

Financial reforms and out-of-pocket payments in the Russian healthcare sector

Citation for published version (APA):

Gordeev, V. S. (2014). *Financial reforms and out-of-pocket payments in the Russian healthcare sector*. Maastricht University. <https://doi.org/10.26481/dis.20141030vg>

Document status and date:

Published: 01/01/2014

DOI:

[10.26481/dis.20141030vg](https://doi.org/10.26481/dis.20141030vg)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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**Financial reforms and out-of-pocket payments
in the Russian healthcare sector**

Vladimir Sergeevich Gordeev

Maastricht, 30 October 2014

1. Whether or not Russian patients are better off after two decades of healthcare reforms remains unclear. (Chapter 2 of this dissertation)
2. Replacing in-kind social benefits with in-cash provision by the Russian government did not affect the amounts of out-of-pocket payments paid by healthcare users. (Chapter 3 of this dissertation)
3. The common belief that the incidence and prevalence of informal payments in the Russian healthcare sector are very high is a myth. (Chapter 4 of this dissertation)
4. The right to access public medical care completely free-of-charge remains an illusion. (Chapters 4 and 5 of this dissertation)
5. Over the decade (2001-2011), poverty in Russia has decreased and fewer households have to forgo healthcare due to the lack of financial resources. (Chapter 5 of this dissertation)
6. The idiom “one step at a time” can be helpful for Russian health policy-makers when implementing healthcare reforms.
7. Rules that do not work are often broken out of necessity. The high level of informality in the Russian healthcare sector allows breaking rules when convenient.
8. Anyone who has ever struggled with poverty knows how extremely expensive it is to be poor. (James A. Baldwin)
9. An expert is a person who has found out by his own painful experience all the mistakes that one can make in a very narrow field. (Niels Henrik David Bohr)
10. Social sciences research is like a Matryoshka doll (a Russian nested doll): with each box you open, a similar (but not identical) problem is raised.