- Legal frameworks regulate the involvement of private financial resources in healthcare financing, including direct out-of-pocket payments by citizens, contributions to mandatory health insurance funds, and voluntary health insurance, as well as the participation of private healthcare providers both individuals and organizations in the implementation of state programs.
- In highly developed countries, regardless of the structure of the healthcare system (whether state-funded or based on social insurance), the healthcare sector is not viewed as consisting of a strictly separate private system. For instance, in European Union countries, a public private mix in healthcare service provision and financing predominates.
- In practice, healthcare systems are rarely financed from a single source. Instead, healthcare revenues and financing are derived from both public and private sources, with their proportions varying depending on the specific characteristics of each country.

**Therefore, the researcher proposes the following recommendations**

**Measures to be implemented within the legal framework:**

1. Increasing the salaries of doctors and healthcare personnel and linking them to an incentive-based system. According to the study, 85.9% of respondents believe that low income levels of doctors and healthcare workers contribute to their exposure to corruption. Furthermore, 51% of healthcare professionals fully agreed, and 33.3% partially agreed, that increasing salaries would reduce corruption-related issues. Respondents suggested that salaries should be increased to at least 800,000–900,000 MNT. In addition, many experts emphasized the importance of introducing incentive mechanisms. Therefore, increasing the salaries of doctors and healthcare personnel is necessary, as it would contribute to reducing corruption.

It is proposed that the salaries of public sector healthcare workers be increased as follows:

- **Primary-level healthcare personnel:** increase by 100,000–200,000 MNT
- **Secondary-level healthcare personnel:** increase by 300,000–400,000 MNT
- **Tertiary-level healthcare personnel:** increase by 500,000–600,000 MNT

**Measures within the scope of public awareness and education**

1. Improving accessibility and quality of healthcare services. Administrative burdens and bureaucratic obstacles, although not solely attributable to healthcare institutions

or personnel, lead individuals to seek informal payments and alternative means. A significant proportion of the public (64.9%) identified this as a primary cause of corruption in the healthcare sector, while 46.2% reported making informal payments due to excessive procedural burdens. Regional disparities and uneven infrastructure development have emerged as major contributing factors. A large proportion of citizens travel to Ulaanbaatar and major urban centers in search of better services, thereby increasing the burden on these facilities multiple times, reducing accessibility, and fostering informal networks and practices.

2. Expanding anti-corruption awareness and training. Approximately 15.6% of the public and 14.0% of healthcare personnel identified anti-corruption education and awareness campaigns as important measures, ranking them third among priorities. Moreover, the dissemination of accurate and reliable information was considered even more critical. It is also essential to incorporate anti-corruption topics into general and higher education curricula. Cultivating a culture of intolerance toward corruption and instilling ethical values from an early age represent an intangible yet fundamentally important socio-cultural foundation for combating corruption.

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