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PASOS
Policy Association for an Open Society

Ilko Kucheriv Democracy Fellowship Programme

Policy Paper

November 2016

CIVIL SOCIETY FOR CORRUPTION-FREE HEALTHCARE IN ESTONIA AND LATVIA

Abstract

The article presents comparative study of anti-corruption efforts of Estonian and Latvian civil society in healthcare. Corruption risks in medical sector are defined in local setting of both countries. Anti-corruption agents of the third sector, their role and goals are described and analyzed. Main initiatives and outcomes of their corruption-reducing work are also indicated in comparative format. Benchmarking best practices of freeing healthcare from corruption in Estonia and Latvia is provided in the paper.

Key words: civil society, anti-corruption initiatives, healthcare, public awareness, advocacy, lobbing, whistleblowing

Introduction

Problem.

Corruption is widespread but country-specific phenomenon. Hence, it is not easy to know if one or another counter-corruption model

can work in other countries. However, success stories of advanced fighters against corruption have always attracted the attention of researchers, especially from the countries with similar starting points but serious corruption problems. From this point of view the case of two Baltic countries – Estonia and Latvia – is definitely worth studying. Obvious facts backed up by statistical data of Transparency International, Eurobarometer and other reliable sources of information, prove that these countries have achieved successful and sustainable outcomes in battling corruption. Estonia and Latvia have some comparable background characteristics including geographical neighborhood, dominant protestant religion, common Soviet historical experience, and traditional pro-western trajectory of development. In Post-Soviet period their governments supported by public activism successfully implemented a number of economic and political reforms which formed the basis of economic growth and progress towards democracy. All this helped to launch the mechanism of transforming medical care sector in those countries. That process was greatly stimulated by external factors. Deep integration into the international community imposed on the states certain obligations regarding corruption-free healthcare system. Through joining the European Union, the Organisation for Economic Co-Operation and Development (OECD), and the North Atlantic Treaty Organization (NATO) Estonia and Latvia were bound by international anti-corruption legislation. They also signed UN and European conventions and charters related to healthcare.

All this taken together created the preconditions for reforming medical care and removing corruption component from that sector. Nevertheless, ways to accomplish this task in Estonia and Latvia differed due to healthcare sector specifics and external factors (anti-corruption legislation, funding etc). This differencies merit more complete analysis of the problem under study, and helps to reveal whether there exists universal methods in combatting corruption in healthcare.

It is known that corruption can be eradicated by joint efforts of government, private sector, and civil society. The role of the last partner cannot be underestimated. Actually, there is strong correlation between the activity of civil society organizations (CSOs) and control of corruption. A. Mungiu-Pipidi on the base of the statistics provided by Quality of Government Standard dataset (University of Gothenburg) states that the more civil society organizations are in the country – the better control of corruption is there. Moreover, it is asserted by her that “it does not matter what kind of CSOs nor what kind of voluntary activity for as long as the capacity for association and collective action exists a society is able to keep a check on public corruption. Association is so

strong that its contrary must be just as well understood. In the absence of public oversight it is quite impossible even by repressive or administrative means to build-in control of corruption" [1].

Each of three said partners is likely to have its priority where its activity can be the most productive. Hence, civil society is expected to be more active in tackling corruption in health sector. Everyone is affected by healthcare system, therefore corruption in medicine is more dangerous and should not be tolerated. "Corruption in the health sector can mean the difference between life and death" [2] – this is the verdict of Transparency International. Thus, "voices of people" against this phenomenon should insist on changes in medical services freeing them from corruption.

Goal and questions of the research

Therefore, the goal of the research is benchmarking examination of civil society's efforts for making healthcare free from corruption in Estonia and Latvia. Based on this, the research should answer the following questions:

1. What are background, drivers, initiatives, and outputs of civil society's anti-corruption efforts in healthcare?

2. What are the similarities and differences in these activities in the two countries?

3. How can their successful practices be identified and recommended to other countries?

Methodology

In this article desk research, both internal (within the host NGO organization) and external (gathering and analyzing on-line information, publications of government, local and international agencies as well as civil society associations) is used. Inquiries and expert interviews with government officials, health professionals, and chiefs and members of civil society organizations were also organized. Comparative method was chosen due to the comparative nature of this particular research.

Terms and definitions

As there are many definitions and approaches to identifying the term "corruption", the author must single out the one that is most consistent with the aims, methods, and subject of this paper. Hence,

preference was given to the definition produced by Transparency International. This organization denotes corruption as “abuse of entrusted power for private gain” [3]. This variant is chosen because it is universal, comprehensive, and applies to any area where corruption is available including healthcare sector. The other reason is that mostly statistical data of Transparency International are used to measure corruption in the article. Thus, in such way the correspondence between the definitions of this phenomenon and methods of its measuring is provided. Similarly, the term “civil society” has no clear universally accepted definition. Sometimes it is also called the „third sector” of society, other than government and business. In broader sence civil society range from individuals or small groups like families till mass people movements. Yet such extreme kinds of entities appear and function in particular historical moments and solve specific problems. As in this paper civil society is considered in the context of public health, it will be quite reasonable to accept the viewpoint of relevant institutions. The most influencial international medical-related structure – the World Health Organization (WHO) – designated and categorized civil society in its discussian paper „Strategic Alliance. The Role of Civil Society in Health” (2001). In this document civil society is regarded as individuals and groups organizing themselves into civil society organizations (CSOs) to pursue their collective interests and engage in activities of public importance. It is stressed as well that these organizations are non-government, non-for-profit, and voluntary. The paper also distinguishes between SCOs and non-government organizations (NGOs) according to the degree of their formalization; unlike CSOs, NGOs have a formal structure and, in most cases, state registration. So, it is proposed to use the term CSOs to indicate a wide range of civil society actors including NGOs.

In view of the specifics of healthcare with possible conflict of interests among its actors, the above-mentioned paper stresses on clear distinction between civil society associations and government or business, since the boundary between them is sometimes blurred. Some organization are linked to the state through government funding; others are more closer to the market due to their area of activity. This circumstance demands the transparency of the links between civil society organizations, government, and business [4]. Taking into account the above , the term ‘civil society’in this article refers to non-state, non-for-profit voluntary organizations formed by people within the social sphere to ensure their collective interests and engage in activities of public importance.

Corruption risks in health sector

Healthcare system is corruption-prone due to various factors. Some of them arise from the specifics of this activity and its organization. Other corruption risks are related to the external environment. Both of them are dangerous for health but require different responses.

Particular health-relevent corruption drivers are described and specified in literature [5]. They are assembled together and briefly outlined below. First and foremost, one can mention uncertainty that is an inherent part of medical services; in this field there is always some indeterminacy concerning patient identity, illness circumstances, and ways of treatment. Another corruption driver is availability of many persons involved in the functioning of this sector. Five key actors in health sector are represented by regulators, payers, providers, suppliers, and patients. Their interaction is a complex and sometimes confusing system of relations. The health system is also characterized by high level of asymetry of information. In this situation some players might take advantage of their knowledge and abuse their positions. The doctor knows less about drug than representative of pharmaceutical company; and the patient, in turn, is less informed about the illness than the physician. As a result, it is more difficult to control diverging interests and to detect misbehavior. Next opportunity for corruption lies in the fact that private providers in healthcare are empowered to play significant public role. Great amount of money invested in health sector also opens new avenues for corruption as well as high cost of constructions, medical equipment and new drugs in connection with influential market of pharmaceutical provider companies. Great corruption risks result from possibility to abuse of power and misuse of resources by Government officials due to discretion to licence and accredit health facilities and other medical-related affairs. Then, punishing corrupt practices is difficult in health domain as there is a thin border between abuse and inefficiencies. Patient privacy and confidentiality concerning diseases also make it difficult to reveal wrong-doings in hospitals and clinics.

The above-mentioned risks are attributed to overall health regardless of social setting and other relevant factors. Nevertheless, they may be accompanied by some country-specific corruption drivers that arise from a certain background. These factors are present in Estonia and Latvia and described in the overview „Corruption risks in Healthcare" issued by National Anti-Corruption Agency of Latvia (KNAB). The paper states that Soviet legacy influenced corruption in healthcare through planned economy with clan system where personal connections were more important than financial capacities. Another corruption-related factor was gift-giving in labor relations that existed as widespread and strong tradition in the Soviet Union. Lastly, underfinanced healthcare

and medicine professionals in Soviet times also laid a strong and lasting foundation for corruption. Moreover, this negative legacy was strenthened by radical economic and political reforms; too quick transformation process generated uncertainty and insecurity; so, people continued to solve their problems with old familiar methods [6]. Finally, Estonia and Latvia are small countries where „everybody knows everybody". Medical professionals may graduate from the same university, work at the same hospital, represent provider and drug producer at the same time, that creates a breeding ground for nepotism/favoritism [7].

Aforesaid corruption possibilities may vary in different countries depending on economic, political, and social conditions as well as particular health system. Respectively, some specific kinds of corruption can become most prominent and problematic in one or another state.

Civil society, corruption, and healthcare

In general the place and role of civil society in anti-corruption activity can be clarified on the base of the concept produced by A. Mungiu-Pipidi and tested empirically in different countries. As a matter of fact, this model can be applicable to corrupt healthcare as well as to other spheres of human activities. According to this construct, explanatory model of corruption at national level is best described as an equilibrium between opportunities (resources) for corruption and deterrents (constraint imposed by the state and society). This provision is illustrated by the formula:

Corruption/control of corruption = Opportunities (Power discretion+Material resources) – Deterrents (Legal+ Normative).

In detail the elements of this formula can be specified like this.

Corruption opportunutues:

- Power outrage creates possibility to feed corruption through monopoly or privileged access, negative social networking which generate mismanagement and wrong-doings.
- Available material public-related resources can be used and abused to get benefit.

Corruption deterrents:

- Legal constraints are provided through effective counter-corruption legislation enforced by independant and accountable judiciary.

- Normative deterrents refer to ethical norms and social intolerance to deviations carried through public opinion, media, civil society, and a critical electorate [8].

Therefore, civil society is considered as an element of normative constraints. Actually, its natural function is promoting "culture of integrity" in the format of counter-corruption legislation and institutions, developed by the authorities. If the government really tackles corruption, it will support and use appropriate grass-root initiatives of CSOs. However, such situation is not frequent. In reality, civil society is almost always concerned about the activities of the authorities because people are rarely satisfied with reforms and ways of their implementation. Moreover, when the government is engaged in window dressing, civil society activity increases dramatically. Anyway, the space for civil society work always remains. Its scope and methods can vary depending on country-related factors. In Estonia and Latvia they are characterized by the following features.

- Holistic well-thought anti-corruption strategy in health sector with engagement of civil society is not elaborated yet; investigations are devoted to either general corruption-related issues or problems in health sector.

- Anti-corruption initiatives in health are not a priority in the activities of civil society organizations; moreover, during interviews with members and chiefs of SCOs, they did not express intention to prioritize anti-corruption in health in the future.

- Civil society organizations focus mainly on improving the healthcare on the whole; however, they deal with the most vulnerable to corruption points. Thus, civil society really opposes corruption but does it rather in indirect way.

Anti-corruption policy in Estonia and Latvia : general trends and peculiarities

Success stories of combatting corruption in Estonia and Latvia were not without contradictions and come-downs. Anti-corruption history in Estonia and Latvia was greatly influenced by electoral cycles and external events like EU integration. Particularly, a new political configuration in power structures could lead both to the radicalization of the struggle against corruption and to its slowdown. Similarly, close prospect of EU

accession stimulated anti-corruption efforts but "day after accession" syndrome caused stagnation and even harassing the counter-corruption supporters [9]. Nevertheless, positive dynamic in tackling corruption since 1990s was transformed into a stable trend that showed itself in all areas of public life and society including healthcare. Therefore, Corruption Perception Index (CPI) of Estonia and Latvia demonstrated significant improvements. As in 2012 methodology for this index was radically changed, it is reasonable to compare their progress in two time intervals (1998-2011 and then 2012-2015) separately. A country's score indicates the perceived level of public sector corruption on a scale of 0-100, where 0 means the highest level and 100 the lowest level of corruption. A country's rank indicates its position relative to the other countries included in the index.

Corruption perception in Estonia and Latvia

	1998		2011		2012		2015	
	CPI	Rank	CPI	Rank	CPI	Rank	CPI	Ra
Estonia	57	26	64	29	64	32	70	2
Latvia	27	71	42	61	49	54	55	4

Source: Corruption Perception Index. Transparency International

Therefore, the best result was shown by Estonia: its CPI jumped from 57 in 1998 to 64 in 2011. In 2012 Estonian CPI was the same as in the previous year; but this indicator further improved till 70 in 2015. At the same period the rank of Estonia worsened from 26 in 1998 till 29 in 2011, and 32 in 2012. Nevertheless, in 2015 Estonia possessed the 23th place – its best output for all previous period.

The outcomes of anti-corruption efforts were more modest in Latvia, although they were more smooth than in Estonia. Its index changed from 27 in 1998 to 42 in 2011. Next period (2012-2015) was characterized by further improvement of the CPI correspondingly from 49 to 55. In spite of Estonia, Latvian rank has constantly improved from 71 in 1998 till 61 in 2011, 54 in 2012, and 40 in 2015 [10]. Anyway, the outputs of both countries were very impressive and indicated great success in battling corruption.

In regard to healthcare, the data provided by Eurobarometer in 2014 showed the similar picture.

Corruption perception in health in Estonia and Latvia

"Has anyone in your country ask you or expected you to pay a bribe for medical service?"			
	Estonia	Latvia	EU average
	1%	3%	2%
"Apart from official fees, did you have to give an extra payment or a valuable gift to a nurse or a doctor, or make a donation to the hospital?"			
	Estonia	Latvia	EU average
	3%	7%	5%

Source: Special Eurobarometer 397, table QB9b and QB2 (fieldwork February-March 2013)

A positive answer to the question "Has anyone in your country ask you or expected you to pay a bribe for medical service?" was given by 1% of Estonians and 3% of Latvians with European average 2%. Another question was "Apart from official fees, did you have to give an extra payment or a valuable gift to a nurse or a doctor, or make a donation to the hospital?" A positive answer was presented by 3% of Estonians and 7% of Latvians with European average 5%. These results are excellent for Estonia and good for Latvia, especially in comparison with Lithuania where 21% of respondents gave positive answers to both above said questions [11].

An overview of battling corruption in healthcare with CSOs' involvement in Estonia and Latvia indicates the following dissimilarities.

Estonia	Latvia
Relatively stable healthcare model minimizing corruption risks	Under-reformed healthcare system more vulnerable to corruption
Comparatively well-financed medicine	Insufficient budgeting of health sector
Decentralized system of government's anti-corruption activity, absence of central counter-corruption agency	Centralized anti-corruption system with specialized agency (KNAB) of multidisciplinary nature.
Contractual relations between doctor and patient	Law-based relations between doctor and patient
Friendly government strategy towards NGOs encouraging cooperation.	Unbalanced government strategy on civil society

Better sustainability and coordination of CSOs	Lesser sustainability and more fragmented network of CSOs

Currently there is no universally recognized global healthcare rating to determine the best medical system. Each optimal health model should be country-tailored and meet the criteria established by the WHO and the European standards. This well balanced system implies a reduction of potential corruption risks.

It is possible to compare Estonian and Latvian health models using the Health Systems in Transition (HiT) series which consists of standardized country-base reviews composed by local experts and the staff of European Observatory on Health Systems and Policies. Estonian edition highly appreciates the advance of the country in medical sphere. It affirms that Estonia has energetically and quite successfully reformed its health system that resulted in positive changes, proved by both quantitative indicator (steady increase of life expectancy) and qualitative one (high level of people's satisfaction with access to and quality of medicine). [12]. Latvian profile contains less positive view indicating constant changes in health system that lasted for two decades which led to various problems together with limited financing and high level of pay-of-pocket payments [13]. Currently Latvian healthcare continues to be criticized by European bodies for non-finalized changes for improving this sector [14].

Government spending on healthcare in Estonia is higher than in Latvia. According to World Bank total health expeditures (% of GDP) in Estonia were 6.3 in 1995 and increased insignificantly till 6.4 in 2014. At the same period of time medical expences in Latvia were 5.8 in 1995 and rose till 5.9 in 2014 [15] that was unlikely to cover the needs of health sector and caused corruption risks. This was officially confirmed in Health System Review (Latvia, 2012) where under-funding of Latvian healthcare is regarded as serious challenge which can be overcome by providing nesessary financing through increased public investment to this sector [16].

Estonia has decentralized anti-corruption government structures whereas Latvia estableshed standalone anti-corruption agency (the Corruption Prevention and Combating Bureau (KNAB- *Korupcijas novēršanas un apkarošanas birojs*) [17] which may concentrate its efforts on certain corruption-prone spheres. This approach appeared to be effective; a good example of this kind – a study of corruption risks in public health where given a comprehensive view of the problem with the necessary recommendations.

Relations between doctors and patients in Estonia and Latvia are

regulated in different ways. In Estonia legislation establishes contractual relationship between physicians and patients (The Law of Obligation Act, 2002). As a result general level of patient rights protection is quite weak, appropriate legislation is rather complicated and inaccessible for ordinary people [18]. Unlike Estonia, Latvia adopted The Law of Patients Rights (2010), recommended by the WHO; in this document relationship between patients and other healthcare actors were defined more clearly.

Government strategy concerning civil society also differ in Estonia and Latvia. Estonia was the first state in the region elaborated strategic document for cooperation between government and civil society – Estonian Civil Society Concept (EKAK in Estonian, 2002-2007). It was followed by establishing National Foundation for Civil Society as a source of public funding with transparent financing mechanism to support CSOs. (2008) [19]. In Latvia government concentrated its efforts on policy paper for strengthening civil society for the period 2005-2014 (2004) and appropriate program for its emplementation [20]. The project of developing government's strategy for supporting civil society, assisted by European Centre of Non-Profit Law, is now still in progress [21]. As for funding, Latvian CSOs do not receive systemic financial support from state as in Estonia.

According to NGO Susutainability Iindex civil society in Estonia are more sustainable than in Latvia. This index is produced by USAID and uses 7-point scale to rank countries's CSOs where 7 indicates a low level of development and 1 shows a very advanced NGO sector. The worst Estonian score was 2.5 in 2000; then it rose to 2.0 and did not changed during 2008-2015. The score of Latvia rose from 4.2 in 1998 (the year of crisis) to 2.7- 2.6 and for many years maintained at this level [22]. Level of coordination within CSOs'chain in Estonia and Latvia also differ. In Estonia the Network of Estonian Nonprofit Organizations (NENO) unites 107 public non-profit associations (2016).This union has been functioning on regular basis since 1991 [23]. There is also anti-corruption coalition Corruption-Free Estonia, shaped by national chapter of Transparency International [24]. In Latvia coordination within CSOs is rather situational and limited by concrete common goals.

Anti-corruption agents in the third sector

Regarding the subject of the reseach, civil society organizations can be categorized by their origins, social and professional position, and networking level that significantly influence their activity. Thus, some of SCOs arose by bottom-up initiative to ensure their grass-root interests. Another kind of associations were established by private or public institutions as a part of international projects. Some of these organizations

unite medical professionals, others are formed by patients. Among SCOs there are both self-reliant structures and organizations affiliated with prominent international movement.

The closest to government could be public consultative bodies by special anti-corruption agencies. Nevertheless, as it was already said Estonia has no central anti-corruption agency: its functions are performed by law enforcement authorities and appropriate department of Ministry of Justice. Unlike Estonia, Latvia has at its disposal the Corruption Prevention and Combating Bureau (KNAB) which started to function in May 2004. This agency covered many areas of public life; in 2012 corruption risks in healthcare became a matter of special concern of this institution. The paper on that issue was composed and published [25]. Under this body Public Advisory Council was established to ensure the participation of the public in implementing the anti-corruption policy and education of the public in Latvia, to strengthen the link between KNAB and the public [26]. Its activity, however, has not marked by any noticeable results.

Much more productive was anti-corruption activity of the NGOs created by international sponsors for improving governance in Baltic countries. In Estonia the first independent non-profit think tank was Praxis Center for Policy Study, established in 2000 with the financial support of George Soros' Open Society Institute. Its name, Praxis, derived from Ancient Greece (represented practical wisdom in political philosophy), corresponds with main goal of the organization – to produce and share applied knowledge for good governance in the country. For this purpose, Praxis was engaged in many projects including health policy program (initiated in 2003 but fully launched in 2004) [27]. Similar think tank was established in Latvia in 2002. It was Center for Public Policy PROVIDUS. Like Praxis, this NGO was founded and initially financed by Open Society Institute and received eloquent name (PROVIDUS means seer in Latin). The organization also focuses on good governance, corruption, and inclusive society although does not deal directly with health area [28].

Another significant actor of civil society in Estonia and Latvia is the network of Transparency International organizations [29]. Its national chapters are very active and carry out their anti-corruption activity on regular basis. However, their roles in these countries differ concerning their functions and the amount of work. Thus, TI-Estonia coordinated anti-corruption network of NGOs in the country through the aforementioned associassion „Corruption-Free Estonia" (Korruptsioonivaba Eesti) on the base of common strategy [30]. As for

Latvian TI chapter (Delna) its work is not as comprehensive as in neighboring state. It functions in traditional format of Transparency International [31].

National Medical Associations in Latvia and Estonia also play significant role in healthcare of these countries. They are not directly engaged in counter-corruption activity in their countries. Nevertheless, their functioning indirectly influences the situation through reducing corruption risks in medical area. Actually, these associations are intended to improve healthcare; really they perform not only their professional tasks but also ensure rights and interests of medical stuff. Both medical alliances are national chapters of international organization and therefore their activity is more unified. Nonetheless, they carry out their task concerning right protection in different way. It is noted that Estonian Medical Association (EMA) [32] recently took on a more labor union role [33]. Thus, it successfully participated in negotiations with government for minimum wages and other financial issues. In contrast, Medical Association of Latvia (LMA) [34] is not very active in this field because this area is mostly matter of responsibility of medical trade unions. Apart from general associations other professional unions are very influential in Estonia and Latvia. They work in the frames of appropriate networks – Estonian Society Family Doctors [35], Estonian Nurses Union [36], and Estonian Hospital Association [37] which involve the majority of medical stuff to cover wide range of professional needs and interests. Similar associations like Latvian Family Physicians Association [38], Latvian Nurses Association [39], or Latvian Hospital Association [40] perform analogous functions.

Trade-unions of medical stuff are also a part of Estonian and Latvian civil society. They concentrate on traditional tasks of labor associations (defending their professional interests against employers) but their claim – well-funded medicine and medical stuff – can shorten possibility for corruption in healthcare sector. Due to relatively satisfactory funding of Estonian healthcare system, Estonian Doctors Union and Estonian Healthcare Workers Vocational Union focused on demanding pay increase for medical professionals [41]. In contrast, Trade Union of Health and Social Care Employees of Latvia [42] requires increasing budgetary allocations for medicine by mass protest actions.

Due to central role of patients in healthcare, their organizations are important partners in tackling corruption. Therefore, patient associations and groups are numerous and active both in Estonia and Latvia. They works however in different legal setting. As it was said, in Estonia relations between patients and other healthcare actors are established on

contract basis. The provisions of these agreement are not enough clear and understandable for the patients. In such circumstances information deficit and asymmetry of knowledge between patient and doctor redouble as well as corruption risks. Under these conditions the role of patient organizations in Estonia has multiplied and their activities were supported by medical authorities.

The oldest institution of that kind is Estonian Patients Advocacy Association (EPAA, 1994) [43]. It is reputed and generally accepted organization partly financed by the Ministry of Social Affairs. This association is involved in wide range of activities. Along with EPAA there are also other numerous associations representing people with special needs and specific chronic diseases - Diabetic Society, Heart Association etc.

In Latvia the patients benefited from the special Law of Patients Rights where relationship between them and physicians were more clearly identified. However, this advantage did not remove the need for representative organizations of patients. So, this room was quickly filled with relevent grass-root institutions. The most notable among them is considered to be "Health projects for Latvia" [44] as a part of international association "Health Action International". The main objectives of the organization is a reasonable use of medicines, independent information about them, improving health care, and the relationship between doctors and patients. Although the members of this union did not declare their anti-corruption mission, its activity is definitely aimed to reduce corrupt practice of pharmaceutical companies.
As well as Estonia, Latvia has lots of representative organization for people with disabilities and serious illness (cancer, AIDS etc). Besides, in Latvia there is Patients Ombudsman office [45]. It was organized in 2008 as a non-government organization under the slogan "Cooperation for Better Health Care Quality". This institution as itself has great potential in raising healthcare standards though it has not yet fully realized its potential.

Main initiatives of CSOs

Public awareness campaigns and advocacy

Due to different interpretations and approaches to these terms and blurred border between them in CSOs' activities, working definitions are proposed in line with the subject of this research. Therefore, public awareness campaign can be defined as the activities to raise the level of knowledge about an issue and explaining its importance for society and the individual through any publicly available medium. It should be

emphasized that awareness campaign does not encourage people to facilitate changes; it only provides them with information to make their choice. As for advocacy, it is also an activity which may include different undertakings performed through public channels (media campaigns, public speaking, amicus briefs etc.). Yet advocacy, in contrast, motivates people to influence the decisions that start changes. In healthcare advocacy is mostly patient-centered and aimed to securing patient's rights.

Awareness campaigns are probably the most common tool using by civil society organizations. Such popularity can be explained not only by public demand or apparent simplicity which does not expect a special legal framework (as lobbying or whistleblowing). An expert from Latvian Anti-Corruption Agency (KNAB) in an interview admitted that the effectiveness of the disseminating anti-corruption knowledge among medical students and professionals, as well as other people, is extremely high.

As noted above, significant risk of corruption in medicine is uncertainty and asymmetric information. Therefore, expanding the consciousness of people about health-related issues in itself reduces the risk of corruption; choosing a corruption-provoking question for raising public awareness makes campaign more effective. Among such important corruption points there is pharmaceutical sphere. Both in Estonia and Latvia corrupt activity in this field is regarded as significant problem and put in the centre of public awareness campaigns. Specific feature of corruption in drug segment, common for Estonia and Latvia, is lack of public funding for professional training of medical staff and participating in scientific conferences abroad; therefore, physicians get financial support from pharmaceutical companies that creates corruption possibilities [46]. The doctor often prescribes a medicine recommended by pharmaceutical sponsors and patients must overpay for unnecessary or inefficient medication.

This problem is more acute in Latvia that generated strong opposition of civil society. In this respect the example of "Health Projects for Latvia" is very illustrative. The history of this grass-root association began from the attempt to make people more informed about drugs. It emphasized that its organization is "pharma-free and not using pharmaceutical funding for implementing its activity" [47]. Then the scope of its activities has expanded considerably. Now its aim is to protect the public interest in the healthcare in Latvia [48].

This transformation from spreading information to protecting patients' interests and rights is natural and common for many civil society organizations in Estonia and Latvia. Some patients' unions are represented by disease-specific voluntary associations related to particular illness or special needs (cancer, AID, blindness etc.). They include the most vulnerable groups of patients which need specialized care and protection. There are also patients' organizations of universal character created to advocate the rights of all people in the country. The most prominent structure of the kind is the Estonian Patient Advocacy Association formed to advocate for the human and civil rights of health and social care service users. Securing patients' rights naturally opposes malpractice of medical stuff, unofficial payments, queue-jumping and some other corrupt practices. The report about the results of EPAA's outcomes indicates activity against long-term care facilities, numerous victories in the court against violations of patients' rights through misbehavior in psychiatric hospitals [49].

It must be admitted that in Estonia unofficial payments are below European average that was appreciated even by the Chairman of Corruption-Free Estonia Jaanus Tehver, usually skeptical about Estonian advances. However, he also asserted that taking small souvenir to medical doctors to thank them for a successful surgery considered being normal in Estonia [50]. It contrasts with Latvia, where unofficial payments exceeds European average but Latvian Physicians Association criticized public campaign against bribes stating that it could worsen patient-physician relationship [51].

In performing public-awareness campaigns and advocacy, SCOs used both traditional forms of spreading knowledge and creative methods of informing. The first format is provided mostly with think tanks by qualified specialists of relevant profile. Thus PROVIDUS offers tailor-made training courses on anti-corruption policies and advocacy for NGOs, policy makers, and civil servants [52]. Less traditional way of public communication was presented by Latvian medical trade unions that used "politainment (politics+entertainment) technique (street theatre shows on medical topics) [53].

Lobbying

Lobbying or its elements are often a part of advocacy campaigns but usually regarded as separate activity. It is aimed to influence decisions made by government officials mostly through legislature or regulation agencies. Therefore, in order not to go against the law, lobbying requires relevant legal frames and rules.

It should admit that lobbying in such small countries as Estonia and Latvia where "everybody knows everybody" is rather specific matter. Despite the recommendations to regulate lobbying issued by the international organizations where Estonia was a member, the country did not adopt the appropriate detailed legal document. Repeated attempts to pass clear lobbying legislation failed through weak public interest in the issue, and changes in political priorities of Estonian government which prefers self-regulation and other soft measures. Vague rules of lobbying create possibility not to distinguish between ethical lobbyism (interest consideration) and unlawful practices (trade in influence). Besides, no formal self-regulatory norms are available for lobbyist as a group though the majority of these groups have their own general ethic codes. At the same time, personal contacts through different channels of communications are frequent and efficient although it lacks transparency. In some cases (profit-or-loss legislation, many-parted stakeholders, or political interest) behavior of lobbyists passes ethical and legal norms [54].

In health sector lobbying is active in pharmaceutical area; this circumstance creates great risks of corruption. This led to strong opposition of civil society which for its part, tried to lobby the interests of the patients. It is also worth mentioning that NGOs in Estonia receive little private donations and get government financial support on regular or project bases. Lack of resources casts doubt on the independent opinion of Estonian NGOs and limits their watchdog role [55].

All this taken together makes CSOs' lobbying difficult. Nevertheless, they try to lobby their legislative initiatives on regular basis. The most active in lobbying is Estonian Patient Advocacy Association. In particular, EPAA pressured the government to change or amend Civil Code and some other laws concerning mentally ill patients; the organization also initiates new appropriate laws [56].

In Latvia, like in Estonia, there is no separate lobbying act but set of related laws. Delna in its report explained the failure to regulate lobbying through lack of political will and stakeholder engagement. It insists on necessity to minimize lobbying-related legislation with clear approach to the issue [57]. It is also pointed out that despite general mistrust of Latvians in fair lobbying there are three particular actors which are considered to be exceptions: citizens lobbying in their own interests, NGOs, and partners of social dialogue – that is civil society representative groups [58]. However, as in Estonia, material interests of NGOs sometimes are in conflict with their mission, so they can be

engaged in promoting economic interests of state or private donors to get funding or privileged access to decision-makers.

In spite of unfavorable conditions, there were a few success stories of lobbying performed by Latvian CSOs. These victories can be explained not only by specific subject of lobbing but also using a model promotion technique with optimum lobbying mechanism. Such successful lobbing practice was presented by Latvian Hepatitis Society. After ten-year failure to advocate 100% drug compensation for hepatitis C patients, this organization changed its strategy. The association formed the coalition of stakeholders, hired professionals to run their campaign, gained the aid of civil society, and provided politicians with appropriate information. As a result both government and opposition voted for the draft in Latvian parliament [59].

Whistleblowing

Disclosure of misconduct and wrongdoings in any public or private sector is of great value for fighting corruption and must be encouraged. Nevertheless reporting about such cases (called whistleblowing i.e. warning against the dangers by blowing the whistle) carries professional and personal risks for the informants. It should be noted that the disclosure of corrupt practice is usually difficult because of insufficient legislation and negative perception of whistlewlowing by public. In healthcare confidentiality concerning disease and treatment also makes the disclosure more problematic; infringing professional duties of confidence can be justified only by great public interest in the issue. Due to this fact revealing secret medical information is permitted only in several domains – underfunding, mismanagement, and failure to comply with legal obligation [60].

As in the last few years interest in whistleblowing has significantly increased, Transparency International and its national chapters studied and reported on the related situation in European countries including Estonia and Latvia. Analysis of this matter showed the following. In Estonia there is no standalone act on whistblowing. Moreover, Estonian Transparency International did not recommend adopting separate whistleblowing law during at least next five years through negative public opinion about this issue [61]. People's mistrust in government, especially in security services, was inherited from the Soviet Union. Another reason for negative appreciation of whistleblowing resulted from small size of Estonia where close relationship between people existed: so, unmasked informer may be negatively affected by the people concerned [62]. These unfavorable circumstances were supplemented by strong corporate ethics

within medical community that obstructs appropriate exposures. As a result neither clear mechanism of whistleblowing nor reliable protection of informant was created. Thus, disclosures are rather rare and hidden for public in Estonian medical sector.

However, the case with the head of surveillance department of the Healthcare Board has been very notable and controversial. He gave interview on TV about illegal selling narcotic and was punished for this; at the same time public opinion was supportive for that official [63]. This example shows that public is inclined to approve the exposure only if there is a threat to health and safety. Unfortunately, the recent case in North Estonia Regional Hospital confirmed conservativeness of health professionals' mind: medical stuff gathered signatures in support of their "heartful" chief accused of bribery and other offences [64].

As well as Estonia, Latvia lacks legal frame for whistleblowing. The major legal act regulating this issue is Labor Law that partly protects informants. Some other laws also contain provisions of reporting misdeeds for some categories of workers. One can also mention many reporting hot-lines in the public sector although their outcomes are not analyzed. Nevertheless, negative perception of whistleblowing in Latvia is widespread, as in Estonia, for the same reasons. There are also such restrictive factors as limited access to confidential information especially concerning financial and commercial fields. Complexities and contradictions in Latvian whistleblowing landscape clearly reflect so-called Neo's case that greatly influenced public opinion. Ilmars Poikans, nicknamed Neo, researcher from Latvian University revealed information about excessive financial incomes and benefits of top Latvians far from post-crisis proclaimed austerity. He was accused of unlawful disclosures and sentenced. Nonetheless, he was declared a hero by public as "Robin Hood of hackers" [65]. As for health domain, another eloquent example of whistleblowing scandal was presented in Latvia. A case in point was Rubins vs Latvia when a professor and Head of the Department of Dermatological and Venereal Diseases of the State University applied to the European Court. The applicant was dismissed from his position being accused of unethical behavior: he sent critical letters to the Rector of the University, demanding to cancel the decision about the abolition of his office through the merging of two departments or to pay him compensation. The Rector refused to do it and Rubins published his critical vision of the management at the University. Although the European Court ruled in favor of Rubins, his conduct was not recognized as whistleblowing. It happened because the Court did not clear the difference between "watchdog" and "protest" whistleblowing [66]: the first deals with misconduct or wrong-doings whereas the second is related

to lawful activity which is considered to go in wrong direction. Anyway, recent high-profile event showed that whistleblowing could lead to substantial results: Latvian Health Minister Guntis Belevics resigned through jumping the line to get minor surgery against his promise to reduce waiting times for operations. It is interesting to note that it was anonymous email from a doctor which gave start to further investigating this case [67].

Conclusion

1. Estonia and Latvia represent two anti-corruption success stories with comparable inputs and outputs. After regaining independence both countries had similar starting points – alike geographic position, small size of territory and population, dominant protestant religion, common Soviet legacy with non-market economy and authoritarian political system. These states passed through radical economic and political transformation and implemented substantial health reforms. After more than twenty years of independent existence Estonia and Latvia are characterized by lower level of corruption and stable positive dynamic in battling this phenomenon.

Civil society as a corruption deterrent factor could be very productive in healthcare where its activity is especially welcome by World Health Organization. Both in Estonia and Latvia the CSOs' efforts in healthcare are not focused on corruption battling directly and openly; they target corruption in indirect way by undertakings actions which remove corruption from medical sector.

Anti-corruption drivers, represented by CSOs, include public councils under anti-corruption agencies, think tanks initiated by international funds, national chapters of Transparency International, medical professional associations, relevant trade-unions, and patients' organizations. Their functions and scope of activity depend on healthcare corruption risks, availability of central anti-corruption agency, health-related legislation, and coordinating initiatives of civil society.

Due to corruption bottlenecks in healthcare, civil society in Estonia and Latvia is active mainly in raising public awareness, advocating their initiatives, and partly in lobbing. Whistleblowing is problematic because of inherited mistrust to government and close interdependence of people due to small size of the countries.

2. Despite similar background, anti-corruption activities in healthcare in Estonia and Latvia are country-specific. It depends on the following factors.

- Health model with its specific corruption risks. Estonian healthcare system is more complete and stable that limits corruption possibilities in this sector. Latvian medical pattern is under-reformed and so is more vulnerable to corruption.

- System of financing medicine and level of its funding. Estonian healthcare are comparatively well-funded mostly from employers' contributions; therefore, medical trade-unions are active mostly in negotiating about their salaries. Latvia where medicine is taxes-based, allocates less money to healthcare through economic problems: medical community have to prevent financial difficulties by permanent protest actions demanding better budgeting.

- Design of anti-corruption system. In Estonia anti-corruption functions are performed by several government bodies. In contrast, Latvia created the single counter-corruption agency which had possibility to concentrate on particular issues; as a result corruption risks in Latvian healthcare were examined with action plan to prevent them.

- Health-related legislature. In Estonia contractual relations are established between doctors and patients on the base of local legislature. It leads to difficulties in protecting patients' rights and more active role of patient organizations. In Latvia the relations between healthcare actors are regulated by special Law of Patients Rights that clarifies the relationship much more clearly. Consequently, this kind of CSOs activity is less stimulated there.

- Government strategy toward civil society. In Estonia CSOs are more welcome by authorities: they elaborated specific concept of interaction with them and mechanism of their financing. In Latvia such global strategy is now still developed and financing is not made on regular basis.

- Sustainability and coordination of CSOs'. Civil society is more sustainable and self-coordinated in Estonia. With regard to Latvia, in spite of expanding network of civil organizations they show lower level of sustainability and making coalitions of NGOs.

3. Better outcomes of Estonia in tackling corruption, proved by statistics, do not prevent benchmarking of the best practices in Latvian anti-corruption efforts. Some of their achievements are health-centered, others demand adapting to medical setting. Summing up, the most productive counter-corruption drivers in healthcare in Estonia and Latvia are as follows:

- Tailor-suited healthcare model minimizing corruption in Estonia.

- Availability of special map of corruption risks in healthcare with appropriate counter-corruption recommendations provided by Latvian anti-corruption agency (KNAB)
- Welcome and prospective strategy toward CSOs performed by Estonian government
- Adopting of Law on the Rights of Patients in Latvia
- Coordination of CSOs activity on common anti-corruption platform "Corruption- Free Estonia" formed by national chapter of Transparency International
- Activities of Latvian Trade Union of Health and Care Employees concerning healthcare funding
- Efforts of Estonian Patient Advocacy Association regarding patient rights.

None of the anti-corruption experience of Estonia and Latvia can be recommended as ready-made model for another country with similar background because each of them is an integral part of integrated and interdependent system. Successful counter-corruption findings of these states must be fitted in country-unique setting.

Taking into account aforesaid it is reasonable to generalize on this list of achievements to recommend the following steps for any country that would want to combat corruption in healthcare.

- Designing and implementing a sustainable, realistic, and efficient healthcare system model;

- Mapping corruption risks in healthcare and an action plan to mitigate those;

- Encouraging the emergence or activating the work of SCOs (patient associations, anti-corruption organizations, think tanks) who would be able to expose corruption cases in healthcare and to push for changes.

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