THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

LITHUANIA

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Lithuania

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Governance

The Ministry of Health has overall responsibility for health policy in Lithuania. The main policy document in the vaccination field is the national immunization programme. Currently, the 2014–2018 programme is ongoing (Lietuvos Respublikos sveikatos apsaugos ministro, 2014). It comprises a situation analysis, objectives, tasks and targets, and outlines its implementation. The main objectives are: to control, eliminate or eradicate vaccine-preventable diseases (polio, measles, rubella); to decrease the risk of outbreaks; and to ensure the safety, effectiveness and accessibility of vaccination. The targets include immunization coverage for children of 90–95% in each municipality and the whole country, the eradication of measles in Lithuania, and the introduction of new vaccines.

The national organizational framework is set out by a Ministry of Health decree (amended in 2017) (Lietuvos Respublikos sveikatos apsaugos ministras, 2017), which describes the functions regarding immunizations and the coordination of all stakeholders (primary health care institutions, public health institutions, etc.). Two public health institutions under the Ministry of Health, namely the Centre for Communicable Disease and AIDS (at national level) and the National Public Health Centre[1] (at regional level, a network of 10 regional departments), are involved in the prevention of communicable diseases and are in charge of coordinating vaccination, monitoring vaccination coverage and surveillance of vaccine-preventable diseases.

1 https://nvsc.lrv.lt, accessed 1 June 2018.

The Centre for Communicable Disease and AIDS oversees the demand for vaccines and coordinates vaccination services; it provides expertise and consultations. The National Health Insurance Fund procures vaccines through centralized public purchasing. Vaccines are distributed to health care providers from the warehouse of the Centre for Communicable Disease and AIDS (the central vaccine store).

Licensed health care providers (mainly primary health care institutions) are in charge of the provision of vaccination services. They have to report to public health institutions all cases of vaccine-preventable diseases, the numbers of vaccinations and population coverage, as well as adverse events following immunization. The National Public Health Centre shares the reported information with the Lithuanian Centre for Communicable Disease and AIDS. Public health institutions collect and report aggregated immunization data.

The National Public Health Centre monitors health care providers at least once a year through a publicly available questionnaire which allows monitoring of their compliance with national legislation on vaccination. The monitoring mostly involves a review of medical documentation, including patient medical records.

A national immunization schedule for children has been drawn up, with the latest update in 2018. Pneumococcal vaccine (PCV), human papilloma virus vaccine (HPV), rotavirus vaccine (RV) and B type meningococcal vaccine (Men B) have been introduced in the national immunization schedule during the 2014–2018 programme (Lietuvos Respublikos sveikatos apsaugos ministro, 2018). For instance, the first MMR vaccination is given at the age of 15–16.5 months, the second within 6–7 years.

According to the Law on human communicable disease prevention and control, vaccinations in Lithuania are not mandatory, but they are recommended. The attempt by the Ministry of Health in 2014 to keep non-vaccinated children away from public nurseries and kindergartens was deemed to fail after the 2016 decision of the Supreme Administrative Court of Lithuania.[2] The Court ruled that the approach taken by the authorities, which included the recording of personal data about vaccinations, contravened the right to privacy.

2 https://www.lvat.lt, accessed 30 May 2018.

Seasonal influenza vaccinations are recommended for groups at risk, such as older people, pregnant women and health workers. Revaccinations for adults, as well as the pneumococcal vaccine for groups at risk, are free of charge for patients (Lietuvos Respublikos sveikatos apsaugos ministro, 2015). Responsibilities and procedures are similar to vaccination services for children, except that the timing is linked to the influenza season (Lietuvos Respublikos sveikatos apsaugos ministro, 2012).

Regular public awareness campaigns on the importance and availability of vaccines, as well as professional training, are components of the national vaccination programme.

Provision

In general, primary health care providers provide vaccination services for the registered population. They identify target groups from their records, plan the coverage, request and pick up vaccines, vaccinate and report on vaccinations, and perform other related functions.

Licensed physicians identify and vaccinate populations, and licensed nurses and midwives can also administer vaccines.

An official guide to procedures is used as the basis for the mandatory documentation of health care facilities.

Usually, vaccination services are available at primary health care clinics, as well as in a few other health care facilities, e.g. in specialized hospitals with the exception of privately funded vaccinations, including those paid for by employers and provided at the workplace if all requirements for safe vaccination are met.

The prescription of vaccines and their sale in pharmacies are legally forbidden.

Financing

All vaccinations included in the national immunization schedule are free of charge at the point of delivery. The same could be said about vaccination against seasonal influenza and pneumococcal infection for the groups at risk, for post-exposure prophylaxis, as well as revaccinations once per decade (diphtheria and tetanus) for adults over 25 years old. Other vaccinations are funded privately or by employers.

The National Health Insurance Fund, as the statutory financing scheme, centrally procures vaccines and syringes. This expenditure of around €17 million per year is covered by state budget subsidies. The subsidies are allocated in accordance with the national immunization programme. Currently, the programme also funds awareness campaigns and professional training, each costing around €30 000 per year. However, after the procurement of vaccines, the second largest explicit allocation under the programme is the annual €800 000 expenditure on additional fee-for-service payments for the influenza vaccination service under the incentive scheme for primary health care providers; this supplements the major capitation payment. Currently, there are four fee-for-service payments (of about €2 each) related to vaccination, namely, the vaccination of children performed by a physician or nurse, as well as vaccination against influenza performed by a physician or nurse for people from the risk group. However, the contract between the National Health Insurance Fund and each primary health care provider caps the total estimate of annual expenditure at no more than 70 fee-for-service payments altogether. As a result it is hard to assess the actual incentives created by the fee-for-service payments scheme.

The Centre for Communicable Disease and AIDS procures and distributes cold boxes for health care facilities.[3] More than half of about 500 health care providers have been equipped with modern cold boxes to ensure safe transportation of vaccines.

Key barriers and facilitators

A number of key barriers to and facilitators of effective vaccination coverage for measles and influenza can be identified (*see* Table 1).

3 https://www.ulac.lt, accessed 29 May 2018.

Table 1 Key barriers and facilitators

	Barriers	Facilitators
Organization	It is likely that the routine historic system does not meet new challenges like increasingly negative attitudes towards vaccination in society and the increasing mobility of the population.	There are advantages to the historic system with explicit roles and well known mechanisms. Prioritization of vaccination services is on the health policy agenda. Independent evaluation of approaches and tools. More analytical reviews of the actual situation regarding communicable diseases. Shift from monitoring by "checking papers" to a more advisory approach. Targeted efficient information campaigns.
Delivery	Opportunistic approach to delivery when activities are predominantly carried out inside a health care facility for its visitors during limited working hours. Misbalance in logistics while health care providers have to take care of proper transportation (return travel to the capital (Vilnius) at least four times per year). Some gaps in updated knowledge, communication skills and attitudes of health workers, e.g. general practitioners who replaced paediatricians are less well informed about child vaccination issues	Vaccination services delivered outside health care facilities. Tailored training for health professionals and professionals working in the community, e.g. social workers, personnel in nurseries and kindergartens, etc. Improved logistics.
Financing	Substantial additional costs of transportation and equipment on the side of providers.	Payment arrangements with proven efficient incentives.

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