

Public attitudes towards informal patient payments in six CEE countries

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Informal Payments in CEE countries

- 1970s – “Gratuity” appears; “Blat”
- 1990s – socio-political transformation
- New challenges in health care systems lead to new patterns of informal payments
- Main problems: low salaries, low quality of the services, ethics in patient-physician interactions
- Strategies for dealing with informal payments

Research Question

What are the attitudes and perceptions of informal patient payments in CEE countries?

[Need of public acceptance of health care reforms]

Methods. Data Collection Mode

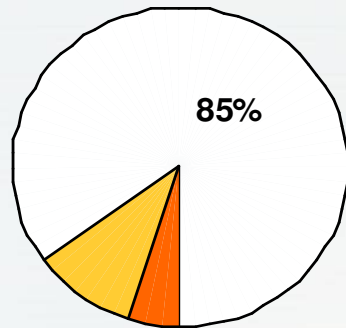
- Face-to-face interviews
- Questions on informal payments were pre-tested in Kiev, Ukraine
- Representative national surveys

	effective interviews	response rate
– Bulgaria	1003	67 %
– Hungary	1037	76 %
– Lithuania	1012	52 %
– Poland	1000	38 %
– Romania	1000	56 %
– Ukraine	1000	42 %

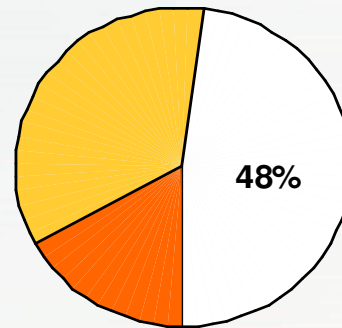
Attitudes towards cash informal payments

Pies show % of actual and potential health care users

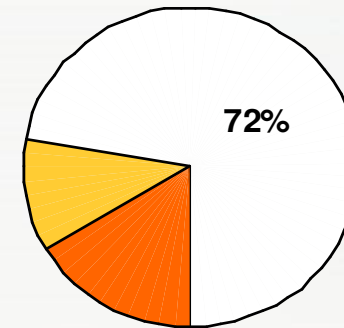
Bulgaria



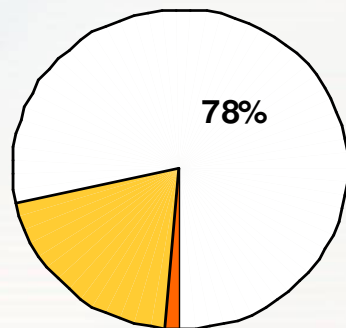
Hungary



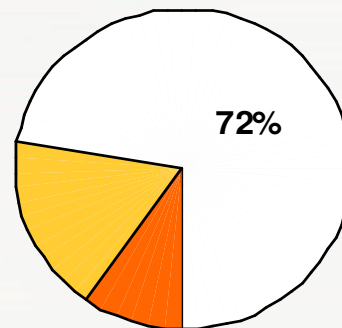
Lithuania



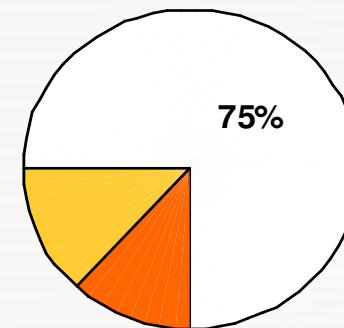
Poland



Romania



Ukraine

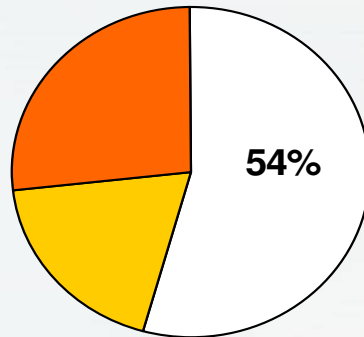


- Negative attitude*
- Indifferent*
- Positive attitude*

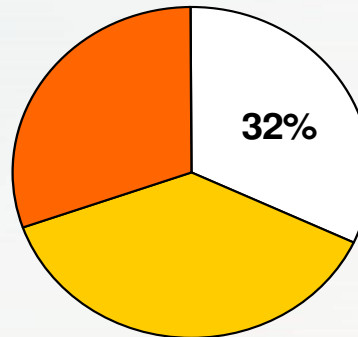
Attitudes towards gifts in-kind

Pies show % of actual and potential health care users

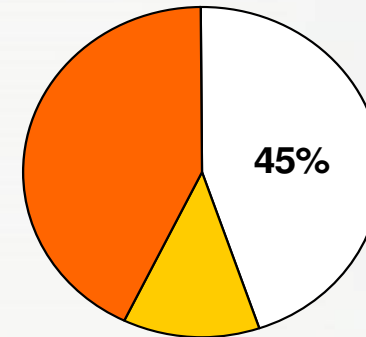
Bulgaria



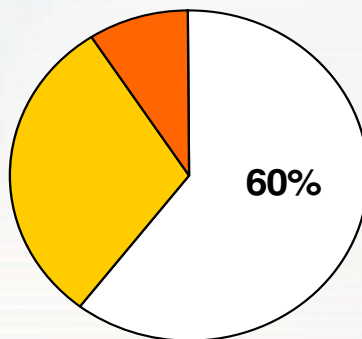
Hungary



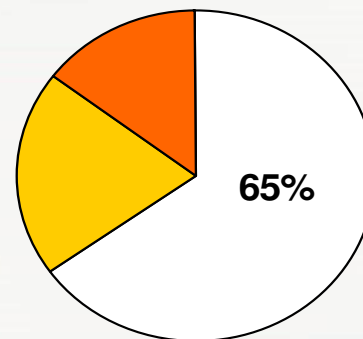
Lithuania



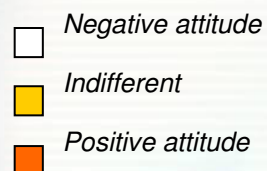
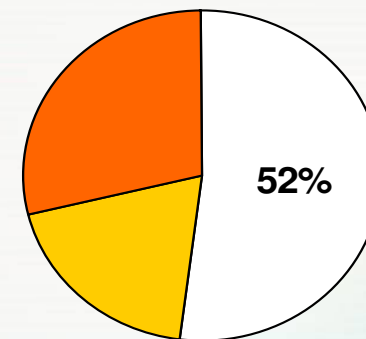
Poland



Romania



Ukraine



Cluster Analysis # 1

- *What is your attitude towards informal cash payments?*
- *What is your attitude towards giving gifts in kind?*

• Negative • Indifferent • Positive

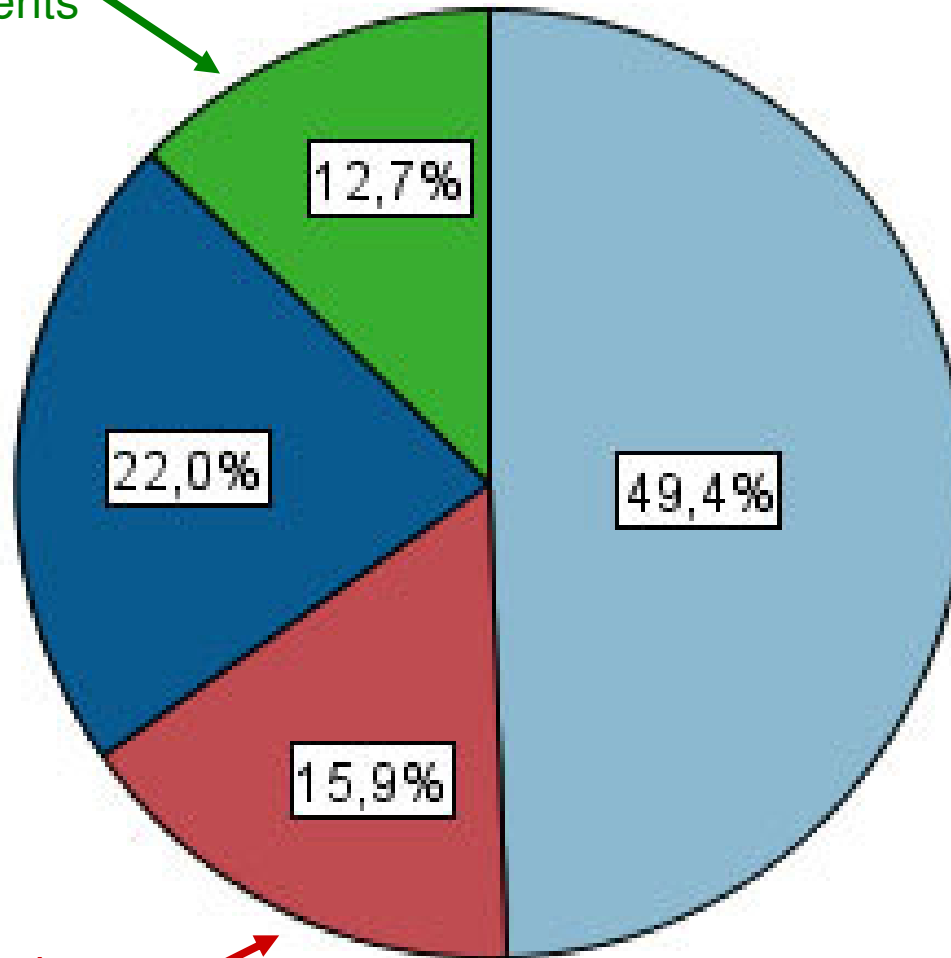


Cluster Sizes

Indifferent towards both cash informal payments and gifts in-kind

Negative towards cash payments but positive or indifferent towards gifts in-kind

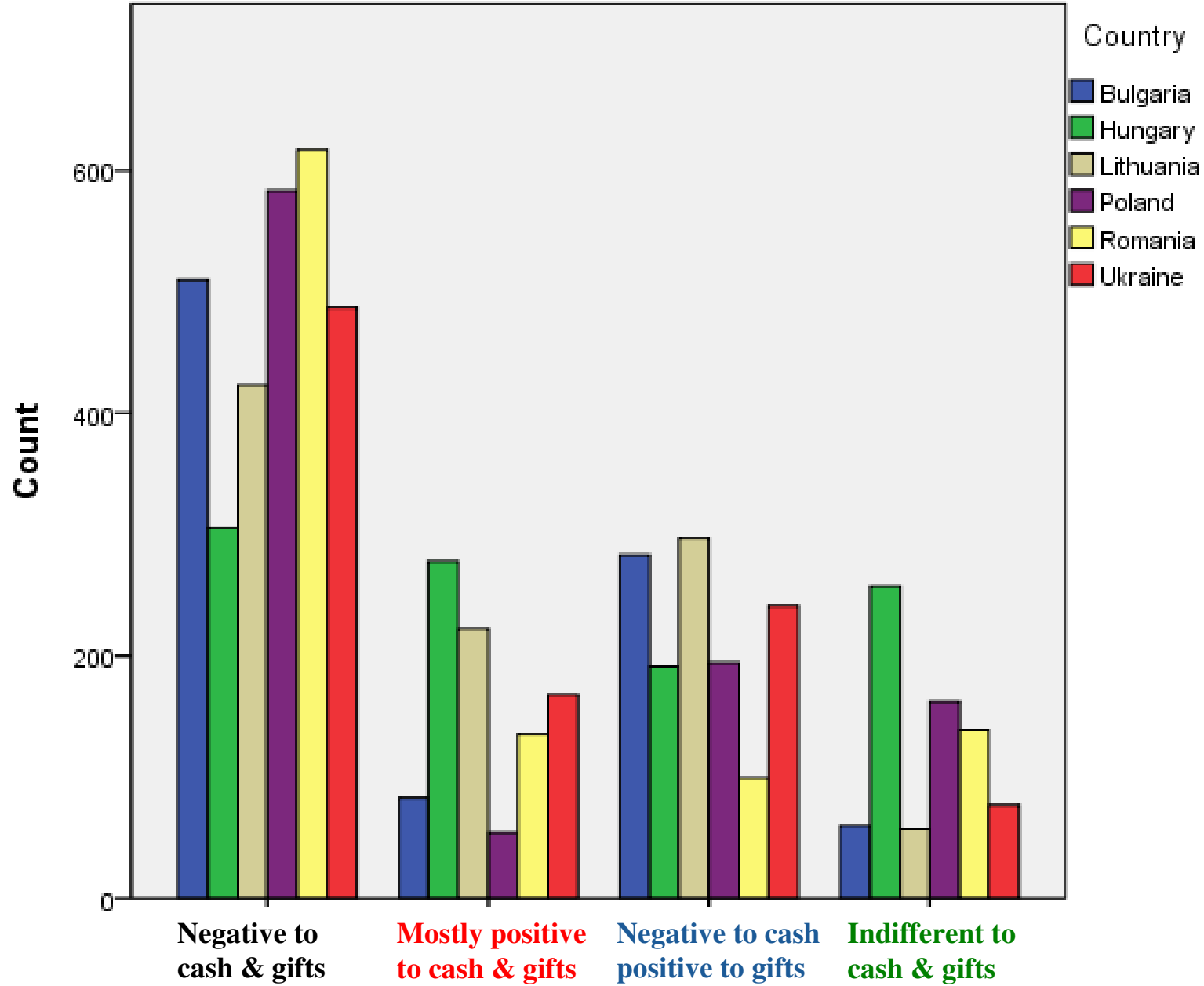
Mostly positive towards both cash informal payments and gifts in-kind



Negative towards both cash informal payments and gifts in-kind

Size of Smallest Cluster	752 (12.7%)
Size of Largest Cluster	2925 (49.4%)

Bar Chart



Cluster Analysis # 2

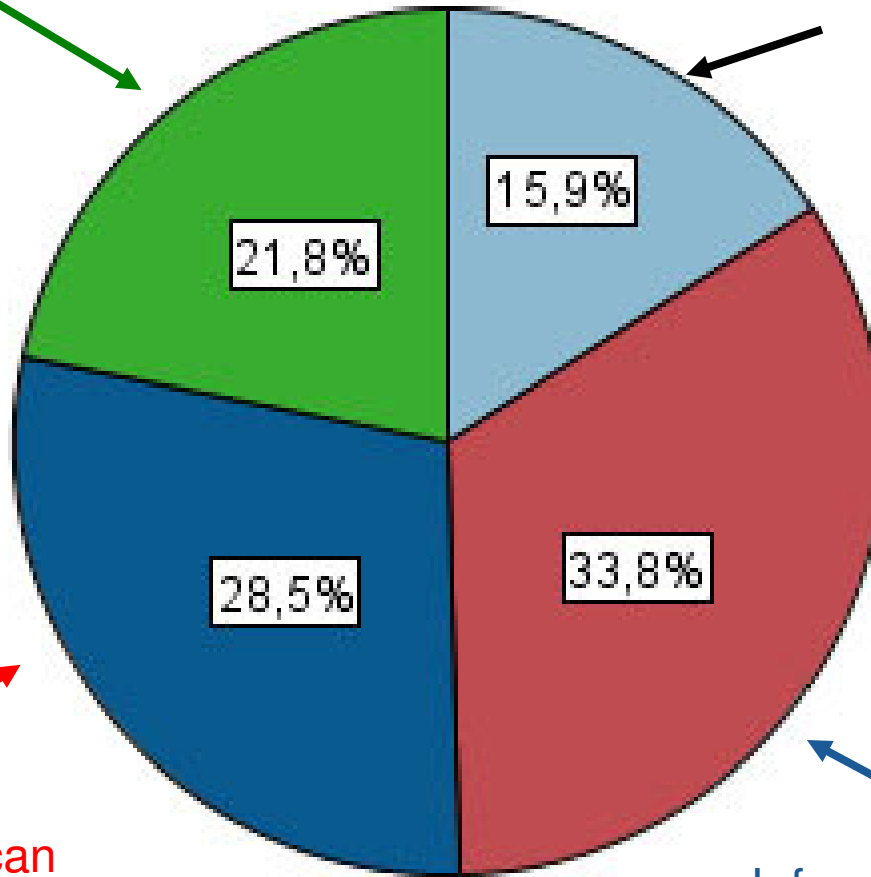
- *Informal CASH payments to physicians and medical staff are similar to corruption.*
- *Gifts IN KIND to physicians and medical staff are similar to corruption.*
- *Informal CASH payments to physicians and medical staff are an expression of gratitude.*
- *Gifts IN KIND to physicians and medical staff are an expression of gratitude.*

• No • Somewhat • Yes

Cluster Sizes

Cash is corruption, gifts are gratitude, mixed answers for the rest

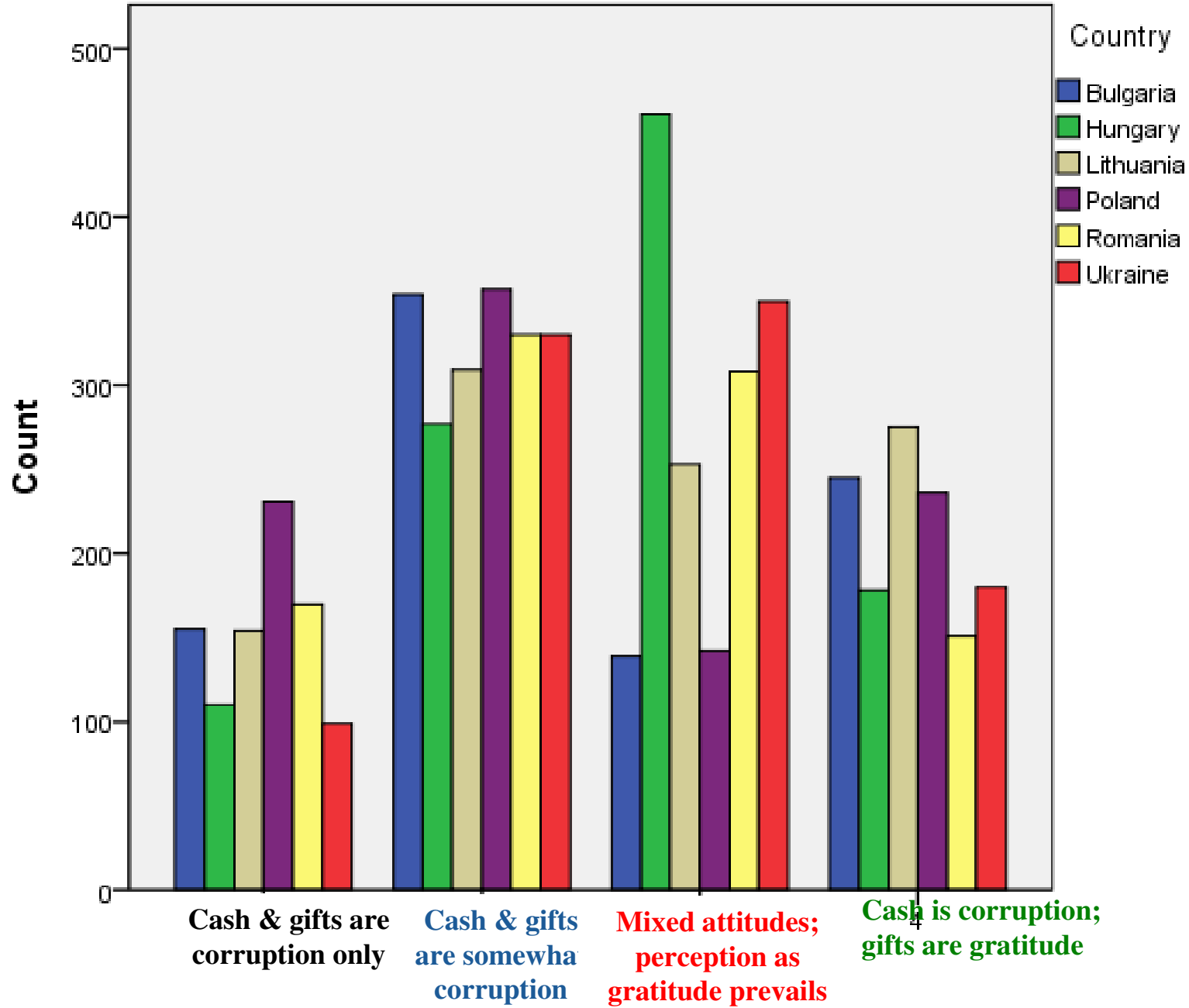
Informal payments are corruption only



Informal payments can be seen as gratitude (mixed answers, positive prevails)

Informal payments can be seen as corruption ('yes' and 'somewhat' answers)

Bar Chart



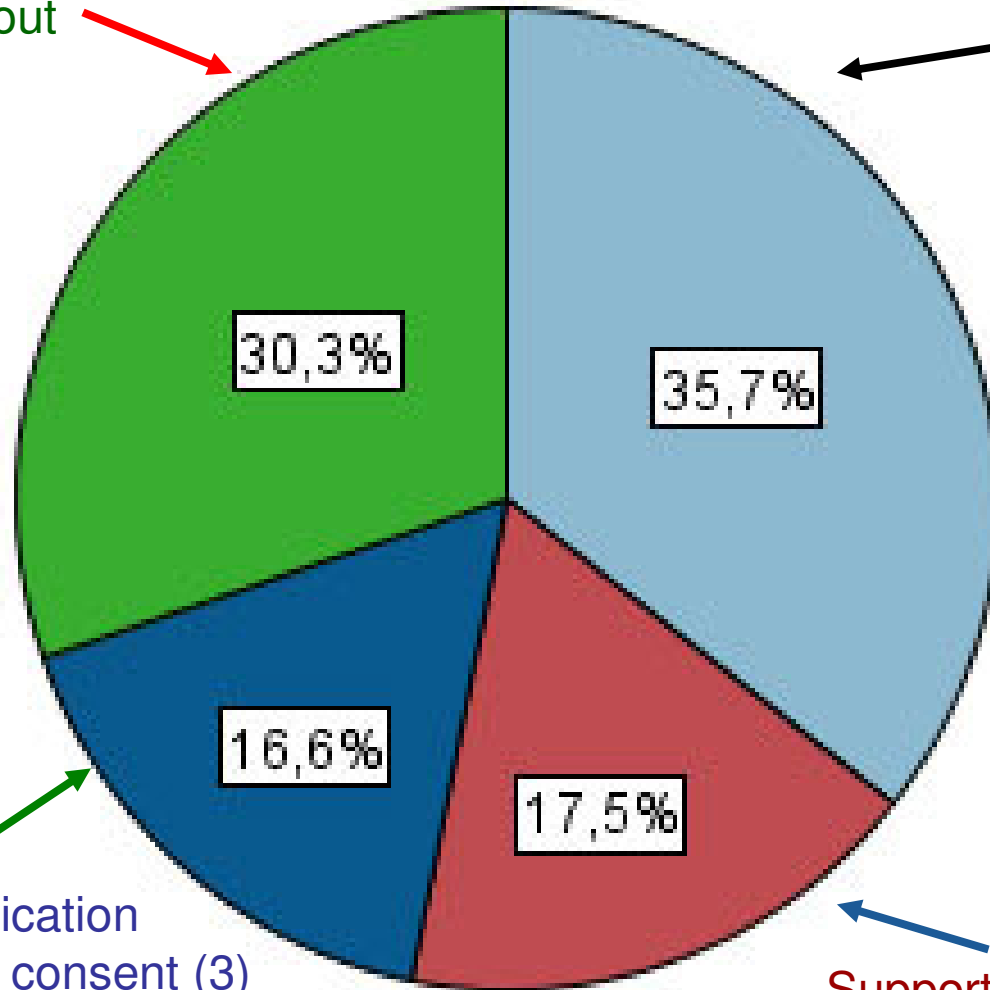
Cluster Analysis # 3

- *Informal cash payments and gifts in kind to physicians and medical staff are INEVITABLE because of the HCS low funding?*
- *Cash or gifts in kind, given informally to physicians and medical staff, should be ERADICATED.*
 - No
 - Somewhat
 - Yes

Cluster Sizes

Disagreement with eradication and spread of opinions about inevitability (4)

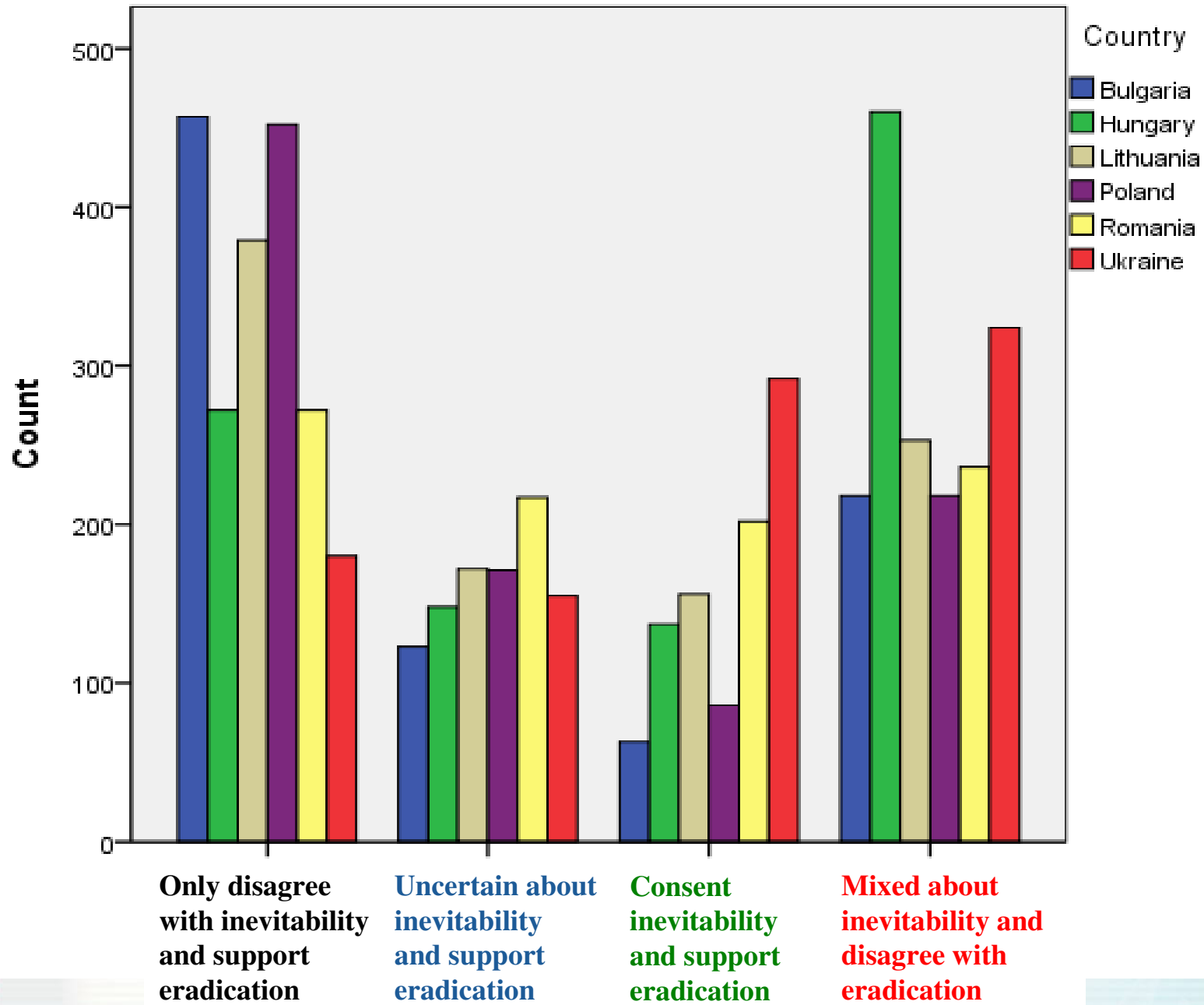
Only disagreement with inevitability and support of eradication (1)



Support of eradication and inevitability consent (3)

Support of eradication and uncertainty about inevitability (2)

Bar Chart



Summary of Results

- Polish mostly oppose informal payments, followed closely by Bulgarians.
- In Romania, there is some polarization in opinions.
- Hungarians accept easily informal payments, perceived them as gratitude.
- Ukrainians are also largely in favor of informal payments
- Lithuanians are somewhat in the middle.

Results: Other Surveys

Belli et al., 2002

- Czech Republic 5,2 %*
- Hungary 11,3%

“75% did not accept IPP. Among those who did accept them, the more frequent reasons were because doctors’ and nurses’ salary were considered too low (5%), and because/if the extra money is used to enhance quality of services (4%)”

- Poland 18,3 %

Similarly to Hungary

- Romania n/a

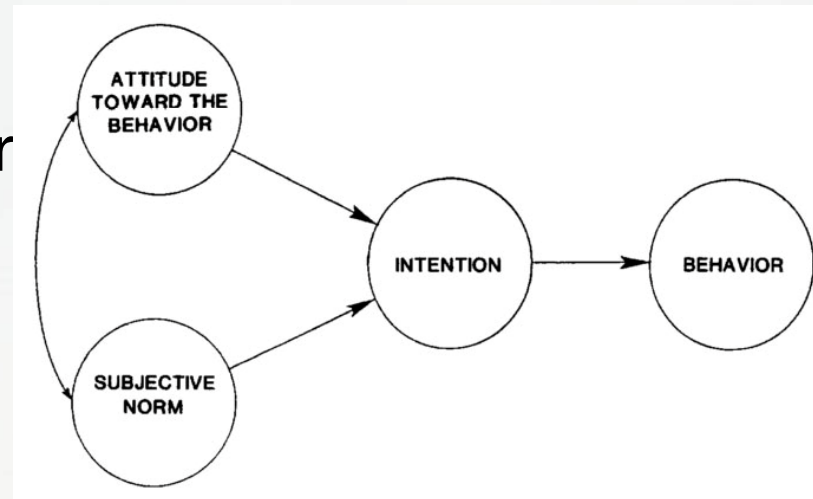
Most households had a negative (35.4%), or decisively negative attitude (25.6%) towards informal payments. Only 1/3 of the households accepted them.

* percent of total contacts with health care services in which informal payments occurred

Discussion Points

- Attitude and behavior

Can these differences explain the different levels of informal patient payments across these countries?



- Indifferent public: will they support new policy?
- Country context (e.g. negative attitude in Poland: what worked? punishment approach? mass-media support?..)

Policy Recommendations

- The far cry between health systems;
STILL
- Role of the Government:
 - Clear strategy of reducing informal payments, sufficient funding, transparency of actions, comprehensive and well-sequenced reform, eliminating the gap between salaries of health care personnel and the industry average of white-collar workers...
- Individual responsibility
- Ethics of patient-physician relation
- How much impact does public opinion have on policy making in a country?
- Are adequate quality of services and resources for the provision of basic services supported?