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**Summary Report**  
**SR-BX-bx1-02**

**Baltics**

***System leakages in the health and licencing sectors***

## **The Baltic States: Regional survey on system leakages in the health and licencing sectors, Estonia, Latvia and Lithuania, 2002**

### **Summary of findings**

All three national surveys found attitudes that create an environment conducive to corruption. Only about half the households thought that an unofficial payment was a form of corruption, and only one third of households were willing to report a health care professional that demanded an unofficial payment. Across the region, over half the households thought corruption in health services was high and over half thought that corruption had increased in the last three years. These perspectives were most prevalent in Lithuania.

Nevertheless, just under 4% of households who had used government health services in the first five months of 2002 admitted to making unofficial payments. The proportion of people making unofficial payments was lowest in Estonia (under 1%), followed by Latvia at 3% and Lithuania at 8%. Some 13% of household members gave a gift in their last contact with government health services, with no significant variation among countries. In focus groups, people largely agreed that gifts were not a form of corruption, because their value was small, they were given after care, and they were presented as an expression of gratitude to the health care provider.

People who made unofficial payments were less likely to be satisfied with their care and many said they did not get any positive benefit as a result. In contrast, people who gave gifts were more likely to be satisfied with their care.

Less than one third of households said they had sufficient information about their health care entitlements and only one in five knew how to make complaints. There was a large gap between the proportion of respondents who rated government health services positively (just 28%) and the proportion of household members who were satisfied with the care they received through the national system (80%). This gap was greatest in Latvia.

Across the regional sample, almost one in ten households that applied for licences made an unofficial payment, varying from 7% in Latvia to 12% in Estonia. Among small businesses in Latvia, 6% gave unofficial payments for registration, 9% for licences and 14% for inspections. Among small businesses in Lithuania, 10% gave unofficial payments for registration, 15% for licences and 14% for inspections.

### **b. Summary of communication strategies**

In each country, four main 'actionable findings' were identified to form the framework of the national communication strategies. These 'actionable findings' included: the attitudes about unofficial payments that make a conducive

environment for the practice of corruption; the lack of information about health care entitlements; the knowledge about how to make complaints; the gap between people's rating of the government health care system and their actual experience; the evidence that making unofficial payments does not bring substantial benefit; and the incidence of unofficial payments in licencing processes.

For each 'actionable finding', the communication strategy defines the messages to be communicated, the audience to be addressed, and the most effective channels for communicating the evidence in a way that facilitates positive changes in the sectors examined.

The target groups for information include the general population, service workers, the business community, planners and policy makers. These audience segments will be targeted using the mass media (radio, newspapers and television); dissemination of posters and pamphlets; and seminars and debates. Government institutions and non-governmental organisations will take the lead on different components of the strategy. Service worker, in particular doctors, health facility administrators and government civil servants that issue licences and conduct inspections, will receive specific targeted information, as well as skills necessary to effectively communicate the information to service users.

This social audit was commissioned by the Organisation for Economic Cooperation and Development (OECD) in the framework of the Anti-Corruption Network for Transition Economies' Baltic Anti-Corruption Initiative.