

PATIENT PAYMENTS IN CENTRAL AND EASTERN EUROPEAN COUNTRIES
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Patient payments in the Russian Federation

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Abstract:

The Russian health care system still undergoes numerous reforms and the transition to a solely insurance-based system still continues. Nonetheless, the Russian health care sector remains underfinanced. Expenditures are poorly allocated and inefficiently administered. The official two-tier system of financing that combines budget sources and funds from compulsory health insurance system, is supplemented by out-of-pocket payments from patients and their relatives.

There are various forms of formal, quasi-formal and informal payments in the country. Informal payments are still frequent, which is one of the reasons for inequalities across income groups in terms of access to health care services. Future ongoing reforms should ensure that the system of health care provision remains a coherent whole in the interest of both equity and efficiency. There is a need to alter the structure of health care spending while stimulating efficiency and cost-containment, and creating incentives for better allocation of resources.

In this project, the research on patient payments in Russia will make use of the RLMS database (cross-sectional and longitudinal data) of the University of North Carolina. The RLMS is designed to monitor the effects of Russian reforms on the health and economic welfare of households and individuals in the Russian Federation. The dataset provides information on household expenditures and service utilisation. Data have been collected seventeen times since 1992. The possibility to link the RLMS dataset and the datasets generated by the project will be explored.

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