

Global health care under threat

- How corruption affects humanitarian aid and people in need of basic requirements

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MASTERARBETE	
Arcada	
Utbildning:	Masters degree in Global Health
Identifikationsnummer:	23321
Författare:	Annette Backman
Arbetets namn:	Global health under threat - How corruption affects humanitarian aid and people in need of basic requirements
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Uppdragsgivare:	Diakonia, Yrkeshögskola. Jaana Tilli
<p>Avisikten med denna magistersavhandling är att undersöka hurudant hot korruption är i sammanhang av global hälsa och humanitärt arbete samt utvecklingsprojekt. Målet är att producera ett bakgrundsmaterial som kan användas vid utbildning av biståndsarbetare. Global hälsa innefattar medicinska utamningar globalt samt lokalt när sjukdomar och kriser sträcker sig över nationella gränser. En uppskattning var gjort under 2019 av Förenta Staterna att ungefär 139 miljoner människor är i behov av biståndsarbete det året. Under 2015 var det 736 miljoner människor som levde under gränsen för fattigdom, vilket inkluderar brist på mat, rent vatten samt sanitering. Detta bekräftar att dessa produkter har stort värde på svarta marknaden. Små fragila länder som är utsatta för konflikter innehar hög statistik av fattigdom och korruption. Kvalitativ metod med intervjuer som metod för datainsamling var mest optimal för denna avhandling och insamlade datan är analyserad via induktiv innehållsanalys.</p> <p>Korruption är väldigt varierande i hur den framträder. Ibland är det väldigt konkret och ibland är det väldigt abstrakt eller gömt i samhället och kan vara en del av lokala kulturen. Resultatet visar de typer av korruption som framkommer mest är missbruk av anförtrodd makt, mutande, nepotism, förskingring samt kontrollerande av pengaflöde. Korruption triggas av fattigdom mestadels i låg- samt mellaninkomst länder. Brist på transparens, svag regering samt brist på ordentlig kontroll och straff är faktorer som håller liv i korruptionen. Transparens är en viktig och obligerad faktor under ett uppdrag.</p> <p>För att förbereda sig inför ett uppdrag inom humanitärt arbete så behövs man bekanta sig med reglerna och förfarandesätten som är ämnade för just det uppdraget. Regler och normer utsatta av ansvariga organisationen bör man också känna till. Plan för projektet borde göras av ansvarig organisation så att det inte finns utrymme för korruption i arbete som en viktig åtgärd. Bakgrundslitteraturen bekräftar de flesta aspekter ur resultatet.</p>	
Nyckelord:	Corruption, fenomenon, humanitarian aid, development project, corruption control, global health
Sidantal:	79 sidor, 4 bilagor
Språk:	Engelska
Datum för godkännande:	10.12.2020

MASTER'S THESIS	
Arcada	
Degree Programme:	Masters degree in Global Health
Identification number:	23321
Author:	Annette Backman
Title:	Global health under threat - How corruption affects humanitarian aid and people in need of basic requirements
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<p>The purpose of this thesis is to investigate what kind of threat corruption is to global health according to corruption in humanitarian work and development projects. Aim is to use this thesis as background material for pre-deployment training and education of aid workers. Global health covers medical issues globally and locally as diseases and crises reaches beyond borders. United Nations estimated in 2019 that approximately 139 million people will be in need of humanitarian aid during the current year. In 2015 there were 736 million people living under the poverty line. This includes lack of food, clean drinking water and sanitations. These numbers explain also the interest of the black market. It has been confirmed that small, fragile and conflict-affected countries preserve high poverty rates and high amounts of corruption.</p> <p>In this thesis a qualitative method was used to investigate corruption as a phenomenon. Interviews were done and the choice of analysis of the collected data was inductive content analysis.</p> <p>The types of corruption are many and the appearance of corruption is sometimes very obvious and sometimes very hidden in the society and part of the culture. The types that arose from the raw data were the misuse of entrusted power, bribing, nepotism, embezzlement and control of cash flow. Corruption is triggered by poverty mainly in low-income countries and by greed in high-income countries. Lack of transparency, weak governmental systems and lack of proper sanctions and control are factors that maintain corruption. Transparency is an important and obligated part during the mission.</p> <p>Preparation before mission includes familiarizing oneself with the code of conduct regarded to the mission. Furthermore, it is essential for the delegate to be aware of rules and norms of the responsible organization that concern upcoming work. The plan for the project should be made in advance to leave out the opportunity for corruption to interfere at all. The literature confirmed most parts of the results of the study.</p>	
Keywords:	Corruption, phenomenon, humanitarian aid, development project, corruption control, global health
Number of pages:	79 pages, 4 appendices
Language:	English
Date of acceptance:	10.12.2020

OPINNÄYTE	
Arcada	
Koulutusohjelma:	Masters Degree of Global Health
Tunnistenumero:	23321
Tekijä:	Annette Backman
Työn nimi:	Global health under threat - How corruption affects humanitarian aid and people in need of basic requirements
Työn ohjaaja (Arcada):	Pamela Gray ja Heikki Paakkonen
Toimeksiantaja:	Diakonia, Ammattikorkeakoulu. Jaana Tilli
<p>Tämän opinnäytetyön tarkoituksena on tutkia kuinka iso uhka korruptio on globaalille terveydelle, humanitaariselle työlle sekä kehitystyölle. Tavoitteena on tehdä taustatyö mitä voidaan käyttää koulutuksissa niille, jotka ovat lähdössä avustustyöhön kentälle. Globaali terveys sisältää lääkinnällisiä haasteita maailmanlaajuisesti sekä paikallisesti. Yhdistyneet kansakunnat arvioi vuonna 2019 että noin 139 miljoona ihmisiä tulee tarvitsemaan avustustyötä sinä vuonna. Vuonna 2015 oli arvioitu että 736 miljoona ihmistä elää köyhyysrajan alapuolella, mikä sisältää puutetta ruuasta ja puhtaasta vedestä sekä olematonta viemärintiä. Näitä asioita saa korkealla hinnalla mustasta pörssistä. Pienet, hauraat konfliktialttiit maat ovat korkealla köyhyys- ja korruptioilastoissa.</p> <p>Tämän työn tutkimuksellinen lähestymistapa on kvalitatiivinen. Data on analysoitu induktiivisella sisällönanalyysilla</p> <p>Korruptiolajeja on lukuisia. Sen ilmeneminen voi joskus olla selkeää, kun taas joskus hyvin hämärää ja esiintyä piilotettuna yhteiskunnan tai sen kulttuurin tavoissa. Korrupti- on lajit, jotka tulivat ilmi tutkimuksissa, olivat muun muassa vallan väärinkäyttö, lahjonta, nepotismi, kavallus sekä rahavirtojen ohjailu. Läpinäkyvyyden puute, hauraat hallinnot sekä kontrollin ja rangaistuksien puute ovat korruptiota ylläpitäviä tekijöitä. Korruption vastaisia suunnitelmia ja käytäntöjä oli löytynyt jokaisesta organisaatiosta, mistä haastateltavilla oli kokemusta. Toiminnan läpinäkyvyys on erittäin tärkeä ja pakollinen osa kaikessa avustustyössä.</p> <p>Ennen avustustehtäville lähtöä liittyviin valmisteluihin kuuluu tutustuminen niihin pelisääntöihin sekä normeihin ja muihin sääntöihin, jotka liittyvät tuleviin työtehtäviin sekä lähettävään organisaatioon. Työn ennakkosuunnitelma pitäisi olla luotu niin, että siihen työhön a työnkuvaan sovi korruptio missään muodossa. Taustamateriaalista löytyy hyvin paljon vahvistusta tämän tutkimuksen tuloksille.</p>	
Avainsanat:	Corruption, phenomenon, humanitarian aid, development project, corruption control, global health,
Sivumäärä:	79 sivua, 4 liitteitä
Kieli:	Englanti
Hyväksymispäivämäärä:	10.12.2020

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ACRONYMS

CPI	Corruption Perception Index
ICCPR	The International Covenant on Civil and Political Rights
ICESCR	International covenant on economic, social and cultural rights
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SDG	Sustainable Development Goals
TPL	Triple Bottom Line
TI	Transparency International
UHC	Universal Health Coverage
UN	United Nations
UNCAC	United Nations Convention Against Corruption
UNDP	United Nations Development Programm
UNODC	United Nations O
WBG	World Bank Group
WHO	World Health Organization

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1 INTRODUCTION

Health is a human right, not a privilege for those who can afford it (WHO, 2018). Health was defined by World Health Organization in 1948 and has remained the same: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2003). Access to basic health care is not a guarantee for everyone all over the world and people in remote areas. Less than half of the global population is covered by essential health services (UN, 2017). Global health is a transborder discipline. There is not a simple definition but it has been described as a merge of public health, tropical medicine and international health (Eliasz, 2019). Global health covers medical issues globally and locally as diseases become transborder problems. Health issues are often concerns affecting multi-nationally in the same way as disasters, for example a plane crash. The passengers will most likely be representing different nationalities. The after work in this kind of disaster process makes the world smaller and connects over borders. During this kind of process when disaster work becomes a transborder cooperation the world becomes a global village. Differences in countries and cultures become less important and peer support become essential to manage during the crisis (Owili, 2018).

Corruption is shortly defined as abuse of entrusted power. As corruption infiltrates global health it can be peculiarly devastating as threatening hard worked improvements in human and economic development, international security and population health. Corruption debilitate health care systems and makes inequalities grow. People are left without treatment and doctors' appointments if they cannot pay the bribe or are willing to submit for a corrupt system, that only favor part of the population and fail to provide equal access to health care and treatment (Mackey et al., 2016). Corruption is as well a cross-cutting theme in United Nations' sustainable development goal which aim to improve population health, promote justice and strong institutions and advance sustainable development (Mackey et al. 2018). There are several global policies and actors that are cooperating towards the same goals to achieve a sustainable future (United Nations, 2019).

Corruption is a multifaceted and complex phenomenon and the opposite of sustainable solutions. The appearance of corruption can be expressed in many ways and shapes (Mackey et al., 2016). Corruption behaves differently in different parts of the world (Talvitie, 2017). Corruption can be very devastating when it infiltrates global health since the nature of global health is a complicated and makes corruption difficult to tackle in that area. Corruption in global health has been estimated to bring enormous costs around the world and have foiled many development projects that were aimed to help people in exposed situations (Mackey et al., 2016).

Up to 140 000 child deaths per year have been connected as a consequence of corruption in global health (WHO, 2019). In 2013 approximate 455 billion US dollars was lost in health care fraud and abuse from the global health care expenditure on a total of 7,35 trillion US dollars. This means the fraud abuse was 6,19% of the total amount. Even though health is a human right, the access to health is not always guaranteed in low- and middle-income countries (Mackey et al., 2018). In parts of Uganda patients have to bribe health care staff to get any medical attention at all when they go to the public health care station. Many choose to use private clinics if they only can afford it to get medical help at all. Rich people tend easier to bribe but poor people pay the highest amounts of bribes according to their income. (Hunt, 2010).

Development projects and human aid projects are usually taking place in low and middle-income countries, in areas where corruption is highly present. Corruption is a characteristic element in the every day life. If corruption is well-rooted and is part of the culture and a significant factor to be aware of as an aid worker or volunteer. The personnel in the field and also in the chain of command need to remember corruption as a factor when doing decisions so they do not support corruption by any means. For example, locals that want to show their gratitude for the work being done due to the project may offer gifts. The ulterior motive is to get treatment or medical attention for a very sick family member before the queue in a health care station. For the local this might be the only chance to get help for the family member. (Mackey et al., 2016)

This master thesis is a commissioned by Diakonia, University of applied science. The purpose of the study is to examine corruption in global health in aim to determine how to work in a corrupt surrounding in an ethical acceptable as an aid worker in the field.

This thesis can be used as material for training of personnel and volunteers in pre-deployment training since volunteers and staff are very likely to encounter corruption during placement. To be able to tackle difficulties there is a need for proper pre - deployment training and knowledge about the phenomenon. It is essential to learn how to deal with situations involving corruption correctly and to recognize the situations. In this thesis humanitarian work is used an umbrella concept including development project and aid work.

This thesis is divided into different parts. Chapter one (1) is introduction. In chapter two (2) the background work is done consisting review over the literature of global health, corruption and about humanitarian aid and development projects defined. Chapter three (3) is theoretical framework where ethics, human rights and the circumstances to corrupt behind corrupt behavior is described. Chapter four (4) presents the aim and research questions. Chapter five (5) reveals the methods of this master thesis while chapter six (6) present the findings. In chapter seven (7) the result is discussed according to the background and chapter eight (8) have the final conclusions of this master thesis.

2 BACKGROUND

Global health is collaborative trans-national research and action for promoting health for all (Beaglehole and Bonita, 2010). There is not a univocal definition of what global health is yet but the different definitions contain the same elements. Global health is often referred to but hardly defined (Koplan et al. 2009). Global health is built on national public health efforts and institutions. Global health is including all strategies for health improvement regardless if it is population-wide or individually (Beaglehole & Bonita, 2010). It is also referred to be a notion, an objective or a mix of scholarship, research and practice. Notion means the current state of global health. Objective is a world of healthy people, a condition of global health. The mix will include many questions, issues, skills and competencies. Global health has come to cover more complex transactions between societies, which enable the work to prevention and treatment of common diseases to expand and be more extensive than before (Koplan et al., 2009). Key aspects of defining global health are the organizations and function of health systems, the determinants of health and measurement of health status. Also, the importance of culture

to health, the global burden of disease and to define the key risk factors for various health problems are part of global health (Beaglehole & Bonita, 2010 and Owili, 2019).

The term policy emerges frequently when global health is in focus. Policy itself in global health context is a broad statement of objectives and means to create a framework for activity. Global health policy refers to decisions, plans and actions. Policy makers also known as global health actors are those who make policies in organizations, such as central or local government, multinational companies or local business, clinics or hospitals. Policy process is the way in which policies are initiated, formulated, developed, negotiated, communicated, implemented and evaluated. Health is affected by many decisions that go beyond the treatment provided by the health care system for example poverty. Since the nature of decision making in relation to health often involves matters of life and death. Health is often given a special position comparison to other social issues. By understanding the relationship between health policy and health and the impact that other policies have on health it can help to tackle some of the major health problems in our time. Health policy guides chooses about which technologies of health to develop and use and how to organize and organize health services (Buse et al., 2012).

A key initiative for improved global health is the United Nations produced Sustainable development Goals 2030 (SDG). The goals are 17 and contain 169 specifying targets according to the goals. The SDGs can be seen in appendix 1. The agenda of sustainable development that was adopted by all member states in 2015. The plan is to achieve these goals by the year 2030. The main focus on these goals is to ensure people all over the planet a more sustainable future. At the moment the planets resources are overused and threatened to run out if nothing is done. Many of these goals are a part of increasing living standard to people living in extreme poverty. Other goals ensure basic human rights, such as food, health, education and secure environment. The forerunner on the sustainable development goals (SDG) was the more ascetic Millennium Development Goals (MDG) that was set in 2000 and aimed to be achieved by 2015 (can be seen in appendix 1). Back then the MDGs were 8 in total and were reached to some point by 2015 but many of them did not succeed all the way. SDGs are made more detailed and tried to encounter same problems but from a more extensive perspective. (United Nations, SDG, 2019)

Poverty line is drawn by people living on less than 1,90 US dollar per day. For people living beneath the poverty line face problems of basic needs which include shortage of food, clean drinking water and sanitation in their everyday life. In 2015 this was the reality for 736 million people (United Nations, 2019). Division of the world’s population and countries by income groups is often used in global health association instead of using terms as poor and rich. The division is following; low-income countries (group 1), lower-middle-income countries (group 2), upper-middle-income countries (group 3) and high-income countries (group 4) (WBG, 2020). The income groups are illustrated in figure 1. Noticeable is that in many associations the middle-income groups are seen as one (SDG, 2019). For the income-groups the division goes as following: low-income group contain persons that live under USD 1,036 per day while lower-middle-income group is USD 1,036 - 4,045 per day per person. Further on upper-middle-income group the daily living consists of USD 4,046 - 12,535 per person per day and high-income groups is from 12,536 US dollar or more per person per day (WBG, 2020). To clarify the text further on these income-groups will be referred to as group 1, 2, 3 or 4. Noticeable is that people living in poverty are both existing in income-group 1 and 2. In 2017 the amount of people living in group 1 decreased to 689 million people compared to 2015 (WBG, 2020). From 1990 to 2015 the number of people living in extreme poverty has dropped by more than half during this time (UNDP, 2019).

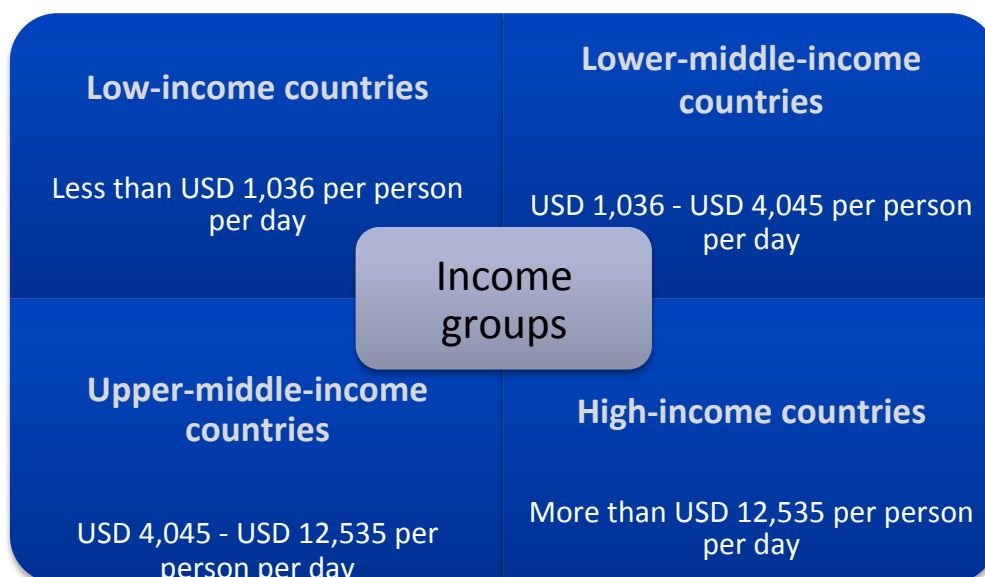


Figure 1. Income groups. (WBG, 2020)

More than 90% of deaths according to disaster take place in low- and middle-income countries. There has been confirmed that small, fragile and conflict-affected countries preserve high poverty rates. As well in 2018 there was shown that 55 per cent of the world's population have no access to at least one social protection cash benefit (UNDP, 2019). These are some of the reasons why most aid projects and development projects are primarily taking place in low- and middle-income countries (UN, 2019; Ministry for Foreign Affairs, 2019). Maternal mortality rate (MMR) reflects inequalities in access to quality health services and emphasize the gap between low-income, middle-income and high-income countries. In 2017 the MMR in low income countries was 426 per 100 000 live births versus in high-income countries the rate was 11 per 100 000 (WHO, 2019).

Universal health coverage (UHC) means that all people would have access to the health service they need, when and where they need it without financial difficulties. Access to needed health services is critical for sustaining improving health. Essential health service that need to be available includes health promotion to prevention, treatment, rehabilitation and palliative care (WHO, 2019). The progress towards UHC is slow and there are still barriers with inequities in most health care systems. The barriers are including unaffordable transport costs, out-of-pocket payments which is a form of corruption and an inability to take paid leave from work to attend health care stations (Besa and Guinto, 2019). According to WHO (2019) about 100 million are pushed into extreme poverty every year because of out-of-pocket spending health.

2.1 Humanitarian aid and Development cooperation

Humanitarian aid is aimed to bring relief in times of need. The primary focus is to save human lives, relive human suffering and maintain human dignity during crises. Every year hundreds of people suffer as a consequence of natural disaster, climate change, armed conflicts and other crises (Ministry for Foreign Affairs, 2019) United Nations (2019) purpose of humanitarian aid is to "achieve international cooperation in solving international problems of an economic, social cultural or humanitarian character". There are different key units within United Nations whose responsibility is to coordinate aid work, solutions and programs in following areas; Helping refugees, helping children,

feeding the hungry and healing the sick (UN, 2019). United Nations estimated in 2019 that approximately 139 million people will need humanitarian aid the current year. For critical need of humanitarian assistance approximately USD 24,5 billion was required to assist 104 million people in need. United Nations is trusted by the international community to coordinate humanitarian relief operations due to natural and man-made disasters in areas beyond the capacity to provide relief of national authorities alone (UN, 2019).

Humanitarian aid includes a wide range of activities and parts for examples among other things are; logistics, material processing, staff management and coordination, cooperation with local actors and multi-stakeholder partnerships. Humanitarian aid is relief and aid in a short-term prospective until government can provide for a long term-solution (OCHA, 2019). Basic starting point for all health care workers should be to have a strong foundation in key concepts of global health. An understanding of the main concepts and definitions essential to this area of study facilitates our appreciation of the health inequalities and inequities that exist both within and between nations (Ablalla and Ogenis, 2019).

Development project or development cooperation is aid given by governments and other agencies or non-governmental agencies (NGO) to support economic, environmental, social and political development of low-income countries. It differs from humanitarian aid that it is almost always focusing on long-term solutions rather than a short-term response (Mahembe & Odhiambo, 2018; Minoiu & Reddy, 2010). Development projects are usually a cooperation between several stakeholders and organizations. World Health Organization uses the term development cooperation that indicate on that partnership should exist between donor and recipient. This to change the traditional situation when the relationship was dominated by wealth and specialized knowledge from donor side (WHO, 2008).

Development cooperation works in different kind of projects. Some are more concrete and easily to measure result such as protection for people suffering from conflicts, clean drinking water and educated teachers. Other cooperation that are important but not as easy to measure are programs that concerns attitudes and social structures such as ending discrimination, well-functioning legal-services and sustainable forestry. Development cooperation contains improved societies, wellbeing and global stability. The sus-

tainable development goals made by United Nations guides many development cooperation projects worldwide (UM, 2019).

United Nations has its own Development Programme, (UNDP) which is the organizations global development network. It mainly advances technical and investment cooperation among nation and advocates for changes and to connect countries to knowledge, experience and resources to help people build better life for themselves. The UNDP has three key development contexts that contain the diversity of the program; eradicate poverty in all its forms and dimensions, accelerate structural transformations, and build resilience to shocks and crises (UNDP, 2018).

2.2 Corruption

Corruption is a phenomenon that has many definitions and synonyms. As earlier mentioned it is defined as the abuse of entrusted power for private gain (TI, 2020). Some compare it to cancer, it starts to grow in a place where it can root in a way or another and from there it starts to spread and infiltrates the body/society if it does not get prevented (Mackey, 2016). Joly (2017) describes it shortly that it is "the lack of transparency combined with power". According to the surrounding corruption adapts as long as it finds its way to grow. Corruption can be difficult to get aware of at first since it can be so integrated in the culture and way of interacting in an area (Mackey et al., 2016). When corruption infects an area or a country many things become unequal and cliffs between people starts to grow. The behavior is an outcome from mistrust in policies and governance by the people combined with insecurity and poverty (Zhang et al, 2019).

Transparency International has worked out a corruption perception index (CPI) that rates the amount of corruption in almost every country in the world on a scale from 0 to 100 where 0 is the most corrupt and 100 is the least corrupt. The highest-ranking region in the world is in the Western Europe and European Union and the least scoring area is in the sub-Saharan Africa. Notable is that the highest score is 87 out of 100 so there is no country that are totally free from corruption according to CPI. The global average score was 43 out of 100 and no country managed to have zero amount of corruption. CPI summarizes how corrupt the public sector in a country is perceived to be. The scores reflect the view of experts and business people not the general public. The index

is formed by information from 13 different datasets that are involving, among others, data from the world bank, the world economic forum, private risk and consulting companies and think tanks. The CPI covers areas as bribery, the effective prosecution of corruption cases, diversion of public funds, adequate legal framework and legal protection of whistleblowing journalists and investigators and access to information. The CPI do not measure tax frauds, money laundering, national secrecy or illicit flows of money. CPI is the only tool in it's kind that is used to measure corruption globally and the data collection and analyzing is done by independent evaluators with certain intervals (Transparency International 2019). Figure 2 shows the world map according to CPI 2019.

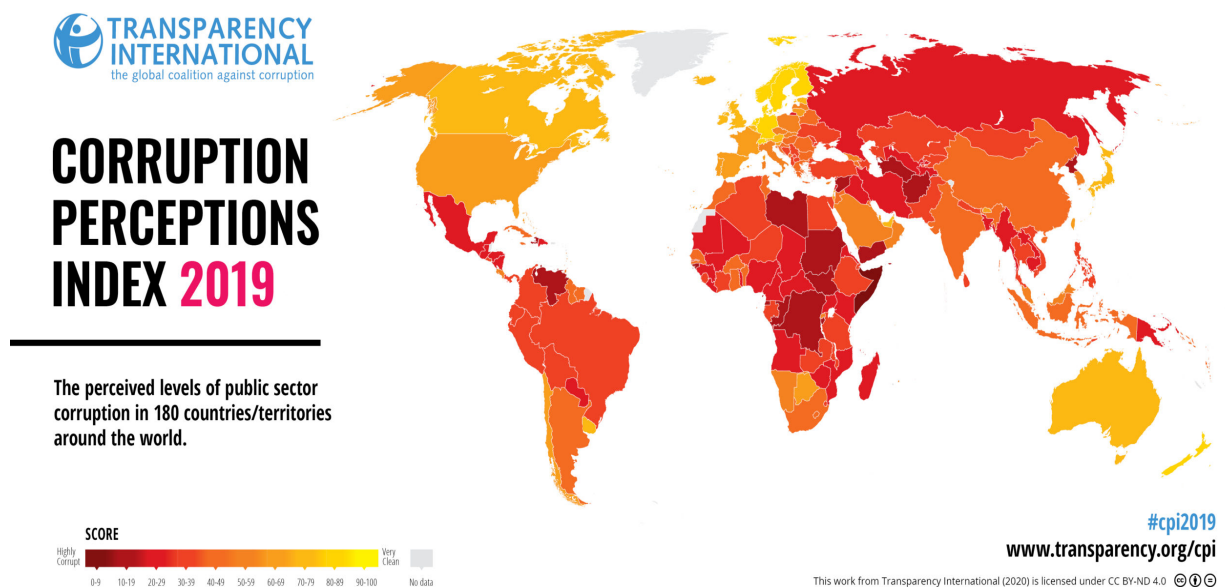


Figure 2. Corruption perception index 2019 (Transparency International, 2019)

2.2.1 Corruption as a phenomenon

How corruption appears

Corruption is complex to its nature and can occur in many shapes. (Mackey et al., 2018) and cannot be explained in a simple way (Garcia, 2019). Joly (2017) states that rationality is the first victim of corruption and power has a central role for corruption to even exist. In this chapter corruption will be explained as the phenomenon it is to the extension that is possible. To understand corruption in global health and health care globally we need to take a step back to see the context of corruption in different parts of society. Even though corruption is complex it still goes by some rules and patterns that can be detected and discovered. Corruption has been part of human behavior for a long time and is an old phenomenon but it remains hard to perceive the full extension of corruption (Joly, 2017).

Corruption is more present in countries that have fragile systems and fragile governments, especially postwar countries are delicate for corruption to infiltrate (Sabie-El-Rayess and Mansur, 2016) Manea (2014) agrees with the statement that corruption is present in postwar countries and add that post communist countries corruption is also present in the society. According to Talvitie (2017) there is a connection between high level of corruption and weak institutions, limited information disclosure discourages private sector investment, retard economic growth and non-transparent environment.

Corruption is said to be a way for "greasing the wheel" (Iloie, 2015, p. 628) and considered as a cost of doing business in many parts of the world (Coffman and Anderson, 2018). The problem is when corruption is such a common part of the daily life and rooted into the system, that it is not even seen as a strange thing by the people affected negatively of it (Sabie-El-Rayess and Mansur, 2016). The same issue becomes evident when corruption turn out to be the only way of making things happen or happen in a faster way (Joly, 2017). Favor reciprocates are a part of daily life and the problem begins when there are public officials taking part in it and benefitting from it (Sabie-El-Rayess and Mansur, 2016). Even though corruption is often combined with violent criminality in a corrupt government many officials involved in the government are not evil. Talvitie (2017) speculates that at the end of the day these officials are just trying to

keep their job and bring food on the table for their families. Talvitie (2017) proceed that since corruption in almost every country is still illegal, governments and public officials always have the treat of loosing their jobs if they engage to corrupt business. On the other hand, according to Joly (2017) for a dishonest politician, corruption becomes a fact when combining this politician with the lack of transparency and enough power. Coffman and Anderson (2018) state that every time corruption happens someone suffer from it no matter the level or type of it. Silvestre et al. (2018) illustrate the phrasing "corruption triangle" where they reveal the most valid factors for corruption be able to rule freely in a society. (see Figure 3 below.) This triangle consists of politicians, law enforcement and authorities and business representatives and the connections between them and the factor between the actors that enable corruption.

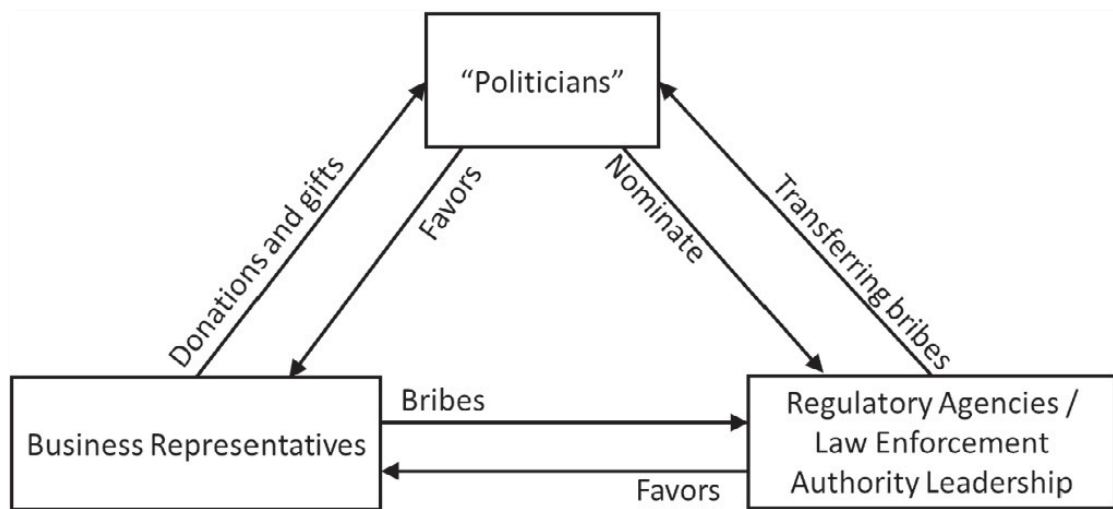


Figure 3. Corruptions triangle (Silvestre et al., 2018)

Categorizing corruption

The easiest to way to categorize corruption is on pecuniary and non-pecuniary ways, this is also known as monetary (pecuniary) and non-monetary (non-pecuniary) ways. Pecuniary is the simplest form, it is when bribing takes place. In other worlds when money is given for a service off the record. Non-pecuniary is when favors are done to

use the persons influence to action. The kind of favors can vary (Coffman and Anderson, 2018; Sabic-El-Rayess and Mansur, 2016).

Coffman and Anderson (2018) proceed categorizing corruption according to how it is communicated. The way of how corruption is expressed can be implicit or explicit. Implicit is a more indirectly requested form of corruption and is the safer alternative for a corrupt official. Implicit happens when the official simply suggests a form of compensation for a favor he or she has done, for example to paperclip his or her brother's resume to the application approval. When implicit communication happens, it is easier to deny. Explicit communication on the other hand is a little more ambiguity and occurs when the corrupt official demands some kind of compensation as an exchange for some favors he or she is doing to benefit an entrepreneur. So, in short, explicit is a direct demand on compensation and implicit is a indirect request. Coffman and Anderson (2018) point out that bribing of public officials is more common where they are not so well compensated.

Petty and grand is another way to categorize corruption used by Silvestre et al. (2018). Petty is bureaucratic and grand is political. Petty is minor scale corruption while grand on the other hand is when big money and power is in motion. Especially when both are present it is hard to detect and combat. Grand corruption contains giving favors from government officials in a high level that are able to misinform and mislead government policies to get benefits for themselves on public costs. Petty corruption is on the other hand used by individuals in everyday life and situations to obtain personal advantages. An example of this could be when someone decides not to look into questionable activities or by slowing down or speeding up approval processes (Silvestre et al., 2018). Sabic-El-Rayess and Mansur (2016) continue categorizing corruption into individual beneficial and collective beneficial. For example, individual benefit can come from corruption in education system when students use their parents' network to pass exams. Collective benefit can be seen among the police. For example, when the police systematically make up road tolls or collect extra fees from people they are not planned to do or even supposed to do.

Forms of corruption

Forms of corruption can be an endless list if not limiting it somehow so in this chapter the types that is connected to health care and global health are illustrated. The shapes can occur in both physical shape and abstract shape. United Nations has via UNCAC agreed on to criminalize following forms of corruption; Informal payments by patients to providers, absenteeism, ghost workers, reimbursement fraud and dual practice. These forms of corruption are illustrated in figure 4. The UN Convention against corruption was accepted in 2004 and has stayed the same since (UNCAC, 2020)

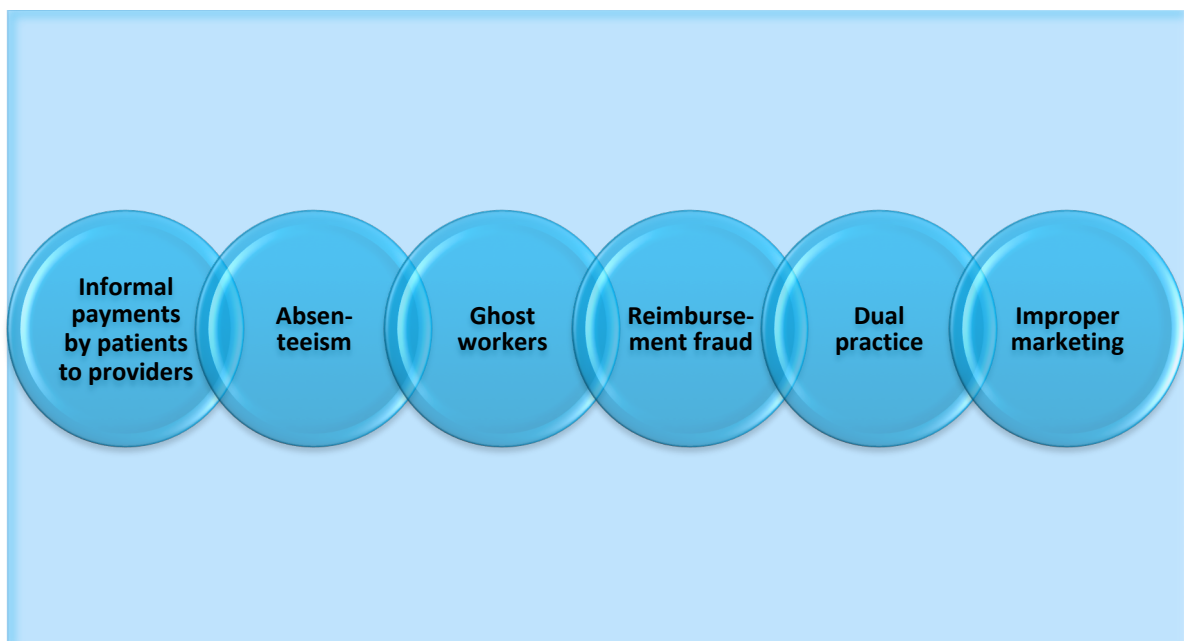


Figure 4. Types of corruption in health sector by UNCAC (2004)

Informal payment by patients to providers is a type of bribing that have fatal consequences in low income countries. Absenteeism is when workers who are legitimately on a payroll but are chronically absent without approval. Ghost workers means non-existent individuals receiving salaries through the payroll system. Reimbursement fraud is when requesting insurance payments for services not rendered. Dual practice is when clinicians with salaries in the public sector who also maintain a private practice to divert patients or resources for their own financial gain. Improper marketing is on the other hand promoting a drug for a clinical indication that is not approved for use (UNCAC, 2020) The same forms of corruption is addressed also 15 years later by Garcia (2019).

Other forms of corruption are following: The most common and known forms that are connected to corruption are bribes (money or any other valuable consideration given or promised with a view to corrupting the behavior of a person); fraud (tricky behavior perpetrated to gain some unfair or dishonest advantage); embezzlement (the stealing of money entrusted to one's care), misappropriation (applying dishonestly or wrongfully as funds entrusted to one's care), diversion of property by public officials, trading in influence, abuse of functions, money laundering and illicit enrichment (a significant increase in the assets of a public official that he or she cannot reasonably explain in relation to his or her lawful income). More forms and types of corruption exist but the previous ones mentioned are the most common in health care (Mackey et al., 2018).

2.2.2 Corruption in global health and health care globally

Global health systems around the world are very attractive for corruption and many times easy to access from a corrupt angle. Corruption is not only one explanation according to Garcia (2019). The author continues that; "corruption is an ignored pandemic". Many times, global health systems are multidisciplinary and reach over country borders that have different legislation and transparency that makes corruption hard to track and combat but easy to access the system. Local health systems can also be fragile and easy accessed by corruption which makes it a part of the health care system (Garcia, 2019; Manea, 2014) The problem has been addressed also globally and as Garcia (2019) writes that corruption in global health is an open secret that is well addressed and openly discussed but still the measures has been neglected. Manea (2014) describes the reach of corruption on health care especially medical bribery reaches from Eastern Europe and the Balkans to China. Garcia (2019) states that one big problem to crack the code for corruption in global health and in health care globally is that the phenomenon is looked at as status quo (state of condition) or as a coping mechanism in low- and middle-income countries. This statement makes an excuse to neglect the need to do the hard work to combat it and to justify unjustifiable situations.

One big issue in health care that is caused by corruption is medical bribery. In many cultures there is tradition or part of the culture to hand over a gift to show gratitude. The problem arises on were to draw a line between a gift of gratitude and bribe in health care. As Manea (2014) asks; "why is bribery morally problematic in the first place?"

this is thing need to be discussed. She compares it to tipping a waiter at a restaurant, which is morally acceptable while tipping a doctor or a nurse is bribing. Manea (2014) continues in this discussion that when bribing becomes a part of the health care system the trustworthiness and confidence for health care fall to bottom level. To tip the waiter is optional and you will still get your ordered food but in health care once you start bribe there is no going back and you need to always pay the extra to get the service. The same problem remains when going to surgery in a corrupt health care system, can you dare not to bribe to believe that the health care personnel will do their best. Manea (2014) describes examples of stock market in Romanian hospitals for the bribe-rates of different doctors. Another example of morally unacceptable situation is when medical goods goes for trading for example organs for transplant or manipulating waiting lists.

For bribery to happen in health care there are two categories that Manea (2014) points out; time and initiator. The initiator can be the patient, the patient's family or health care personnel (in this case a physician or a nurse). Time contains more variation, but mainly it is before the meeting, or to precede the meeting or afterwards to show gratitude. The bribe can be any kind of smaller or bigger gestures to show gratitude. According to Hunt (2010) in Uganda medical bribery is a huge problem. Patients in public sector health facility might need to bribe the health care personnel to get any medical attention at all. Bribes can be in various forms; money or other items that are needed. There is shown that in Uganda bribery is most effective for private patients who make already good health care very good. Rich people are more likely to bribe especially in the private sector. An example is that there are patients that are paying flat rents for the clinic and in return they get good care and can easily get an appointment.

Pregnant women are almost twice as likely to leave informal payment at health care station according to a research made in Moldova. (Mokhtari & Ashtari, 2011) In this research the authors states that from the 2000 questionnaires one-fourth left informal payment at the doctor's office. There was also shown that people leaving informal payments spent less minutes waiting for the appointment and for those who did not pay informal payments as a gift to the doctor spent more time outside waiting. In Africa corruption has a huge effect on the structures of health-care systems (Mostert et al, 2015) There has been detected that cancer-patients are affected in a negatively way due to cor-

ruption in the African health care-system. The patients do not get their medicines since they many times is lost during transport to health facilities and sold on the black market or to private clinics which low income patients cannot afford. Same phenomenon has been detected in Sub-Saharan Countries in Africa and medicine for HIV/AIDS medicine (Anti-retroviral, ARV-drugs) is very unjustly distributed. The drugs are usually embezzled during supply chain from drug companies to the health care facility and used in trading. (Friedman, 2018) According to UNAIDS (2008) there is an estimation that in 31% of those who need ARV-drugs in the mentioned area receive them. Friedman (2018) point out that it makes the drugs very valuable for trading. Another conflict with these drugs is also that they are sold from pharmaceutical companies to countries with high prevalence of HIV/AIDS for a low price, which also makes them attractive for trading already in the upper chain. Though Friedman (2018) detects a twist in her research, some areas the HIV mortality has decreased due to corruption. She connects this to people that can afford the corrupted price on the drugs have good access to the drugs.

In South-Africa corruption in health sector is more present in the public sector than in the private sector. Due to very complex and fragile system in health care and lack of interest to combat corruption in governmental level the corruption has invaded the health sector and affecting it in a negative direction (Rispel et al, 2015). When opportunity provides for corruption, like accepting bribes or being part in embezzlement many persons in the personnel give in for the temptation (Garcia, 2019) Rispel et. al (2015) indicate in their research via hands on experience that people in South Africa thinks that there is a possibility to get rich, even become a millionaire when working in public health sector by being corrupt and for example collecting bribes. Another example from the research is when supplies have been acquired for prices that are double the other offers and the quality is half to approval. During a C-section, the new surgery table broke so badly that the patient fell to the floor and cracked her skull.

Public health seems to be the more frequent invaded by corruptive systems (Rispel et. al, 2015) but there has also been noticed corrupt behavior in private sector but in partly different shapes (Hunt, 2010). One similar factor that seems to apply is that there is a lack of consequences for corrupt behavior (Rispel et. al, 2015) and Mostert et. al (2015) adds that there are no rewards for anti-corrupt behavior to encourage personnel to act in anti-corruptive ways.

2.2.3 Measurements to fight corruption

Health programs worldwide suffer from corruption and has been like this for a long time. Yet we know surprisingly little about its scale and impact. One problem when combating corruption is if we do not know the impact of it we don't know whether the programs to combat corruption are effective or not or how effective they are. (Mackey et al., 2016) The connection on how corruption erodes health care systems should be very obvious by problems in supply chains so medicines or medical equipment do not arrive and health care workers are not physically at work only on the paper the health care systems are effectively not just working (Mackey et al. 2016)

To control corruption and decrease it world wide in health sector is constantly in progress. In the latest 10 years the national and international efforts to combat corruption has been more noticeable (Garcia, 2019) Many organizations and foundations are doing constantly doing work globally to combat corruption all over the world. Among these the biggest actors are Transparency International, United Nations, World Health Organization and World Bank (Mackey et al. 2018).

Transparency international was founded in 1993 as a result of concerns about many well-intentioned foreign aid programs and project that failed totally as a result of corruption. This got a powerful drive to do something to combat corruption. (Mackey et al. 2016) It was not until 2005 that United Nations anti-corruption activities was highlighted and adopted of the UNCAC (United Nations Convention against Corruption) to United Nations Office of Drugs and Crime (UNODC). It was here when UNCAC made a commitment that aimed to prevent, criminalize, control and strengthen international cooperation against corruption in all its forms (Mackey et al. 2018). There are six (6) key themes presented by Mackey et al. (2016) that are problems when working on anti-corruption goals:

1. Problems with the concept of zero corruption
2. Better data
3. Importance of transparency
4. Multi-stakeholder partnership
5. Linkage to global health security
6. Governance is important

Corruption is present in all health system more or less, including richer and poorer countries. If aiming for zero corruption there can be good programs shut down and the fear of receiving penalties might make people try to hide corruption instead of rooting it out (Mackey et al., 2016). Better data is needed to know the true scope and cost of corruption in global health. Data is hard to get since corruption can be so well hidden and part of systems and culture. (Garcia, 2019) Transparency is a must in curbing corruption or else the work towards combatting corruption will be fathomless (Mackey et al., 2016). Multi-stakeholder partnerships are discussed to both decrease and increase corruption in global health. According to Mackey et al. (2016) the multi-stakeholder increases control and multidisciplinary checks on the activities. On the other hand, Silvestre et al. (2018) claims that multi-stakeholder in supply chains can increase corruption since no one has the full control and procedures and legislation varies from country to country. Linkage to global health security is outstanding in international investments to secure global health from threat of disease outbreaks or other emergencies treating the health for a larger area (Mackey et al., 2016) The importance of governance will be discussed later on in this chapter and investigated closer. Shortly here is that a good governance includes anti-corruption efforts. Governance of global pharmaceutical supply chains, national level and international development agenda are critical and important to keep clean from corruption to succeed. (Mackey et al., 2016) This is easier said than done.

Corruption shows progress to achieve universal health coverage (UHC), which is a unifying strategy to achieve United Nations sustainable development goal SDG3 (Mackey et al., 2016). Talvitie (2017) resemble that everyone that has ever worked in a country that is highly corrupted knows that there is high resistance towards changes even though many of these countries has signed the United Nations convention against corruption. Mackey et al. (2016) states that foreign aid programs worldwide have been significantly successful in improving health conditions even in extremely corrupt environments. So, the global health programs are worth the money put on them. The authors continue to state that experience has shown that foreign cannot solve to problems due to corruption without political commitment from the receiving countries. There has been shown that it

is possible to improve healthcare delivery and populations health even in very corrupt surrounding via foreign aid programs (Mackey et al., 2016)

There is no "one size fits all" model when working to combat corruption in global health. It is hard to establish a complete framework, it needs to be adapted to national and international needs and a specific for the aim of the program (Mackey and Liang, 2012) Nowadays many civil societies plans to integrate anti-corruption programs to improve healthcare services for the poor in poor countries (Mackey et al, 2016). Mackey and Liang (2012) point out that multilateral and large-scale global health programs also makes new opportunities for corruption to infiltrate and grow. This needs to be considered when planning and implementing new projects.

There are three key factors that give corruption a fair possibility in implement in healthcare according to Garcia (2019). First is to be in a position of power, second is financial, peer or personal pressure and third is a culture that accepts corruption. Garcia (2019) is of that opinion that by addressing these issues could result in approaching anti-corruption measures. The author thinks though that the measures addressed are not enough. These measures are to strengthening accountability, improving data, improving supervision, improving salaries, providing incentives to reward good performance and sanction for poor performance, increasing transparency and providing a platform for citizen voice and law enforcement. It needs to be more approached and physically implemented. As an example, the author points out that what is good enough salary, how should social norms be addressed and how has the health-system break the asymmetry of information and abuse.

"Build good enough governments" is a suggestion by Talvitie (2017) to combat corruption. The author means you may not get them exactly so corruption free as in zero corruption, but that good enough to work in right direction and hold in to a certain standard. Rispel et al. (2016) shed light over a problem in with corrupt governments. If corruption is strongly rooted one strong leader has a hard time making the difference. Either he or she will lose the job or then obey for the corrupt behavior to keep the job. The system is too strong for one individual to change, it needs to be more coordinated and from a more powerful source. Talvite (2017) continues that punishment towards corruption will not make good governance and nevertheless be able to sustain them. The

positive and negative will not be neutralized but the negative in an organization or government can be redirected for constructive work. It is worth to talk about and repeat that forces that can build good enough governments can also act as agents of corruption and as safeguards against it. To make sustainable surrounding and supply chains to work in there is a triple bottom line (TPL) that need to be in order according to Silvestre et al. (2018) and Joly (2017). The parts of TPL are economic, environmental and social.

Mackey and Liang (2012) have listed eight (8) points that should be a minimum for governance system to be able to be work in a way that is sustainable and do not accept or support corruption:

1. Policies that are transparent and audit
2. Framework for corruption that are monitoring and evaluation of public health programs and funding commonly for all
3. Codes of Conduct for private and public sector actors
4. Minimum standards for member state laws to specifically prose and prevent cute health-based corruption
5. Health financing improvements to reduce the need for an informal health sector
6. A centralized surveillance and data repository system to report and investigate corruption in global health
7. Multilateral processes to freeze profits from corruption and aid in recovery of diverted equities
8. Engagement to earmark portions of seized assets to develop and fund these anti-corruption systems among members.

An interesting example of governance that has a positive outcome even if corrupt is "effective corrupt leadership". Neal and Tansey (2010) have looked into leaders that have got much good done for their people even using not so clean methods to do business. The authors states that in a very corrupt surrounding "effective corrupt leadership" can be the best alternative if there are no clean ones to be able to get poor conditions and surrounding into better shape. A concrete example of this is Rafik Hariri who was prime

minister in Lebanon and effectively rebuild the capitol Beirut after the Lebanese civil war in 1975-1990. (Neal and Tansey, 2010)

Even if the causes to corruption are widely discussed and can vary the tools suggested to combat it is according to Schultz and Harutyunyan (2015) almost always including the expanded use of whistleblowing. Shortly whistleblowing means when a person exposes wrongdoings within an organization. There is a number of twists with whistleblowing that needs to be considered with this form of anti-corruption method. If some kind of reward is given it might attract persons that do not have good and clean intentions to blow the whistle. It can be personal factors or except from the need for money it can also be a way to sink competitive organizations (Schultz and Harutyunyan, 2015). Whistleblowers will in most cases be in a vulnerable position after they blew the whistle and protection will be needed. In Europe the culture of whistleblowing is less welcoming. There is lack of reporting-system with positive influence and a whistle-blower is often seen only as a traitor (Schultz and Harutyunyan, 2015).

Safe forums where participants can bring up problems and possible incidents of corruption can be discussed and explored over a sustained period networks of corrupt relationships is suggested by Talvitie (2017) as a way to combat corruption. Talvitie (2017) continues that these forums need to be safe without judgment or fear. An interesting twist is that relationships that can be dysfunctional in corrupt surrounding can have positive outcome when working towards united common goal as to combat corruption.

3 THEORETICAL FRAMEWORK

In order to understand the impact corruption has on aid work within global health it is important to understand the following factors that are violated. These are human rights, ethics in health, law in health, love compassion and forgiveness in global health. These factors are also part of the work towards ensuring people the access to basic needs and safety (UN, 2019). In this chapter human aid burnout and compassion fatigue are also processed because the aid workers are in high risk of getting these problems. Setbacks, rough surrounding and challenging work far away from home can be very stressful. Corruption infiltrating the work or causing setbacks for the workers can be frustrating

since the feeling of powerlessness and frustration can be very overwhelming and devastating for the mental health. These challenges need to be addressed and aware of to be able to see boundaries and be able to work qualitatively throughout the mission (Savchuck, 2017)

3.1 Human rights

A basic assumption of the World Health Organization is that health is a human right. Many people do not have access or are denied access or fail to seek health care because of ethnic or religious practices. The result of this is that health outcomes differ for different populations significantly. The concept of human rights derives from Western political theory and the relation and interaction between the state and the individual (Costa and Mwoka, 2019).

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection"

This is article 25 in the Universal Declaration of Human Rights. The universal declaration of human rights has been established by Universal Declaration of Human Rights and the International Council on Human Rights Policy. The universal declaration of human rights was proclaimed in 1948 by the United Nations General Assembly in Paris for all peoples and all nations. The declaration consists of 30 articles that are specifying the rights for humans as a common standard of achievement and universally protected.

According to Costa and Mwoka (2019) the human right to health should be seen as "the right to the highest attainable standard of physical and mental health". This statement is part of the article 12 of the international covenant on economic, social and cultural rights (ICESCR, 1966). Costa and Mwoka (2019) point out that this right is understood as including the right to control one's health and body so the individual can be free from external interference. The health needs to be available but the individual should have the

right to choose for him or herself. "The right to health does not imply a right to be healthy". This results in individual variation that need to be accepted. Links between health and human rights are illustrated in figure 5. Further on the authors describe three stages of the current concepts of human rights, which are: civil and political rights (rights in the public sphere), economic, social and cultural rights and finally group's or people's rights (rights in the private sphere).

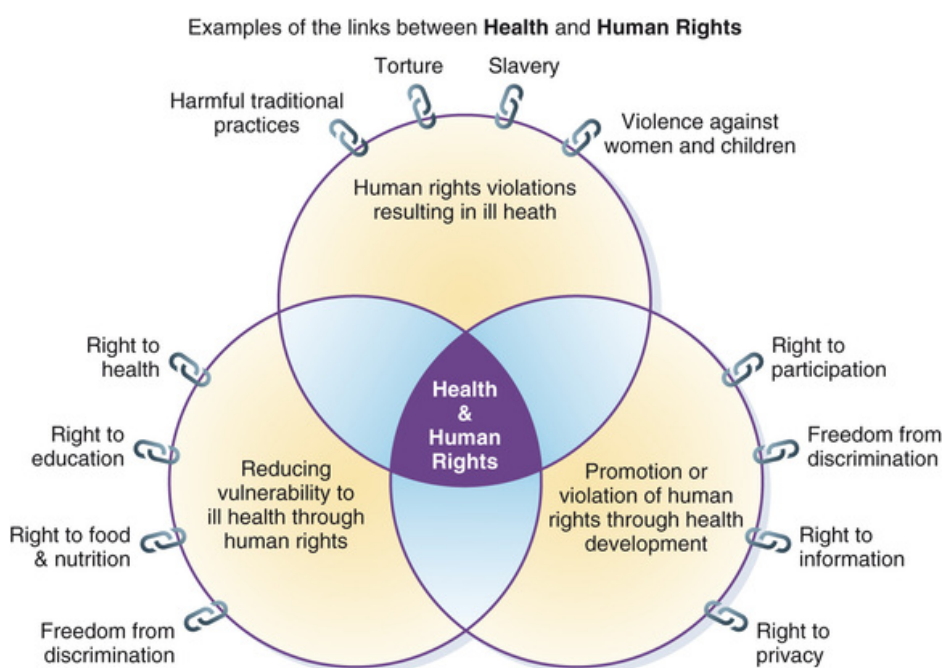


Figure 5. Links between human rights and health (Costa and Mwoka, 2019).

All rights in the human rights declaration should apply irrespective of race, color, sex, religion, language, political or other opinion, social or national origin, property, birth or other status. This is called the principle of nondiscrimination in all rights. In other words, no person's right can be placed before the same right of any other person (Cherabie et al., 2019). There has been discussion whether there is or not a hierarchy of human rights. While the hierarchical discussion has been improved there are still two issues remaining, Firstly states are allowed to swerve from the human rights during certain circumstances according to The International Covenant on Civil and Political Rights (ICCPR) that could be for example during war. If derogation becomes actual there are strict guidelines of which rights are never acceptable to violate, such as right to life, freedom of torture, slavery and arbitrary imprisonment. During emergency situa-

tions the impact of legal frameworks may differ and so do also the ethical challenges in conflict situations. Secondly health care professionals may come across situations where the rights of an individual conflict with norms in the society. These can be for example cultural, religious ethnic and other conflict (Cherabie et al., 2019).

3.2 Ethics and health

Global health contains many problems where different ethical priorities and approaches fundamentally conflict. Health is a part of social and global context that is seen by many to be unethical as local political behavior may conflict with social values. Current differences in global power have created a coherence of lacking democracy, weak accountability, inflexible short-term decision making, inconsistent regulation and conflicting interests. These challenges embrace circumstance for corruption and also form the essence of the global health ethical debate (Fonseca and Isa, 2019).

Two key components are presented to be essential for ethics in health by Fonseca and Isa, (2019). These are an ideological aspect in other words what we believe and an operational component that means what we do. These are not always the same. Both components divide into smaller contexts and theories. The golden rule of mutuality is that one should treat others as one would like others to treat oneself. That is the foundation for the most of cosmopolitanism theory. There are two main branches of equity-focused global health; cosmopolitanism and noncosmopolitanism. Cosmopolitanism is the focus on health responsibilities with a global context. Noncosmopolitanism on the other hand focus on health duties in a national context (Fonseca and Isa, 2019).

Decision-making is essential part in health in a global health aspect. Within decision-making ethics plays a vital role to maintain justice and equality. How to make ethical decisions have got four main principles that have been purposed by Beauchamp and Childress (2012). The principles are: Non-maleficence - do no harm, Beneficence - do good, act in the best interests of others, Autonomy - maximize freedom for individual or community and Justice - treat equal cases equally and unequal cases differently (Fonseca and Isa, 2019). Health care professionals should mentally prepare themselves to face and recognize challenging ethical problems when working abroad. Good ethical disci-

pline is essential to be an integrated part of all global health activities. Understanding of local environmental and cultural issues are required. Detailed planning and also suitable support are necessary when new projects are being developed (Fonseca and Isa, 2019).

3.3 Law and health

As the world become a global village transborder solutions and disaster work become more actual than ever in shape of multinational cooperation. For this to be able to take place and to stay equal between countries with own national laws there is a need for international laws and justice system. International law defines the legal duties of States in their policy with each other and their treatments of individuals within State boundaries (UN, 2018). The international legal framework has contained a lot of improvement during the last 50 years. There are both soft laws and hard laws. Soft laws (including non-binding resolutions of international organization) are not binding but are usually implemented with a tough that it will eventually become a hard law. Hard laws on the other hand are already laws that are binding and need to be followed and otherwise the act is punishable. Example in a soft law was the framework convention on Tobacco Control that turned out to become a hard law (Costa, 2019).

According to the UN Charter (2018), in its Preamble the objective is: "To establish conditions under which justice and respect for the obligations arising from the treaties and other sources of international law can be maintained". The development of and respect for international law has been a key part of the work of the United Nation Organization. The work has been carried out in many ways; by tribunals, courts, multilateral treaties and by the Security Council that is authorized to approve peacekeeping missions, impose sanctions or authorize the use of force then there is a threat to security and international peace if judge it to be necessary (UN, 2018)

Public health is affected positively by local, national and international legal agreements as well as interventions such as deregulation and methods of taxation. Health is also affected by the social and economic environment. Laws have impact on other domains including trade, travel restrictions and border security related to outbreaks of infectious disease. Focus of international law that are relevant to health include international trade law, criminal law, environmental law, humanitarian law and human rights law. All indi-

viduals should now have the access to a set of legal structures that avoid the violations of their inherent rights (Costa, 2019).

Legal instruments that are in focus are agreement, treaty and convention. An agreement is an arrangement made between two nations states. A treaty is an international agreement that is enrolled by two or more nations. A convention is a formal statement of principles that are agreed upon by nation states (Costa, 2019). The UN Charter gives the General Assembly the power to studies to proceed and make recommendations to advance development and codification of international law. The International Law Commission and the UN Commission on International Trade Law report to the General Assembly (UN, 2019). The United Nations Convention against corruption that was adopted by the UN General Assembly in 2003 is the only legally binding universal anti-corruption instrument. The Convention covers five main areas: criminalization and law enforcement, preventive measures, international cooperation, asset recovery and technical assistance and information exchange. The convention covers many forms of corruption and have agreed on to criminalize certain forms, (which are described in chapter 2.2.1). 187 parties are involved and the signatures of the convention are 140 (UNODC, 2020).

3.4 Compassion, love and forgiveness in global health

According to Alleyne (2015) compassion in global health is to have to do or care for something with someone, not for someone. Pity on the other hand is when you are standing above someone and are looking down on that person. Sinclair et al. (2016) states that compassion is raised to be a corner stone of quality healthcare by patients, families, clinicians and policy makers. Within health care the necessity of compassion is evident in the first principle of the American Medical Association Corell (2015) describes that compassion in global health is when you take a framework and go to where the people are, listen to their needs and priorities and talk to them. You skip your own agenda to really try to meet the needs of the persons in a difficult situation. Also, with compassion there is passion and the will the see and serve a person but also the society as a whole. Corell continues that in global health a big challenge to meet people in a ho-

listic way is that the resources may not be enough or that programs are funded for particular diseases or in particular way.

Sachs (2015) point out that compassion is talked about in global health but it also needs to be set into practice and action. A person with compassion but that don't do anything will not change anything. It needs to be brought out in the global health field. Love, compassion and scientism need to be in a good balance in global health to achieve the target of a mission. Sinclair et al. (2016) illuminate in their article a research that was done where patients were asked to rate 28 items associated with compassionate caregivers. Some of the items were; "helped control your pain", "understood your medical problems" and " worked competently". Further Sinclair et al. point out that actions associated with compassion is mainly consisted of attending to the "little things", "small acts of kindness" and "going over and above".

Close according to compassion in global health arises the term dignity in care of patients as an important aspect. Jones (2015) describes dignity that the term is used in many different ways but always to indicate or recognize some status in the person. Respect is naturally related with dignity. In any culture a characteristic sign of respect is taking effort and time to listen keenly to someone. Jones continues in his analyze that even philosophers who defend the concept of dignity often focus on the element or nature of inner human dignity rather than on how dignity is to be recognized in practice. Jones also enlightens the part of a person becoming for any reason dependent can be a hard part on dignity and there can be fear of indignity that is associated with disability and dependence, as for example among people seeking euthanasia. According to dignity Onyango and Heidare (2017) describes another health care problem where dignity is in a main role, sexual and reproductive health and rights among displaced populations. Here is also gender based violence illustrated as a huge problem that traumatizes persons mentally and physically very ill. The problem especially during displacement is that these persons needs might easily be overlooked and in many cases never be talked about since the victim can be too ashamed to talk about it.

During disaster circumstances healthcare professionals in the field have multiple challenges to tackle to be able to do their work. Gotowiec and Cantor-Graae (2017) have pointed out some of these dilemmas. There are multiple international codes of ethics to

guide professionals in their work, but there are no watching system or rules to govern which is set of the guidelines to follow. This can result in moral dilemmas when a healthcare professional is trained to do in one way but the current rules does not allow it and there are not supervisors to turn to. Another challenge can be when working in multinational teams and the trainings and ethics differ from one another and dilemmas arises on what is the right thing to do if the own national guidelines disagree with the code of ethics in the current place. In these cases, it can become moral dilemmas and ethic stress. These dilemmas and stress need to be worked through and have a coping system that deals with the problems for professional to be able to continue working without a huge stress-load. Coreil (2015) states that healthcare professionals working under stress, both because of ethical reasons and for lack of resources cannot be compassionate and passionate in their work.

3.5 Human aid burnouts and compassion fatigue

Burnout and compassion fatigue are growing problems among those on the front lines of the global refugee crisis and other crisis including aid workers, medical professionals, legal providers and resettlement volunteers. People working in "helping professions" are especially vulnerable for these problems. Burnout is related to stress and depression but it is still distinct (Savchuck, 2017). Compassion is promoted to be a cornerstone as in quality of health care. The importance of compassion in health care was echoed in a campaign in New Zealand to include compassionate care as a patient right (Sinclair et al., 2016). Compassion fatigue can easily sneak up on front line workers without them noticing it during exposed work in the field as they hear all kind of heartbreaking human destinies, such as the 8-year-old that got a fatal infection after genital mutilation or the 3-year-old who was raped and then died of her injuries. Also, when families are marrying their children off to abusers or accepting just small compensation for their own child (Savchuck, 2017).

Aid work requires intensive and active self-care not just outside work but throughout the day. This is a responsibility, not a luxury (Savschuck, 2017). There has been stated in a California-based nonprofit that in in some categories of the refugee response workers there are almost 100% likelihood that the personnel will experience burnout at some

point. The burnout sneaks up on people via repetitive exposure to horrible reality of somebody's persecution (Essex-Lettieri, 2012). Burnout and compassion fatigue can be hard to notice for yourself and sometimes it can be detected first when you leave the country you are working in (Savchuck, 2017). There is an overlap between burnout and compassion fatigue and a person can suffer from both (Portnoy, 2011).

In early stages burnout symptoms include frequent colds, headaches, reduced sense of accomplishment, fatigue, moodiness, increased interpersonal conflicts and lowered resiliency. If the symptoms are not addressed and reacted to the burnout gradually turns into more severe symptoms, such as: somatic complaints, social withdrawal, cynicism, irritability, exhaustion, depersonalization, feeling underappreciated and overworked (Portnoy, 2011). Colleagues can notice that a person has a hard time to make decisions and empathy is missing that the person used to have (Savchuck, 2017). Compassion fatigue is a type of burnout but usually emerges more suddenly and is more penetrating. The symptoms can be to feel loss of meaning and hope and can have reactions that can be associated with Post Traumatic Stress Disorder (PTSD). Past traumas can also be activated in these cases (Portnoy, 2011).

Burnout and compassion fatigue prevention should be part of aid workers' program. To know how to recognize the symptom and how to actively prevent it is essential. Almost anyone can learn these and also how to be resilient and motivated. To be able to help others the aid workers need to be able to stay healthy and feel mentally strong and well and have the tools to tackle all the hard situations they come across and not to empty their compassion storage to every heartbreaking story they hear (Savchuck, 2017). Self-care is not just about to make health lifestyle choices. It is about being present with feelings, sensations and intuitive guidance in order to perceive what is best in any given moment (Portnoy, 2011). One example is to be able to set boundaries, which can be one of the hardest tasks to turn away somebody who is knocking at your door when desperation is written all over their face. But managers and personnel need to understand that sometimes it is needed to be done to be able to serve people at all. It is not only to protect the workforce but also to ensure the quality of the work given in the field (Savchuck, 2017)

There are three ways to manage own emotions according to Savchuck (2017). Firstly, mindfulness practices can gather thoughts, feelings and sensations and to gain distance from them. Secondly to analyze difficult emotions to identify triggers and responses. To do this it can help to prevent them in the future. Finally, workers should learn how to respond to distress with compassion instead of either avoiding the suffering or getting lost in it.

4 AIM AND RESEARCH QUESTIONS

The purpose of this thesis is to investigate what kind of threat corruption is to global health and humanitarian work, as well how to work ethical justifiable in a corrupt surrounding. The aim is to compile background material that can be used for training and education material in pre-deployment training before humanitarian work missions in low and middle-income countries. Three research questions were formed to answer the purpose and aim of this thesis:

1. What kind of corruption is a threat to global health and humanitarian work?
2. How is it possible to work ethical justifiable in a corrupt surrounding?
3. What do a person need to know about corruption before leaving for humanitarian work?

5 METHODOLOGY

In order to define how to work ethical justifiable in a corruptive surrounding the first step was to find out what corruption is and how it is perceived from people working in that kind of surrounding. A qualitative study (inductive research) is used when a researcher “does not have knowledge—or has partial, unstructured and/or insufficient knowledge—about a certain phenomenon” (Kyngäs, 2019, p. 5). This type of research can also be used to study a certain concept, theory or practice from a new perspective. Both Kyngäs (2019) and Moser & Korstjens (2017) describe the qualitative research studies phenomena as trying to collect information and a deeper understanding of a person’s experiences and perception of the certain phenomenon that can not be described in

numbers. Since corruption is a complex phenomenon that is hard to measure the method chosen was naturally qualitative.

The qualitative method is a very dynamic process all the way in a field where the pre-knowledge is weak. The qualitative method is optimal for data collection in this thesis since the object for the study is a phenomenon and the pre-knowledge about it for the author is very limited. The starting point of the process is inductive. (Kyngäs 2019, p.7-10)

Data saturation is when the data collection gets to a point where it is repetitive and no more new information is received at this point the data collection can be considered to be completed. To know when the data saturation is achieved the data needs to be analyzed as the data collection is ongoing. The method that reaches out to the informants are the snowball method commonly used which means that previous informant recommends the next person that could fit for the criteria as informant and as this gathers informants for data collection. A big challenge with this method is that the researcher cannot be sure in advance how many informants will be needed. The trouble occurs if the data saturation is not achieved as the amount of informants is used that research permission includes. (Kyngäs 2019, p. 7-9 and Moser & Korstjens 2017c)

5.1 Data collection

Data for this thesis was collected through semi-structured interviews. Interviews give more depth to the master thesis compared to only a literature review. In this thesis the results are compared to the review over the literature that was done for the background-chapter. Semi-structured interviews turned out to be most suitable to get answers to the research questions after considering both what are the benefits and what are the disadvantages. According to Hirsjärvi & Hurme (2008) the benefits are that with interviews bring answers to a field that is marginally known and needs deepened knowledge about. Interviews give clarifying and deepening answers to the questions and give the opportunity to explore sensitive and complicated subjects and phenomenon. The disadvantages are among other things time consuming, can bring some costs, can be hard to analyze and requires experience and skills from the interviewer to do good interviews. In this

case to answer the research questions the benefits of the interviews outlined the disadvantages.

The interview questions were formed with information from the review over the existing literature. The background material was utilized to create the interview-guide which was used during the interviews. The interview guide can be seen in appendix 2. Data sample was chosen via snowball method, as earlier mentioned, until the data saturation was achieved. After every interview the data was analyzed to know when the data saturation was achieved. In this thesis the data saturation was achieved after four informants. (Hirsjärvi & Hurme 2008; Brinkman & Kvale 2014)

The interviews were held via telephone contact because of the geographical situation. All informants were living in different city. The author considered whether the result will be affected to not have face-to-face interview and determined that it will not affect the results since there is no need to analyze behavior or body language during the data collection. First the informants got an information letter via email so they could familiarize themselves with the aim and purpose of the thesis and decide whether to participate or not. If they wanted to participate they signed a letter of consent (appendix XX) that they agreed to take part and that the material from the interview could be used in this master thesis. Time was then scheduled for the interview and the interview questions were sent in advance so there was time to get familiar to the interview guide. With this procedure participants had possibility to prepare mentally for the interview and refresh their memories of experiences they were asked to share. The length of the interviews was from 35 minutes up to 85 minutes depending on how much the participant wanted to share about their experiences. Afterwards the data was transcribed and then analyzed.

The data sample consisted of four persons, two men and two women. They all had their roots from Finland but had gained experience from humanitarian aid work and development projects. In the findings I will refer to the data sample as female 1(F1), female 2(F2), male 1(M1) and male 2 (M2). Experienced were gained from following areas: Asia, Africa, Europe and Middle East. M1 had experienced on 13 years, M2 had 10-12 years of experience, and F1 had been in the field from the beginning of year 2000, so approximately 20 years. F2 had started her fieldwork for 25 years ago. The tasks varied

from field worker to team leader and project leader and a lot in between. Because of the sensitive nature of the subject of this thesis the background of the data sample will not be described any further to preserve the anonymity of the informants.

The interviews were conducted in Swedish, Finnish and English, all depending on the participants preference. Questions were asked in English and they had opportunity to answer in the language they felt most comfortable in to get the most shades captured from the answers. Shades and undertones are easier to describe in mother tongue. Participant F1 and M1 had not get any education or training concerning corruption before their first mission. F2 had received good training and M2 got a short and briefly training. All of the participants got aware of and experienced corruption already on their first mission. How corruption was dealt with and informed about at the mission varied from very good to below average.

5.2 Data analysis

For analyzing the collected data inductive content analysis turned out to be the most appropriate method to use. In content analysis the collected data is organized and open coded and categorized and grouping codes under headings and subheadings. Reporting the analyzed process and the result is expressed through models, conceptual systems, maps or categories and with a story line. (Elo & Kyngäs 2008, p.110). Since a lot of information is found about corruption and it is investigated in ways that have not previously been done before, most suitable method for analyzing the data was via inductive method.

The analyzing of the data started as soon as the data collection process proceeded. After each interview analyzing was done to know when data saturation was achieved. As Elo & Kyngäs (2008) writes the analysis consists of three main phases: preparation, organizing and reporting. The preparing was made as much as possible by reading through the raw data carefully and get familiar with the content. The next step, organizing, was to process the raw data. First by doing open; notes and headings that rose from the text was written in the margins. The written notes were collected in a coding sheet and sub-

categories and categories were brought out. After this, categories were grouped under headings to decrease similar categories, see figure 6.

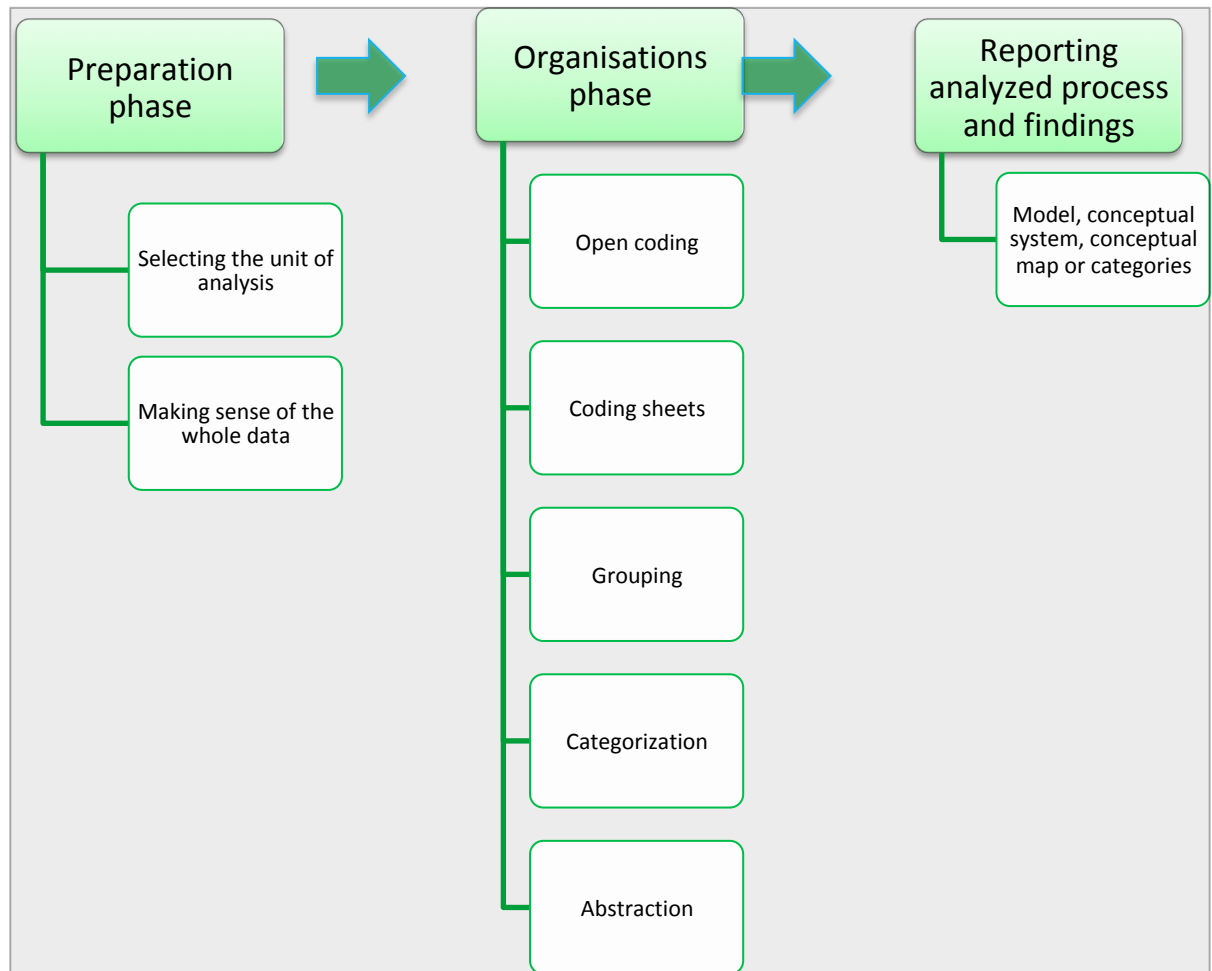


Figure 6. Process of inductive content analysis (Elo and Kyngäs, 2017).

By reading through the formed groupings and categories the main concepts were brought out. These were then formed in categories and subcategories that are presented closer in chapter six (6). The categories and subcategories are presented in table 1 below. These categories with following subcategories answer the research questions in order that category one and two answers to the first research question. The third category answers to the second research question and category four answers the third research question.

Table 1. Categories and subcategories of analyzed data

Categories	Corruption in humanitarian aid work	Facets of corruption	Ethical aspect	Awareness before mission
Subcategories	Types of corruption Corruption triggers Corruption maintainers Corporate aspects Corruption variety worldwide	Direction of the work to combat corruption Observed anti-corruption work and measurements Morality among co-workers Bribe distinguished from gift	Decision-making Zero-tolerance or minimum amount of corruption Interaction with locals Ethical challenges	Key person How to recognize corruption on mission Unspoken codes or useful information Preparing before mission

5.3 Ethical considerations

In this thesis the author was committed to follow the ethical guidelines issued by the Finnish National Advisory Board on Research Ethics (Finnish National Board on Research Integrity [TENK], 2009). The subject is very sensitive and need to be processed in a respectful way without preconceptions. The purpose is to have joint ethical rules considering scientific research. The ethics board stated: "Good scientific practice and procedures for handling misconduct and fraud in science" in 2002 and have remained the same since.

Permission

Permission for the data collection was given by the ethical committee from Diakonia, University of applied science before the data collection was conducted. This is the procedure according to TENK (2009). In the beginning of this thesis process the supervisors for this process were personnel from Diakonia and the permission for the data collection was processed during that time. The supervisors changed in the middle of the process, who are working in Arcada, University of applied science.

The permission was made according to the national guidelines of scientific research. The permission for participants was set to 10 persons but with the clause that data collection is via snowball method and will stop when data saturation is achieved so the participants might be less than 10 persons. In this thesis the data saturation was gained after four participants.

Data sample

The participants were given information before the interview both written and orally that is an obligation according to TENK (2009). The written version was including the parts that is requested by the guidelines of TENK (2009). To avoid harm for the participants and confusion the author gave broad but essential information so the participant would have understood the nature and aim of the thesis. The nature of voluntary participation was clearly pointed out. Many participants wanted more information before deciding whether to participate or not.

When the participants decided to take part in this master thesis they signed a contract where they approved participation and that the given data can be used for analyzing and reporting. Since the subject is highly sensitive the anonymous of the participants was essential and needed to be guaranteed. Four persons backed out from the interview after agreeing to participate in the first place. To keep the anonymity preserved of the participant the background information about them is very narrow. Corruption is so sensitive topic that the anonymity of the participant demanded additional precaution.

Data processing

The collected data was processed carefully and purposefully. The interviews were recorded and then transcript. The only person that have accessed to the recordings and transcriptions is the author. The data is held until the master thesis is approved and after that it will be destroyed carefully.

Interviews were held so no one else could hear the discussion and notes was made during the interviews to better keep on track whit the answers. The notes are also being kept safe and destroyed carefully. Anonymity is guaranteed for the participants and the collected and analyzed data presented so it is not possible to figure out the persons that have participated.

6 RESULTS AND FINDNINGS

The result of the interviews is presented this chapter. In table two (2) the main findings are presented in categories and subcategories according to the result of analyzing data. All categories and subcategories are unwrapped and described closer throughout this chapter. There were in total four categories. As mentioned previously category one and two provide answers to research question one, category three answers to the second research question and the third research question is answered by category four.

6.1 Appearance of corruption

The first research question was investigating what kind of corruption is a threat to global health and humanitarian work, this chapter and chapter 6.2 provide answer to the question

Appearance of corruption was defined and examples shared from all the participants. They had all experienced corruption during their work period abroad. The main sentence all participants mentioned was that corruption is the abuse of entrusted power for private gain and misuse of power to maintain inequalities. Corruption was also de-

scribed as a poison in the society's structure by participant M1. Further on corruption is described as multi-dimensional, multiform and broad concept by participant F2.

"Sometimes it is so deeply rooted in everyday life that you won't even recognize it"
(Participant M1)

All participant expressed that corruption is likely to occur in both developing countries and developed countries but in different ways. It is both seen in the street and behind the desk. In developing countries corruption is more seen in the street and is more visible and contains small money transfers. Participant F1 and F2 had both witnessed when local nurses and doctors got financial bribes and the care of the patient depended on the amount of the bribes. Corruption in developed countries is more practiced structurally and behind locked doors that is hard to observe or become aware of.

"It is behind the desk were the decisions happen and corruption takes it's greater place. Loss of supplies are still quite small amount in the broader picture." (Participant F2)

"Corruption in the street is more obvious but the greater deals are made behind the desk and closed doors" (Participant M2)

"An example is in from a Sub-Saharan country in Africa there is a highway that is in really bad shape. The improvement of the road has been financed so it could be asphalted. The money has been used but the road has not been improved during the last 20 years. In the documentation it says that the road has been improved and is covered with asphalt. So this shows that the money has been embezzled since the money is gone and nothing has happened to the road." (Participant M2)

Types of corruption

Many different kinds of corruption were mentioned by the participants. The types that were mentioned several times was fraud and extortion. All four participants pointed out bribery and nepotism. "Nepotism means when favoring family or friends for jobs or benefits" (participant F2). Behavior was mentioned being part of corrupt acting: "Whit

behavior you can show what or who is important to the rest of the people and who is to treat well" (participant F1). The same participant (F1) also described corruption to be the trading about what item or favor that is lack or in the village or area. Participant F2 denounced the misuse of power and the ambition to maximize own benefits as types of corruption. "Corruption is when a person is trying to gain or reach benefits that the person does not deserve" (Participant F2). According to participant F1 corruption contains always inequality and injustice; "Everyone is not given the same chance".

"Corruption has many faces from bribery, extortion, cronyism, nepotism, parochialism, patronage, influence peddling to graft" (Participant M1)

"In some parts of the world it is more permissible than in other parts and it become more 'legitimate' " (Participant M1)

"It depends on what there is shortage of in the area, is it money or chicken, friendship or jobs. The shortage will become the object for trading in corruption" (Participant F1)

"One type of corruption is controlling of cash flow" (Participant F2)

"Example of embezzlement; when aid money comes from Europe and intermediate takes illegally its parts. Once partner in development project embezzled funds send from Finland, in total 35 000 € " (Participant M1)

"An example is when you are on the highway and the police stops you within every 10 kilometers to claim an unofficial road fee that is in the amount of approximately 1 euro. If you do not pay you have to wait for a long time before continuing your journey" (Participant M2)

Corruption triggers

The main triggers were mentioned to be poverty and lack of control and part of the culture. In developing countries, it is poverty that is the trigger while in developed countries it is greed according to the participants. Low salaries were mentioned by both participants F1 and M2 that are part of poverty as well. Participant M2 pointed out the possibility of embezzlement by " donations that are send for developing project or building of infrastructure might get lost partly on the way by intermediates". This in combina-

tions with very small salary or no salary at all makes the opportunity for embezzlement too tempting. Participant M2 continues: "At some countries it is part of the payment system that you should collect part of your salary by checkpoints and extra fees". Weak government and systems as well as no social security system combined with poverty was shed light over that make people motivated to accept a bribe or make an extra checkpoint to collect extra fees and become corrupt.

"Lack of transparency, weak governmental systems, monopolistic powers, the lack of high ethics and morality in the society triggers corruption " (Participant M1)

"Even if corruption is not directly recommended it is accepted as a part of the culture" (Participant F2)

Wars, conflicts and nature catastrophes pull the carpet beneath the system and give the opportunity for corruption since all structures in the society are disturbed and malfunctioning. As foreign aid organizations arrive there are always local assuming partly that there are rich organizations that are coming. This might cause the ground for corruptive systems (Participant F2 and M2)

"There is a lack of will to fight corruption among the high-ranking persons that benefit from corruption in an area triggers it to keep it going. It is also unpopular to combat corruption. You will make yourself a lot of enemies when combating corruption" (Participant M2)

Corruption maintainers

Triggers and maintainers of corruption got partly the same answers from the participants, but some differences are obvious though and some are first the trigger but after corruption is started the same factor works as a maintainer. For example, according to participants M1, F1 and F2 that there is no control and sanctions for corrupt behavior that is one main issue, this was the trigger at start and but definitely maintains the issue. A culture that allows corruption and has it as a part of the system and of interaction in society also maintains corruption according to participants F2 and M2. The same participants also establish that poverty and lack of social protection and support are part of the maintainers. Participant M1 adds lack of democratic structures.

"Lack of democratic structures and proper sanctions and control" (Participant M1)

"When sending containers to African country the customs officers have added thousands of euros for the normal procedure and forced the container to stay in the customs before the needed funds are paid ". (Participant M1)

Corporate aspects

All participant was of that opinion that there is a connection between the amount of corruption in a country or an area and the government or leadership of an area. Participant M2 had observed that in many countries in Africa no government want to combat corruption since they benefit from corruption. Participant F2 could not tell direct examples or be sure to state how the connection is built. Participant F1 had observed that the leadership is likely to be corrupt in a corruptive surrounding and vice versa. With corrupt leadership the surrounding will be corrupt. It cannot only take one person in the chain of command the combat corruption since the system will be too strong against it. If corruption is "allowed " in the street level it is accepted throughout to chain of command. Participant M2 shed light over a twist that was part of culture and common courtesy. When you are visiting a village leader or a high-ranked person in many places it is part of the courtesy to bring a gift when you arrive. It is considered as rude if you do not bring anything but it can easily be taken as a bribe if you bring something.

"There is a strong connection between the connection with the government of a country and the amount of corruption. The more dictatorial it is the more corruption in the country/area ". (Participant M1)

Corruption variety worldwide

Participant F2 divided the globe into northern and southern hemisphere and stated that the southern part has more direct money transfers and losses that according to corruption. The northern hemisphere contains more structural corruption, which is harder to see notice or be aware of. Participant M1 compared Africa and Asia; "In Africa the corruption is more obvious and in Asia it is more like an unspoken shade." A brief summa-

rization on the difference between corruption in Africa and Asia according to participant M2 is that in Africa the direct corruption is more of extra charges in the society and in Asia it is more cheating with taxes. Participant M2 stated also that corruption could be both un-spoken and obvious regardless place.

"Nobody talks out loud about corruption but it is obvious that it is happening."
(Participant M2)

6.2 Aspects of corruption

This sector will process different aspects of corruption and anti-corruption work. The participants were asked what they had experienced according it on the field and how the morality of their own and local coworkers was experienced. Also, this sector contains a chapter when the difference between gift and bribe is addressed.

Direction of the work to combat corruption

Starting questions during this category was about in which direction the participants thought the work against corruption is going and has any campaigns towards combating corruption been seen in the field. All participants wished for the work to be improving but most was sure that it had got in that direction at all. Participant F2 described it as it has been moving back and forward during the last 10 years. Participant M2 was of that opinion that in Africa the work has been slowly been moving in the right direction. Only one of the participants, participant F1 had seen any campaigns going on and was not so sure that it was even a serious attempt.

"Would love to see that free media and strong civil society secure the functioning of healthy society without corruption, but I am afraid that the opposite will happen. I am referring to the rise of national extremism in many countries." (Participant M1)

Observed anti-corruption work and measures

To combat corruption the system needs to be changed and needed to be tackle from another angle. Participant M2 suggested that first of all the salary needs to be enough so the need for money to get food on the table must not be achieved through illegal ways to even survive. It needs to be negotiated and developing to achieve a change of the system.

All participants had experiences that transparency was thorough and serious the organization they had worked for and that was represented. The transparency system could be "heavy and burdensome" according to participant F2 but it made it work and stay transparent. Strict rules and control that transparency was followed was mentioned by all participants. Participant F2 gave an example for the control system of an organization; "we had control and documentation on all supplies that was sent and in every control all supplies were counted and ensured that all supplies were still in the cargo and finally ensured that all supplies that was send had arrived to the right place." Also, the use of foundations and money was strictly followed and controlled mentioned participant M2.

"In our organization the transparency is ensured with different quality standards that every office has to follow. " (Participant M1)

Participant M2 mentioned an example of anti-corruption measurement in foreign aid project. The country in this case was helping with infrastructure and building of roads. Instead of sending economic support for the roads they come to the country to build the road that was planed to the developing project. This procedure of working decreases the possibility of embezzlement of "loose money" in a project.

Morality among co-workers

The moral among co-workers was experienced as high and serious by all participants. Participant M1 advanced the complexity for corrupt behavior; " The morality is high and valued but have experienced that when people begin to be see themselves as too powerful and the mismanagement tends to happen." Participant F2 illustrated another

aspect according to morality; "The morality was good. I do not see it as a question about morality just an outcome from poverty if some local coworker steals something from the clinic."

Bribe distinguished from gift

As mentioned before in many countries where there are aid projects and development projects the practice of bringing a gift when meeting an important person is a part of the culture and seen as a common courtesy. The problem is to separate when it is a gift and when the gift becomes a bribe. The informants were asked to explain what they think a bribe is and what is the amount or shape of it and how to draw a line between a bribe and a gift.

All the participants mentioned that a gift has no real financial value. Participant F1 explained it as "a gift is more of a symbol it should also be so the receiver cannot know what the price was. The meaning should be supportive and encouraging." Participant F2 mentioned that "a gift is very rarely acceptable but it can be in form of a farewell gift. The timing of when to give the present is very important. At wrong time the gift can easily be seen as a bribe." Example was given that if there is competing bidding on an entrepreneur at the moment and someone from one company gets a gift it can be devastating. Participant F1 determined that "A gift needs to be the same for everyone and the action of doing it needs to be open and transparent for example what money is used to buy the gift."

A bribe was explained by participant F2 as something that you are trying to influence the receiver in any direction or you are expecting something back in form of a service. Bribes can be used to hold a contract, to falsify the inspection report or obtain a certificate. It can be to secure the system or to get advantage over a competitor. Bribery can be used to influence local, national or foreign agent to secure a contract.

Participant M2 was of that opinion that in developing countries it is always a bribe when giving something and that would be an easy rule to follow. It is so easy that the gift is turned into a bribe by some opinions. The problem has been dealt with for a long time because it is also a part of common courtesy to bring something when doing business and if you don't it is a breach of etiquette.

6.3 Ethical aspect

The second research question was wondering how is it possible to work ethical justifiable in a corrupt surrounding. This chapter will sort out the aspects on how it is possible.

Corruption was seen as a threat overall in humanitarian aid and in development projects by all participants. The corruption was only an opportunity for them that uses to misuse power or position. Participant F2 shed light over that there are always people that will suffer from corruption and the people are the ones that need the humanitarian aid the most, the ones in the most vulnerable position. Participant M2 stated that corruption has destroyed and wrecked big projects.

"We all know that corruption is a huge threat. It has completely ruined some aid projects." (Participant M2)

"Corruption is a great threat, but also an opportunity in the sense of working for more transparent, accountable and democratic society's and communities and to show how much the society is losing when it allows corruption." (Participant M1)

Decision-making

To deal with the ethical aspect the participants was asked how to make ethical right decision in the field and what is needed to take into consideration to do this. The bottom-line of all participants were of that opinion that corruption needs to be fought by all means and decisions can never be made that will support corruption. Both participant F2 and M2 referred to lean against the rules and codes of conduct that has been sign before the mission it should be quite simple to make the right decisions even tough the circumstance might be complex at the moment. Participant M2 also pointed out that the codes

of conduct need to be done in advanced and there are all decisions already made in an ethical aspect and needs only to be followed during the project and there should be eliminated even the opportunity of corruption to be involved.

Here is a list of things to take into consideration when making decision during mission:

- Culture of the country or area (F2)
- To be provident and considering (F1)
- Never blame or accuse anyone for being corrupt, cases need to be talked about in a more sensitive way (F1)
- Holding on to the codes of conduct that is signed before leaving on the mission (F2 and M2)
- Always keep in mind the norms and regulations of your own organisation (F2)
- Security both for yourself and your colleges and the mission (F2)
- That you are representing the organisation not yourself (F1)
- To have an operational plan done in advanced and stick to it that doesn't leave room for corruption or even the option of corruption. (M1 and M2)

Zero-tolerance or minimum amount of corruption

All the participants agreed on that it is never okay to stretch the rules to achieve the aim of the task in a corruptive environment. The participants did though be of different opinions on the question if it is possible to have zero-tolerance of corruption during the period of the aid project. Participant (M1) answered that "you think that you can but the structures of corruption is so cleverly hidden that you don't notice them all the times." Participant F1 answered that you can have zero-tolerance of corruption during mission but you need to be really strict about it. There is no grey area, it should be no corruption. Participant F1 urged that "With good negotiation in advanced and strict lines about that everyone follow the rules of the organisation with no corruption always and everywhere locals learn that there is no point even trying with this organisation." Participants (M1 and M2) did agree on that the starting point is always that the tolerance of corrup-

tion is zero, but you can never know for sure that is it really 100% corruption-free on all levels during the whole project.

Participant M1 was strictly of the opinion that there is no amount at all that can be tolerated. The other participants had the primarily and leading thought that there is no amount that is tolerated but there are situations that you cannot affect. Participant M2 mentioned as example the checkpoint fees that are held by the police that comes every 10km along the highway in a Sub-Saharan country in Africa. Participant F1 and F2 mentioned that there will always be some small amount supplies missing, but as long that it is very small amounts the effort to investigate it takes more time than it is worth. Both mentioned that the culture needs to be taken into consideration when dealing with this kind of situation; "Sometimes it might be more dangerous to dig too much in some situations." (participant F1)

"We know it is happening but we cannot accept any corruption at all at any moments"
(Participant M2)

Participant F2 pointed the security issue. The person had experience to work warzone and explained that if the situation gets so unstable the camp would be evacuated the persons need to have money for the checkpoints that might be held from fighting sides to come safely out from the warzone. It was not a question of big money it is just small amounts just in case the need to pass the checkpoints safely to evacuate from warzones.

Interaction with locals

To interact with locals is an essential skill to have when going on a mission. There most likely will be local co-workers and local entrepreneurs that are present and of course the target group of the mission are locals. All participants agreed on that to show respect towards the locals and their culture is a must. The mission has its own guidelines and norms but it needs to be integrated so it also goes along with the local culture (Participant M2)

Participant F2 points out that: "The locals know their village and know who you can trust and who not and who is corrupt. The local knowledge is not to underestimate." Participant F1 shared the information that it is important to not point out any local di-

rectly if there are some supplies missing. It is important not to let any lose their face among others, it can be devastating for the person in a village. Participant F1 gave an example; "One time when the human aid personnel noticed that some supplies had got missing and they had a strong suspicion of which the guilty one was. Since the locals were very poor they assumed the supplies was taken to sell on the market to make money for food to the persons family. The personnel called every worker to a meeting where they told about what supplies were missing and that without these supplies they are not able to do their work and people will suffer since they cannot get new ones. The supplies are property of the organisation. They gave opportunity for the person to return the supplies without anyone knowing who took them and the next morning all supplies were returned." Participant F1 wanted to highlight that the take home message is to be open and communicate and give people chances but still be strict on the rules make a safe environment for every one.

Participant F1 also addressed the issue of common courtesy to bring something to a meeting that is easily seen as a bribe. It is important to not insult any one. In many low-income countries there a strong tradition to give gifts or invite persons to dinner in an act of appreciation. Communication in these cases is very important. You cannot go to one family to dinner and refuse to go to the next one. If you decline to go you need to explain why, that the organisation rules are like this it is not personal opinion. If you have a gift to someone, it needs to be a very transparent act. The gift needs to be visible, the money used to by it need to be transparent and the cost of it and the message outspoken that no favor in exchange of this gift is expected, so there will not be any room for speculations.

Challenges

The participants were asked to address the biggest challenges in humanitarian work according to corruption. Participant M1 mentioned "It's extremely hard to track where aid goes." More specification was: "Food, water and medical supplies can be stolen and sold on the black market." Another challenge addressed by same participant was: "Companies can bribe procurement officials to win contracts. This can mean displaced families receive sub-standard housing or poor-quality food." Participant F2 addressed

the challenges: "When someone, usually local person with influence and power, try to direct incoming human aid to wrong place, for example to direct aid to own home village instead of where it is needed the most." That will result in the people in the most vulnerable situations don't get heard and do not get the aid they desperately need. Also "Directing of cash flow" was mentioned by participant F2 that will also result in that the persons that would need the aid the most are in great danger to be left out.

"Aid agencies often feel the need for speed, this makes them sometimes bypass standard anti-corruption measures. The result is that money or goods go missing" (Participant M1)

Participant M2 wanted to bring out an example that is not direct corruption but is a challenge during missions.

The case is when voluntaries is going to the local market to buy fruits. Local people that see you there will come to you and tell you the most heartbreaking story and ask for help and for some money. The person has probably gone through what he or she is telling you and the need for help is big and urgent. The problem is though that locals at the market may not be the persons that are in the biggest need of help. Those persons may not even see you or be able to go to the market. It is very hard as a foreigner to determine whether the story is true or not and where to give the helping hand. There is also a need to remember to be careful not to bring more problem than aid to these persons lives. When a person or volunteer is in the place it is okay to have feelings and feel that they want to donate some money while there. But this need to be done in structural way. This person explained that with their organisation the procedure if someone wanted to donate money was to give it to the organisation and via the organisation it was carefully chosen where the money was needed the most and given that way. If workers start to give money straight to locals it will bring a vicious circle since the need for aid is far greater than something that can be fixed with only a donation in the market square. If local learn that they can get money when someone is walking on the square there will always be locals asking you for donation and telling their stories. It will also be very unfair, since the need for a donation might be far greater for locals who not have the possibility to be at the market asking for donations.

This complex situation needs to be talked through before people are leaving and guide lines need to be set up so workers and volunteers know how to act. The main key is to not bring more problem to the village by showing up and trying to help.

"The main key is to not bring more problem to the village by showing up and trying to help." (Participant M2)

6.4 Awareness of corruption before mission

This chapter process the third research question about what a person needs to know about corruption before leaving for humanitarian work. To be aware is to be prepared and able to handle it in a correct way.

Key person

Key persons according to corruption varies depending on what angle you need to focus on. If you have met on corruption and need to solve it there is according to participant F2 always a key person on every mission that helps dealing with situations involving corruption. The person helps to solve the situation in a justifiable way and goes in line with the codes of conduct for the mission and norms for the organisation. The person can be the team leader or head of security. There is always a person that has responsibility to deal with corruption during a project.

A key person can also be the person among locals that is the person with enough authority that influences the locals in the area where the project takes place according to participant F1. It can be the oldest person in the village, the chief of the village or the medicine man. Participant M1; "The person can also be the moral leaders of the community or the state."

Another way of perceive the key person is when dealing with corruption is the person among the locals that can demand and influence over corruption in the area according to participant M2. This is the person that is possible to negotiate about the guide lines in a project in an area to try to erase any amount of corruption for the project. This person is high up in the chain of command among locals.

How to recognize corruption on a mission

"Corruption can be hard to notice sometimes and it is cleverly hidden". To recognize it in the project or in the area where the aid project or development project is held." (M1). Participant F2 shares the idea of to talk with locals to localize corruption in the surrounding; "The locals know their own village and know who to trust and who is good to co-operate with. It might take a while and some trust before the locals will talk about their own village." Further on is to talk and ask straight about corruption. Participant F2 point out that old delegates that have been working area knows also what type of corruption is present in the area, knows about the locals both contractors and government officials; "Those persons knowledge is very valuable to ask for so you don't have to start all from the beginning."

From participant M2 the following advice was shared; At the area of destination you should build a team consisting of foreigner and reliable locals. People that who know the circumstances, culture and way of life in the country, it is an issue of studying the country and knowing the organisation you are working with. You need to find a reliable local person to your team that can purchase materials and supplies and know to bargain to the right price.

Participant F1 explained following; When it comes to recognizing corruption, it can easily be to just observe a situation or the area. The interaction should be fair and just and the same for everyone. "If you can observe a situation from that point of view you should come pretty far with what is corruption and what is not." Further on the advice went; "When it comes to decreasing corruption the own behavior is very relevant. All need to be treated the same way. You need to remember that you are a part of an organisation and you can always refer to the standards of the organisation if a situation gets tricky."

Unspoken codes and useful information

The participants were asked to identify unspoken codes in the field during humanitarian aid projects and development projects that would be good to know. "The code of silence." was mentioned by participant M1. This is when people know about some illicit action but choose not to talk about it.

"I think the code of silence is the most common in humanitarian work." (Participant M1)

Following aspect was pointed out by participant F1, when local people want to give you a gift of gratitude, but you cannot receive it since it would be seen as bribery and corruption. The easiest way to deal with it is to explain that it is not your opinion but rules from the organisation that need to be followed. The same participant extended the answer; When locals want to take you to their homes or take you out for dinner and you cannot go with only one family or one side in a conflict area. An aid organisation never chooses side in a conflict area, it helps everyone that need the help regardless background of the persons. In these kind of situations locals can easily feel offended if you not respond affirmative to an invitation. It is important to actively bring out why you are not attending a dinner-invitation or other kind of courtesy invitation to remain in good contact with the locals. From participant F2 arose a reminder that culture differences can be quite significant even within the same country.

Participants were asked if they have experience if different things have different value and what can be the examples. Participant F1 mentioned that the things that are shortage of is the valuable things in trading. The item itself is of less importance as long as it is essential for the locals. Social status and the power to influence is valuable according to participant F2. The network of contacts in the chain of command that protect one another in any kind of situation.

"Information, it can sometimes be the most valuable thing" (Participant M1)

Preparing before mission

The participants were asked about what a person needs to know before going on a mission according to corruption. The list of answers got quite long but filled with important

aspects. An important thing is to learn new personnel good praxis from the beginning and the mission goes much smoother. There was a suggestion from a participant M2 that organisation in focus for the aid work should make a risk analysis done for every worker before sending anyone abroad.

Before mission there need to be good basic training to learn about corruption what it is and how to recognise it and what to do when facing it. Workers need to know the contents of the codes of conduct, the project plan and the rules of the organisation and what it really means (M2). Read and learn as much as possible about the country and the area before leaving keep the information updated. Remember that culture can differ inside a country surprisingly much. (F2). During pre-deployment training it would be good to have case training with corruption as a factor and how to react (M1). Be aware of what the organisation is expecting from the person going on a mission. The organisation that is recruiting has already a lot of information about the destination country and area so make sure to ask a lot during the training period. (M2)

During mission participant F2 mentioned following instructions; There is to remember that every worker is a part of the organisation and need to follow the rules of the organisation. Soloing at the mission can endanger persons in the project and the outcome of the whole project. When the supplies arrive, everything need to be checked and counted that it is the same amount that was send that arrived. If anything is missing it needs to be reported immediately. Information regarding security will be given in safety briefs. Corruption is easier to stand against as a group than alone. There is always someone to ask advice from in the destination country during the project. There is also always a person whom task is to deal with cases of corruption. If you are not sure on your situation go ask someone before you make decisions.

"Be very strict with security and all that is needed around it so the work circumstances stay secure, for example in warzones the situation can change very quickly." (Participant F2)

Transparency was highlighted by participant F1. Transparency needs to actively be brought out during the mission. Whit this procedure the organisation gets trustworthiness and the same information need to be given to everyone.

"Keep everything that you do transparent" (Participant F1)

When Interacting with locals there are a some thins to remember according to participant F1; You can never promise anything to locals that you cannot keep. They will remember it and remember that you did not kept your promise and they wont trust you in the future. You need to be very strict and accurate and bring the image that this organisation and persons are so strict that the locals learn that there is no need to try to take anything in between. Participant F2 touch the same aspect; Use the knowledge of the locals. They know their village, who is who, who you can trust and who not to. Trust the locals.

"You can never directly blame locals for corruption. You cannot categorise people without knowing the circumstances as bad or evil. You cannot come to a foreign country and start to judge people." (Participant F1)

6.5 Summary of findings

The types of corruption are many and the appearance of corruption is sometimes very obvious and sometimes very hidden in the society and part of the culture. The types that arose from the raw data were the misuse of entrusted power, bribing, nepotism, embezzlement and control of cash flow. Common opinion among the participants was that corruption is always including inequality and injustice. People that would need foreign aid the most are in danger to be left out if the funds are embezzled or aid supplies are directed to wrong place.

Corruption is triggered by poverty mainly in low-income countries and by greed in high-income countries. Small salaries or no salaries paid at all makes normal people vulnerable to accept corruption. Lack of transparency, weak governmental systems and lack of proper sanction and control are factors that maintain corruption. Corruption is seen both in the street and behind the desk. In the street it is more direct and only small scale on the corruption but behind the desk and locked doors is were the big money and power affect.

Division of corruption worldwide was that in Africa corruption is more obvious and in Asia it is more like an unspoken shade. When dividing the globe in northern and south-

ern hemisphere, corruption is more structural and hidden up north and the southern part has more direct money transfers and losses. Nobody talks about corruption but it is obvious that it is happening.

Anti-corruption plan, system and rules had been experienced in all aid organizations or development projects the participants had worked in or for. There were strict lines that corruption is never tolerated during mission and need to be combatted by all means. Transparency is an important and obligated part during the mission. It should actively be brought out during the work. The complexity is when corruption is present in the surrounding and you see that it is happening by the locals. But with strict rules and code of conduct it was possible to keep corruption outside the project and work. There is sometimes a risk that corruption is so well hidden in the system that you do not get aware of it. The morality among coworkers was perceived to be high throughout. Some extra road fees when driving the highway and money for checkpoint if emergency evacuation is activated from a warzone is small scale of corruption that has no other choice than to be tolerated.

When interacting with locals it needs to be done with respect and outspoken that corruption is not allowed. It is never tolerated to blame someone directly for being part of corruption. It is not acceptable to come to a foreign country and start judging people. It is advantage to learn about the country, culture and history before leaving for a mission. If problems arise they need to be intervened immediately in a respectful but straightforward way and give people a chance to not be corrupt. Locals also know about their own village, who is to trust and who is corrupt, do not underestimate that information. Use it as a strength. Be also aware of that common courtesy of bringing a gift when visiting local leaders can easily be seen as a bribe. The timing, the character of the gift and if a favor is expected affects how it is perceived.

When you are making decisions in a corrupt surrounding it is important to make it in awareness to not support corruption. Never promise anything to locals you cannot keep. Local culture, the operational plan, codes of conduct, security and the norms and regulations of your own organization are aspects to take into consideration. It can be extremely challenging to track where the aid goes. Food, water and medical supplies can be stolen and sold on the black market. Code of silence is common in aid work. There is always a person in every mission who has knowledge and experience that is addressed to help with issues concerning corruption. Corruption can be hard to notice at first on a

mission but older delegates can help out. Asking them about corruption can give valuable information.

Before leaving in mission it is good to familiarize oneself with the code of conduct regarded to the mission. Rules and norms according to the responsible organization that concerns upcoming work is essential to be aware of. Security in warzones during mission has high priority and there is no space for soloing by individuals. The plan for the project should be made in advance to leave out the opportunity for corruption to interfere at all. Case-training according to corruption would be an important part of the pre-deployment training.

7 DISCUSSION

The purpose of this thesis was to study what kind of treat corruption is to global health according to corruption in humanitarian work and development projects. The aim is to produce background material that can be used in training and education in pre-deployment training. The result shows that there are many types of corruption affecting negatively in humanitarian work and development projects that need to be rose awareness of. Corruption can be hard to observe and detect it even for the experienced eye. Corruption need to be combatted by all means but to be able to do that the person should be prepared before going to work abroad.

Corruption in humanitarian work

The findings of this category support partly the previous literature. As the main type of corruption is misuse of entrusted power in form of bribing, nepotism embezzlement and control of cash flow. Same statement according misuse of power is done by TI (2020) and Mackey et al. (2018). The result present types and situations of corruption but are not categorized by any of the participants that is found in the literature by Coffman and Anderson (2018) & Sabic-El.Rayess and Mansur (2016). All the main types in the result can be found in the previous literature as well. Types that did not touch the same as in result were absenteeism, ghost workers, dual practice and improper marketing by UNCAC (2004). The types that were mentioned on the list according to UNCAC (2004)

were informal payments by patients to providers and reimbursement fraud were confirmed by the participants experiences as well.

As Sabic-El Rayess and Mansur (2016) states is that corruption is more present in countries that have fragile systems and governments, especially in postwar countries which are also adequate to the result. Humanitarian aid is aimed to bring relief in time of need during crisis and disasters and more than 90% of death according to disaster take place in low- and middle-income countries (Ministry for Foreign Affairs, 2019; UNDP, 2019). This supports the result and corruption can be assumed as a present factor in areas where humanitarian aid work is taking place.

The result suggest that poverty is one of the main triggers for corruption. This statement is confirmed by Hunt (2010) that state that poor people pay the highest amounts of bribes according to their income. Corruption is seen in both in public and private sector even though public sector is more submitting for corrupt systems (Rispel et al. 2015; Hunt, 2010). That the salaries are small or even unpaid was mentioned as a trigger in the result. Garcia (2019) address the problem and the need of a functioning solution. The suggestion is to make a change by not only aiming the focus of the problem towards the system instead of the individual but to make concrete plan for the solutions. How much would the salaries need to be raised to keep people from embezzle or stealing supplies that they can sell. How could the whole chain of command be affected to solve the problem when corruption permeate a whole system from the top level to the bottom.

The worldwide variation of corruption is according to the result following. If comparing Africa to Asia, in Africa corruption is more obvious and in Asia it is more like an unspoken shade. Dividing the globe in northern and southern hemisphere, corruption is more structural and hidden up north and the southern part has more direct money transfers and losses. Talvitie (2017) has research the differences of corruption in Africa and Asia and support the result.

Facets of corruption

Factors that are maintaining the corrupt behavior are in the result presented as lack of transparency, weak governmental systems as well as lack of proper sanction and control. These factors are also mentioned by Mackey et al (2016) for suggestion of anti-corruption goals. Further on the rest of the suggestions are; Problems with the concept of zero-corruption, better data and multi-stakeholder partnerships. Talvitie (2017) ac-

companies the significance of weak governmental systems that support corruption. To combat corruption there need to be build good enough governments.

Anticorruption measurements was present and essential in the organizations that the participant ha experienced from. Only one of the participants had seen some kind of anti-corruption campaign during mission and was not sure how accurate it actually was. Garcia (2019) mention that the anti-corruption measurements in low- and middle-income countries have developed and affected the last 10 years. The result to not agree on this statement. It is possible that it has not been noticed in the field work even though it is an ongoing and proceeding process.

There is a high risk for a gift to be mistaken as a bribe in a corrupt surrounding. Results shows that the timing, the character of the gift, and if a favor is expected or not, affects if the gift is perceived as a bribe either by the receiver or by a village member. The complexity arises when it is part of common courtesy in the current area to bring a gift when you visit a village leader or another high-ranked person. Results show that the price of the gift should be very insignificant and the whole act must be transparent. In the previous literature the giving of a gift is always seen as a bribe and has not found another explanation. Manea (2014) compares bribing with tipping a waitress with the question why tipping is accepted but bribing is not. The literature shows that tipping is optional and you will still get your service but bribing becomes compulsory to receive the needed service. Bribing is considered to be the one of the simplest forms of corruption and is categorized as pecuniary (Coffman and Anderson, 2018; Sabic-El-Rayess and Mansur, 2016).

Ethical aspect

Corruption is referred to as inequality and injustice in the result. There was also stated that there are always someone suffering when corruption is present and most times it is the people that would need humanitarian aid the most and are in the most vulnerable position. Corruption has also destroyed and wrecked development projects. This gets support to be wrong according to Human Rights Declaration article 25 that stated (shortened): that everyone should have the right to standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services. People living in extreme poverty in cri-

sis area are not ensured to receive these rights. According to Costa and Mwoka (2019) the human right to health should be seen as "the right to the highest attainable standard of physical and mental health".

The result suggested that the biggest challenges in humanitarian work was it is extremely hard to track where aid goes. Food, water and medical supplies can be stolen and sold on the black market. Power used by locals to affect the direction of humanitarian aid or directing of cash flow. According to Ministry for Foreign Affairs (2019) the primary focus of humanitarian aid in crisis is to save human lives, relieve human suffering and maintain human dignity during crises. Every year hundreds of people suffer as a consequence of natural disaster, climate change, armed conflicts and other crises. United Nations estimated in 2019 that approximately 139 million people will need humanitarian aid in the current year. For critical needs of humanitarian assistance approximately USD 24,5 billion was required to assist 104 million people in need. This means that there are still 35 million people that need humanitarian aid that are not receiving any foreign aid. This confirms that there will be problem when the aid will not be enough for all people in need. According to United Nations (2019) In 2015 there was 736 million people living under the poverty line. This includes lack of food, clean drinking water and sanitations. The numbers of people living beneath poverty line and the number of people not receiving humanitarian aid but need it confirm that the black market for aid supplies has substance to be very active and popular.

Decision-making in a corrupt surrounding with humanitarian aid status requires certain aspects to be aware of when making decisions to not ever support corruption. The result suggests the following aspects; Never promise anything to locals you cannot keep. Local culture, the operational plan, code of conduct, security and the norms and regulations of your own organization are aspects to take into consideration. How to make ethical decisions have got four main principles that have been purposed by Beauchamp and Childress (2012). The principles are: Non-maleficence - do no harm, Beneficence - do good, act in the best interests of others, Autonomy - maximize freedom for individual or community and Justice - treat equal cases equally and unequal cases differently (Fonseca and Isa, 2019). These principles support the result but are covering broader aspects.

The interaction with locals was presented in the result to be respectful and thrust worthy, not blaming but straight forward when processing corruption and the common agreement of interacting. There is also to remember to give people a chance not to be corrupt. A good basic rule is that you cannot come to a foreign country starting to judge people. The reason for being there is to help locals. International laws that affect transborders are made by the United Nation Charter (2018) its Preamble the objective is: "To establish conditions under which justice and respect for the obligations arising from the treaties and other sources of international law can be maintained." When legislation is more international it is a step in the right direction to combat corruption and be able to address it and affect if needed (UN, 2018). Public health is affected positively by local, national and international legal agreements as well as interventions such as deregulation and methods of taxation. Focus of international law that are relevant to health include international trade law, criminal law, environmental law, humanitarian law and human rights law. All individuals should now have the access to a set of legal structures that avoid the violations of their inherent rights (Costa, 2019). The United Nations Convention against corruption that was adopted by the UN General Assembly in 2003 and that is the only legally binding universal anti-corruption instrument that agreed to criminalizing certain types of corruption. (UNCAC, 2004)

Awareness before mission

The result proposes that before a person leaves for a mission it is good to familiarize oneself with the code of conduct regarded to the mission. Rules and norms according to the responsible organization that concerns upcoming work is essential to be aware of. Security in warzones during mission has high priority and there is no space for soloing by individuals was mentioned in the result. According to the literature there is an essential part to be well prepared before leaving for a mission. Ablalla and Ognenis (2019) have extracted that basic starting point for all health care workers should be to have a strong foundation in key concepts of global health. An understanding of the main concepts and definitions essential to this area of study facilitates our appreciation of the health inequalities and inequities that exist both within and between nations. From the

result there is also pointed out that the plan for the project should be made in advance to leave out the opportunity for corruption to interfere at all.

The result is also showing that it is advantage to learn about the country, culture and history before leaving for a mission and read up to date information. Literature accompanies this by the fact that when you know enough you are a better aid worker. Sinclair et al. (2016) states that compassion is raised to be a corner stone of quality healthcare by patients, families, clinicians and policy makers. According to Alleyne (2015) compassion in global health is to have to do or care for something with someone, not for someone. Pity on the other hand is when you are standing above someone and is looking down on that person. Humanitarian aid is aimed to bring relief in times of need (Ministry for Foreign Affairs, 2019) This support that humanitarian aid workers need to have compassion in the work they do and towards the people in need. During disaster circumstances healthcare professionals in the field have multiple challenges to tackle to be able to do their work. Gotowiec and Cantor-Graae (2017) have pointed out some of these dilemmas. There are multiple international codes of ethics to guide professionals in their work, but there are no watching system or rules to govern which is set of the guidelines to follow.

A factor that was part in the literature was burnout and compassion fatigue. These are a growing problem among those people working on the front lines of the global refugee crisis and other crisis including aid workers, medical professionals, legal providers and resettlement volunteers. People working in "helping professions" are especially vulnerable for these problems. Burnout is related to stress and depression but it is still distinct. Compassion fatigue can easily sneak up on front line workers without them noticing it during exposed work in the field as they hear all kind of heartbreaking human destinies (Savchuck, 2017). Since corruption is a factor that are making life harder and more unequal for the people in crisis areas and low- and middle-income countries that are in need of humanitarian aid. Corruption has been seen in form of embezzling money for development project as mentioned in the result. Corruption is of high risk-factor that increases the outcome to add stress for the workers in the field. This problem is important to be aware to be able to react on when the symptoms start to show. Aid work requires intensive and active self-care not just outside work but throughout the day. This is a responsibility, not a luxury according to Savschuck (2017). The author also state that burnout and compassion fatigue prevention should be part of aid workers program.

8 CONCLUSION

The purpose of this master thesis was to investigate how a person can work ethical correct in a corrupt surrounding when being on a humanitarian aid mission or development projects and how corruption treat global health and humanitarian aid work. In order to determine this a qualitative research was done to gain information about corruption as a phenomenon and interviews provided hands on experience to answer the research questions.

The result of this thesis pointed out how corruption is affecting global health and humanitarian aid work and how it can be a threat to the outcome of the objective of the mission in the field. Also, the ethical aspects of how to work in a corrupt surrounding was discussed and the result provided a broader understanding and answer to the question. What a person needs to know before leaving for was handled in pointed out in the result. The literature confirmed most of the parts in the result.

The experience from the participants to the interview gave more depth to the result while the literature provided confirmation of statements along with a theoretical understanding of how complex this phenomenon actually is. It also confirmed that there are big challenges to discipline it if ever possible.

The result answered the research questions close and carefully. This thesis leaves a platform to proceed research from in different directions. Material from this thesis can easily used as base for pre-deployment training and education. It contains the essential knowledge of corruption in global health and humanitarian aid is desirable to know before leaving for a mission.

8.1 Strengths and Limitations

Strengths

There have been a lot of researches and data collected during the latest decade so information and reliable information is very accessible. To describe corruption as a phenomenon is challenging but with all the data that is available it is very possible to do.

The informants that participated in this master thesis were all living in Finland and the experience they had gained were from different continents and brought an extensive knowledge from different parts of the world. For the participant at this starting point they had good position to participate, they did not need fear their status in society or at work when participating in this master thesis. As well any of the participants had their own property or equipment involved to any mission that could have been affecting the answers.

The informants had in average 10 years per person of experience so the knowledge and experience were high. The experience was gained from several contingents and countries so the data collection was extensive and overlapping. The literature supported and confirmed the result very extensive. This makes the information more reliable and trustworthy.

Limitations

Although the information about corruption that was found was enough the information was so much that it was challenging to frame it. Corruption as a phenomenon is hard to describe in a comprehensive way since it is still hard to track and see all shapes. Corruption can also be deeply rooted in a culture so to line up what is corruption and what is local interaction is also hard when it comes to the grey area.

The informants were only four so the scale of information was from a narrow perspective even though the experience in total was very impressive. Corruption is a very sensitive subject to process so that can have been a reason for the absence of the participants.

The data to the background is from many qualitative researches; this kind of researches accepts people's perceptions that are part of a subjective truth. The content of truth in

the answers can also vary depending on the intention of the participant. There is need to remember that there are always people that do not want corruption to end since they are earning big money on maintaining corruption but that would not be a factor according to the participants of this thesis as mentioned earlier.

8.2 Recommendations for further studies

From the result, literature and discussion of this thesis there is being created a platform that makes room for further studies to different directions and from different angles. Now corruption is investigated as a phenomenon and tried to made more understandable according to global health and humanitarian aid work.

How much corruption affect people developing symptoms of human aid burnout and compassion fatigue and if it accelerates the development of the symptoms would be and important aspect to investigate. According to the same theme the importance and prevalence of aid workers recognizing corruption as a stress factor in the work and how much it affects the own work would be another possibility for further studies.

The difference between bribe and gift according to how much it affects the result of negotiation with village leaders if you do not bring any gift to a meeting in an area where that would be part of the common courtesy. That would be a very challenging topic to get reliable data but still very important in the work of combatting corruption.

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APPENDICES

Appendix 1 / 4. Sustainable Development Goals and Millennium Development Goals



Sustainable Development Goal 2030 (UN, 2020)



Millenium Development Goals (UN, 2020)

Appendix 2 / 4. Literature search term

Search one	Cinahl Cinahl with full text, Library, information science and technolo- gy abstracts Ebsco ERIC**	(corruption OR bribery OR extor- tion OR money laundring OR crime) AND (aid work OR developement goals)
Search two	Cinahl Cinahl with full text, Library, information science and technolo- gy abstracts Ebsco ERIC**	(corruption OR bribery OR extor- tion OR money laundring OR crime) AND (aid work)
Search three	Cinahl Cinahl with full text, Library, information science and technolo- gy abstracts Ebsco ERIC**	(corruption OR bribery OR extor- tion OR money laundring OR crime) AND (aid work) AND (ethic OR ethics OR ethical OR moral)
Search four	Science direct	Corruption AND sustainable

Search five	Cinahl Cinahl with full text, Library, information science and technolo- gy abstracts Ebsco ERIC**	(corruption OR bribery) AND sustainable AND (fight OR combat) AND health
Search six	Cinahl Cinahl with full text, Library, information science and technolo- gy abstracts Ebsco ERIC**	(corruption OR bribery) AND sustainable AND (fight OR combat) AND health

Appendix 3 / 4. Interview guide

Interview guide for Master Thesis:

Global health under threat

- How corruption affects humanitarian aid and people in need of basic requirements

Annette Backman - student in master program of Global Health Care, Diak University of applied sciences, Arcada University of applied sciences.

Research questions	Theme	Questions
	Background	<ol style="list-style-type: none"> 1. Tell me about your background in humanitarian work; (eg. when, where, task, and time spent) 2. Why did you want to start working in the field? 3. Did you get any kind of education about corruption when you started? 4. During what circumstances did you get aware of the corruption-phenomenon? 5. How did you get more information about it?
<i>1. How does corruption appear in humanitarian work</i>	The appearance of corruption	<ol style="list-style-type: none"> 6. What is corruption according to you? <ol style="list-style-type: none"> a) Is there different kind of corruption? b) Do you have experience or do you think that the corruption is different or similar in different parts of the world? If different, in what way? 7. What do you think triggers corruption? 8. What keep corruption alive and present? 9. Do you think there is any connection with the government of a country / leadership of an area and the amount of corruption? 10. What kind of situations how you been involved where there has been corruption involved? <ul style="list-style-type: none"> - How did corruption occur? - What was your reaction? 11. Where do you think corruption is more likely to occur, in developed countries or developing coun-

		<p>tries/societies?</p> <p>12. Where do you think corruption is seen most; in the street or behind the desk?</p> <p>13. Could you see any similarities between our tax-system and corruption in developing countries?</p> <p>14. Do you think or have experience that religion affects corruption in any way?</p> <p>15. In what direction do you think the work to combat corruption is going?</p>
<p>2. <i>What is the significance of corruption in humanitarian work</i></p>	<p>The relevance of corruption for humanitarian work</p>	<p>16. In the area where you worked, was corruption obvious or an un-spoken shade?</p> <p>17. Did you notice any kind of anti-corruption work or campaign going in the area?</p> <p>18. Where there any kind of transparency in the organisation that you worked for or the local organisation that you co-operated with?</p> <p>19. How did you experience the morality of your co-workers both among locals and from your organisation?</p> <p>20. Did the locals trust local authorities?</p> <p>21. Do you think corruption is a threat or an opportunity in humanitarian aidwork?</p> <p>22. Can you achieve the goal of your task with zero tolerans for corruption in an area were corruption is present</p> <p>23. How to make ethical right decissions in a place where corruption is present?</p> <p>24. What do you need to take into consideration when you are making the decission?</p> <p>25. Do you think a corrupt surrounding claim a corrupt leadership?</p> <p>26. Is there a key person or position when dealing with corruption?</p> <p>27. What kind of corruption is the biggest challenge in humanitarian aidwork?</p> <p>28. How can we do to decrease corruption in humanitarian work?</p>
<p>3. <i>What do you need to know about corruption before you leave for hu-</i></p>	<p>Corruption awareness</p>	<p>29. How to recognize corruption in humanitarian work?</p> <p>30. What would a person need to know about corruption before leaving for humanitarian work? (what are the rules of the game and what are the exceptions?)</p> <p>31. Is there a minimi amount of corruption that needs to be tolerated in a corrupted surrounding? If yes, what is that amount and in which shape?</p> <p>32. How much is okay to stretch the rules to achieve</p>

<p><i>manitarian work</i></p>		<p>the aim of the task in a corruptive environment?</p> <p>33. How would you draw the line between a bribe and a gift?</p> <p>34. Can the price of a bribe be standard or does it vary?</p> <p>35. What is the amount/shape of a bribe?</p> <p>36. Have you seen that different things, information or position have different value? If yes, what is valuable and what is less valuable?</p> <p>37. Is there any unspoken codes or shapes when it comes to corruption that would be good to know to ease the everyday work in the humanitarian field?</p>
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Appendix 4 / 4. Letter of consent

Global health under threat

- How corruption affects humanitarian aid and people in need of basic requirements

Letter of consent - To informants

Presentation

You have been asked to be informant in my thesis work because your experience and knowledge is very valuable for the investigation. The challenge is complex and your input will help many coming humanitarian aid workers to do their job better with your shared knowledge.

I am a Master degree student in the joint degree program Global Health Care with Arcada - University of Applied Sciences in Helsinki, Finland, Diak - Diaconia University of Applied Sciences in Helsinki, Finland and Baraton - Eastern University in Kenya. My name is Annette Backman and study long distance when living in Vasa, Finland.

Purpose

The purpose of the study is to look at corruption as a phenomenon in humanitarian work. To find out how corruption can be perceived in humanitarian work, how it occurs and how it is significant would create the frames and material needed for corruption awareness to a person leaving for humanitarian work. The output will be education material for workers to be aware of the complexity and challenges to work in a corruptive environment in an ethical justifiable way and still reach the objectives of the mission.

Implementation

My data collection will consist of a literature review and interviews. I will ask you a series of questions and use a recorder on my mobile phone (that is protected by two pin locks) or if you wish a pen and pad. The time for the interview will take approximately 30-40 minutes depending on how much you would like to share and discuss of your experiences and knowledge. The results from the interviews will be compared and analysed with the findings from the literature as well.

Confidentiality

The most possible confidentiality is practised during the investigation. No unauthorized persons have access to the material. The material is stored so only I, who is the researcher, have access to it. The results will be reported in my master thesis at the mentioned universities. Informants will be anonymous and the report written so it is not possible to link the results to individuals.

Your participation is completely voluntary and no compensation will be given due to participation. During the interview you can intermit the participation at any time, without giving reasons. But once you have accomplished the interview and the session is over and the material is being processed you cannot intermit your participation any more.

The collected data will be disposed properly with the confidentiality taken into account once the thesis report is published.

Further information

For further information about the study you can contact me, conducting the study.

I can be reached at:

Supervisor:

Are you willing to be part in my master thesis?

Yes: ()

No: ()

Name: _____

Date _____