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TRANSFORMATION OF POSTCOMMUNIST STATES AND THEIR WELFARE
REGIMES: COMPARATIVE ANALYSIS OF BALTIC COUNTRIES

Summary of doctoral dissertation
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VILNIUS UNIVERSITETAS

LIUTAURAS GUDŽINSKAS

POKOMUNISTINIŲ VALSTYBIŲ IR JŲ GEROVĖS REŽIMŲ TRANSFORMACIJA:
BALTIJOS ŠALIŲ LYGINAMOJI ANALIZĖ

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Summary of doctoral dissertation

This dissertation seeks to evaluate how Central and Eastern European (CEE) countries organise and develop state under the conditions of liberal democracy and membership of the European Union (EU). The main attention is paid to Lithuania and other two Baltic countries – Estonia and Latvia.

The problems of quality of democracy and governance of postcommunist states are analysed through the lenses of welfare politics. Such choice is based on the assumption that quality of democracy and governance should be conceptualised not only at the abstract level, but also by consideration of real political content, or – in other words – regarding what are historically developed empirical circumstances of modern state.

Exactly modern state of Western type is *welfare state*. Contemporary stateness could be difficult to be imagined without certain model of welfare regime. Indeed, after the second World War significant state's transformation has occurred. By the expansion of functions of welfare state, some variation of institutional combination of liberal democracy and market capitalism in maintaining societal solidarity has been embedded. Due to various reasons Western welfare states have been increasingly meeting with many challenges. However, they remain core institutional factor of political and economic processes. Meanwhile, communist countries were “premature welfare states”¹, characterised by overwhelming role of state and lacking market relations. In this sense, the core current challenge of modern state-building for the CEE countries is the restructuring of modern welfare politics in order to converge with the Western rules and standards.

Development of postcommunist welfare politics (thus also issues of transformation of postcommunist state and of quality of democracy) is analysed by invoking the concept of *welfare regime* proposed by Gøsta Esping-Andersen². Despite the fact that welfare politics is first of all based on the institutional structure of state, essentially the welfare of the whole society and each its individual is assured not only by

¹ János Kornai, *The Socialist System: The Political Economy of Communism*, Oxford: Oxford University Press, 1992.

² Gøsta Esping-Andersen, *Social Foundations of Postindustrial Economies*. New York: Oxford University Press, 1999.

state, but also by other two fundamental societal institutions – market and family. Namely, the interaction of state and other two institutions creates a particular welfare regime (also sometimes called as welfare capitalism) as a framework for functioning of democracy and economy of developed countries. The application of concept of welfare regime for analysing transformation of postcommunist state also allows us to rest on the conception of “state in society”, which considers the state not only as the apparatus exercising monopoly of coercion, but also as a particular form of *social relations*³. Finally, welfare policies are also important that europeisation does not affect them directly, thus their development could evidence real motivation of postcommunist societies and their authorities to modernise their states and strengthen their capacities.

Therefore the goal of this dissertation – to analyse transformational processes of postcommunist state and its welfare regime in Baltic countries. In order to achieve this goal, three main tasks are exercised:

- 1) To analyse and compare the main theories of postcommunist welfare regimes by evaluating to what extent and how these theories emphasise the role of core institutions of welfare regime (i.e. state, market and family), as well as factor of international environment;
- 2) By referring to accomplished theoretical analysis, to compare CEE countries and evaluate condition of their stateness – by investigating, if the distinction of modern and patronage states, which is manifest in the whole postcommunist space, does not replicate itself to some extent among Baltic countries as well as other CEE countries that have joined the EU;
- 3) To analyse the development of Baltic countries’ healthcare – as underlying welfare policy that can also tell much about the real quality of democracy and governance in these states.

Methodology. The main method applied in dissertation is qualitative comparison of several (similar) cases. Such comparison is firstly understood as a description of chosen cases, classification and explanation of causes of main differences found among cases. This comparative research of Baltic countries is carried out at several dimensions.

³ Migdal, Joel S., *State in Society*, Cambridge University Press, 2004; Guillermo O’Donnel, „On the State, Democratization and Some Coceptual Problems: A Latin American View with Glances at Some Postcommunist Countries“, *World Development*, 21(8), 1993; Michael Mann, „The Autonomous Power of the State,“ // John Hall (ed.) *States in History*, Oxford: Basil Blackwell, 1986.

In the first part of dissertation one observes so called middle-range theories that allow us to understand the general trends of development of postcommunist countries' welfare regimes. Consequently, in the second part of dissertation, these trends are analysed only considering Baltic and other CEE countries by solidifying them with appropriate empirical data. In the third part of dissertation comparative research is focused at the maximum. One analyses only one of the welfare policies – healthcare – in Baltic countries. The main attention is paid to the development of this policy in Lithuania and Estonia, while comparative data about the situation in Latvia are also presented.

Considering methodological aspects, one has to emphasise that the fundamental assumption of this research is significance of state for political and economic processes in country. Therefore, this work rests on the perspective of new institutionalism, that emphasises the importance of institutions for human interactions. Research that analyse state's role in politics usually have to evaluate *institutional* and *historical* context of state (as an abstract analytical concept by itself) and significance of this context for political actors and their decisions⁴. Institutional context of state in this dissertation firstly is expressed through the aforementioned concept of welfare regime. Meanwhile historical context of state is analysed by referring to the conception of path dependency.

This conception characterises frequently observed social processes when earlier events strongly restrain scope of later events. Although “path dependency” was firstly coined by economists⁵, later it was broadly applied for analysis of political and other social processes of long and medium-term. Generally it is asserted that certain historically formed institutions have a tendency to persist and be resilient against later attempts to radically reform them even it becomes clear that they are non-functional and there are better alternatives to them. Conception of “path dependency” mostly presumes incremental (non-radical) institutional change. However, there are more than one way how this incremental change is proceeded⁶. In this dissertation it is analysed in more detail, how exactly since the regain of independence institutional paths of healthcare policies in Baltic countries have been formed and have been subsequently developing.

⁴ Colin Hay, Michael Lister, David Marsh (eds.), *The State: Theories and Issues*. Basingstoke & New York: Palgrave Macmillan, 2006, 10-13.

⁵ Brian W. Arthur, *Increasing Returns and Path Dependence in the Economy*. Ann Arbor: University of Michigan Press, 1994.

⁶ Wolfgang Streeck & Kathleen Thelen (eds.), *Beyond Continuity. Institutional Change in Advanced Political Economies*. Oxford: Oxford University Press, 2005.

The connections with already published works of other authors could be defined in three ways. Firstly, this dissertation continues studies of Lithuanian postcommunist transformation⁷, this work is a comparative one. Moreover, it also contributes to already classical discussion on different developmental trends of Baltic countries⁸. In comparison with other studies of postcommunist transformation of Baltic countries, this dissertation more particularly analyses the functioning of welfare regimes as well as the development of patronage institutions in Baltic states vis-à-vis other CEE countries.

In such a way one seeks to evaluate not only modernisation and europeisation processes of CEE countries, but also to assess prospects of “latinisation” in this region. As well as in many countries of Latin America and Southern Europe, a big proportion of postcommunist countries (including some CEE liberal democracies) are characterised by pervasive corruption, tendencies of “state capture”, various modes of party patronage, as well as by low societal trust in state institutions and shadow (informal) power structures⁹. Due to the observations that these “latinisation” trends in some CEE countries remain quite stable even after joining the EU, one may assert that patronage-like (i.e. non-

⁷ Mantas Adomėnas et al. (eds.), *Lietuvos tauta: būklė ir raidos perspektyvos*. Vilnius: Versus Aureus, 2007; Algis Krupavičius & Alvidas Lukošaitis (eds.), *Lietuvos politinė sistema: sąranga ir raida*. Kaunas: Poligrafija ir informatika, 2004; Vaidutis Laurėnas, *Normalios politikos genezės atvejis: Lietuvos politikos sociologijos studija*. Klaipėda: Klaipėdos universiteto leidykla, 2001; Klaudijus Maniokas, *Europos Sąjungos plėtra ir europeizacija: Vidurio ir Rytų Europos valstybių išsijungimas į Europos Sąjungą*. Vilnius: Eugrimas, 2003; Irmina Matonytė, *Posovietinio elito labirintai*. Vilnius: Knygiai, 2001; Vitalis Nakrošis ir Žilvinas Martinaitis (eds.), *Lithuanian agencies and other public sector organisations: organisation, autonomy, control and performance*. Vilnius: Vilniaus universiteto leidykla, 2011; Zenonas Norkus, *Kokia demokratija, koks kapitalizmas? Pokomunistinė transformacija Lietuvoje lyginamosios istorinės sociologijos požiūriu*. Vilnius: Vilniaus universiteto leidykla, 2008; Ainė Ramonaitė, *Posovietinės Lietuvos politinė anatomija*, Vilnius: Versus aureus, 2007; Ainė Ramonaitė et al., *Partinės demokratijos pabaiga? Politinis atstovavimas ir ideologijos*. Vilnius: Versus aureus, 2009; Rūta Žiliūkaitė et al., *Neatrasta galia: Lietuvos pilietinės visuomenės žemėlapis*. Vilnius: Versus aureus, 2006.

⁸ Li Bennich-Björkman, „Building post-communist states: Political corruption and strategies of party formation in Estonia and Latvia“. // Sven Eliaeson (ed.), *Building Democracy and Civil Society East of the Elbe: Essays in honour of Edmund Mokrzycki*. New York: Routledge, 2006; Li Bennich-Björkman, „The cultural roots of Estonia’s successful transition: how historical legacies shaped the 1990s.“ *East European Politics & Societies*, Vol. 21, 2007; Kjetil Duvold, *Making Sense of Baltic Democracy: Public Support and Political Representation in Nationalising States*, Doctoral Dissertation, Örebro: Örebro University, 2006; Neil Hood, Robert Kilis, Jan-Erik Vahne (eds.), *Transition in the Baltic States: Micro-Level Studies*, Basingstoke: Macmillan Press, 1997; Marju Lauristin (ed.), *Estonian Human Development Report 2010/2011: Baltic Way(s) of Human Development: Twenty Years On*, Tallinn: Eesti Koostöögu, 2011; Lieven, Anatol, *Pabaltijo revoliucija: Estija, Latvija, Lietuva – kelias į nepriklausomybę*. Vilnius: Baltos lankos, 1995 (1994); Norkus, Zenonas, *Kokia demokratija, koks kapitalizmas? Pokomunistinė transformacija Lietuvoje lyginamosios istorinės sociologijos požiūriu*. Vilnius: Vilniaus universiteto leidykla, 2008; Nørgaard, Ole, et al., *The Baltic States after Independence*. Cheltenham & Brookfield: Edward Elgar, 1996; Panagiotou, Ritsa A., „Estonia’s Success: Prescription or Legacy?“. *Communist and Postcommunist Studies*, Vol. 34 (2), 261-277, 2001; Steen, Anton, *Between Past and Future: Elites, Democracy and the State. A Comparison of Estonia, Latvia and Lithuania*, London: Ashgate, 1997.

⁹ Klaus H.Goetz, „Making sense of post-communist central administration: modernization, Europeanization or Latinization“. *Journal of European Public Policy*, 8:6, 2001, 1032-1051.

transparent and non-accountable) governance structures at least in some CEE countries can become quite entrenched in the long run.

Secondly, this dissertation seeks to evaluate situation of welfare politics of Lithuanian and other Baltic countries in a comparative context¹⁰. If usually Lithuania is treated similarly to other Baltic countries, and common traits of welfare politics of these countries are emphasised, in this dissertation one attempts to highlight some fundamental differences – firstly emphasising issues of effective governance of these policies. Moreover, from the perspective of postcommunist transformation dissertation in more detail compares the development of healthcare systems of Baltic countries and in such a way complements the research of this area¹¹.

Finally, various theories of postcommunist state and its welfare regime¹² are discussed in this dissertation. These theories are synthesised by accentuating their

¹⁰ Jolanta Aidukaitė, *The Emergence of the post-socialist welfare state – the case of the Baltic states: Lithuania, Latvia and Estonia*. Södertörn University doctoral dissertation, 2004; Jolanta Aidukaitė, „Transformation of welfare systems in the Baltic states: Estonia, Latvia and Lithuania.“ // Alfio Cerami & Pieter Vanhuysse (eds.), *Postcommunist welfare pathways: theorizing social policy transformations in CEE*. Basingstoke: Palgrave Macmillan, 2009, 96-112; Marju Ainsaar, „Social policy, the labour market and the subjective well-being of the population“. // Marju Lauristin (ed.), *Estonian Human Development Report 2010/2011: Baltic Way(s) of Human Development: Twenty Years On*, Tallinn: Eesti Koostöögu, 2011, 44-68; Dainius Bernotas & Arvydas Guogis, *Globalizacija, socialinė apsauga ir Baltijos šalys*. Vilnius: Mykolo Romerio universiteto Leidybos centras, 2006; Arvydas Guogis, *Socialinės politikos modeliai*. Vilnius: Eugrimas, 2000; Romas Lazutka et al. (eds.), *Lietuva stojant į Europos Sąjungą: ekonominė, sociologinė ir demografinė padėties analizė*. Vilnius: Socialinių tyrimų institutas, 2004; Marius Skudis, „Naujųjų Europos Sąjungos valstybių narių gerovės režimų vieta tradicinių Europos socialinių modelių tipologijoje.“ *Filosofija. Sociologija*. 2009. T. 20. Nr. 2, p. 130–143.

¹¹ Ain Aavikso & Riina Sikkut, „Health care policy in the Baltic countries from 1990 to 2010.“ // Marju Lauristin (ed.), *Estonian Human Development Report 2010/2011: Baltic Way(s) of Human Development: Twenty Years On*, Tallinn: Eesti Koostöögu, 2011, 58-65; Vaida Bankauskaitė & Julia S O'Connor, „Public health development in the Baltic countries (1992-2005): from problems to policy.“ *European journal of public health*, 18(6): 586-92, 2008. Romualdas Buivydas et al., *Lietuvos sveikatos sektoriaus amžių sandūroje*. Vilnius: Sveikatos ekonomikos centras, 2010; Anne Cockcroft et al. „An Inter-country Comparison of Unofficial Payments: Results of a Health Sector Social Audit in the Baltic States“. *BMC Health Services Research*. Vol. 8. No. 15. 2008; Gediminas Černiauskas (ed.), *Pirmasis Lietuvos sveikatos reformų dešimtmetis*, SEC, 2000; Danguolė Jankauskienė, *Sveikatos politika ir valdymas Lietuvoje ir jų tobulinimo kryptys*. Vilnius: Mykolo Romerio universitetas, 2008; Domantas Jasilionis et al., „Recent life expectancy divergence in Baltic countries“, *XXVI IUSSP International Population Conference*, 2009; János Kornai & Karen N. Eggleston, *Welfare, Choice and Solidarity in Transition: Reforming the Health Sector in Eastern Europe*. Cambridge University Press, 2001; Vylius Leonavičius, Giedrė Baltrušaitytė, Ingrida Naujokaitytė, *Sociologija ir sveikatos priežiūros paslaugų vartotojas*. Kaunas: Vytauto Didžiojo universitetas, 2007; Andrew Roberts, „The Politics of Healthcare Reform in Postcommunist Europe“. *Journal of Public Policy*, 29, 3, 305-325, 2009; Michał Sitek, „The New Institutional Approaches to Health Care Reform: Lessons from Reform Experiences in Central Europe“, *Journal of Health Politics, Policy and Law*, Vol. 35, No. 4, August 2010.

¹² Alfio Cerami, „Europeanization and Social Policy in Central and Eastern Europe.“ // Francois Bafail & Timm Beichelt (eds.), *Europeanisation. D'Ouest en Est. Coll. Logiques Politiques*. Paris: L'Harmattan, 2008, 137-168; Verena Fritz, *State-building: A Comparative Study of Ukraine, Lithuania, Belarus, and Russia*, Budapest & New York: Central European University Press, 2007; Béla Greskovits & Dorothee Bohle, „Capitalism without Compromise: Strong Business and Weak Labor in Eastern Europe's New Transnational Industries“, *Studies in Comparative International Development*, Vol. 41, No. 1, 2006; Béla Greskovits & Dorothee Bohle, „The State, Internationalization, and Capitalist Diversity in Eastern Europe“, *Competition & Change*, Vol. 11, No. 2, 2007; Anna Grzymala-Busse, *Rebuilding Leviathan*, Cambridge: Cambridge University Press, 2007; Stephen Haggard & Robert R. Kaufman, *Development, Democracy, and Welfare States: Latin America, East Asia, and Eastern Europe*.

connections and mutual differences. Hereby the author enters into the field of these discussions and presents his own point of view regarding the most important factors of development of postcommunist states and their welfare regimes.

Main conclusions.

When Baltic countries are compared, the phenomenon of Estonian *economic success* is generally emphasised. One puts stress on smooth implementation of neoliberal market reforms in the early period of postcommunist transformation. It is held to be a telling example of “shock therapy”, when the crucial progress is achieved despite the social costs in the short run. Meanwhile Lithuania usually is presented as a country that hesitated to implement radical economic reforms. It is said to be most inclined among Baltic countries to carry out gradual strategy of economic adjustment. Among other motives, the emphasis usually put on objective to retain social solidarity at the time of radical changes. However, one recognises that Lithuania had finally to follow Estonian example by speeding implementation of delayed market reforms. Although such narrative is firstly oriented to the early period of postcommunist transformation, motive of Lithuania as being “late Estonia” on the road of liberal market economy remains essential for explanation why the developmental gap among Baltic countries persists or even enlarges.

Dissertation corrects these statements. In actual fact current advance of Estonia is a much broader phenomenon, and economic dimension is not the most important one. Although neoliberal market reforms were the core element of Estonian economy strategy, it is not the most important factor that could explain the relative *societal success* of this country. Much bigger importance for these achievements has to be attached to the processes how the state and its main institutions were being rebuilt.

When speaking about re-building of postcommunist state, one has to emphasise the aspect of partiality of this process. In other words, the success of fundamental postcommunist reforms in large part depended on how their implementation was

Princeton: Princeton University Press, 2008; Tomasz Inglot, *Welfare States in East Central Europe, 1919-2004*. New York: Cambridge University Press, 2008; Conor O'Dwyer, *Runaway state-building: Patronage Politics and Democratic Development*. Baltimore: The John Hopkins University Press, 2006; Mitchell A. Orenstein & Martine R. Haas, „Globalization and the Future of Welfare States in the Postcommunist East-Central European Countries.“ // Miguel Glatzer & Dietrich Rueschemeyer, *Globalization and the Future of the Welfare State*. Pittsburgh: Pittsburgh University Press, 2005; Pieter Vanhuysse, „Power, Order and the Politics of Social Policy in Central and Eastern Europe.“ // Alfio Cerami & Pieter Vanhuysse (eds.), *Post-Communist Welfare Pathways: Theorizing Social Policy Transformations in Central and Eastern Europe*, Basingstoke: Palgrave MacMillan, 2009, 53-72.

consistent and non-distorted by particular interests of “early winners” or other then influential groups. The strategic role to manage it came to then political elite that had the power to make decisions structuring the further development of state. The content of these decisions and way of implementation of them defined further prospects of newly re-building states to become either modern or patronage, i.e. organisation delivering effective solutions to societal problems or rather creating the latter and aggravating them. On the other hand, these landmark decisions at the early period of postcommunist transformation were also impacted by the “institutional conformation” of these states, i.e. historical institutional heritage of communism, circumstances and experience of earlier modernisation, and geographical proximity to Western European states.

The divide of modern and patronage states in postcommunist space is the most salient among CEE countries that reached sufficient level of liberal democracy for accession to the EU, and countries of Commonwealth of Independent States (CIS) that are still characterised with varied degree of authoritarianism, big distortions of market economy and political control of courts. Accordingly it all influences the level of welfare of these societies.

However, one can also notice analogous (although to a lesser degree) differences of quality of governance among the very CEE countries. In this dissertation it is established that such differences also exist among Baltic countries.

Estonia distinguishes itself from other Baltic countries by much more robust party competition and much higher indicators of governance effectiveness and corruption control (leading the whole CEE region). Estonian path of modernisation “from abroad” has also been exceptional. Estonia has managed to better integrate into international markets. It is best reflected by the largest foreign direct investments per capita among all CEE countries, which in turn positively affects both governance and prospects of economic development. Despite the fact that Estonia (as well as other Baltic countries) so far mostly exports “basic” production (i.e. more labour- and land-intensive and less capital- and technology-intensive), the sector of high informational technologies has been quite well developed. The recent acceptance of Estonia to the OECD club uniting the most developed world countries also mark a clear international recognition. Finally, the financial crisis in 2008 revealed that Baltic populations *already* differently react to the compulsion to pay taxes. Before 2009 the trends of collecting taxes in Baltic

countries were similar – it amounted to 30-32% GDP. However, since 2009 the situation has changed. While in Latvia and Lithuania amount of collected taxes dropped to 27.5% GDP, in Estonia collection of taxes rose to 34.3% GDP. This recently occurred gap among Baltic countries on capacities to collect taxes and to keep sustainability of public finances as never before signifies potentially different long-term trajectories of governance of Baltic states.

Speaking about partiality and incoherence of Baltic countries' postcommunist transformation, variation of ways how privatisation was carried out is used to be emphasised. In particular, privatisation of large-scale industries in Lithuania was implemented even faster than in other Baltic countries, but the chosen way to do it (by investing cheques) and timing (before taming inflation) as well as non-transparency following the process created conditions for rent-seeking behaviour for persons having needed political relations and determined economic loss that crucially weakened state capacities.

However, partiality and incoherence of postcommunist transformation should not be reduced to only problems of economic reforms. In this dissertation the main attention is paid to the development of healthcare in Baltic countries, which is the core welfare policy though less analysed under the perspective of postcommunist transformation. It has been established that time, speed and achieved results reforming health system significantly differ between these states.

Estonia introduced compulsory health insurance already in 1991 thus crucially reforming financing of healthcare. This move was important for seeking effective governance. It secured health budget from general economic downturn in the beginning of postcommunist transformation, allowed to begin in time to optimise inherited from Soviet rule over-extensive network of healthcare institutions, and also to delimit possibilities of politicians to interfere into the routine operation of system. In other Baltic countries there were also plans to change Soviet model of financing healthcare from general budget by introducing compulsory health insurance, but these plans were implemented only partially and during a long period of time (completing only in 2009 in Lithuania) or they were overall abandoned (in Latvia). Continuing to finance healthcare mostly by the means of state budget, the governance of system remained dependent upon

general processes of fiscal policy, more sensible to economic fluctuations and more open to political pressure. Accordingly, results of Baltic countries' health systems also differ.

There are notable differences in life expectancy and its long-term development trends, mortality from diseases amenable by medical intervention, effectiveness of using resources (optimisation of extensive hospital network inherited from Soviet times), the relation of public means vis-à-vis payments that inhabitants have to make from their pockets, spread of illegal payments, as well as ratings of international agencies and public satisfaction with the services provided by health system. Despite the fact that healthcare in Baltic countries has been financed to a similar extent, Estonian health system excels healthcare of other Baltic countries in all these aforementioned essential aspects, see Table No. 1.

Table No. 1. Comparison of Baltic countries' healthcare indicators

Health system's indicators	Estonia	Latvia	Lithuania	EU average
Total healthcare expend., PPP\$ per capita, WHO est., 2009 (2007; 2001)	1372.58 (1122.54; 521,6)	995.56 (1060.36; 546)	1096.56 (1134.4; 602.1)	3152.48 (2805.23; 1979.94)
Life expectancy at birth, 2009 (1990)	75.31 (69.94)	73.28 (69.54)	73.23 (71.55)	79.79 (75.18)
Mortality from amenable diseases per 100 000 (Nolte & McKee list), 2009 (1999)	164.864 (277.3915)	205.6046 (290.6508)	188.9323 (218.8495)	105.4356*
Mortality from amenable diseases per 100 000 (Tobias & Yeh list), 2009 (1999)	176.9404 (267.8883)	207.5557 (280.2204)	204.5054 (243.0676)	125.221*
In-patient discharge per 100, 2009 (1990; 1999)	18.14 (18.48; 20.52)	18.89 (22.53; 22.5)	22.09 (18.68; 24.94)	17.7 (16.85; 18.33)
Hospital beds per 100000, 2009 (1990)	543.85 (1155.32)	640.14 (1343.71)	680.32 (1248.7)	528.55 (801.39)
Out-of-pocket payments, % total healthcare expenditure, 2009 (1995)	20.32 (10.24)	38.22 (33.74)	26.8 (22.4)	15.63 (17.48)
European health consumer index, place within EU, 2009 (2008)	15 th (9 th)	25 th (27 th)	24 th (22 nd)	---
Patients' satisfaction with quality of healthcare	70%	37%	40%	70%

Sources: WHO European health for all database; author's calculations from WHO Detailed mortality data basis (for amenable mortality); European Health Consumer Index 2008, 2009; Eurabarometer, *Patient safety and quality of healthcare*, Special Report 327/ Wave 72.2, 2010 (for patients' satisfaction).

* The indicator is calculated as an arithmetic average of all EU countries' (except Greece) respective indicators from the data of the last available year.

It is necessary to emphasise that Estonia usually called as the most “neoliberal” country in Baltic region (and in the whole CEE) during the early period of postcommunist transformation implemented such reforms that ensured financially more equitable and secured as well as more effectively functioning healthcare system. Meanwhile Lithuania and Latvia by delaying the essential reforms have created such situation when officially declared principle of universality of healthcare provision increasingly becomes fictitious.

All of this contradicts with usual notion that sets off radical reforms of postcommunist transformation against the necessity to retain solidarity in society. At least comparative analysis of Baltic countries’ healthcare development show opposite tendencies. Those countries that delayed to reform this welfare policy or carried out it incoherently created background for debilitation of state’s role and increasing of “informality” of the system. Such *institutional drift* also corresponds the experience of CIS countries. In the latter, avoiding to reform healthcare or doing it incoherently, with interruptions, the governance of system became incapable of ensuring implementation of principles of universality and solidarity.

The question why Baltic countries headed towards different directions of transformation of healthcare requires deeper research. The most probable explanation of early Estonian reforms indicates the crucial role of professional medical organisations and their pressure “from the bottom” to introduce compulsory insurance. Indeed, considering experience of other CEE countries compulsory health insurance was early introduced in those countries where doctors were sufficiently organised in order to achieve that reform favouring their professional interests would be implemented. It also reflects those general explanations of Baltic countries’ postcommunist transformation¹³ that indicate vibrancy of civic organisations in Estonia before re-establishing the independence and their importance for creating favourable environment for subsequent emergence of reform-oriented elite.

In line with conclusions, one can raise questions about fundamental relations between health system and general political processes, which are worth to be studied

¹³ Li Bennich- Björkman, „Building post-communist states: Political corruption and strategies of party formation in Estonia and Latvia“. // Sven Eliaeson (ed.), *Building Democracy and Civil Society East of the Elbe: Essays in honour of Edmund Mokrzycki*. New York: Routledge, 2006; Li Bennich-Björkman, „The cultural roots of Estonia’s successful transition: how historical legacies shaped the 1990s.“ *East European Politics & Societies*, Vol. 21, 2007.

further. Firstly, it is necessary to conduct detailed historical research precisely reconstructing how reforms of healthcare developed in Baltic countries, particularly at the early period of time, who and what motives determined certain core decisions and what were their further implications. Secondly, one requires an extensive comparative research that could evaluate similarities and differences of Baltic countries' healthcare transformation with analogous process with other states – firstly from the ones in CEE and CIS regions, but also by introducing other middle-income regions, such as Latin America or Southeast Asia. Thirdly, it would be important to analyse in detail the characteristics of other welfare policies (in first place, education and social policy) of Baltic countries' postcommunist transformation and to evaluate the occurrence of patronage tendencies regarding these policies. It is equally important to explore the same aspect of formulation and implementation of other policies essential of for state capacities, i.e. local governance, taxation policy, and public administration, and what are causal interactions of the development of these policies with transformation of welfare regime in Lithuania and other postcommunist countries.

Dissertation also implies some practical recommendations for healthcare.

Healthcare has to become the core horizontal priority of state policy. Besides, the general progress of country should be measured not only by the economic growth, but also by average life expectancy. Too little political significance has been so far attached to healthcare. It echoes soviet structures of mentality, when healthcare was considered in economic sense as “unproductive” sector. However, properly managed and financed public health policy could be an essential factor to reduce poverty and social inequality, while decrease of mortality (especially from amenable diseases) has not been so far appropriately exploited source of growth of economy and of overall welfare of society.

Seeking for better integration of so far quite isolated health policy into the general state governance, it is to be considered a possibility following Estonian example to abolish “sectoral” Healthcare ministry by merging it with Social security and labour ministry into Social affairs ministry that could have much stronger capacities of political coordination. On the other hand, independence of state health insurance fund as institution responsible for administration of health insurance means has to be strengthened by limiting possibilities of politicians at local and central levels to interfere into routine function of healthcare and use of its finances. In other words, it is necessary

to clearly delimit functions of formulation of health policy and its implementation. For this cause the best option would be abolishment of subordination of health insurance fund to ministry. Seeking to restrict political patronage and ensure transparent functioning of health system, it is also important to strengthen mechanisms of societal control of functioning of the system.

Among other measures, the essential healthcare reform should also include reduction of mortality from amenable and other avoidable diseases (collected data during the research have evidenced a big potential in this sphere), strengthening of primary healthcare (clearly delimiting it from the secondary level of care and giving a bigger freedom of action), reduction of corruption, reorganisation of healthcare institutions (by further reducing the number of bed of in-patient hospitals and increasing the number of nurse beds), also creating proper preconditions for development of formal private sector and voluntary insurance.

Although the core assumption of research is that processes of state building and its further development are usually characterised by “path dependence” conception, one could argue whether observed different tendencies of Baltic states and their welfare regimes are totally irreversible. There are abundant examples in history, when a certain formed path of state or of particular policy later was discontinued or there was a significant departure from it. On the other hand, the more international pressure to restrain state expenses increases, the more important goal for effective governance of public finances becomes.

This is to be especially applied for healthcare, expenses of which increase due to both costs induced by technological progress and demographic tendencies of ageing society. It is the core public welfare policy that has fundamental social meaning and economic value, and thus could help to restore the trust in state. Considering current results of Lithuanian health system and having in mind future prospects, fundamental reforms in this sphere are in acute need.

Reziumė lietuvių kalba

Šia disertacija siekiama įvertinti, ar iš tikrųjų visoms Vidurio ir Rytų Europos (VRE) šalims pavyksta organizuoti ir vystyti valstybę liberaliosios demokratijos ir narystės ES sąlygomis. Didžiausias dėmesys skiriamas Lietuvai ir kitoms dviem Baltijos šalims – Estijai ir Latvijai.

Į pokomunistinių valstybių valdymo ir demokratijos kokybės problemas šioje disertacijoje žvelgiama pirmiausia per gerovės politikos prizmę. Toks pasirinkimas pagrįstas pirmiausia tuo, kad valdymo ir demokratijos kokybės problemos turėtų būti konceptualizuojamos ne vien tik abstrakčiu lygmeniu, bet ir atsižvelgiant į realų politikos turinį, arba, kitaip tariant, į istoriškai susiklosčiusias empirines modernios valstybės raidos aplinkybes. Disertacija remiasi prielaida, kad esminiu modernios valstybės kūrimo iššūkiu Vidurio ir Rytų Europos (VRE) šalims (t.y. pokomunistinėms valstybėms, įstojusioms į Europos Sąjungą) laikytina modernios, vakarietiškus standartus atitinkančios gerovės politikos sukūrimo problema. Kita vertus, gerovės politikos svarbios dar ir tuo, kad jų tiesiogiai neliečia europeizacija, tad gebėjimas jas tinkamai plėtoti turėtų parodyti realų pokomunistinių šalių valdžių ir visuomenių nusiteikimą modernizuoti savo valstybes ir stiprinti jų gebėjimus.

Taigi šios **disertacijos tikslas** – išnagrinėti pokomunistinės valstybės ir jos gerovės režimo transformacijos procesus Baltijos šalyse.

Tam, kad būtų pasiektas disertacijos tikslas, vykdomi šie **uždaviniai**:

- 1) išanalizuoti ir tarpusavyje palyginti pagrindines pokomunistinių šalių gerovės režimų teorijas – įvertinant, kiek ir kaip šios teorijos pabrėžia esminių gerovės režimo institucijų (t.y. valstybės, rinkos ir šeimos), taip pat tarptautinės aplinkos vaidmenį plėtojant gerovės politiką;
- 2) remiantis atliktą teorine analize, įvairiais pjūviais palyginti VRE šalis įvertinant jų valstybingumo būklę – ištiriant, ar tarp Estijos, Latvijos ir Lietuvos, taip pat kitų VRE šalių, įstojusių į ES, tam tikru mastu neatsikartoja *modernių* ir *patronažinių* valstybių skirtis, kuri plačiausiai yra išryškėjusi visoje pokomunistinėje erdvėje;

- 3) išanalizuoti Lietuvos ir Estijos sveikatos apsaugos politikos raidą – kaip esminę gerovės politikos sritį, sykiu daug ką galinčią pasakyti apie tikrąją šių šalių demokratijos ir valdymo kokybę.

Tyrimo metodologija. Pagrindinis disertacijoje taikomas metodas – kokybinis kelių (panašių) atvejų lyginimas. Toks lyginimas pirmiausia suprantamas kaip pasirinktų atvejų aprašymas, klasifikavimas ir esminių aptiktų skirtumų (tarp atvejų) priežasčių aiškinimasis. Šis Baltijos šalių lyginimasis tyrimas atliekamas skirtingais lygmenimis. Pirmojoje disertacijos dalyje apžvelgiamos taip vadinamos „vidutinio nuotolio“ (*middle-range*) teorijos, kurios leidžia suprasti pokomunistinių šalių gerovės režimų raidos bendrąsias tendencijas (*general patterns*). Toliau, antrojoje disertacijos dalyje, šios bendrosios tendencijos analizuojamos tik Baltijos ir kitų VRE šalių lygmeniu jas „sutirštinant“ atitinkamais empiriniais duomenimis. Trečiojoje disertacijos dalyje, lyginamasis tyrimas maksimaliai sufokusuojamas. Tai yra, nagrinėjama tik viena iš gerovės politikų – sveikatos apsauga – Baltijos šalyse. Pagrindinis dėmesys sutelkiamas į šios politikos raidą Lietuvoje ir Estijoje, taip pat palyginimui pateikiami duomenys apie situaciją Latvijoje.

Esminės išvados

Nors neoliberalios rinkos reformos buvo kertinis Estijos ekonominės strategijos elementas, tai nėra esminis veiksnys, kuris gali paaiškinti santykinę šios šalies *visuomenės sėkmę*. Daug didesnę reikšmę šiems pasiekimams turėjo tai, kaip iš pradžių buvo perkuriama valstybė ir jos esminės institucijos.

Kalbant apie pokomunistinės valstybės perkūrimą, pabrėžtinas šio proceso šališkumo klausimas. Kitaip tariant, pamatinių pokomunistinių reformų sėkmė didele dalimi priklausė nuo to, kiek jų įgyvendinimas buvo nuoseklus ir neiškreiptas „ankstyvųjų laimėtojų“ ar kitų įtaką tada turėjusių grupių partikuliarių interesų. Strateginis vaidmuo visa tai suvaldyti atiteko tuomečiam elitui, turėjusiam galią priimti valstybės raidą struktūruojančius sprendimus. Jų turinys ir vykdymo pobūdis apibrėžė tolesnes valstybės perspektyvas tapti *modernia* arba *patronažine*. Kita vertus, esminiams sprendimams ankstyvuojų transformacijos laikotarpiu didelę įtaką turėjo ir šių valstybių „institucinis reljefas“, t.y. istorinis-institucinis komunistinės santvarkos palikimas, modernizacijos patirtys, geografinis artumas Vakarų Europos valstybėms.

Modernių ir patronažinių valstybių skirtis pokomunistinėje erdvėje ryškiausiai matyti tarp VRE šalių, pasiekusių tokį liberaliosios demokratijos lygį, kad būtų priimtos į ES ir kitas Vakarų organizacijas, ir posovietinės erdvės (NVS) šalių, iki šiol pasižyminčių tam tikro laipsnio autoritarizmu, dideliais rinkos ekonomikos iškreipymais ir politine teismų kontrole. Visa tai atitinkamai veikia ir šių visuomenių gerovės lygį.

Tačiau tarp VRE šalių taip pat galima pastebėti analogiškus (nors ir mažesnio laipsnio) valdymo kokybės skirtumus. Šioje disertacijoje nustatyta, kad tokio pobūdžio skirtumai egzistuoja ir tarp Baltijos šalių.

Estija iš kitų Baltijos šalių išsiskiria kur kas tvirtesne partine konkurencija bei daug aukštesniais valdymo efektyvumo ir korupcijos kontrolės rodikliais (pastarieji yra patys aukščiausi visame VRE regione). Taip pat išskirtinis Estijos ekonominės modernizacijos „iš išorės“ kelias. Galiausiai 2008 metų finansų krizė atskleidė, kad Baltijos šalių gyventojai *jau* skirtingai reaguoja į prievolę mokėti mokesčius.

Kalbant apie Baltijos šalių pokomunistinės transformacijos šališkumą ir nenuoseklumą, paprastai pabrėžiama, kad skyrėsi, kaip šiame regione buvo atliekama privatizacija. Visgi pokomunistinės valstybės transformacijos šališkumas ir nenuoseklumas nebuvo ir nėra vien ekonominių reformų bruožas ar galima problema.

Šioje disertacijoje didžiausias dėmesys skirtas sveikatos apsaugos raidai Baltijos šalyse. Nustatyta, kad sveikatos apsaugos reformos laikas, tempas ir pasiekti rezultatai reikšmingai skiriasi tarp šių valstybių. Estijoje dar 1991 metais įvestas privalomas sveikatos draudimas taip iš esmės reformuojant sveikatos apsaugos finansavimą. Šis žingsnis buvo svarbus efektyviam valdymui pasiekti, t.y. leido apsaugoti sveikatos biudžetą nuo bendro ekonomikos nuosmukio transformacijos pradžioje, laiku pradėti optimizuoti nuo sovietinių laikų paveldėtą išpūstą sveikatos priežiūros įstaigų tinklą ir apriboti politikų kišimąsi į kasdienę sistemos veiklą. Kitose Baltijos šalyse taip pat buvo planų pakeisti sovietinį „biudžetinį“ sveikatos apsaugos finansavimo modelį įvedant privalomą sveikatos draudimą, tačiau šie planai buvo įgyvendinti tik iš dalies ir per ilgą laiką tarpą (2009 metais Lietuvoje) arba apskritai jų buvo atsisakyta (Latvijoje). Ir toliau finansuojant sveikatos apsaugą daugiausiai valstybės biudžeto lėšomis, sistemos valdymas išliko priklausomas nuo bendrųjų fiskalinės politikos procesų, jautriau reaguojantis į ekonomikos svyravimus ir atviresnis politiniam spaudimui. Atitinkamai skiriasi ir pasiekti Baltijos šalių sveikatos apsaugos rezultatai.

Nepaisant to, kad sveikatos apsauga Baltijos šalyse finansuojama panašiomis apimtimis, skiriasi gyvenimo trukmė ir jos ilgalaikės raidos tendencijos, mirtingumas nuo mediciniškai pagydomų ligų, resursų panaudojimo efektyvumas, privataus sektoriaus plėtra, viešųjų lėšų santykis su lėšomis, kurias tenka gyventojams mokėti už gydymą „iš savo kišenės“, nelegalių mokėjimų apimtys, taip pat tarptautinių agentūrų vertinimai ir gyventojų vertinimai. Visais šiais esminiais aspektais Estijos sveikatos apsauga pranoksta Lietuvos ir Latvijos sveikatos sistemas, žr. lentelę Nr. 1.

Lentelė Nr. 1. Baltijos šalių sveikatos sistemos rodiklių palyginimas

Sveikatos sistemos indikatoriai	Estija	Latvija	Lietuva	ES vidurkis
Visos sveikatos apsaugos išlaidos, PGP\$ 1 gyv., PSO įvert., 2009 (2007; 2001)	1372,58 (1122,54; 521,6)	995,56 (1060,36; 546)	1096,56 (1134,4; 602,1)	3152,48 (2805,23; 1979,94)
Vidutinė tikėtina gyvenimo trukmė 2009 (1990)	75,31 (69,94)	73,28 (69,54)	73,23 (71,55)	79,79 (75,18)
Mirtingumas nuo pagydomų ligų 100 000 gyv. (pagal Nolte & McKee ligų sąrašą), 2009 (1999);	164,864 (277,3915)	205,6046 (290,6508)	188,9323 (218,8495)	105,4356*
Mirtingumas nuo pagydomų ligų 100 000 gyv. (pagal Tobias & Yeh ligų sąrašą) 2009 (1999)	176,9404 (267,8883)	207,5557 (280,2204)	204,5054 (243,0676)	125,221*
Hospitalizacijų skaičius 100 gyv., 2009 (1990; 1999)	18,14 (18,48; 20,52)	18,89 (22,53; 22,5)	22,09 (18,68; 24,94)	17,7 (16,85; 18,33)
Ligoninių lovų skaičius 100 000 gyv., 2009 (1990)	543,85 (1155,32)	640,14 (1343,71)	680,32 (1248,7)	528,55 (801,39)
Gyventojų mokėjimai iš savo kišenės, % dalis viso sveikatos finansavimo, 2009 (1995)	20,32 (10,24)	38,22 (33,74)	26,8 (22,4)	15,63 (17,48)
Europos sveikatos vartotojų indeksas, vieta tarp ES šalių, 2009 (2008)	15-ta (9-ta)	25-ta (27-ta)	24-ta (22-tra)	---
Pacientų pasitenkinimas teikiamų paslaugų kokybe	70%	37%	40%	70%

Šaltiniai: Pasaulio sveikatos organizacijos (PSO) duomenų bazė „European health for all database“; autoriaus skaičiavimai remiantis PSO Europos padalinio detalaus mirtingumo duomenų baze „Detailed mortality data basis“ (mirtingumui nuo pagydomų ligų apskaičiuoti); EHCI indeksai 2008, 2009; Eurobarometer *Patient safety and quality of healthcare*, Special Report 327/ Wave 72.2, 2010 (pacientų pasitenkinimui įvertinti).

* Rodiklis pateikiamas išvedus aritmetinį vidurkį iš atitinkamų visų ES šalių (išskyrus Graikijos) rodiklių pagal paskutinius metus, apie kuriuos turimi duomenys.

Būtina pabrėžti, kad „neoliberalia“ vadinama Estija ankstyvuoju pokomunistinės transformacijos laikotarpiu įgyvendino tokias reformas, kurios užtikrino solidaresnę,

finansišškai saugesnę ir tuo pačiu efektyviau veikiančią sveikatos apsaugą. Tuo tarpu Lietuva ir ypač Latvija, atidėdamos esmines reformas, sukūrė tokią situaciją, kai oficialiai deklaruojamas sveikatos apsaugos universalumo principas tampa vis labiau fiktyvus.

Klausimas, kodėl Baltijos šalys pasuko skirtingomis sveikatos apsaugos transformacijos kryptimis, lieka atviras ir reikalaujantis gilesnio tyrimo. Bene realiausias ankstyvų Estijos reformų aiškinimas nurodo esminį profesinių medikų organizacijų vaidmenį ir jų spaudimą „iš apačios“ įvesti privalomą draudimą. Tai taip pat atspindi tuos bendruosius Baltijos šalių pokomunistinės transformacijos aiškinimus, kurie nurodo pilietinių organizacijų gyvybingumą Estijoje dar iki nepriklausomybės atkūrimo pradžios ir jų svarbą kuriant palankią terpę vėliau iškilti į reformas orientuotam elitui.

Disertacijos išvadose taip pat nurodomi klausimai apie pamatinius sveikatos sistemos ir bendrųjų politinių procesų ryšius, kuriuos verta nagrinėti toliau. Taip pat pateikiamos praktinės rekomendacijos, kaip stiprinti sveikatos apsaugos sistemą Lietuvoje.

Sveikatos apsauga turi tapti esminiu horizontaliu valstybės politikos prioritetu. Lygiai taip pat bendrą šalies pažangą vertėtų matuoti ne tik ekonomikos augimu, bet ir vidutine gyvenimo trukme. Iki šiol sveikatos apsaugai suteikiama pernelyg mažai politinės reikšmės. Tai atliepia sovietines mąstymo struktūras, pagal kurias sveikatos apsauga laikyta ekonomine prasme „neproduktyviu“ sektoriumi. Tačiau iš tikrųjų tinkamai sutvarkyta ir deramai finansuojama viešoji sveikatos politika galėtų tapti esminiu veiksniu, mažinančiu skurdą ir socialinę nelygybę, o mirtingumo (ypač nuo išvengiamų priežasčių) mažinimas iki šiol nėra deramai išnaudotas ekonomikos ir apskritai visuomenės gerovės didinimo veiksnys.

Siekiant iki šiol gana izoliuotą sveikatos politiką geriau integruoti į bendrą valstybės valdymą, svarstyтина galimybė Estijos pavyzdžiu naikinti „sektorinę“ Sveikatos apsaugos ministeriją ją jungiant su Socialinės apsaugos ir darbo ministerija ir tokiu būdu įkuriant kur kas didesnes politinio koordinavimo galimybes turinčią Socialinių reikalų ministeriją. Kita vertus, būtina sutvirtinti Valstybės ligonių kasos kaip institucijos, atsakingos už sveikatos draudimo lėšų administravimą, nepriklausomumą apribojant vietos ir centro lygmens politikų galimybes kištis į kasdienę sveikatos apsaugos veiklą ir jos finansų panaudojimą. Kitaip tariant, būtina aiškiai atskirti

sveikatos politikos formavimo ir jos įgyvendinimo funkcijas. Tam geriausia būtų apskritai panaikinti VLK pavaldumą ministerijai. Siekiant apriboti politinį patronažą ir užtikrinti skaidrų sveikatos sistemos veikimą, taip pat svarbu stiprinti visuomeninės kontrolės mechanizmus.

Tarp kitų priemonių, esminė sveikatos apsaugos reforma taip pat turėtų įtraukti mediciniškai pagydomų ir kitų išvengiamų ligų mirtingumo mažinimą (surinkti duomenys tyrimo metu paliudijo dideles neišnaudotas galimybes šioje srityje), pirminės priežiūros grandies stiprinimą (aiškiai ją atskiriant nuo antrinės priežiūros grandies ir suteikiant didesnę veikimo laisvę), korupcijos mažinimą, sveikatos priežiūros įstaigų reorganizavimą (toliau mažinant stacionarinių ligoninių ir didinant slaugos įstaigų lovų skaičių), taip pat sudaryti deramas galimybes formalaus privataus sektoriaus ir savanoriško draudimo plėtrai.

Curriculum vitae

Liutauras Gudžinskas was born in Vilnius in 1982. In 2000 he finished Vilnius Jesuit Gymnasium. In the same year he began bachelor studies of political sciences at Institute of International Relations and Political Science (IIRPS) of Vilnius University. In 2002-2004 he also studied in the Open Society College (or the Invisible College) funded by the Foundation of Open Lithuania.

In 2004 he accomplished his bachelor studies. He continued his studies at the IIRPS, Vilnius University (master programme of comparative politics). He finished his master studies by receiving *magna cum laude* diploma in 2006 and in the same year he began his PhD studies of political science at Vilnius university.

In 2005 and 2008 he had internship at Creighton university (USA) for several months, in 2009 – at Tallinn University (Estonia). During 2006-2010 he or with co-authors published nine academic publications (see below full list of them). He participated and presented at several scientific conferences, the last of which was XXIII American Baltic Studies Association's conference held at Chicago (USA) on the 25th-29th of April 2012. Since 2008 he has taught course of Comparative politics for bachelor students of political science of VU IIRPS. In 2008-2010 he also taught course of New institutionalism for master students.

In 2004-2009 L. Gudžinskas worked at the Office of Prime Minister of the Lithuanian Republic, in the department of the EU policy. In 2007-2009 he was the head of division of the EU policy analysis at this department. He left the civil service by choosing to continue academic work.

L. Gudžinskas is a founder of several student organisations. In 2006-2011 he was the student representative at the Senate of Vilnius University, in 2007-2011 the representative of PhD students at the Council of VU IIRPS, in 2010-2011 he was the president of Vilnius university students' representation.

Gyvenimo, kūrybinės ir mokslinės veiklos aprašymas

Liutauras Gudžinskas gimė 1982 m. Vilniuje. 2000 m. baigė Vilniaus jėzuitų gimnaziją. Tais pačiais metais įstojo į Vilniaus universiteto Tarptautinių santykių ir politikos mokslų institutą (VU TSPMI), politikos mokslų bakalauro programą. 2002-2004 m. taip pat studijavo Atviros visuomenės kolegijoje (įkurtoje Atviros Lietuvos fondo).

2004 m. gavęs bakalauro laipsnį, studijas toliau tęsė VU TSPMI (lyginamosios politikos magistro programa). Magistro studijas pabaigė 2006 m. gavęs *magna cum laude* diplomą ir tais pačiais metais įstojo į politikos mokslų krypties doktorantūrą Vilniaus universitete.

2005 ir 2008 m. po keletą mėnesių stažavosi Creighton universitete (JAV), 2009 m. – Talino universitete (Estija). 2006-2010 m. vienas arba kartu su bendraautoriais paskelbė devynias mokslines publikacijas Lietuvos ir tarptautiniuose recenzuojamuose leidiniuose (visą publikacijų sąrašą žr. žemiau). Dalyvavo ir skaitė pranešimus keliose konferencijose, iš kurių paskutinė – 2012 m. balandžio 25-29 d. XXIII Amerikos Baltijos studijų asociacijos konferencija Čikagoje (JAV).

Nuo 2008 m. dėsto VU TSPMI bakalauro programos II kurso studentams Lyginamosios politikos kursą. Taip pat 2008-2010 m. yra skaitęs VU TSPMI magistrantams Naujojo institucionalizmo kursą.

2004-2009 m. L. Gudžinskas dirbo LR Vyriausybės kanceliarijoje, Europos Sąjungos politikos departamente. 2007-2009 m. užėmė šio departamento ES politikos analizės skyriaus vedėjo pareigas. Valstybės tarnybą paliko pasirinkęs tęsti akademinį darbą.

L. Gudžinskas yra kelių studentišκών organizacijų steigėjas. 2006-2011 m. buvo studentų atstovas VU Senate, 2007-2011 m. doktorantų atstovas VU TSPMI Taryboje, 2010-2011 m. ėjo VU Studentų atstovybės prezidento pareigas.

Works published on the subject of the dissertation

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