

Informal patient payments in Central and Eastern European countries

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WHY RESEARCH ON INFORMAL PAYMENTS?

- What are informal payments?
- Why are these payments a problem?
- Why should they be studied?
- To what extent are they studied?
- Lack of recent and comparable data on informal payments

RESEARCH QUESTION

What are the level, scope and consumer's perceptions of informal patient payments in Central and Eastern European countries?

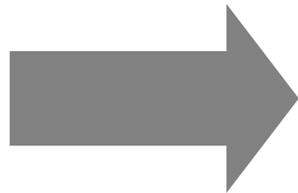


The most appropriate **research designs** when IPP are examined?

- The definition of “informal patient payments” is a challenging task
- Single country results,
- different units of analysis
- Variety of data collection modes, sample units and design

Methods

Systematic literature review:
Published in English
Empirical studies
31 publication is analyzed qualitatively

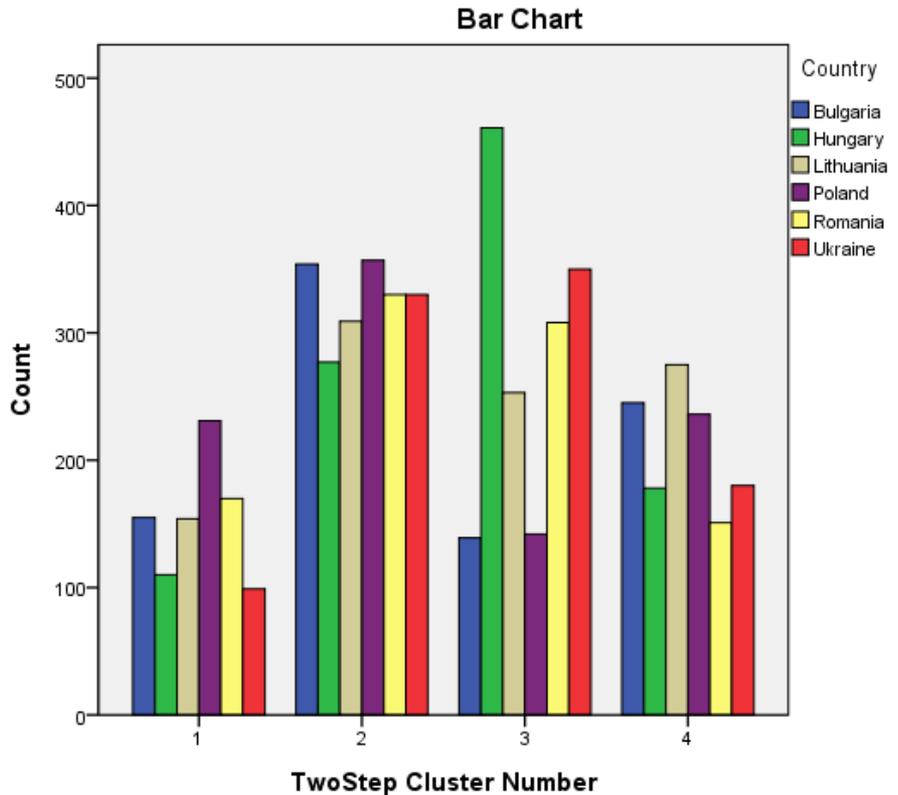


Face-to-face or self-administrated data collection mode; special attention to wording of the questions, recall period etc.

Do public attitude matter?

Cluster 1: Perceive both informal cash payments and in-kind gifts **only** as **corruption**.
Cluster 2: Perceive both informal cash payments and in-kind gifts **mostly as corruption**.
Cluster 3: Perceive informal cash payments as **corruption** and **mixed** towards in-kind gifts.
Cluster 4: Perceive both informal cash payments and in-kind gifts **mostly as gratitude**.

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-gratitude

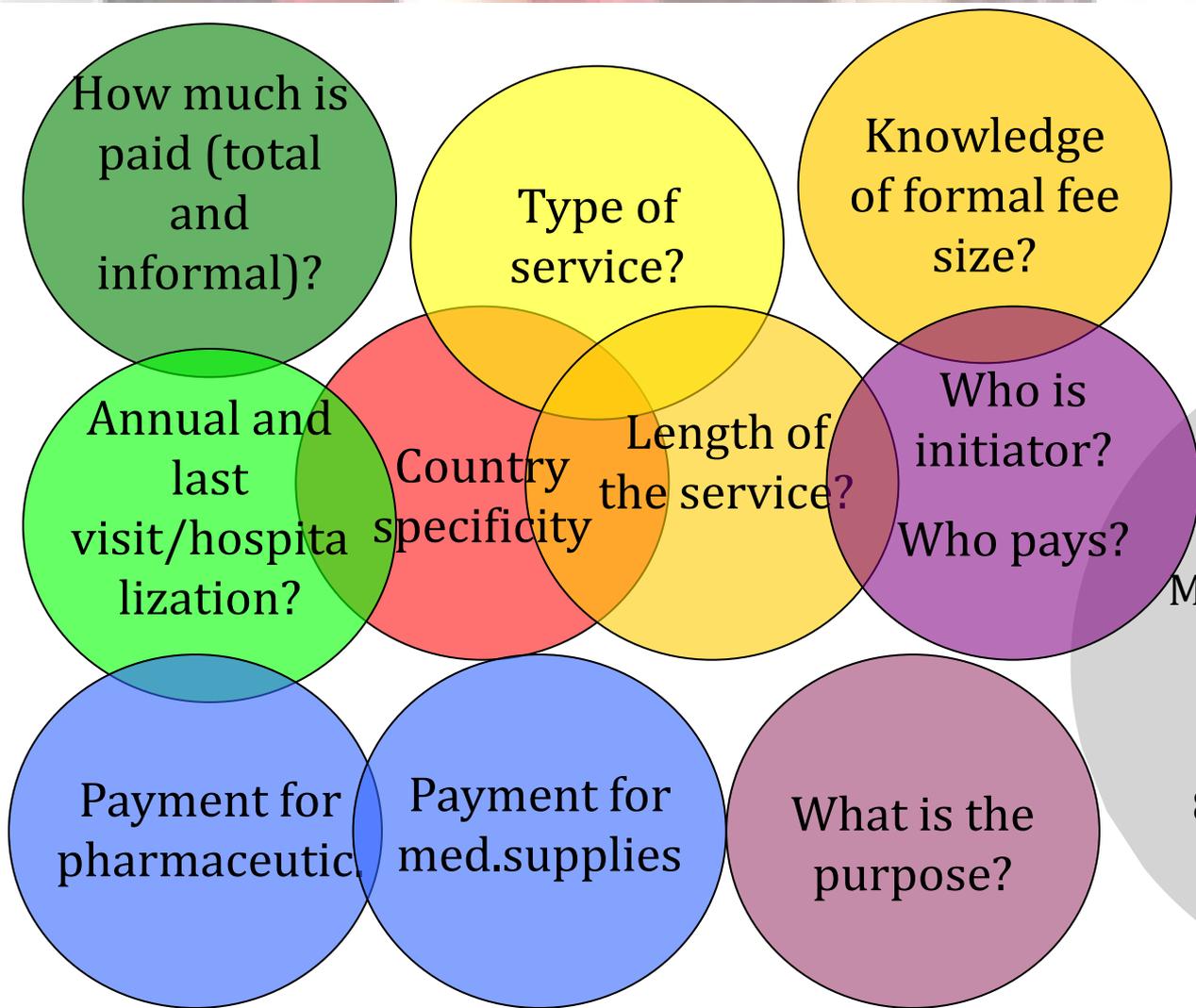
Somewhat

-Corruption

Yes

-gratitude

What are the patterns of IPP in CEE?



Methods

Face-to-face interviews
Multistage probability sample
1st wave:
1000 interviews * 6 countries
2nd wave:
800 interviews * 3 countries

Informal patient payments for childbirth

- Virtually all patients “thank” medical staff
- Individual vs Emergency room patients
- Combination of informal payments with other types of patient payments
- Payments range from \$ 300 to \$ 700

Methods

- Qualitative ethnographic study
- 20 semi-structured interviews with consumers, providers and key informants
- Kiev, Ukraine



Discussion on policy implications

- Multidimensional policy strategies aimed to improve transparency and accountability in public service provision (to eradicate informal payments).

Precede-proceed model:

- Socio-cultural dimension (predisposing),
- Economic-labor (enabling),
- and political-regulatory dimension (reinforcing factors)

influence not only the behavior but also the environment (the health care system) where the behavior takes place



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