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Informal payments for health care:

A threat to human security?

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Abstract

The field of international security has changed significantly during the last decades. New security issues has risen on the agenda, and the concept of human security has diverted the attention of security studies from an exclusively state-centric focus towards a broader comprehension of who should be protected, and from what. The purpose of this thesis is to investigate an aspect of such a novel security issue, namely informal payments for health care as a form of corruption, and to evaluate its consequences from a human security perspective. Furthermore, the particular conditions in Lithuania regarding this subject will be examined, and the findings will be related to the conceptual debate on human security. The main findings of the study is that informal payments can constitute a threat to human security in a variety of ways; primarily by acting as a deterrent towards seeking care and lowering utilization of health services for poor people, and by imposing significant asset losses on patients. It was also found that informal payments is most severe in various specialized parts of the health care sector.

Keywords: corruption, health care, informal payments, human security.
*Words:*19974

Abbreviations

CPI	Corruption Perceptions Index
EOHCS	European Observatory on Health Care Systems
FSU	Former Soviet Union
NGO	Non-Governmental Organisation
TI	Transparency International
TILS	Transparency International Lietuvos Skyrius (Lithuanian Chapter)
UNDP	United Nations Development Programme

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1 Introduction

1.1 Corruption and the new security agenda

The last decades has been characterized by great international shifts and transformations of the global system, which have presented new problems and required new ways of thinking. The end of the Cold War marked an end to the bi-polar world order and changed the face of international politics significantly. Globalization has broken down national barriers in many aspects and facilitated a faster flow of information across the world (Tadjbakhsh & Chenoy: 2007. 1). The foundation of this thesis is grounded in changes that have taken place in the wake of these shifts and transformations, namely the rise of the anti-corruption agenda and the transformation of the concept of international security.

The issue of corruption has gained more and more interest in recent history. This increased attention is partly due to changes in the area of security studies that have taken place over the last decades. After the end of the Cold War there has been a diminished focus on interstate conflicts and a new security agenda has become increasingly present. This constituted a broadening of the security agenda, and was conceived after the traditional approach had come under intense criticism. According to some the new agenda rose up because of a diminishing level of the threat of interstate conflict. Others noted that the new agenda started to take formation in the early 1980s, when the Cold War was still very much active, and claimed that the new agenda started to take a hold in the scientific and policy arena because of actual increases in the threat levels of other types of security issues (Sheehan: 2005. 43f). Regardless of the reason for the change in the conceptualization of security, the consequence of it was that new security issues that had previously been ignored were given a higher priority. Issues that relate to non-military threats to society was recognized and given a stronger emphasis, which allowed for a multitude of new issues to be treated as security concerns (Sheehan: 2005. 56). An early remodelling of the field of security in accordance with the new paradigm was made by Barry Buzan, who conceptualized security into five sectors. These included military, economic, political, societal and environmental security (Sheehan: 2005. 47). The end of the Cold War also generated changes in the field of international relations that generated increased interest in corruption. The rationale of tolerating and supporting corrupt regimes as allies disappeared with the end of the bipolar world order. The post-Cold War agenda of democratisation, accountability and transparency also led to the recognition of corruption as a problem by financial

and development institutions (Transparency International: 2010). The broadening of security and the post-Cold War changes allowed for corruption to be analyzed as a potential security issue, but it was not until the Global War on Terrorism was underway that it started to be viewed as a serious security challenge by policy analysts. It was then recognized as a means for terrorists and organized criminals to suborn states and create havens from which to base operations (Thachuk: 2005. 143). Another shift in the fabric of the global system that has contributed to a perceived need for an increased focus on corruption is the effects of globalization. As concepts such as interconnectedness and interdependence has become part of scientific and political discourse, and the global web of travel, communications, trade and financial transactions has become denser, the need for global measures has been recognized. Several conventions and international agreements on global and regional levels have been formulated and entered into force as a manifestation of this (Transparency International: 2010).

In the context of the same international transformations, the end of the Cold War and the rise of globalization, which preceded the shift towards the new security agenda, another reconceptualization of security evolved which related to the referent of security. The concept of *human security* emerged, and was proposed as a means to adapt to the new conditions of the global system (Tadjbakhsh & Chenoy: 2007. 1). The concept first saw the light of day in the 1994 Human Development Report which is published annually by United Nations Development Programme (UNDP). According to the report, security needed to be re-interpreted to include the concerns of individuals, and not only focus on state interests and issues such as territorial security, national foreign policy interests or the global threat of nuclear war (Paris: 2001. 89). Since the concept was first launched there has been an intense debate concerning what it should include and how it should be used.

1.2 Purpose and direction of the study

The overarching subject of this thesis is the implications of corruption. In my view a large part of the research on the consequences of corruption is focused on subjects such as states and economic systems, which will be shown in an overview of the current research body on corruption further on. I would like to position my study further down the ladder and adopt more of a bottom-up focus. Therefore I will venture into the implications of corruption for individuals. Considering the remarkable shift in security discourse that human security represents, and the fact that my focus towards individuals rather than states is in line with the purpose of the concept, human security will be implemented in the study. For this study I will not investigate specifically the implications of corruption in a broad sense since the phenomenon of corruption manifests itself in a multitude of forms and ways (Andvig et al: 2000. 9). A discussion on corruption as a broad concept will be included in order to situate and contextualize the

problem at hand, and I will instead focus my study specifically on a certain type of corruption, which is informal payments for health care. Since the aim of my study is to investigate the implications of corrupt practices for individuals, I believe it is suitable to focus on a form of corruption that affects people directly in their everyday lives, which many forms of corruption most likely does not, but that I would contend that informal payments for health care does.

In my study I will particularly investigate the conditions in Lithuania. Due to the fact that Lithuania was a part of the former Soviet Union (FSU) it is influenced by the enduring corruption issues that were mentioned earlier. The conditions in Lithuania regarding the issue at hand in this essay has most likely been overlooked in many cases. A large part of the existing body of knowledge is primarily focused on the conditions in Russia and other post-Soviet societies in central and eastern Europe, while the Baltic countries and certain other states are often not considered (Balabanova et al: 2004; Ensor: 2004; Lewis: 2007). Because of this it is in my view a relevant case for further study. As a close neighbour of Scandinavia and as a member of the EU, the conditions in Lithuania is of interest from a European perspective, especially considering the controversial nature of the problem of corruption.

The theoretical framework that will be used to analyse the issue of informal payments will be human security. As I mentioned above, the concept of human security has been characterised by a considerable amount of conceptual unclarity in the form of an intense debate surrounding the nature of the concept. Because of these theoretical uncertainties, an additional purpose of this study is to make a contribution to the debate on human security based on the conclusions that can be drawn from the issue of informal payments

1.3 Research questions

As mentioned before, the aim of this essay is to investigate corruption as it is manifested in informal payments for health care, and the consequences it has for individuals by adopting a human security perspective. The overarching research question for this essay is therefore:

- In what ways can the practice of informal payments in the health care sector affect human security?

In order to accomplish the secondary objectives, to elucidate the particular conditions in Lithuania, and comment on the human security debate, the following sub-questions will be handled:

- How do informal payments affect human security in the case of Lithuania?
- What arguments can be drawn from the phenomenon of informal payments regarding the debate on human security?

2 Methodology

In this section I will explain the methodological framework that will be used to carry out this study. I will begin with situating the general framework, and discussing how the case-related part of the study will be formalized. I will then move on to explain the methodologies that will be used in order to gather and process the empirical data for the study. The framework that will be implemented in this study is derived from a variety of different methodological schools and disciplines, which will be used in complementary fashion to form a suitable methodological basis. These approaches will be built upon to construct a framework that is suitable for the purpose of this study, which will be done in accordance with the practice in qualitative research of utilizing individualistic variants and interpretations of methods (Patel & Davidson: 2003. 118).

2.1 Methodological framework

An important methodological issue is how the relation between the theoretical framework and the empirical data is formulated. In this study an underlying purpose is to make a contribution to the theoretical discussion on the theoretical framework that is being used. In this sense, the study is thus leaning towards a combination of parts of both deduction and abduction as the general principle of how the theory will be related to the empirical findings. Since the empirical findings of this thesis will be examined using a pre-existing theoretical framework, there are clear deductive characteristics of how the theory and the empiricism will be used. Since the study is also meant to make a theoretical contribution it also shares some characteristics with abduction, which constitutes a process where deduction and induction is combined interchangeably, and the results are of a more theory-developing nature (Patel & Davidson: 2003. 23f). It should be noted that the theoretical framework that is being used here is not an entirely classical science theory in the sense that it does not serve the purpose of examining causal factors of the studied phenomenon. Therefore the extent to which deduction in the traditional sense can be used based on it, meaning the formulation of hypotheses concerning the phenomenon, is limited.

As was mentioned earlier, as a part of the study, the particular conditions in Lithuania regarding the issue of informal payments will be examined, which makes it a single-case research method. The use of this kind of methodology has received some critique and scepticism from some instances concerning its potential scientific value. Using a single case methodology have particularly been

claimed to have disadvantages when examining causal factors of the studied phenomenon. Since the focus of this study is not directed towards finding the causes of informal payments, but rather its effects, this disadvantage is of less severity here. According to George and Bennett the use of single case methods has a strong side in that it is well suited for theory-development which is a positive aspect in the case of this study. According to them, the usefulness of a single-case research design is particularly aided by the use of multiple observations which I will acknowledge and adhere to in the conduct of this study as far as possible (George & Bennett: 2005. 32).

2.2 Text analysis

The method that I will use in order to analyze the secondary material in this study is qualitative text analysis, which I would contend is the most suitable for this context. The primary alternative, quantitative content analysis, suffers from a few weaknesses that in my view makes it an unsuitable option. This method relies on quantifiable categorizations of texts, such as words or sentences, and it is often criticized for being too rigid in this process (Krippendorff: 2004 .788). Furthermore it is more suitable for studies using large-N number samples, and the availability of material on the subject of this thesis would likely be a severe problem.

In a short description, the underlying purpose of a qualitative text analysis is to locate the relevant and important content of a text with the goal of finding answers to specific questions. What makes up the relevant content in a specific study or case is largely dependent on what the aim of the study is and the types of questions that are used to "illuminate" the text (Esaiasson et al: 2007. 237). These questions are derived from the concretization of the general research problem, and this specification is a necessity in order to search for the solution of the research problem in the texts. These precise questions represent the analytical tools that will be utilized to be able to come to a conclusion of the overarching research problem using the texts (Esaiasson et al: 2007. 243). In this study the questions that are used are derived from the operationalizations of human security that will be constructed in the theoretical section. For the purpose of the text analysis, I have decided to implement a strategy of presenting predetermined answer categories to the questions that will be used as analytical tools. This presents several demands on the analytical tools, primarily that the possible categories should be mutually exclusive, provide coverage and be implementable. The main purpose of this strategy is to improve the maintenance of academic focus (Esaiasson et al: 2007. 245). How this will be formulated more specifically will be discussed in more detail further on, when the operationalizations of human security, which make up the analytical tools, are presented. From the material that I derive from using the analytical tools on the texts, I will try to locate and extract different standpoints regarding the connection between informal payments and

human security. I will then assess these standpoints, and attempt to locate important patterns, which will guide the further analysis.

2.3 Expert interview method

In this study I will utilize the expert interview method. The foremost purpose of the expert interview method is to allow the researcher to access the knowledge of those who have particularly good insights into the field that is being studied (Flick: 2006. 165).
Since interviews are usually qualitative in nature, they are in most cases characterized by a low level of standardization, which is caused by the qualitative purpose of describing the perceptions of the interviewees through their own words (Patel & Davidson: 2003. 78). Some forms of limited standardization is however helpful in order to guide the interviewer and structure the interview (Patel & Davidson: 2003. 72). In this case I have decided to adopt a strategy of using a semi-standardized interview method. What this implies is the combination of standard questions with specific ad hoc-questions which are not pre-formulated (Flick: 2007. 161). The use of an interview method that is not restricted by using only predetermined structures and questions serves to create an open interview atmosphere, and improves the possibilities to access contextual information which could be missed with a more rigid structure (Flick: 2007. 168). In this study the interview will hopefully serve to assess preliminary findings from the text analysis, and to access standpoints and insights that have previously been missed, which in my view makes the semi-standardized structure the logical choice.

There are several possible methods that can be used to sequentialize the interview questions. The importance of developing a proper sequential order for questions is higher in the case of survey studies, but it does play a role in qualitative research as well. A common approach is to use the so called "funnel-technique" which means to start with general and open questions and gradually turning to specific questions. This method is considered to be motivating and activating since it allows the interviewee to express more openly during the initial stages of the interview (Patel & Davidson: 2003. 74). Since corruption is a sensitive and controversial subject, an open discussion in the initial stages of the interview can be highly advantageous, and the funnel-technique will therefore be implemented in this study. One interview has been conducted for this study. The interviewee was a senior representative for the Lithuanian chapter of Transparency International (TILS). Since Transparency International (TI) is commonly cited as a central organization in corruption and anti-corruption research, (Andvig et al: 2000. 38f) they represent a suitable choice for a comprehensive source on corruption issues. Other potential interviewees that have been contacted have expressed that they were not in a position to participate, and have given the recommendation to turn to TI, which furthers the rationale of choosing them for the interview. The interview was conducted on the 19th of May

and was carried out over Skype. The late date did present some time constraints on the analysis, but several issues had been dealt with through earlier communications when the interviewee provided written information. An interview guide was developed that contained the standard questions which are found in annex 1. In the conduct of the actual interview however, the guide was changed ad hoc, since the earlier communications had made some questions redundant.

2.4 Material

The secondary material that will be used in order to establish the theoretical framework of human security will be varied depending on purpose. In order to give a proper description of the essential framework, I will rely mainly on the reports and documents that constitute the foundation of human security. In order to describe the conceptual debate and access other contextual information academic articles will be used to a higher extent. The secondary material that will be used to investigate the issue of informal payments from the perspective of human security will consist mainly of academic literature that have been collected from medical journals with a social science perspective such as Health Policy and Social Science and Medicine. Other forms of material such as policy documents from for example the Swedish Foreign Ministry, or United Nations Development Programme (UNDP), and news articles from magazines covering the Baltics, will also be used to some extent, primarily to give contextual information on the issue. During the later stages of the study, it has become increasingly evident that a large part of the available information on the subject has been accessed. The reason for this is a gradual recognition that newly accessed sources mainly reference back to sources already accessed.

2.5 Validity

An important issue regarding validity for this study lies in the formulation of the operationalizations of the theoretical framework. Since the interpretation and practical analysis of the theoretical framework will be based on the operationalizations, it is important to formulate them in a way that to a large extent captures the essence or central core of the framework. The operationalizations should also be formulated to be practically implementable from an analytical perspective. Therefore it is important to strike a balance between theoretical width and analytical rigour. The operationalizations that I present will be based on my own analysis of the central concepts of the theoretical framework, and therefore there is naturally some room for alternative

interpretations and potential validity issues. By basing the operationalizations on both a logical interpretation of the theory and pre-existing knowledge of the object of study, namely informal payments, it is my intention to formulate them in a manner that combines theoretical suitability and analytical implementability. The validity of the study will also be supported by the use of two research methods, which I intend to utilize in a complementary fashion. My aim is to effectively test assumptions that I may derive from the text analysis in the implementation of the interview method. That a large part of available material has been accessed also improves the possibility of achieving a high level of validity.

2.6 Delimitations

A delimitation that I will make concerns the scope of the theoretical framework that is used. The theoretical focus of the study will be set on the parts that relates most explicitly to the overall purpose and focal point, which will be described in detail in the theoretical section. I will not implement any form of delimitations regarding the timeframe under study. The reason for this is twofold. First I would contend that the purpose and direction of this study does not demand it, and secondly, the material that is available on the subject informal payments is usually quite recent.

3 Defining corruption and informal payments

In this part the definitional aspects of corruption and informal payments for health care will be discussed in order to give a faceted view of the subject. Using this definitional framework, the issue of informal payments will be subsequently situated in relation to corruption, and the connection between the two will be established.

3.1 Definitions of corruption

The term corruption has its origins in the Latin word "corruptio" which has several meanings including moral decay, rottenness and wicked behaviour. While not amounting to a hands-on usable working definition, this does give an indication of the general discourse around the concept of corruption (International Council on Human Rights Policy & Transparency International: 2009. 15).

The most commonly used definition of corruption, which is employed by the World Bank, TI and others is that corruption is "*the abuse of public power for private benefit (or profit)"* (Andvig et al: 2000. 11). According to Andvig et al, this definition is aligned with the conventional understanding of corruption, which is private wealth-seeking behaviour of someone who represents the state and the public authority. Another classical working definition of corruption, which is more developed, is "*behaviour that deviates from the formal duties of a public role (elective or appointive) because of private-regarding(personal, close family, private clique) wealth or status gains*" (Andvig et al: 2000. 12).

Another important definitional delineation that needs to be pointed out is the difference between political and bureaucratic corruption. Political corruption, which is sometimes called high-level or grand corruption, takes place at the higher echelons of social and political life. It occurs when political decision-makers, who are appointed to formulate and implement the laws, are corrupted. It involves very large bribes and can have consequences for policy formulation and legislation. Bureaucratic corruption, also called administrative or petty corruption, takes place on the other end of the spectrum, in the practical implementation of the laws in administration. According to Andvig et al, this type of corruption is *"what citizens will experience daily, in their encounter with public administration and services like hospitals, schools, licensing authorities, police, customs and so on"* (Andvig et al: 2000. 18f).

3.2 Definition of informal payments

The issue of informal payments in health care have been increasingly acknowledged in a variety of contexts in recent times, which will be discussed in further detail later on. However, how the concept of informal payments have been interpreted and defined has varied substantially between different contexts. One problem is that the shape and form of informal payments varies from simple gifts such as flowers or small tips, to large sums of cash. The myriad of different definitions has produced several problems for the constructiveness of the research on the subject of informal payments. A large part of the research has only been able to ascertain that informal payments exists, and research results on issues such as the scale of the problem has often been contradictory and unsuitable for cross-country comparison (Gaal et al: 2006. 252f). A fundamental issue that is caused by the conceptual confusion is that there has been a lot of unclarity regarding the differentiation between bribes and gifts (Vian: 2008. 84f). Earlier research often emphasized socio-cultural explanatory factors of informal payments, and thus defined it as gratuities, meaning gifts that were given out of a sense of genuine gratitude (Gaal & McKee: 2005. 1446).

The definitional uncertainties have been taken into consideration by Gaal et al, who have formulated a synthesized definition which represents an effort to overcome the definitional problem while capturing the central characteristic of all forms of informal payments. The importance of regulations is emphasized, which is that they determine what services that patients should receive in exchange for what. This concept is called entitlement, and the terms of entitlement decides what services can be used by patients, and what the cost of those services should be. In this sense, informal payments represent direct contributions by patients or their households in addition to what is formally required, meaning what is determined in the terms of entitlement. The term direct contributions refers thus to any kind of payments, whether in cash or in kind, which is made in addition to legally set fees, and which is paid directly by the patients or their households as opposed to third parties such as insurance providers (Gaal et al: 2006. 275).

3.3 Informal payments as corruption

As was mentioned earlier, there are different views on the concept of informal payments. The side that emphasizes a cultural tradition of gift-giving, and describes informal payments as gifts given out of gratitude for a successful treatment, would most likely not classify it as an act of corruption (Balabanova & McKee: 2002. 268). The most common critique against the classification of informal payments for health care as corruption comes from those who proclaim this standpoint, and argues that it rather constitutes a voluntary "gratitude

payment". This has led to discussions of whether informal payments are voluntary or coerced.

Szende & Culyer criticizes the usage of the term "gratitude payment" by claiming that it is a misdescription of the direct contributions made by patients. This because payments are usually made because they are expected or demanded by physicians (Szende & Culyer: 2006. P.263). There are three important characteristics that separate gratuities from informal payments, which are that they are voluntary, motivated by a feeling of gratitude, and made after treatment. The validity of this separation is not unquestioned among researchers simply because it is ambiguous what constitutes a voluntary free choice. Some researchers have simplistically claimed that a necessity for informal payments is that they are demanded by health care practitioners. Even if health care providers do not explicitly demand payments, it constitutes a form of coercion if patients expects that a payment will improve the care they obtain (Gaal et al: 2006. 271). In the research body there are some indications that these expectations regarding informal payments do play a role. According to a study that investigated the motivation of patients for supplying informal payments for health care, nearly half of the respondents claimed to do so because of fear of otherwise receiving lower quality care, while only about one fifth responded that they paid out of gratitude (Liaropoulos et al:2008. 77). Previous research has in several other instances also pointed to a connection between the use of gratitude as a motivation for giving informal payments, and underlying coercive motivating factors (Gaal & McKee: 2005. 1455).

Among those who are proposing a conceptualization of informal payments that emphasizes its role as an unregulated fee, such as that of Gaal et al, it is regularly connected to, and described as corruption. The World Health Organization has explicitly described informal payments as an act of corruption in its World Health Report of 2000 (World Health Organization: 2000. Xv). In the previous parts of this chapter, informal payments was conceptualized in short as an unregulated personal payment which is not officially sanctioned by the health care system, and corruption was defined as an abuse of public office for personal gain. Conceptualized in this way, the two are inextricably linked together in such a way that informal payments represent a manifestation of corruption (Balabanova & McKee 2002. 245). The fact that it takes place in the implementation of services places it in the low-level end of the corruption spectrum, meaning bureaucratic corruption. Since Andvig et al declared this to be the form of corruption that people are generally inclined to encounter in their daily lives, I would reiterate its relevance as a field of study concerning implications for individuals.

4 Theory of Human Security

In this section I will describe human security based on existing literature. As previously mentioned there is a lack of consensus surrounding human security, which does not present the subject to easy description. For that reason I will largely rely on the founding documents of human security in order to understand the basic framework, which includes the 1994 Human Development Report and the 2003 report of the Commission on Human Security. The seven threat-categories that human security is divided into will be presented along with a summary of the threats and insecurities that they relate to. The categories that are most central for this thesis, which are health and economic security, will be explained in further detail. The nature of the debate on human security will also be dealt with later on. Finally I will formulate a set of operationalizations based on the theoretical framework that I hope will be adequately formulated to help evaluate the connection between human security and informal payments.

4.1 Human security

The idea of human security came into being during the early 1990s and it was primarily championed by the United Nations and several interested governments, especially those of Canada, Norway and Japan (Tadjbakhsh and Chenoy: 2007. 203). The concept has slowly developed into an independent multidisciplinary research field, which has attracted increasing academic interest (Taback and Coupland: 2007. 3f).

The concept was established by the UNDP, and it was first launched in its 1994 Human Development Report. The ideological basis of human security was that the conceptualization of security had for a long time been too narrowly focused on nation-states, and been occupied with issues such as territorial security, national foreign policy interests or the global threat of nuclear war. According to the report, what was needed was to change how security was perceived in order to shift its focus to put people in the centre instead of states. In the report it was acknowledged that the threats and insecurities that people faces comes more often from events in their daily lives rather than from high-political issues, especially after the end of the cold war and the widespread fear of a nuclear holocaust. For this reason the multitude of sources of insecurity for individuals needs to be better understood which requires a reconceptualization of security. The four essential characteristics of human security as described in this report is; its *universality for all people*, its *interdependence across borders and between people*, that it is *easier to ensure through prevention then intervention*

after the fact, and that it is *centred on people and their living conditions* (United Nations Development Programme: 1994. 22f).

The two main components in human security as it was conceptualized in the 1994 Human Development Report are freedom from fear, and freedom from want. Freedom from fear includes issues that relate to security from for example armed violence or political repression, and freedom from want is more related to economy and development, meaning for example the possibility for people to have the necessary material means to live a dignified life (United Nations Development Programme: 1994. 24). This has been developed further by Caroline Thomas. She divides human security into two aspects, the quantitative and the qualitative, of which the first constitutes the material side. This refers to basic material needs that must be fulfilled as a requirement for the achievement of human security. What this includes is naturally open for interpretation, but at the fundamental level, Thomas places essential needs for survival, namely food, shelter, education and health care. The qualitative aspect furthers human security beyond mere material means, and consists of many varied parts which are aimed at achieving human dignity. In her description human dignity incorporates personal autonomy, individual's control over their lives and community participation (Thomas: 2001. 162).

Two central and complementary concepts within human security , which were brought forward by the Commission on Human Security in their 2003 report, is protection and empowerment, which represents two broad strategies for strengthening human security. Protection relates to actors such as states, international agencies and non-governmental organizations (NGO), and relates to efforts such as developing international norms and standards to address insecurities systematically, and to uphold the basic rights and freedoms of people (Commission on Human Security: 2003. 10). As a tool to identify insecurities for people, human security approaches helps to locate gaps in the protection infrastructure of measures to uphold rights, and find ways to strengthen it (Ogata & Cels: 2003. 274). The concept of empowerment, which according to the UNDP is the second key to human security, deals with people's ability to act on their own behalf. Empowerment means to give the possibility of individuals and communities to develop their potential, and it should support people to successfully stand up and demand respect for their dignity when it is violated. This includes measures such as providing information and education and supporting an open public space (Commission on Human Security: 2003. 10f). The empowerment approach is particularly aimed at increasing the possibilities of those people who are dispossessed or in other ways disadvantaged and create enabling conditions for them to achieve their own human security (Chen: 2004. 2). The empowerment strategy is to some extent dependent on the implementation of the protection approach. A secure environment is necessary in order to improve the capacity of people to act on their own behalf and for empowerment strategies to be successful (Ogata & Cels: 2003. 274).

According to the UNDP human security and state security are interconnected. In places where there are problems in several areas such as political, environmental and economic security, there is an elevated risk of national

breakdown which poses a threat to national security (United Nations Development Programme: 1994. 38). The purpose of human security is thus not to replace state security, but rather to complement it, and both concepts are mutually dependent and reinforcing (Commission on Human Security: 2003. 5). As an analytical tool human security also serves an important purpose in complementing related concepts such as human development and human rights by focusing on and identifying the risks and insecurities that people are subjected to in their daily lives (Commission on Human Security: 2003. 8f). Another important function of human security is to illuminate new issues relating to structural violence, such as inequalities that are embedded in social, political and economical structures at all levels (Tadjbakhsh and Chenoy: 2007. 236). It also deepens the understanding of the connection between structural inequalities and traditional security threats such as internal conflict (Maclean: 2008. 489f).

With the shift towards a concept where people are also protected subjects, the same shift has happened when it comes to what kind of actors people should be protected from. Of course states still have an important function as responsible for the security of its citizens, but other actors are also responsible which is exemplified by the following quote:

"The idea is for people to be secure, not just for territories within borders to be secure against external aggression. And unlike traditional approaches that vest the state with full responsibility for state security, the process of human security involves a much broader spectrum of actors and institutions - especially people themselves." (Commission on Human Security: 2003. 6).

Human security thus entails obligations for a wide range of actors beyond the state. The state still represents the fundamental organizing unit with primary responsibility for provision of human security to its citizens. The responsibility, however, stretches out to international organizations, NGOs, civil society and individuals, who complements the state in achieving human security (Tadjbakhsh and Chenoy: 2007. 238).

4.2 Threats to human security

Human security was separated into seven distinctive but interdependent components to identify threats to human security. These threat-categories are presented below. Following this presentation, the two categories that is the primary focus for my essay, which are economic and health security, will be discussed separately.

Table 1. Categories of human security and related threats

Category	Threats
Economic security	Poverty, lack of an assured basic income through remunerative work or social safety nets, significant asset losses.
Food security	Hunger and famine, lack of access to food due to physical or economical unavailability.
Health security	Injury and disease, lack of access to health care and health services.
Environmental security	Pollution, environmental degradation, resource depletion, natural hazards such as earthquakes and droughts, man-made disasters such as nuclear or workplace accidents.
Personal security	Various forms of violence such as conflict, crime, terrorism, torture, domestic violence, sexual violence. Also includes self-inflicted threats such as suicide or drug abuse.
Community security	Discrimination against ethnic or religious groups, oppressive traditional practices, group rebellion and armed conflict.
Political security	Political repression and oppressive regimes. Practices of disappearances, detention or torture.

*Tadjbakhsh & Chenoy: 2007. 15

4.2.1 Economic security

The fundamental issue that economic security relates to is poverty. It relates to people's ability to sustain themselves economically. This includes several aspects. An important part of economic security is access to an assured basic income, primarily through remunerative work and secondarily through social safety nets. This is also related to income insecurities such as unstable employment forms and drops in real wages due to inflation or economic crises (United Nations Development Programme: 1994. 25). Another central aspect is people's ability to use their economic resources in order to access other resources that are vital to human security. These include for example shelter, clean water and food, and also health care. This relates thus not only to access to jobs and income but also to prohibitory costs for essential resources. According to the Commission on Human Security, there are three main categories of economic insecurities that affect human security. These are insufficient economic resources, unstable economic flows and asset losses. Insufficient resources concern primarily poverty issues and the insecurities that are related to it. Unstable economic flows relates to

economical and financial crises and the threats to livelihoods that they create. The insecurity of asset losses concerns losses of resources that are essential to people's lives, for example real estate, livestock or financial means (Commission on Human Security: 2003. 73ff).

4.2.2 Health security

Health security as a part of human security is concerned with issues such as diseases, access to safe food and water, and access to health services. Both between and within countries the threats related to health security are usually more severe for people who live in poverty, and in many cases women are especially at risk (United Nations Development Programme: 1994. 28). According to the Commission on Human Security, catastrophic accident and illness are a few of the most significant dangers to the human security of poor people, and causes up to 22 million preventable deaths annually on a global scale (Commission on Human Security: 2003. 6). Without social protection, these dangers can lead to economic collapse and desperation for poor people, and diminishes their ability to fend for themselves. As people who live in poverty in many cases do not have access to social protection their already strained economic situation are often exacerbated by this. Disease and injury results in a decrease in the ability of individuals to work and earn money, as well as increases in their health care costs (Commission on Human Security: 2003. 99).

Issues regarding health have traditionally held a peripheral role in the orthodox state-centred conceptualization of security. For example, international spread of disease has in many cases been regarded as a threat to the economic or military strength of states (Maclean: 2008. 484). It is worth noting that in the contemporary research body on health security significant attention is given to similar threats as before which includes for example violent conflict and the global spread of infectious diseases. The World Health Organization exemplifies this as its initiatives on health security often centred on preventing the spread of infectious diseases across national borders (Aldis: 2008. 370). This focus on conventional security threats could stem from a persistence of old norms and institutional and conceptual structures, which is a natural result of institutional resistance towards radical change. According to proponents of a broader conceptualization of human security, this indicates the need for an increased focus in practice on the broader range of threats to human lives and livelihood beyond conventional security concerns (Maclean: 2008. 488f).

Keizo Takemi et al claim that human security can make a positive contribution towards improved health for three main reasons. Because of its human-centred focus it deals with the actual needs of a community as they are defined by the community. Secondly it highlights people's vulnerabilities and aims to contribute towards creating an environment where people can build resilience towards threats and protect their own and their family's health. Lastly it also aims to strengthen the interface between protection and empowerment approaches. The

protection approach includes strengthening the institutional structure to prevent, monitor and anticipate health threats. The empowerment approach looks to improve the possibilities for individuals and communities to assume responsibility for their own health. Human security focuses on the interface between these approaches by for example encouraging political leaders to create an enabling environment for individuals to have more control over their own health (Takemi et al: 2008. 14).

4.3 Debate on human security

The inclusion of human security in policymaking has gained increased support during the last decade and it has been adopted by several governments and institutions in various forms, but it has also received widespread criticism. When the 1994 Human Development Report was first launched it was first met with scepticism from the G77 for fears that it would lead to violations of state sovereignty (Tadjbakhsh and Chenoy: 2007. 23). Since 1994 there have been an ongoing academic debate over human security on issues such as what forms it should have or if it is relevant at all. A common objection towards it is that it renders the concept of security unusable and analytically empty by making it too broad and include just about everything (Maclean: 2008. 476). According to Roland Paris, the conception of human security that was brought forward by the 1994 Human Development Report, which is backed by many of human security's strong supporters, was vague enough to include "virtually any kind of unexpected or irregular discomfort" (Paris: 2001. 89). Some scholars have promoted a narrow or minimalist conception of human security. A common strategy that has been employed in this purpose is to focus explicitly on the freedom from fear-side and personal security, which relates primarily to violent threats (Paris: 2001. 94). Logically this would most likely imply also a higher emphasis on protection rather than empowerment, since the first involves a more clear-cut and state-centred approach. This has in turn been criticized for being contrary to the underlying purpose of human security by moving the focus away from the threats that face people in their daily lives, which is a central issue in the formulation of the 1994 Human Development Report. The proponents of a broad conceptualization claim that with the shift in the referent of security from the state to the individual, the broader agenda must by necessity be included (Owen: 2004. 375).

A fundamental issue is that policymakers and researchers have not reached a common definition of what human security is, and that many different and conflicting definitions is in use (King and Murray: 2002. 591). Some however contends that the lack of a clear definition is a strength rather than a weakness since it allows for more inclusiveness towards variations in human security threats over time and space. Scholars who promote a broad and open definition contend that any attempt to reach a universal definition would necessarily be shaped by

power relationships and thus overlook interests of some people, who would most likely be people in a disadvantaged position (Tadjbakhsh and Chenoy: 2007. 43).

There is also some unclarity as to what human security represents. In some instances it is described as an entirely new security paradigm which replaces the traditional conceptions of security. As was mentioned before however, it is in many cases referred to as a complementary concept of security rather than a new paradigm, which correlates to how it has been implemented practically in for example Japan's foreign policy (Tadjbakhsh and Chenoy: 2007. 30). Lloyd Axworthy, a former Canadian foreign minister, commented on the debate and scepticism surrounding human security by saying; *"The world had no idea what sovereignty and the security infrastructure would look like immediately following the signing of the treaty of Westphalia. Norms evolved through decades of debate, thought, action, conflict and compromise"* (as quoted in Owen: 2004. 373).

4.4 Operationalizations of human security

In this section I will now formulate a set of operationalizations which will be based on the theoretical framework that is described above. These will be used to evaluate the effects of informal payments on health security. As I said earlier in the methodology section, these operationalizations will be built upon to construct the analytical tools/questions for the text analysis. These questions will therefore be presented after each operationalization.

Access to health care - Access to health care services is a basic requisite for health security which is indicated by several sources (Thomas: 2001; United Nations Development Programme: 1994). There are several possible problems with informal payments that need to be taken into consideration in this area. First of all it needs to be established if informal payments are a necessity for care. It needs to be established to what extent access to health care is conditional on the provision of informal payments. If inability or unwillingness to produce informal payments leads to the patient being refused care, that could constitute a threat to their survival. It also needs to be considered if informal payments constitute an economic barrier to health care access. If informal payments create insurmountable costs for individuals who might therefore not be able to obtain health care which they would otherwise be entitled to, it could indicate a threat to health security. This would relate to empowerment since it hinders their possibility to act on their own behalf. The analytical question that will be used for the text analysis regarding access to health care is therefore; Do informal payments hamper access to health care? The answer categories that can be applied to this question are either positive or negative; informal payments do hamper access to health care, or, it does not. By applying these answer categories to the material I intend to emphasize the parts that gives an indication concerning these possible answers.

Risk of economic stress - Since informal payments are creating expenditures for individuals, the effects of these expenditures on their ability to support themselves need to be taken under consideration. This is an important issue since informal payments, if it constitutes a considerable expense with significant asset losses as a result, could represent a threat to human security as mentioned earlier. The analytical question in this case is; Are people subjected to significant costs due to informal payments? Like in the previous case the answer categories are similarly positive or negative. What constitutes a significant cost will not be objectively considered in this essay, the reason for which being that it would divert the focus of this study by venturing into an unrelated conceptual and definitional discussion. This consideration is dependent on the description in the source and therefore its individual definitional framework, meaning if it describes it as significant, considerable or similarly, which is what will be analyzed.

Overall societal trust in the health care system - From a protection approach, a health care system needs to have an adequate institutional structure to prevent health threats. Trust is an important part of the health care system both at the institutional level and in patient/doctor relationships, and without it people may refrain from seeking health care (Rowe & Calnan: 2006. 1) If a widespread use of informal payments leads to a sense of distrust among patients for the health care system this might affect utilization of care negatively if people refrain from seeking care. Concerning this operationalization there are two main analytical questions that I will focus on. The first one is: Does informal payments increase/decrease trust for the health care system among the general population? The second one is: Does informal payments increase/decrease trust between patient and health care provider?

5 Background on corruption

In this chapter I will focus on presenting a contextual background, which will aid the understanding of the issue of informal payments and its characteristics. Corruption is a multifaceted phenomenon that ranges from singular and isolated acts of payments in contradiction of the law, to systemic and endemic malfunctions of political and economic systems. The problem has been seen to be adherent to the structural level in some instances, and to the cultural and individual moral level in others. Often it has been described as a result of deficiencies in several such areas combined (Andvig et al: 2000. 9). Research on corruption is usually subjected to some particular vulnerabilities that comes from difficulties of studying the subject. Since corruption is a practice that is usually hidden it is very difficult to make direct measures of it. That is the reason why a common technique is to measure perceptions of corruption, which is the strategy used by for example TI (Vian, Taryn. 2008. 88). I will start with an overview of contemporary knowledge concerning corruption in general. Following this, the role that the second economy under communism, and the processes that followed the end of Soviet rule, and the role that they have had will be discussed.

5.1 Causes of corruption

There is a great variation in the research body on causal factors to corruption. Because of this the following overview is not exhaustive, but rather an exemplary one, and I will describe factors that relate primarily to administrative or bureaucratic corruption, which is the category under which informal payments fall in, in more detail. Several factors that are claimed to contribute to corruption relates to lack of good governance. Weakness in institutional checks and balances, and a lack of separation of powers and democratic accountability promotes corrupt behaviour. Inappropriate laws is also claimed to be a contributing factor as dysfunctional legislative frameworks, whether they are too ambiguous or too rigid, leads to a stronger reliance on informal arrangements(Bresson: 2000. 13f). Another factor that tends to correlate with a high level of corruption in many cases is the presence of valuable natural resources (Lambsdorff: 2005. 27).

Inadequate wages in civil-services is described as an important factor in explaining administrative corruption. In situations where private-sector wages are significantly higher than civil-service pay, this corruption tends to be greater as bribery often becomes the primary motivation for taking up public sector jobs. Scarcity of public goods is another important contributing factor concerning

administrative corruption. Where essential goods and services are hard to obtain, people usually tend to be willing to give extra payments to secure access (Bresson: 2000. 15f).

Furthermore indications have been found that liberal economies and markets open for competition generally leads to diminishing incentives for corruption (Shneider and Enste: 2000, p.90). There are however ambiguous research on this subject. In countries where governance is weak, research shows that the introduction of competition through economic reforms tends to increase corruption. The process of transition towards new standards usually generates new illicit arrangements and new forms of corruption partly due to regulatory confusion (Bresson: 2000. 16). This relates to a large extent to the reforms that took place in the FSU, especially the privatizations of state businesses and services that took place after the fall of communism, which will be discussed in more detail below (Brown and Cloke: 2004. 288).

5.2 Consequences of corruption

The consequences of corruption has also been increasingly debated and researched during the last decades. Much effort has been devoted to understand how countries and economies are affected by high levels of corruption from a macro-perspective, and the impact of high levels of corruption on financial investments has been a major topic. A considerable amount of research indicates that corruption leads to a deterioration in investments by making countries less attractive to international and domestic investors. Evidence also indicates that corruption not only decreases available capital, but that it can also have a negative impact on the productivity of capital (Lambsdorff: 2005. 27). Several indications have also been found that the shadow economy constitutes a larger share of the overall economy in systems where corruption is higher (Lambsdorff: 2005. 11).

Individuals are subjected to the consequences of corruption in several ways. There is strong evidence that corruption leads to a distortion on government expenditures since resources are diluted, and that this in turn leads to inefficiency and reduced quality in a variety of government services including health care, which in the end affects people (Lambsdorff: 2005. 10). In the case of public services the use of bribes can lead to favouritism and privileged treatment by public officials to those who provide a bribe. Since all individuals are generally entitled to be treated equally this can lead to discrimination of individuals (International Council on Human Rights Policy: 2009. 33). In a report that connects corruption to human rights it is said that the impact of corruption is generally more severe for those who are in a weak position, such as poor people, disabled or sick people, or minorities. Corruption thus strengthens the exclusion from society of those in a vulnerable position (International Council on Human Rights Policy: 2009. 7).

That corruption has only negative effects is not a matter of scientific consensus. According to Yair Eilat and Clifford Zinnes corrupt behaviour can have positive short-term effects because it can support enterprise innovation, improve income distribution in times of economic scarcity, and overcome outdated and unnecessary regulatory obstacles. However, their findings also points to negative long-term effects regarding growth and international competitiveness (Eilat and Zinnes: 2002. 1246).

There is a consensus among scholarly economists that consequences of corruption are generally more severe in a system where the corruption is unorganized. When corruption is predictable regarding the type of actors involved, amounts paid, and with more or less established rules, the detrimental impacts tend to be smaller. When corruption is unpredictable, disorganized and anarchic, involving constant bargaining, this uncertainty aggravates the consequences. In the case of the FSU, the state control extended into the corruption sector, which led to the creation of norms regarding corruption and bribery. During the transition period this control vanished and corruption became increasingly anarchic (Bresson: 2000. 19f). This pattern of less severity with predictability was established in a large cross-country study which was undertaken by the World Bank, which showed that countries where the costs are known beforehand, and where there are guarantees of delivery after payment, investment levels where higher (Lambsdorff: 2005. 4).

5.3 The second economy under communism and corruption

In this section I will present a discussion on the role that the second economy, a sub-system of the Soviet economy, has played as a potential breeding ground for the practice of informal payments in the case of FSU-countries including Lithuania. To begin with, I will however discuss the fall of the Soviet Empire and the processes that followed, and how they contributed to the ongoing patterns of corruption. As I have mentioned earlier, these processes played an important role in putting corruption on the map as an important problem.

The transition from centrally planned economies to market economies that took place in Russia and the former satellite states by rapidly privatizing state-owned enterprises resulted in unforeseen consequences. The privatizations primarily benefited fraudulent managers who accumulated large personal fortunes, and the economies of the FSU became kleptocracies where corruption was rampant (Black & Kraakman & Tarassova: 1999. 4). The transition processes that occurred after the fall of the Soviet empire, which were aimed at establishing democracy and free markets, resulted in unfavourable outcomes for a large part of the populations, which is indicated by survey research in several post-communist states (Jordan: 2002. 139). Those who profited from the new system were to a

large extent those who had the proper contacts and experiences from the old system, above all from the second economy. This sub-system of the Soviet economy has been described in detail by Alya Guseva. Due to the conditions of the social and economic system under the Soviet regime, informal social networks became an important part of social relations according to Guseva. They constituted a protective net from the oppressive political climate and the inefficiencies of the command-economy. Personal relationships became the basis for social trust as this was the basis for the informal networks (Guseva: 2007. 347). The informal networks became the basis for the second economy, which was created as a result of the needs for goods and commodities which was produced by the state and regularly in supply shortages. The informal networks thus became increasingly important as a method of distribution (Guseva: 2007. 336). Second economies exist everywhere, but the important difference regarding the Soviet Union is described in the following way by Guseva;

"Contrary to most Western countries where second economy is largely limited to illegal and semilegal trade—drugs, prostitution and gambling, and therefore, is relatively small compared to the official economy, in the Soviet Union second economy absorbed practically all goods and services also exchanged in the first economy and even those provided for free (like education, health care, etc.)." (Guseva: 2007. 342).

What Guseva touches upon here is how the second economy created a foundation for the practice of giving informal payments. As a result of the functions of the second economy, a common perception was created that bribing was the only way to get things done, as they are the only dependable guarantee of good service. According to Guseva this was one of the most tragic consequences of the culture of the second economy under the Soviet system as these perceptions remain(Guseva:2007.342).

6 Corruption and health care

In this chapter, the issue of informal payments will be further contextualized as a health care-related corruption problem. I will begin by presenting an overview of corruption issues in health care in a broad sense in order to specifically contextualize the phenomenon of informal payments. I will then provide a detailed discussion of the issue of informal payments, and in the final part of the chapter, the available evidence regarding the issue of informal payments in Lithuania will be presented.

6.1 Corruption issues in the health care sector

In this section a brief overview of health care-related corruption issues in general will be provided in order to establish the multitude of related issues and contextualize the issue of informal payments. The health care sector is commonly subjected to several forms of corruption, which are manifested on several levels. A thorough and comprehensive typology of health care corruption has been made by Taryn Vian, who clearly illustrates the variance in forms of corruption that relates to health care (see Table 2).

Corruption is existent in all types of health care systems regardless of configuration. It occurs both in systems that are public and those that are private, it is also existent regardless of the level of funding or technical sophistication. The level of corruption in a particular health care system is obviously to some extent mirrored in the overall level of corruption in that society, but there are a few factors that increase its vulnerability. The large sum of public finances that is spent makes it an attractive target for corruption. Approximately 3 trillion USD is spent each year globally on health care (Transparency International: 2006. 4). The amount that is lost to corruption is bound to be significant. To give a few illustrative examples, the US health insurance organizations Medicare and Medicaid have estimated that 5-10 percent of their budgets are unnecessarily spent on overpayments, and evidence from Cambodia has indicated that an equal percentage of the health budget is lost to corruption before it is transferred from the ministry of finance to the ministry of health (Dyer: 2006. 84).

Table 2. Typology of health care corruption issues

Area or Process	Types of Corruption and Problems
Construction and rehabilitation of health facilities	Bribes, kickbacks and political considerations influencing the contracting process Contractors fail to perform and are not held accountable
Purchase of equipment and supplies, including drugs	Bribes, kickbacks and political considerations influence specifications and winners of bids Collusion or bid rigging during procurement Lack of incentives to choose low cost or high quality suppliers Unethical drug promotion Suppliers fail to deliver and are not held accountable
Distribution and use of drugs and supplies in service delivery	Theft (for personal use) or diversion (for private sector resale) of drugs /supplies at storage and distribution points Sale of drugs or supplies that were supposed to be free
Regulation of quality in products, services, facilities and professionals	Bribes to speed process or gain approval for drug registration, drug quality inspection or certification Bribes or political considerations influence outcome of inspections or suppress findings Biased application of regulations, certification or licensing procedures and standards
Education of health professionals	Bribes to gain place in medical school or other pre-service training, and to obtain passing grades Political influence, nepotism in selection of candidates for training opportunities
Medical research	Pseudo-trials funded by drug companies that are really for marketing Misunderstanding of informed consent and other issues of adequate standards in developing countries
Provision of services by medical personnel and other health workers	Use of public facilities and equipment to see private patients Unnecessary referrals of patients to private practices Absenteeism Informal payments required from patients for services Theft of user fee revenue, other diversion of budget allocations

*Vian, Taryn: 2008. 85.

There are also a few other systemic features of health care systems that makes them prone to corruption. One such feature is the uncertainty and information asymmetry of the health sector. The uncertainty concerns for example for whom and when illness will occur, and how efficient treatments will be. Uncertainty also entails that patients cannot make an informed judgment of whether the prescribed treatment is appropriate. The result of this is that suppliers and providers of medical care are regularly not disciplined as is common in other markets due to asymmetries in information availability among patients, providers, retailers and auditors (Transparency International: 2006. 5f). An important factor is also the dependency of patients upon the correct judgment of providers. Since health is a natural priority for all people, patients are often in a vulnerable state since they are in an immediate need of service and are placed in a situation of where they have little choice of provider (Transparency International: 2006. 66). Patients generally leave it to doctors to determine the appropriate course of action, which means that

health care providers in market and consumer choice-terms are in the unique position of telling the customer what to buy with a low risk of critical judgment, which in some instances leads to over- or undersupplying of medical services for profit (Transparency International: 2006. 9). Any regular market function of consumer choice is therefore set aside, since patients who are sick or injured usually have limited opportunities to choose providers and are in an immediate need of service.

6.2 Informal payments and health care

The phenomenon of informal payments in health care has received increasing attention during the last ten years, and has been recorded in one form or another in over 20 countries on several continents. Informal payments are existent to some extent in all of the FSU-countries (Ensor: 2004. 238). According to TI, informal payments for health care is the most commonly recorded form of corruption in publicly financed health care systems (Transparency International: 2006. 12). Even though there is a consensus on the existence of informal payments, there is some disagreement as to when it emerged. Regarding the post-soviet societies there have been claims that the main contributing cause for the emergence of the practice of informal payments lies in what happened after the fall of the Soviet Union. The upheaval of the state functions led to decreases in public spending on health care. The economic stress that this caused on the health care systems required them to rely more on private funding, which could have led to more informal payments. In some instances it is rather emphasized that informal payments is an inherited practice from the time under Soviet rule and the functions of the second economy as it was described by Guseva earlier. Concerning these different perspectives, it should be noted that there could be important differences between countries regarding the phenomenon of informal payments. According to Ruseski, informal payments have been a commonality in the Baltic countries, while there is no longstanding tradition of informal payments in the countries of the former Austro-Hungarian empire. However, she adds that evidence shows that informal payments are on the rise in countries where it has not been as pervasive before (Ruseski: 2006. 223f).

As I have previously discussed, there are many views concerning what informal payments is. By the definition used in this study, informal payments are in a short description comprehensively understood as; direct contributions which are made in addition to the contributions set out in the terms of entitlement, in other words, unregulated payments that is made by the patients or persons acting on their behalf, and thereby constituting corruption. There is also a rich debate on why the phenomenon of informal payments for health care exists. Some explanations are rooted in socio-cultural factors, such as a culture of gift-giving which has been discussed in the definitions section of this essay. Other explanatory theories are based on economic factors. Like in many other forms of

corruption, inadequate wages is considered as a strong possible factor (Gaal & McKee: 2004. 165). In health care systems where wages are very low, or in extreme cases not paid at all, informal payments represents a coping strategy for health care providers. For this reason Ensor and Witter has made a differentiation between those informal payments that contribute to the cost of care, for example by acquiring drugs and ensuring minimum wages for providers, and those that do not contribute. The second category is according to Ensor and Witter paid because of the local monopoly that some health care providers have, and the information asymmetry that prevents patients from obtaining care from a cheaper source. These payments tend to more substantial compared to those that are strictly cost-contributing (Ensor & Witter: 2001. 6). Another possible economic factor that is common for corruption in general and informal payments is disturbances in the balance between supply and demand. Gaal and McKee has reviewed the Semashko-model health care systems that were used in the FSU, and claims that systemic endemic shortages is the central contributing factor for informal payments since it made health care access reliant on contacts through informal networks and second economy (Gaal & McKee: 2004. 171f). Another form of explanatory factors is legal-ethical factors such as an intermingling of evolving professional norms and weak legal sanctions (Gaal & McKee: 2004. 165).

As was said earlier, corruption research is usually subjected to certain difficulties. The situation concerning informal payments for health care is no exception. Since it is a wholly unregulated practice it goes unreported in the vast majority of cases (Lewis. 2007. 985). By definition, informal payments are usually made without any record of the transaction and are often illegal, making both providers and patients reluctant to discuss them (Transparency International: 2006. 64). In survey studies in several countries, this has in some instances resulted in large parts of the respondents refusing to answer questions (Cockcroft et al: 2008. 3). Another problem area that concerns the study of informal payments is the problem of distinguishing the difference between formal and informal payments. This is not only a methodological problem, but in many cases it is also difficult for patients to determine if the payments that they provide are in fact formal or informal, or sometimes quasi-formal middle types (Lewis: 2000. 17; Thompson & Witter: 2000. 174). The issue of the extent and magnitude of informal payments is thus naturally a matter that is widely contested. One factor concerns its importance as a source of finance for health care. As I mentioned earlier, there are claims that corruption serves as a positive redistributive factor. Likewise, there are claims that informal payments in the health care sector serve a similar purpose in some cases where it might be an important source of financing for the health care system. The estimations of how large a part of the total national expenditures for health that is made up of informal payments varies greatly. For example, a study from Hungary claimed that it represented 5 percent of expenditures there, while a study from Poland set the percentage to 30 percent, and another from Azerbaijan claimed it was 84 percent (Gaal et al: 2006.253). There are also some signs that the scale of informal payments are increasing. The part of overall health expenditures that was made out of informal payments in Bulgaria increased between 1992 and 1997, and in Slovakia, the proportion of

patients who paid rose by 10 percent. These and other similar increases could however be the result of an increase in the willingness to report informal payments rather than actual increases which has yet to be determined (Transparency International: 2006. 65). The arguments that informal payments represent a positive redistributive factor, either through overall financing or a coping mechanism for medical providers, has been countered by research from several countries that has indicated that those doctors who receive the most and largest informal payments are those with the highest salaries to begin with (Dyer: 2006.84). Evidence has also suggested that senior doctors receive significantly higher sums of informal payments, and that health care providers often obtain incomes high above other professional groups due to informal payments, which undermines support for reform (Chawla et al: 1998. 344; Thompson & Witter: 2000. 182f). Furthermore, practical experience has shown that simply increasing salaries for medical practitioners might not have a significant impact on behaviour regarding informal payments. Reforms that was undertaken in Greece during the 1980s, which included major salary increases for doctors, did not result in a significant reduction in the frequency of informal payments (Liaropoulos et al: 2008. 80).

6.3 The situation in Lithuania

The problem of corruption has seen small improvements during the last decade in Lithuania. Since 2001, Lithuania's score on the Corruption Perceptions Index (CPI), which is compiled by TI, has risen from 4,8 to 4,9 (Transparency International: Corruptions Perception Index 2001; Transparency International: Corruptions Perception Index 2009). Since the scale of the index ranges from 1 to 10 improvement is seemingly slow-going. The only EU-countries that scores lower than Lithuania on the CPI is Bulgaria and Romania. In recent international evaluations of anti-corruption measures and progress in curbing corruption, Lithuania has received poor results (Transparency International Lietuvos Skyrius: 2009 b. 28f) According to the Lithuanian department of the UNDP, the type of corruption that is most severe in Lithuania is administrative. In a project document they state that in order to improve administrative efficiency, basic measures must be taken to change the culture and behavioural patterns of civil and public servants, as well as improve knowledge among the general public (United Nations Development Programme: 2004. 2f). The issue of corruption in the health care sector in Lithuania was actualized in the early months of 2010, when a widely publicized corruption scandal led to the arrest of the deputy minister for health, and the resignation of the health minister (World Bulletin: 2010-02-10*)*. According to a news report in the Baltic Times, the problem of corruption and other issues in the Lithuanian health care sector has not improved significantly despite an almost three-fold increase in funding during the last decade (Baltic Times: 2010-01-07).

The practice of bribing medical staff for services, of giving informal payments, is a prominent feature of the Lithuanian health care system according to several sources (Ruseski: 2006. 231; EOHCS: 2000. 23; Palacin: 2007. 1) However, according to household surveys, only about half of the population considers it to be a form of corruption (Cockcroft et al: 2008. 5). The origin of this practice is a subject of some debate, as was described in the previous section. A commonly cited foundation for the phenomenon is the institutional structure of the Soviet system. The deficiencies of the system, particularly an inherent lack of resources, common shortages and low salaries are said to be a growing-ground for informal payments and other similar practices (Ruseski: 2006. 231). Considering the connection between the deficiencies of the Soviet system and informal payments, the issue thus seems to be to some extent a result of the second economy and the cultural heritage that it left behind, which was described earlier. The health care institution that Lithuania, along with many other countries, inherited from the Soviet Union, namely the Semashko-system which was mentioned earlier, is also worth some additional attention. The Semashko-model health care system was characterized by central planning and was aimed to provide universal access. It was however subjected to some profound flaws such as inefficiency, hospital overcapacity, and also a general low level and poor quality of care, which created incentives for informal coping mechanisms (Bankauskaite and O'Connor: 2008. 156). Even though the system was universal, access to better care and hospital facilities was however reserved for privileged groups such as Communist party elites. After independence in 1991, reforms started taking place in the Lithuanian health care system. The overarching goal of the reforms was to make health care universal for the entire population regardless of social position, and ensure that all forms of health care was available for everyone (Habicht et al: 2009. 251). Another intention of the reforms that Lithuania set out for, as well as many other post-Soviet countries, was to deal with the problems from the Semashko-system such as the overcapacity concerning hospital beds and number of doctors, however these reforms have for the most part not materialized in an adequate way (Lewis: 2000. 5f).

Concerning the rationale behind providing informal payments there are a few prevailing theories. According to Palacin, the practice of giving informal payments evolved as a way for people seeking medical care to try to ensure better treatment or medical priority due to the deficiencies of the Soviet system (Palacin: 2007. 1). The interviewee from TILS supports this view, but also states that it has a connection with the relationship between doctor and patient, and also connects it to the information asymmetry that was described earlier as a factor for health care corruption;

"Isn't it true that the reason why you actually pay a doctor is because, you know, you understand that most likely you are not looking at a one-off meeting, you are probably investing in a long-term relationship. And would you give the same money in the same situation if you knew that you would not see that person again... And if you knew that [without payment] you would receive the same treatment... none of us are health experts, so we tend to trust doctors. And, this is

our lives we are risking, or the lives of loved ones. Most of the times, I think that, I think people will be willing to compromise with their conciousness." (Muravjovas: 2010-05-19).

This quote also evidently counters the argument that informal payments are not corruption, but rather an expression of gratitude. Similar contesting views of informal payments as either gratitude, or a way to ensure long-term health care access and quality have also been found in focus group studies in the Baltic countries (Cockcroft et al: 2008.5).

The issue of corruption in the health care system in Lithuania is a problem that attracts substantial attention nationally, and according to surveys it is regarded as a top national corruption problem (Utrikesdepartementet: 2007. 5). In a project carried out by TILS, clear evidence of the general public's acknowledgement of corruption problems in the health care sector emerged. In an opinion poll concerning what procedures were considered to be most corrupt medical health services was ranked as one of the top 5 procedures, with 31 percent of respondents considering it as very corrupt (Transparency International Lietuvos Skyrius: 2009. 9). In an enquiry into which institutions that the residents of Lithuania most commonly provide bribes in, various forms of medical institutions occupy the first four positions. Town hospitals ranked as no. 1, with 20 percent claiming to have given a bribe there. It was followed by other types of national and state health care institutions and clinics ranging from 14 to 16 percent. The next listed institution was traffic police, which accumulated 11 percent (Transparency International Lietuvos Skyrius: 2009. 15). This shows that bribery in health care is a renowned corruption problem. It should also be noted that this situation differed greatly depending on respondents. Health care was only recognized as a top problem area by respondents from the general public. Among respondents who were public servants or company managers other issues scored higher. A recent household survey conducted by Cockcroft et al, also provided an estimated figure on the prevalence of informal payments in Lithuania but received more modest results. Of the respondents in the survey, 8 percent reported that they had provided informal payments in their last contact with the health system. This percentage was however considered to be a possible underestimation, which would be caused by the reluctance to report informal payments (Cockcroft et al: 2008. 5).

The same study also found that there was a perceived increase of the problem of informal payments. In the survey it was found that a majority of the respondents, close to 60 percent, believed that health care corruption has increased in recent years (Cockcroft et al: 2008. 5). According to Muravjovas, this perceived increase could be due to a tendency among the public to sometimes overdramatize certain things since public views are affected by a variety of factors, for example media. According to him, there are no clear signs showing that informal payments has actually increased, but rather remained stable (Muravjovas: 2010-05-19). The perceptions that informal payments could have increased are however also evident in a report from 2000 by the European Observatory on Health Care Systems (EOHCS) which states that there were

reasons to assume that the prevalence of informal payments had increased in the use of hospital-based care, while it had seemed to decrease for some services outside the hospital environment. Successful privatization initiatives in some sectors, such as for example dentistry, is said to be a contributing factor to such decreases by legalizing financial transactions (EOHCS: 2000. 23f). There is however considerable doubt as to what weight these successes have as some sources say that the privatization processes have often not had the intended outcomes, and that private health care centres in Lithuania does not constitute an affordable or comprehensive alternative (Palacín: 2007. 1; Jakusovaite et al: 2005. 5).

7 Implications of informal payments on health care

Now it is time to present the empirical data that relates to the relation between human security and informal payments. In accordance with the methodology of this essay I have used the analytical tools that I derived from the operationalizations of human security to "illuminate" the material, and I have extracted the relevant information from this perspective. For clarity, this section is divided into three initial parts that each relate to one operationalization. In the fourth and last section of the chapter I will briefly summarize by discussing the dominant patterns that stands out in the empirical data.

7.1 Implications for access

In a comprehensive cross-country study on effects of corruption on health care sector performance measured in cancer mortality in FSU-countries, there were some indications of a significant impact, but also some ambiguous results. Using timeline data of cancer mortality and indirect measures of corruption levels, partial results showed that health care performance were diminished were corruption increased (Radin: 2009. 115). According to the author, this was due to the creation of a two-tiered system that prevented or delayed care for some since;

"the amount and quality of health care is directly related to the ability to pay so that those who want to climb on the waiting list for medical services are forced to pay up, while those who can't get pushed down the list" (Radin: 2009. 108).

However, using different models and different measures, contradictory results were produced, which indicated that both corruption and institutional effectiveness could have both positive, negative and insignificant effects on cancer mortality (Radin: 2009. 116f). This inconclusiveness was according to the author possibly caused by ambiguous measures (Radin: 2009. 120).

In a focus group study among health workers in Tanzania, Stringhini et al found strong indications that access to health care was commonly hampered by informal payments. According to the authors, all participants were in agreement that access was seriously compromised by the practice of informal payments:

"Those who can't manage to bribe, they will all die since they will never be able to access the treatments. Just imagine the women who are about to deliver, or children and those who are really sick or the poor: do you think they will survive? They will all die just for [inability to make] informal payments" (Midwife, Tumbi Hospital as cited in Stringhini et al: 2009. 6).

This statement presents an unambiguous and strong indication of a direct impact of informal payments on health care access. It also gives a clear suggestion regarding the conditions under which informal payments are given, namely that it must be made in order to obtain care.

This notion of "no payment, no treatment" receives further support elsewhere. According to a study concerning practices in government health facilities in Albania there were strong evidence that members of the public generally experienced that receiving care was conditional on paying bribes, and that poor and vulnerable people were often hurt in the process (Vian et al: 2006. 884).

In a similar attitudinal study of health workers in Bulgaria, the results pointed in a very different direction. The outcome of the study indicated that overall access to health care is equitable to a high extent, besides evidence that people with a lower income are usually treated in lower levels of the health care system with limited access to some forms of specialized care. Although some indications were pointed out, there was no conclusive evidence that informal payments had a negative impact on people's access to health care (Balabanova & McKee: 2002. 268). Even though basic access is not restricted by informal payments according to this source, it does lead to possibly discriminatory practices since certain sections of the population could receive better care than others (Balabanova & McKee: 2002. 255). The connection between higher levels of specialization and higher informal fees has been pointed out by other sources as well (Falkingham. 2004. 252, Habicht et al: 2009. 257).

Another factor to take into consideration is health care utilization. In an investigation on the health care systems of the Baltic countries, Habicht et al found a connection between health care utilization and prevalence of informal payments. In their study, they found that those with a higher income had a higher health care utilization rate in all the Baltic countries (Habicht et al: 2009. 255). Similar indications are also evident in a cross-national survey study by Balabanova et al involving 8 FSU-countries. Their results indicated a correlation between the percentage of people that did not seek health care even though it was needed, and the percentage that provided informal payments for their most recent medical consultation (Balabanova et al: 2004. 1934ff). The study also showed a clear connection between the probability of not obtaining care when ill, and lower levels of material living conditions (Balabanova et al: 2004. 1938). The respondents where also asked what they would do if they needed care and was informed that there was a long waiting list. The results showed that an average of 27 percent of respondents said that they would provide informal payments, and 34 percent would use contacts. As a general note, both of these types of coping mechanisms can be related to the informal networks and the second economy of the Soviet system. As was described by Guseva, these strategies were the ones

used by people in the old system as well. Interestingly, these results did not show the same cross-national variance as the ones above, but were more equally distributed (Balabanova et al: 2004. 1944). The authors pointed out that it was difficult to precisely establish the role played by informal payments using survey methods, and declared the need for more qualitative in-depth research for this purpose (Balabanova et al: 2004. 1947). A clear connection between health care utilization and income in the case of Russia is found in a World Bank report from 2000, which measured the percentage of households that were unable to afford health services divided by income groups. The report demonstrated that the richest 20 percent of households were unable to afford care in 10 percent of cases, and the equivalent number for the poorest 20 percent were almost 50 percent, with a relatively continuous line among the income quintiles in between Lewis: 2000. 24). The likelihood of a direct connection between informal payments and health care utilization has also been strengthened by a study of local action programs in the health care system in Cambodia. These action programs, which put in place regulations and control mechanisms on informal payments, later resulted in an observed increase in health care utilization. This increase was likely due to better health care cost predictability for patients (Akashi et al: 2004. 560). Thompson and Witter, who have reviewed conditions in transition economies, also assert that informal payments commonly cause people to delay seeking care, or avoid the health care sector entirely, although they acknowledge that reports are anecdotal. They also suggest that an important factor is that patients are unable to predict what the costs for care will be (Thompson & Witter: 2000. 172). These findings concerning utilization, while not constituting a direct explicit indication towards the notion of "no payment, no treatment", does suggest that informal payments might constitute an important deterrence and an economic barrier against seeking medical care.

A particular group that deserves some attention regarding access to health care is those suffering from chronic diseases (Balabanova et al: 2004. 1930). A study of the Kyrgyz health care system and how it handles patients suffering from diabetes provides some interesting insights. The diabetes patients in that study reported that informal payments was widespread, and that costs were often especially high in the case of treatment for severe medical complications relating to their condition (Hopkinson et al: 2004. 54). That costs are higher for such treatment further strengthens the notion of informal payments as a potential barrier to life-saving treatment. The situation for persons suffering from an illness such as diabetes is however vulnerable due to a variety of reasons, and the impact of informal payments on those with chronic illnesses are higher primarily because they are prone to seek medical care more often (Hopkinson et al: 2004. 44).

7.1.1 Implications for access in the case of Lithuania

Concerning the issue of informal payments in Lithuania, the Open Society Institute has also displayed the view that the "no payment, no treatment"

mechanism is in play, and claimed that the logic behind the giving of informal payments *"is based on an understanding among patients that without a bribe, they will be treated worse, or not at all"* (Open Society Institute: 2002. 387). As previously mentioned, Habicht et al's study indicates that health care utilization rates are skewed towards higher utilization for those with a higher income (Habicht et al: 2009. 255). In that study it is also claimed that approximately 15 percent of respondents in Lithuania reported that they experienced significant financial barriers to obtaining a medical consultation with a competent doctor, and that this was relatively stable across income groups (Habicht et al: 2009. 257). Even though the study clearly points to socio-economic inequalities in the utilization of health care, it could not pinpoint the specific consequences of informal payments for health care and how they relate to these inequalities. The authors contend that the effect is likely to be significant, but thorough analysis of their impact could not be made (Habicht et al: 2009. 258). Similar findings are made in Cockcroft et al's survey study. In their study it appeared that a large portion of the Lithuanian population held the opinion that the only way to get any attention in a hospital was by the way of bribery and informal payments. A majority of the respondents who claimed to have made informal payments also said that they paid before or during treatment, which gives further support to the indication that informal payments is coercive (Cockcroft et al: 2008. 5). Another indication for this is found in surveys conducted by TILS. According to their surveys 50-55 percent of those respondents who reported paying a bribe for health services said that they did so because they felt that it was required to do so. Their surveys also indicate that the number of people that experience that they are demanded to pay for hospital services has increased during the last years (Transparency International Lietuvos Skyrius: 2009 b. 21f). Among the respondents of their surveys, approximately 18 percent reported that they found it difficult to afford bribes (Transparency International Lietuvos Skyrius: 2009 b. 22).

The particular connection between specialized care and informal payments, which has earlier been indicated by several sources, is according to Cockcroft et al evident in the case of Lithuania as well. Informal payments where both reported more often in the case of specialist care, and the sums involved were also purportedly higher (Cockcroft et al: 2008. 5). The information that is available on the sums that are involved in bribery in general, and informal payments supports this. According to official data from TILS, the average value of a bribe in Lithuania generally ranges from 50-100 Litas, which equates to approximately 13-26 Euros (Transparency International Lietuvos Skyrius: 2009 b. 7). A recording of average sums paid as informal payments in Lithuania is available in a survey study by Cockcroft et al, which claim that they amount to 46 Euros (Cockcroft et al: 2008.9). When asked about what general sums of money that are usually involved in the practice of informal payments, the response from Moravjuvas was;

"the general size of such a bribe would be about 50 litas... what you would have presumably is that when it comes to a more serious engagement with the

health care system you would be looking at hundreds of Euros potentially".(Moravjuvas: 2010-05-19)

The significant difference between the average sums paid as bribes and informal payments could thus be a result of the higher sums involved in the case of specialist care.

In a quantitative survey study that was undertaken in 2002 by the Bioethics Society and the Center of Civil Initiative concerning health care in Lithuania it was found that *"neither the physicians nor the patients indicated a case where the physician tells the patient the amount of money that had to be paid prior to surgery, or where patient does not receive the necessary assistance because he or she did not pay the physician personally"* (Jakusovaite et al: 2005. 7).

This statement seems to stand in contrast to many of the previous indications. However, these findings are to some extent strengthened by Sergejus Muravjovas, and he also provides further insight on it. A peculiar characteristic of informal payments, according to him, is that;

"the health care sector, the hospitals in any case, is the only place, according to our research, where people give bribes willingly more than because they are being demanded... so you will often have a situation where some grandmother from a village will come into the hospital and they will not understand how the system works, but will be willing and prepared to give a bribe because she would assume that there is a need for bribes."(Moravjuvas: 2010-05-19).

This insight also sheds new light on several previous indications from surveys, which stated that there was an understanding among people, or an experience, that bribes was a necessity in order to receive care. These statements might very well be indicating a condition where many patients are convinced of the necessity to provide informal payments, rather than a condition where unwillingness or inability to pay would generally lead to an actual threat to health care access. Even though Muravjovas indicated that informal payments most likely do not have a significant impact on access to health care in general, he did contend that it could have other effects. Mainly, it was implied that the issue of the quality of given care was a potential problem, and that informal payments could be used to by-pass waiting lists by some people, which could lead to delays for others (Muravjovas: 2010-05-19).

7.2 Economical implications

In Habicht et al's study of the health care systems of the Baltic countries, it was found that there is a presumable connection between informal payments in the

health care sector and the level of risk for patients being subjected to catastrophic expenditures for health services (Habicht et al: 2009. 251). This connection is also supported in a broader cross-country study on out-of-pocket payments for health care and catastrophic expenditures. The study clearly established that there were an overall positive relationship between the share of total health expenditures that was made up of out-of-pocket payments paid by patients, and the proportion of households that were subjected to catastrophic expenditures for health care. Transition societies were noted as a high-risk group in their analysis (Xu et al: 2003. 114f). Informal payments is however only one form of out-of-pocket payment, that which is made in excess of legally set fees, and the authors do not make any delimitation between the two concepts, which naturally problematizes the interpretation of this information. However the information that is available on the proportion of out-of-pocket payments that informal payments constitutes in different health care systems indicate that the informal fees often equals or even exceeds the formal ones (Falkingham: 2004. 255; Liaropoulos et al: 2008. 74; Tatar et al: 2007. 1033). Since it has been previously established that informal payments are common in transition countries, and that the authors pointed out transition countries as a high-risk category, a connection between informal payments and catastrophic expenditures seems more likely. There is also evidence that other forms of asset losses are common in some countries. Among rural populations of several FSU-countries, and likely in many other contexts as well, a common consequence of informal payment costs is that patients are forced to sell of livestock in order to afford health care (Lewis: 2000. 25).

An important issue to be considered is how informal payments affect people depending on their economic status or well-being, and there are significant indications that the poor are affected more severely. An argument that is sometimes made is that informal payments are implemented by health care practitioners in a "Robin Hood-manner" by subsidizing care for poor people by charging rich people higher (Szende & Culyer. 2006. 263). There is however little evidence to support this argument. Several sources are showing that people with lower income are just as likely to give informal payments as people with higher income. According to Ensor, who studied the conditions in several transition economies, it is the willingness to pay that determines amounts demanded in informal payments rather than ability to pay, and as a result of this, poor people definitely pay more in relation to income, and sometimes also pay more in absolute terms (Ensor: 2004. 241). Similar conclusions are found in several studies. Results from Turkey indicated that people who were poor and unemployed were more likely to pay than those who were rich and employed (Tatar et al: 2007. 1038). An investigation into the conditions regarding informal payments in Greece found no differences in either probability to pay, or the sum actually paid with regard to socioeconomic differences among the survey population (Liaropoulos et al: 2008. 79). In a cross-national statistical survey that was carried out by Szende & Culyer concerning the distribution of informal payments across income groups in several central- and eastern European countries, it was found that there were no significant differences between the amounts paid by the highest and the lowest income group, and the amounts were

actually slightly higher for the lowest income group. Meanwhile, the people in the highest income-group generally earned approximately seven times more than those in the lowest. According to their statistical results, the low income-group paid approximately one fourth of a months salary per year in informal payments for health care (Szende & Culyer 2006. 267). The results of the previous study is supported by the results of the only other similar study of distribution of informal payments in Central and Eastern Europe that has been located, which indicated that low income persons paid proportionally about six times more of their income compared to those with a high income (Mastilica & Bozikov. 1999. 156).

A few exceptions to the conclusions of these previous studies, which to some extent supports the "Robin Hood" argument is existent. One such exception is found in Balabanova & McKee's study of informal payments in Bulgaria. Their results indicate that those who are wealthier and better educated are more likely to pay, and claims that the distribution of costs related to informal payments across income groups are thus relatively equitable. The authors however noted that this serves to create a two-tiered health system (Balabanova & McKee: 2002. 168). That the amounts of informal payments are differentiated according to the economic status of patients are also supported by Falkingham's study of conditions in Tajikistan, and it is also suggested that the amounts set are subject to negotiation between patient and provider. Even though that people with smaller economic assets make significantly smaller payments according to that source, the amounts paid by the poor are however still prohibitively high, sometimes exceeding an entire month's income (Falkingham: 2004. 254).

7.2.1 Economical implications in the case of Lithuania

Concerning the case of Lithuania, no specific sources regarding proportionality of payments across income groups have been located. However, some interesting information regarding the subject was revealed by Muravjovas;

"I feel that doctors might be afraid to take something like that [informal payment] from people who they think might be in a position to make an issue out of it... The result is that you would abuse mostly, less informed, and people that do not have the same potential bargaining power, meaning that you come from a smaller place, are older, come from social underprivileged, I think you would be more prone to give a bribe." (Muravjovas: 2010-05-19).

This indicates that in the case of Lithuania as well, the poor might be affected in a disproportional way. However, this is most likely not the case when it comes to specialist care, due to the already established higher costs associated with it, and the general tendency of higher utilization of such care among high-income groups.

7.3 Implications for trust in the health care system

There are some indications that informal payments can have a positive impact regarding trust. For example, it has been argued that informal payments serve to build lasting long-term relationships between patients and providers, and give patients the opportunity to show respect for well-performed care, and also that it improves morale among providers (Liaropoulos et al: 2008. 73). The perspective that informal payments has a positive impact on patient-provider relationships is understandably connected to the interpretation of informal payments as an expression of gratitude and not as a corrupt practice. A study of patients health care expenditures in Poland claimed that informal payments allowed patients to obtain care faster, and also that it allowed for a more personal interaction between patient and provider (Chawla et al: 1998. 343).

However, it has also been argued that the situation is the opposite in that informal payments leads to a decrease in the working moral of health care practitioners(Stringhini et al: 2009. 9). An attitudinal study among health care practitioners in Bulgaria also found indications that many medical workers considered informal payments to be potentially detrimental for the physicians self-esteem and clinical autonomy while giving more control to the patients (Balabanova & McKee: 2002. 161). Even though the idea that more control is given to the patients might not sound particularly detrimental in itself, it should be noted that this control that the authors speak of could very well contribute to inequality. Regarding the previously discussed utilization figures, it is not far-fetched that this control only extends to those who are able and willing to provide informal payments.

A survey study by Vian & Burak focusing on informal payments in Albania showed that nearly 80 percent of respondents held a negative attitude towards the practice of informal payments. Meanwhile a majority of respondents, just under 60 percent, considered it to be a necessity to provide payments (Vian & Burak: 2006. 396). Further research on informal payments in Albania has shown that it may also have a negative impact on the public‘s faith in national insurance systems and indirectly on their performances. Another study by Vian et al has indicated that reluctance among members of the general population to enroll in the national health insurance program could be causally related to the practice of informal payments. Such a reduction in the public willingness to participate in the official system would oppose its intended functioning and most likely degrade performance (Vian et al: 2006. 886).

7.3.1 Implications on trust in the case of Lithuania

Concerning the issue of trust in the case of Lithuania, there is little explicit information, but Cockcroft et al's comparative survey study of corruption and health care in the Baltic countries reveals a possible connection. Of the three

countries in the study, Lithuania was found to have the highest frequency of informal payments. Lithuania also scored highest concerning the amount of the population that considered corruption in the health care sector to be severe. Among the respondents of the survey, 64 percent thought that corruption was high or very high. The corresponding figures for the other Baltic countries were consistently around 40 percent (Cockcroft et al: 2008. 5) If it is assumed that a high perception of corruption is symptomatic of mistrust, Lithuania thus showed both the highest frequency of informal payments and the greatest level of mistrust among the survey population against the health care system (Cockcroft et al: 2008. 10). Muravjovas contended that the issue of the effects of informal payments on trust in the health care system had not been specifically addressed, and expressed a belief that it was not a major issue;

"When it comes to the trust, that is a more difficult one. I would not be surprised if people does not think about it that much and actually think that this [informal payment] is what they have to do to secure a particular service provision." (Muravjovas: 2010-05-19).

7.4 Summary

From the material that has been extracted using the operationalizations I will now try to locate reoccurring patterns that relate to the operationalizations that have been used. From these patterns I will then formulate answers to the research questions in the next chapter.

An important problem regarding the issue of informal payments that stands out in many of the sources is the large insecurities that regards the available information. There are several causes for these insecurities. The secluded nature of corrupt acts is a problem. The problem of obtaining detailed information with survey methods, which make up a large part of the available research both on informal payments and corruption in general, is also detrimental. Another important issue is the problem of determining the difference between informal payments and other forms of costs to patients, and their respective proportionality, which is in many cases blurred (Lewis: 2007. 986). Even though the available information is often anecdotal and fragmented, there are a few important patterns that emerge from the sources that I have collected and described in the previous sections.

Regarding access to health care, there seems to be a pattern pointing to that informal payments does have an effect. In a simple overview of the different sources that gives an indication on the subject of access, the majority indicated that access was in fact hampered in some way, while only a few indicated no effect. Among those sources that indicated an impact on access, there were significant variations regarding how this impact was described. The most serious

description of the effect that informal payments has is found in Stringhini et al's study from Tanzania, which described it as an outright threat to survival for many people. A common description concerning access is that utilization of health care services among poor people tend to be lower in countries where informal payments are prevalent. Similar descriptions also occur, for example that informal payments constitute a deterrent to seeking care. Others state that they cause people to delay or refrain from seeking care, or that it is delayed or prevented for them since those who provide informal payments by-pass them on waiting lists. Another important pattern that stands out relates to specialized care. That access to specialized care is often hindered by informal payments has been indicated in a large variety of sources. This pattern also presents itself more clearly, and seems to have a higher level of universality regardless of geographic context. Even Balabanova & McKee's study of the Bulgarian health care system, which did not describe informal payments as an obstacle to health care access, did point to a higher utilization of specialized care among rich people.

Concerning the economical implications of informal payments, an important pattern that emerged was that a majority of sources indicated that the amounts of informal payments did not differ significantly depending on the socio-economic status of the patient. There were however outlier cases in both directions, which claimed that for example poor and unemployed people paid more, and others that claimed that they paid less. Another important pattern that is of course related to the first is that low-income earners pay significantly more in relation to their income. Also, the information that is available concerning the issue of catastrophic expenditures relating to health care all indicated a possible connection with informal payments. The sources were however unable to specify the nature of this connection in more detail. Other forms of significant asset losses were also described by some sources, for example that the costs associated with informal payments can exceed an entire month's income for some people, or that people living in a rural environment where forced to sell livestock in order to afford health care.

The issue of trust in the health care system is the one that has presented the most ambiguous results. The availability of information dealing specifically with this topic was also very scarce. The indications that were found concerning patient/doctor relationships were particularly divided, with an equal amount of indications pointing to positive or negative effects. Those on the positive side expressed that informal payments facilitated deeper and longer interpersonal relationships between doctors and patients. Those on the other side frequently mentioned that informal payments have negative effects on the autonomy, self-esteem or moral of health care providers. Concerning the issue of trust on the system level, a pattern was evident although it was weak due to the limited number of available sources. The indications that were found pointed to a negative impact of informal payments on peoples trust in the health care system.

The main patterns that stands out in the case of Lithuania seems to be that basic health care access is not fundamentally hampered, however, there seems to be a common perception that informal payments is necessary in order to ensure access to, and quality of health care services. The general pattern that pointed to a

higher prevalence of informal payments in specialist care, and of higher sums involved, seemed to be applicable for Lithuania as well. Concerning the economical implications, and the effects on trust, it was unfortunately not possible to locate any discernible patterns. Primarily due to a lack of available information.

8 Conclusions

From the prevailing patterns that I have been able to locate in the previous chapter, it is now time to return to the overarching research questions.

As a reminder, the research questions that I set out to investigate where the following;
- In what ways can the practice of informal payments in the health care sector affect human security?
- How do informal payments affect human security in the case of Lithuania?
- What arguments can be drawn from the phenomenon of informal payments regarding the debate on human security?

There are considerable evidence that access to health care, and thus health security, are significantly hampered in some instances. It also seems that this impediment manifests in several ways. Health care seems to be delayed for some due to that others who pay are pushed up on waiting lists. This delay could have potentially disastrous results for some. It seems that informal payments also serves as an important deterrent towards seeking care. The area were access to health care is threatened to the highest degree seems to be in the case of specialized care. A possible reason for this situation might be related to the factors that contribute towards health care corruption in general, namely information asymmetry and lack of effective competition. In the case of specialized care the level of influence that these factors exert are possibly higher in a relative sense. This might also be the reason why the doctors who receives the most informal payments are the highest earning ones. These circumstances provide an interesting insight concerning the FSU-countries, including Lithuania, and their history with the Semashko-model health care system. That system was characterized by inequality, and created privileges for select groups such as high-ranking party members. In this sense, informal payments could have to some extent replaced the privileges previously enjoyed by the communist elite by effectively creating a two-tiered system with advantages for those of high economic status. From this perspective, informal payments can be claimed to be upholding both the functions of the second economy and the inequalities of the Semashko-system. This would imply that informal payments have also counteracted the reform initiatives that have been undertaken in Lithuania and elsewhere, since they were partly formulated to deal with the inequality issues of the Semashko-system.

As I mentioned in section 5.2, corruption is claimed to have a more detrimental impact on those individuals who are in a weak social or economic position, and it seems that this is the case with informal payments as well, especially from an economic security perspective. It seems that informal payments not only deter people from seeking care or delays it, but also that some

who seek care are forced to make significant sacrifices to do so. A good illustration of this is the evidence that rural people are in some cases forced to sell live-stock. From an economic security perspective, livestock often constitutes essential assets for rural populations, especially in low-income countries, which was established by the Commission on Human Security (see section 4.2). Such losses can affect the living conditions of affected households in a long-term perspective. It is evident that the cost of informal payments for health care weighs considerably more heavily on the shoulders of the poor. As was shown by Falkingham, even those sources who claimed that informal payments are commonly implemented according to the Robin Hood-principle, meaning that costs are adjusted in relation to income, still withheld that the financial burden on the poor from this practice was much higher in a relative sense, and that it constituted a considerable economic loss.

That informal payments are more detrimental for those in a weak position seems to be evident on several levels. Both when it comes to health security and economic security, it is the impact on the poor that stands out as most severe, a condition that seems to be evident both in international comparison and within nations. This seems to affect not only the poor, but also other particular groups, such as the chronically ill. Those who suffer the most severe consequences of informal payments therefore seems to be those who are most vulnerable, whether by economic standards or in other ways.

Due to the limited material and the divided results that were produced concerning the issue of trust in the health care system, it is unfortunately difficult to come to any solid conclusions. Even though the amount of available information dealing explicitly with the issue of trust in the health care system is scarce, I would contend that there are logical reasons to believe that there are negative effects in some instances that has yet to be recorded. The multitude of indications that point to severe economic implications for individuals and households, could very well be a sign of a higher level of disaffection. Especially considering the possible connection between informal payments and mistrust that was found in the case of Lithuania. It would however require further in-depth studies to reveal such attitudes.

When it comes to the effects of informal payments on human security in the particular case of Lithuania, the effects seem to be less severe than in many other cases. Even though basic access to health care does not appear to be under threat, it is still indicated that those who are poor or dispossessed are affected by informal payments more often, and may suffer discrimination by being unable to obtain some forms of care, or by-passed on waiting lists. These circumstances appear to be in line with the notion that the consequences of informal payments, and of corruption in general, seem to be in relation to the overall economic context. Despite the lesser effects, it seems that the public perceptions that informal payments are necessary remains strong. According to Guseva, one of the most tragic consequences of the legacy of the second economy was the continuing perceptions of the necessity of bribes. This legacy certainly seems to maintain its hold on the health care sector in Lithuania.

Considering the severe consequences that informal payments can have for those in a vulnerable position, I would contend that informal payments have a considerable impact on human security from an empowerment perspective. Since a central part of human security is to promote the ability of those who are dispossessed, and create enabling conditions for them, I reckon that informal payments can work against the successful achievement of human security. It was pointed out earlier that informal payments gave more control to those patients who could afford to provide informal payments. It thus seems that informal payments empower some, while depriving others.

I will also briefly mention what possible solutions would be appropriate from a human security perspective. From a protection approach, more needs to be done in those countries where human security is severely affected in order to put in place standards and regulations to mitigate the effects of informal payments. The example of the local action programs in Cambodia is a distinct example that it is possible. In countries such as Lithuania, where the protection-side of human security appears to be fulfilled to a higher extent, and where the practice of giving informal payments is rather embedded in people's minds, it is the empowerment approach that rather contains appropriate possible solutions. A few possible measures that is put forward by an empowerment approach is for example promoting openness and public education. Such measures could be adopted in order to improve people's knowledge of their entitlements in their contacts with the health care system, and their ability to uphold their own possibilities to achieve human security

On a general note it is also worth mentioning that several sources pointed to a strong connection between informal payments and uncertainty for patients regarding the costs associated with health care. It is worth recalling that existing research has shown that corruption that is characterized by uncertainty or unpredictability generally leads to more severe consequences (see section 5.2).

So what arguments can then be derived concerning the debate on human security? To begin with it can be useful to recall some of the underlying reasons why the UNDP drafted the concept in the first place and that were used to rationalize its necessity, namely to better address the insecurities that afflict people in their daily lives, and to find ways to mitigate these insecurities in order to increase their possibilities and empower those who are most vulnerable. I would argue that the example of informal payments demonstrates why a broad conceptualization is necessary if human security is to be effective in localizing the threats that people encounter in their everyday lives and find ways to counter them. Considering the potential consequences that informal payments have been shown to produce, I would contend that they have the capacity to constitute much more than an "unexpected or irregular discomfort", by using the words of Roland Paris. If human security is to adequately live up to the functions for which it was intended, then issues such as these should not be left out. Considering the apparent trend that informal payments seem to have severe effects primarily in countries where poverty is prevalent, the issue of what informal payments bring to the table in relation to other concepts such as human development is once again actualized. I would however, still contend that human security serves an important

complementary purpose, in that it focuses on the small issues, and can identify the small solutions that contribute to overall progress, whether it is a local user-fee reform program, or making people aware of what they are entitled to.

9 Concluding remarks

I think it is appropriate to briefly mention the issue of informal payments as a means of financing health care. It is clear that in many cases, informal payments is a significant contribution to overall financing, and if it were to disappear over night the functioning of the health care system in those cases would likely deteriorate. That said, it is also evident that informal payments in many instances does not simply serve health care providers to obtain subsistence incomes, but rather to retain high levels of economic status. This seems particularly to be the case since those providers who receive the highest informal payments are those with high salaries to start with. As the case of local reforms in Cambodia showed, the implementation of new formal user fees can serve to overcome the need for informal payments while increasing utilization and improve equity. The implementation of such reforms might be problematized due to resistance from those who are benefiting from the current situation, which constitutes a challenge.

Another important issue for the future, and for further research on the subject that has been treated in this essay, is the long-term effects that the current economic instability will have. The health care systems of the transition states, and also in other places, have seemingly been subjected to problems and strains regarding funding levels. The current crisis might very well put any prospects for improvements in jeopardy, and also negate progress that has been made. The risk that this brings is that access to health care is made increasingly problematic for many people, and inequalities in care could be widened.

Executive summary

Introduction
The concept of security has changed significantly during the last decades. The security agenda has been broadened. From focusing primarily on military threats, the focus has now shifted to include an array of issues, including corruption. Security has also changed in that the security of people are increasingly considered, rather than just the security of nation-states, which has manifested in the creation of the concept of human security. The purpose of this study is to examine the consequences that a particular form of corruption, namely informal payments for health care, can have for individuals from a human security perspective. As a part of the study, the particular conditions in Lithuania regarding the issue of informal payments will be investigated, and the conceptual debate on human security will be addressed based on the findings concerning informal payments.

Methodology
The study will be conducted using a combination of two research methods. A qualitative text analysis will be carried out, which will be executed by using a set of operationalizations of the concept of human security. The expert interview method will also be utilized. This method will be employed in the late stages of the research process, and used to test assumptions derived from the text analysis.

Definitions
The definition of corruption that is most commonly used is; *the abuse of public power for private benefit (or profit).* There is significant variations in how informal payments is defined. by the definitions used in this study, informal payments is understood as direct contributions by patients or by others on their behalf, which are made in addition to the contributions set out in the terms of entitlement, meaning regulated fees.

Theory of human security
There is a lack of consensus surrounding the concept of human security and how it should be understood. For this study, the original documents from the UNDP that founded the concept will primarily be used to establish the conceptual framework. Human security was established in order to modernize and broaden the security agenda from its traditional state-centric approach, towards a more people-centred conceptualization. Human security is particularly aimed at identifying and addressing the threats and insecurities that affect people in their daily lives. The potential threats that people often face is divided into several categories by the UNDP. The most important categories from the perspective of informal payments is health security; which primarily concerns threats to health care access, and economic security; which is focused on issues of poverty and

losses of financial and material assets. In order to investigate the effects of informal payments on human security, the concept is translated into three operationalizations; access to health care, risk of economic stress, and trust in the health care system.

Corruption and informal payments

Corruption is a multifaceted phenomenon that is manifest in a large variety of contexts. Commonly used explanatory factors for explaining administrative corruption is poor accountability systems, scarcity of public goods, and low salaries. In the case of the Former Soviet Union countries, such as Lithuania, these factors manifested in the creation of a second economy that permeated most parts of the social and economic life, including health care. As a result of this, a tradition of bribery developed.

The health care sector is exposed to various forms of corruption, of which informal payments are the most commonly recorded according to Transparency International. There are however significant insecurities regarding the existing knowledge on the subject, which is caused by the particular differences that comes with investigating the field of corruption. A large part of the research on the subject has therefore only been able to establish the existence of the phenomenon without reaching a deeper understanding. Informal payments has for a long time been prevalent in Lithuania and the Baltics. Besides the second economy, the structure of the Soviet health care system also contributed to the establishment of the practice of bribing doctors for services that are supposed to be free.

Main findings

It seems that informal payments can have an impact on human security in a variety of ways. Since informal payments are used by some as a shortcut to advance on waiting lists and to jump queues, it is apparent that some others are subjected to delayed health care service. It is also evident that access to health care can be compromised as informal payments might constitute an important deterrent towards seeking care due to the costs that it would impose. From an economic security perspective, informal payments have also been shown to cause significant costs and asset losses for some. The results of the study concerning the impact of informal payments on trust in the health care system was ambiguous, and it was therefore difficult to draw any solid conclusions about its effects concerning this topic. The effects that informal payments have on human security have also been shown to be more widespread in the case of specialized care. Evidence suggests that informal payments contribute to the maintenance of a two-tiered health care system where certain health services are reserved for those from high-income groups. The effects of informal payments are seemingly also varied depending on economic context. It is evident that the consequences of informal payments are generally more serious for those that are in a socially or economically difficult position. Considering these circumstances, the consequences of informal payments on human security can be claimed to be particularly detrimental from an empowerment perspective. Considering the

conceptual debate on human security, I would contend that the conclusions that can be drawn from the issue of informal payments is that the broad conceptualization of the concept is a necessity if human security is to live up to its founding argument, namely to locate and address the insecurities that effects people in their daily lives.

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Interview

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Annex 1. Interview guide

What is your opinion on corruption in Lithuania in general?

Have there been any significant changes in the general situation on corruption during the last years?
- If yes, how would you describe these changes?

What is your opinion on corruption in the health care sector?

What is your opinion on the issue of informal payments for health care?

What would you say are the effects or consequences of informal payments for health care?

Do health care providers usually demand informal payments for care?

What happens if a patient is unwilling or unable to provide informal payments?

What amounts of money are usually involved when it comes to informal payments?

How do you think that informal payments affect the relationship between doctor and patient?