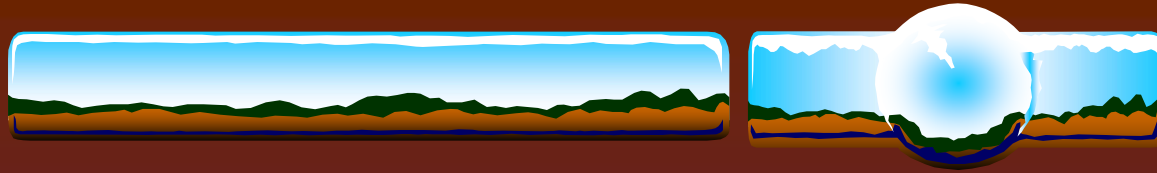


# Tackling Health Inequalities in Lithuania

Viktorija Voolfson

Ministry of Health of Lithuania

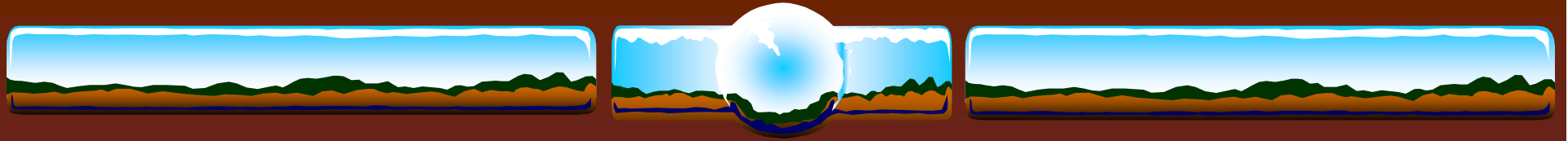
7 May 2007, Brussels



# Republic of Lithuania (2007)

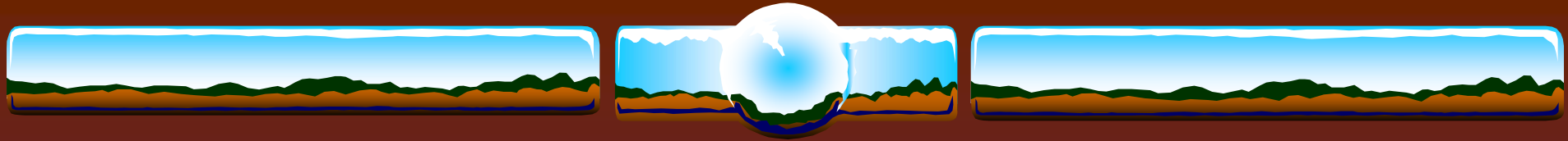


- ❖ **Territory: 65 303 km<sup>2</sup>**
- ❖ **Population: ~3.4 mln. (83.4 % Lithuanians, 6.7% Poles, 6.3% Russians, and 3.5% others)**
- ❖ **Official language: Lithuanian . Most population speaks well in English , Russian, Polish, German**
- ❖ **Climat : Maritime/continental (Average winter temperature: – 4,9°C, Summer - +17 °C)**
- ❖ **Religion : Majority Roman Catholics**
- ❖ **Capital – Vilnius**
- ❖ **National currency: the litas (LTL) .EUR 1= LTL 3,4528**



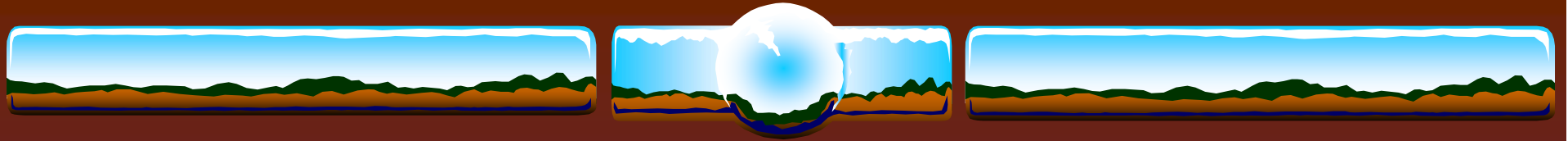
# Key governmental institutions for Health policy co-ordination

- Presidential Office
- *Seimas* (Parliament)
- Government
- Ministry of Health
- Other ministries
- Public organizations at different levels



## Health care levels

- *Primary health* care, organised by municipalities.
- *Secondary* and *tertiary health* care are provided by municipal and county institutions subordinate to the Ministry of Health (MOH).
- *Public health* structures at the national level consist of the Public Health Department within the Ministry of Health (<http://www.sam.lt>) and a number of institutions subordinated to the Ministry of Health

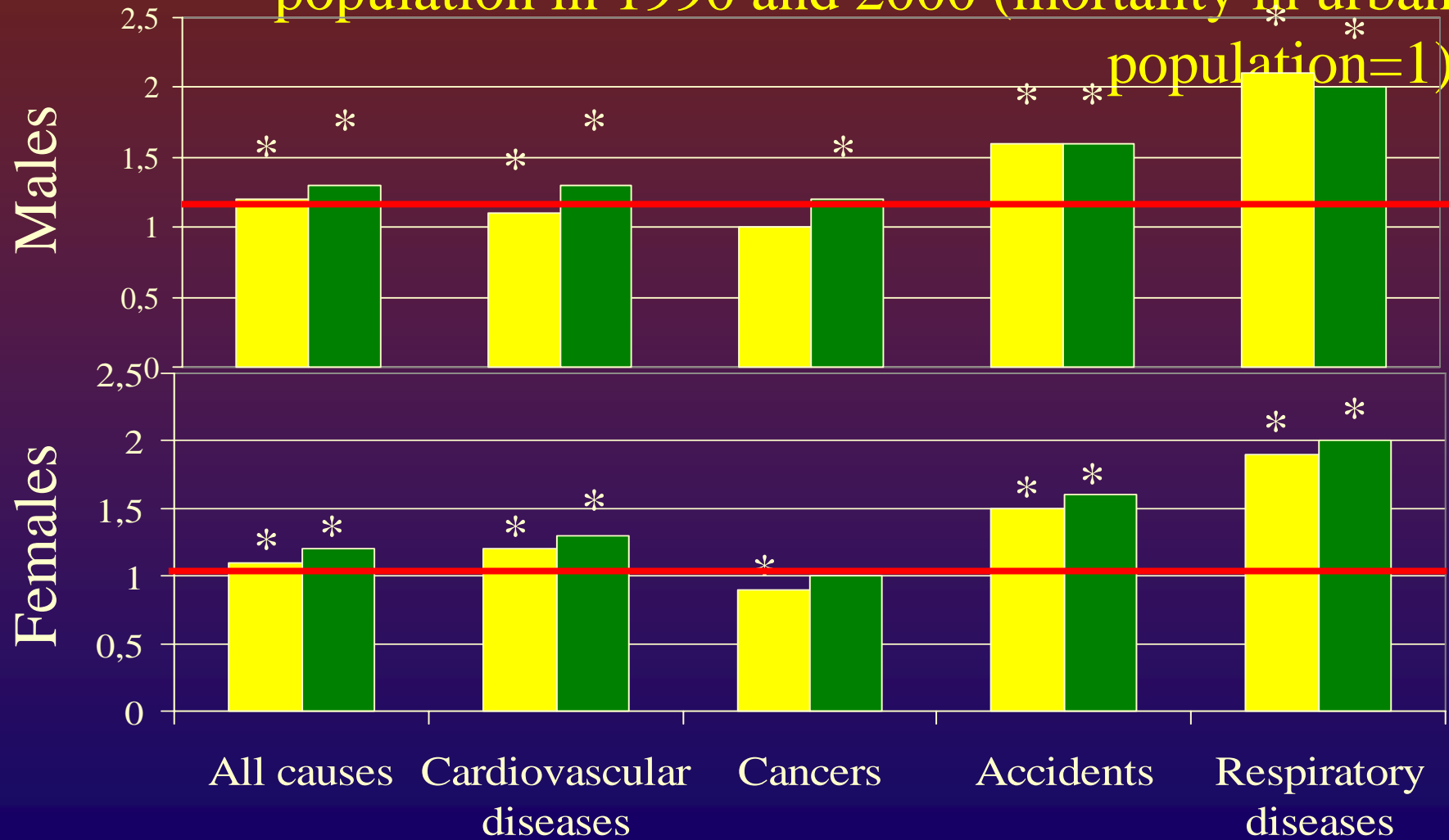


# Steps towards tackling health inequalities

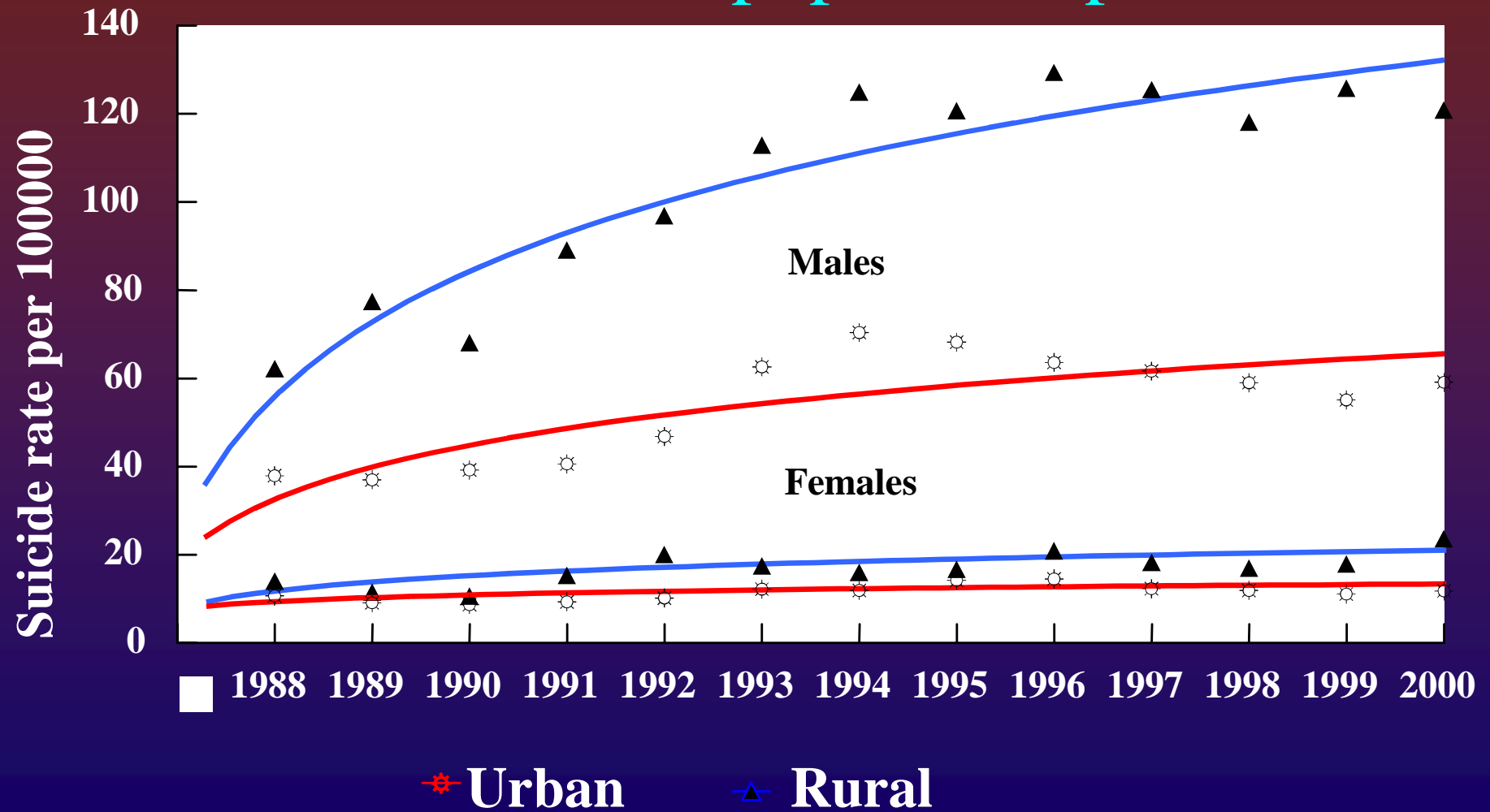
## ❖ Research projects (From 1998 - 2002)

- ❖ The first report “Equity in health and healthcare in Lithuania. A situation analysis” was published in 1998.
- ❖ Results showed education, gender, family income and place of residence were significant predictors of health inequality
- ❖ Higher education, higher income and urban residence were strongly positively correlated with better self-reported health status

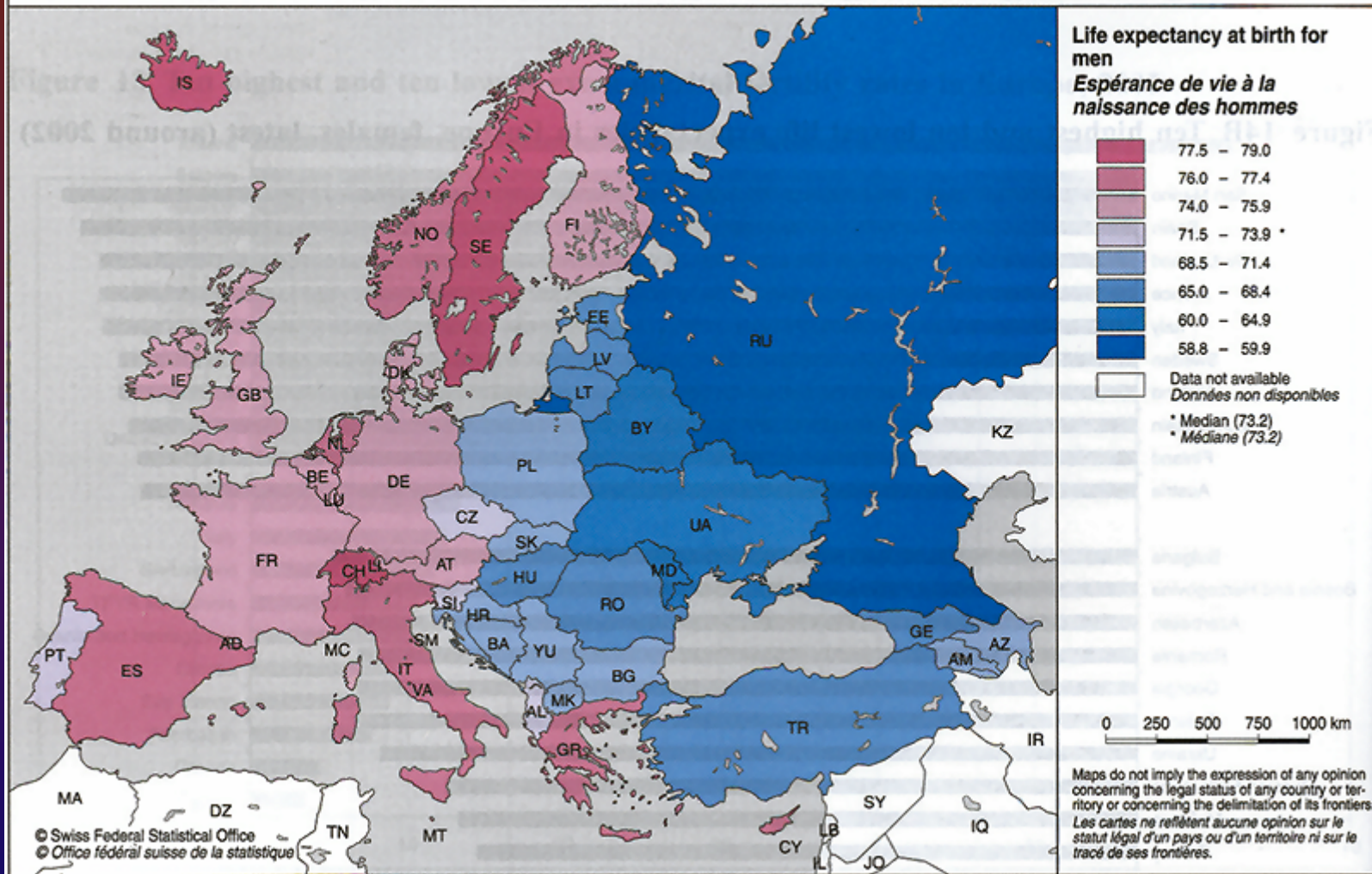
# Comparison of mortality among urban and rural population in 1990 and 2000 (mortality in urban population = 1)



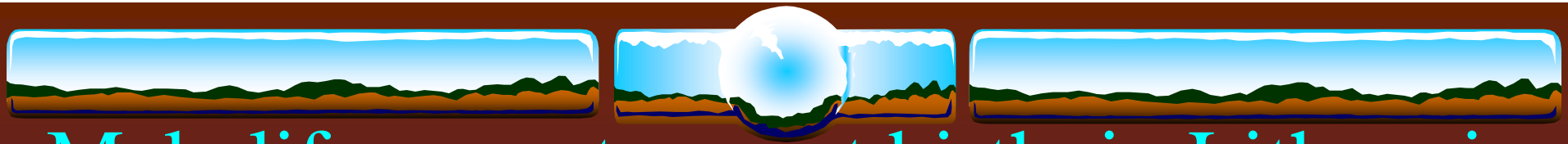
# Suicide rate among urban and rural population per 100 000



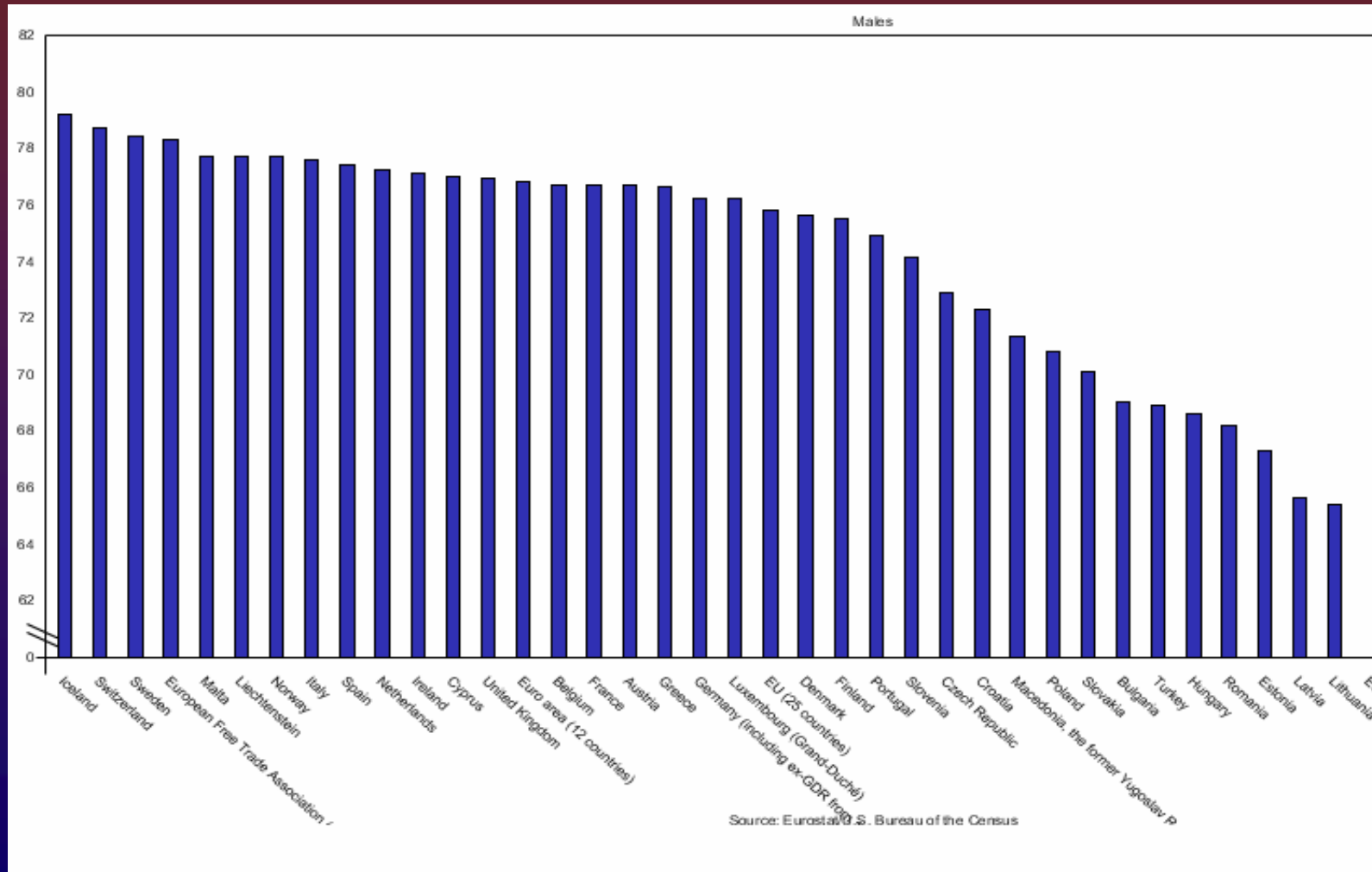
**Map 11** Life expectancy at birth for men around 2003  
**Carte 11** *Espérance de vie à la naissance des hommes vers 2003*

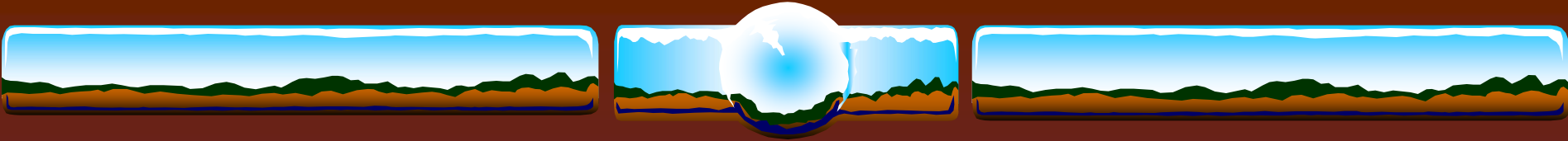




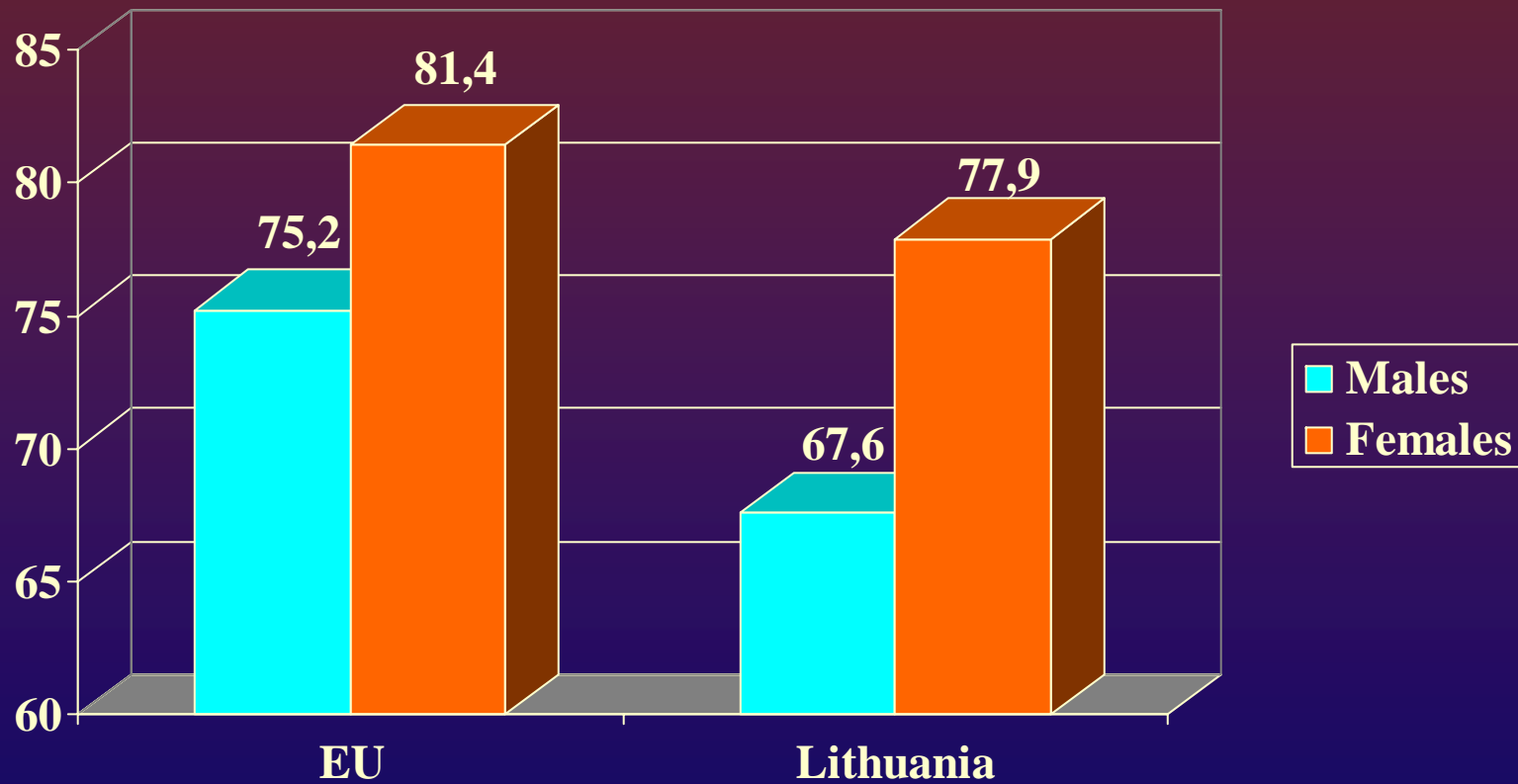


# Male life expectancy at birth in Lithuania and EU 2005





# Life expectancy at birth among males and females in Lithuania and EU (in years)

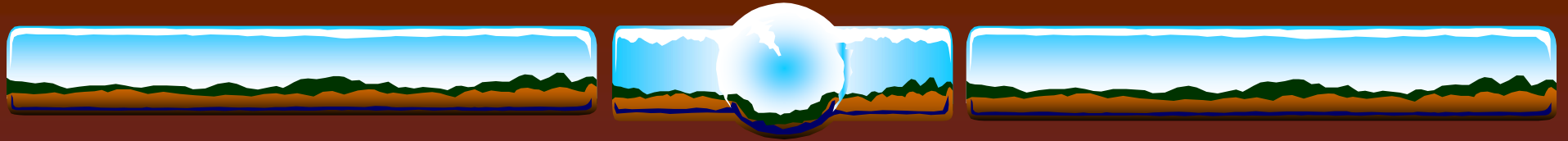


(WHO, 2003)



# Lithuania life expectancy at birth (Source: Department of Statistics)

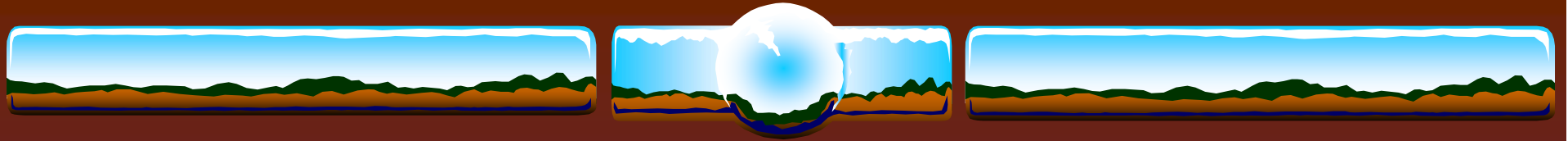
Year	Total		Urban areas		Rural areas	
	Women	Men	Women	Men	Women	Men
2000	77,5	66,8	78,2	68,0	76,1	64,6
2004	77,8	66,4	78,6	67,9	76,3	63,8
2005	77,4	65,4	78,3	66,8	75,9	62,9



## Political commitments

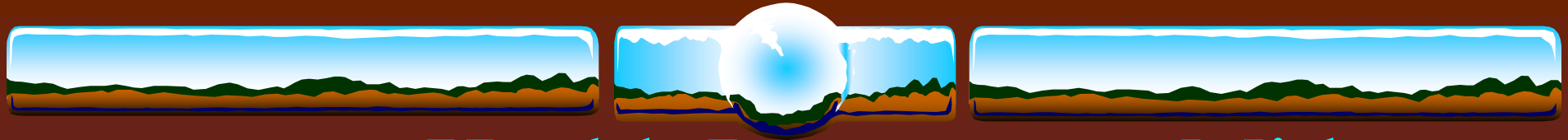
Lithuanian Health Programme 1998-2010  
(adopted by the Parliament in July 1998)

- To reduce mortality and increase average life expectancy
- To secure equality in health and healthcare
- To improve quality of life
  
- **By the year 2010 differences in health and healthcare between various socio-economic population groups should be reduced by 25 per cent**



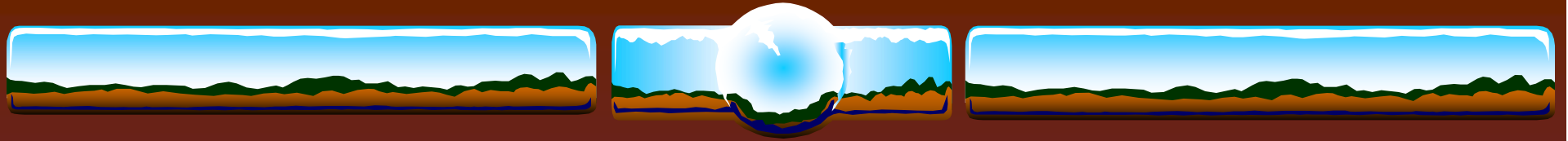
## Health Programme Midterm Evaluation

- Consensus Conference in the Parliament, October 2005
- Achievements and results of Lithuanian Health Programme midterm evaluation
  - Close partnership for health - commitments of 6 ministers were achieved



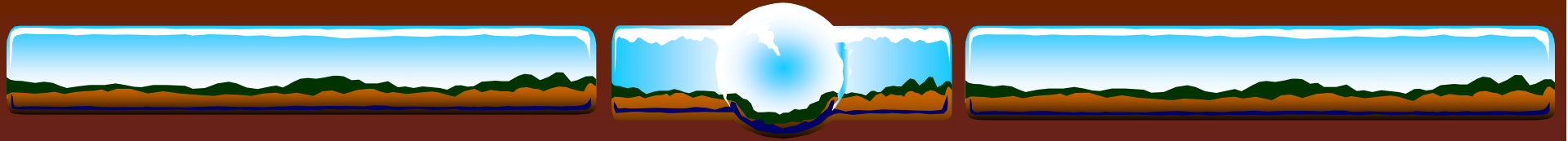
# Health Programme Midterm Evaluation

- Further main priorities:
- Focus on poverty reduction policies, ensuring adequate environment of health protection and promotion
- Promotion of sustainable development
- Focus on children and youth health



# Public health policy

- In 2006 June , National Public Health Strategy and action Plan has been approved by the Government of Lithuania.
- Concerns about HI became a goal to ensure effective functioning of disease prevention and control, health education and development information systems , to implement the reform of PH in compliance with EU requirements

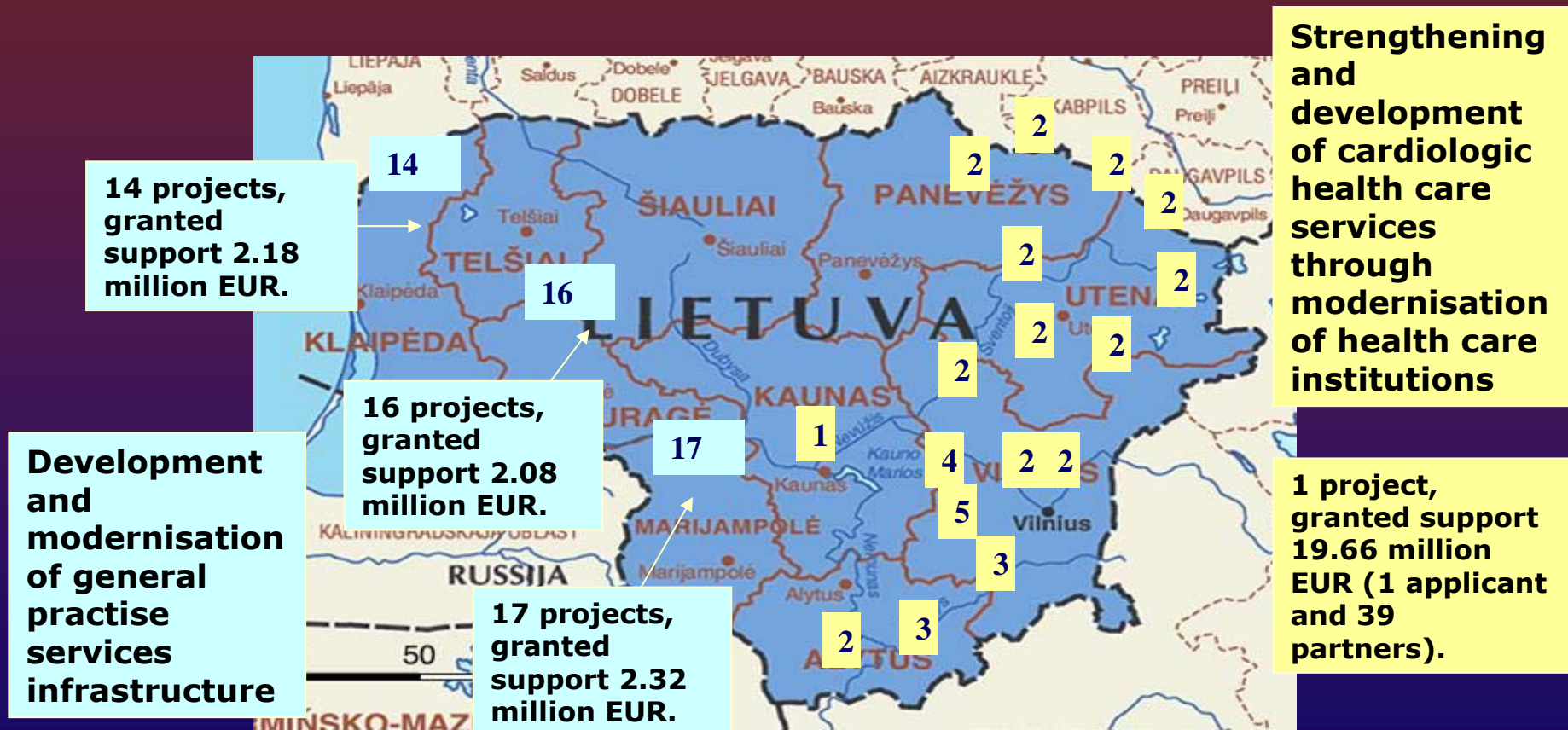


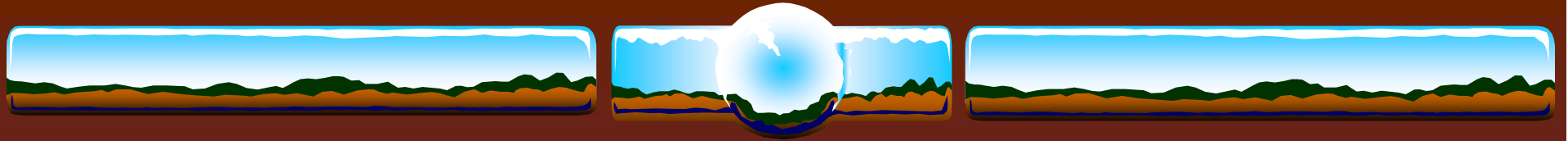
# Public health policy

Ministry of Health aims to strengthen public health at the municipal level, encourages establishment of public health offices and in turn bring these services closer to the community.



# Regional perspective of using EU Structural Funds' support (2004–2006)

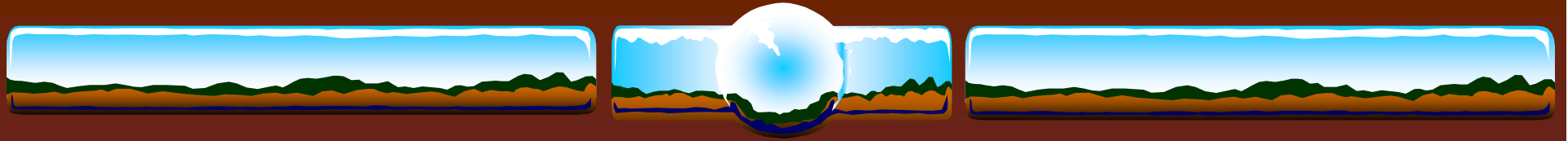




## Advantage from EU structural funds

- Measure 1.4 “Restructuring and Upgrading of Healthcare Institutions” of Priority 1 “Development of Social and Economic Infrastructure” of the Single Programming Document of Lithuania
- Health care institutions are renovated, state-of- art medical equipment and advanced information technologies are implemented.

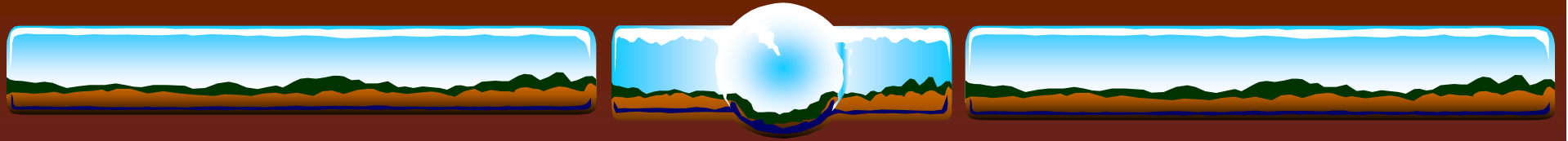
Modernise infrastructure of health care system of country ensure equal access of services considering patients needs.



## Advantage from EU structural funds

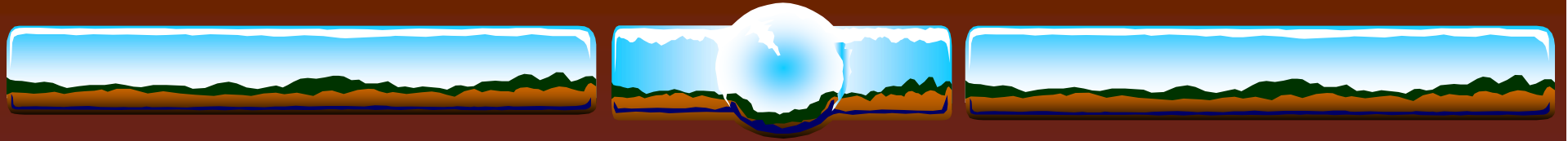
The Ministry of Health has initiated the project “E-health” for provision of health care services online which will be developed and implemented by international IT company.

The modern project which will enable a significant improvement of quality of health services provided to population, will be funded from World Bank and the EU Structural Funds.



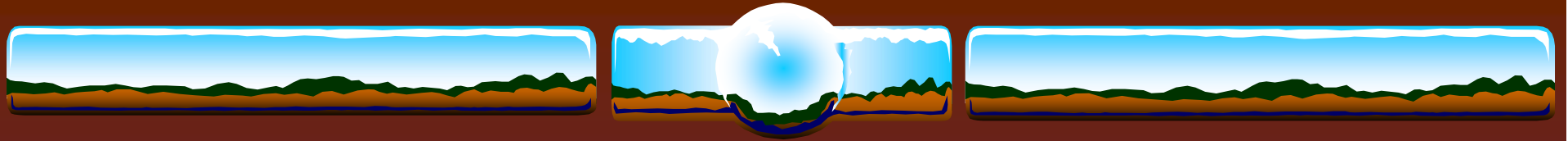
# Public health policy

- In 2006 November 24 , Fifth National Conference on Health Policy “ Working together” took place.
- The main goal were to strengthen co-operation and intersectoral collaboration for health in all levels and to take part in dialogue for health with different governmental institutions and NGO.



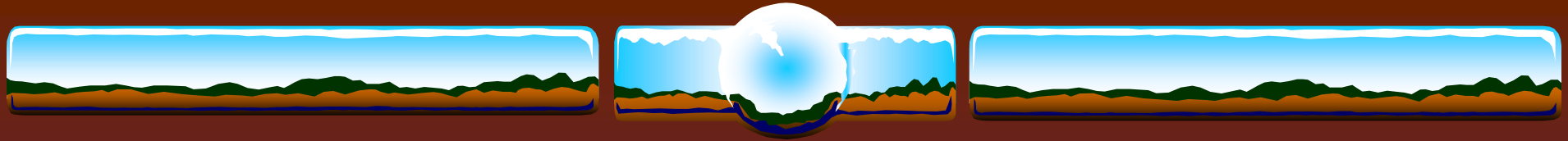
# Intersectoral collaboration: nation-wide programmes and strategies

- National Strategy of Sustainable Development (until 2020)
- National Action Plan against Poverty and Social Exclusion 2005-2006
- National report on strategies of Lithuania for social protection and social inclusion 2006-2008
- National Tobacco Control Programme
- National Alcohol Control Programme



## Intersectoral collaboration: nation-wide programmes and strategies

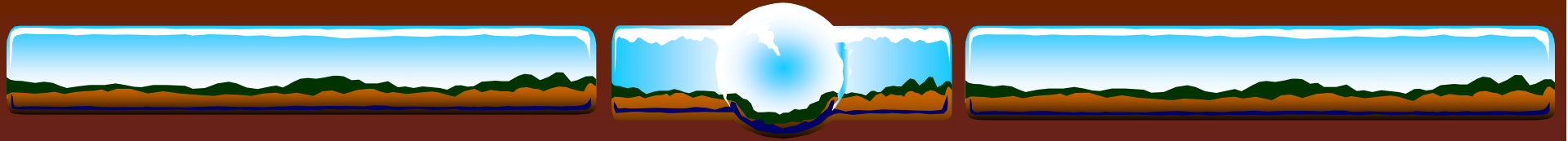
- Lithuanian Regional Development Programme 2003-2005
- Regional Policy Strategy of Lithuanian until 2013
- National Child Welfare Policy Strategy and Action Plan 2005-2012
- Lithuanian Housing Strategy (until 2020)



## Intersectoral collaboration: nation-wide programmes and strategies

- National Education Strategy 2003-2012
- National Environmental Health Action Plan for 2003-2006
- Rural Development programs for Lithuania: covering three periods 2000-2004; 2004-2006; 2007-2013

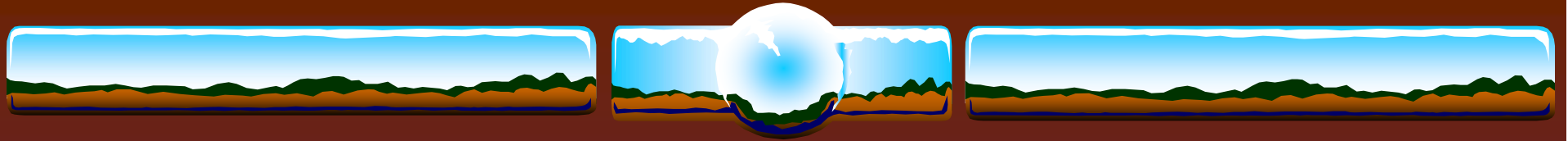
All strategies have objective directly or indirectly affect HI.



## Intersectoral collaboration successes

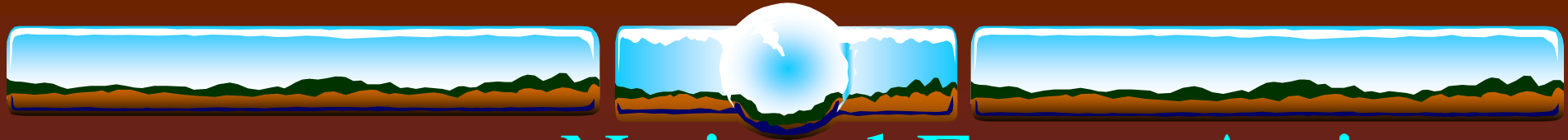
- Solid database and research reports on HI
- Quick translating of national research data into policy formulating. These approaches might be recommended for other countries of the former Eastern bloc.
- Strong positive evidence how powerful strategic actors can influence and fulfil difficult health care objectives





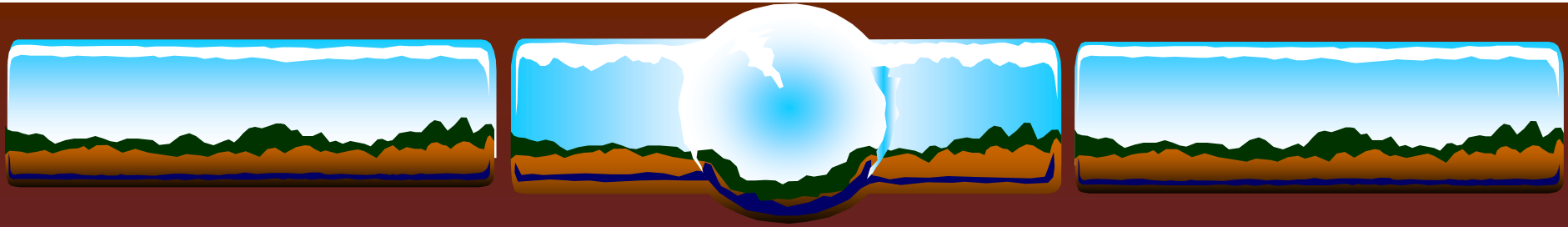
## Intersectoral collaboration difficulties

- Interface between public agencies and the political process is conditioned by short-term rather long-term perspectives.
- Frequent changes of Governments
- Problems at the middle levels of bureaucracy, creating difficulties in technical cooperation.
- Legacy from Soviet times of separation between Governmental departments dealing with public health issues.



# National Future Actions: Health Sector

- Establishment of public health offices , bring services closer to the community
- To improve quality of health care services;
- To ensure equal access of services considering patients needs
- To implement the project “E-health” for provision of health care services online. The modern project which will enable a significant improvement of quality of health services provided to population.



Some significant positive achievements have been realised, however there is an ongoing dilemma – how in a market-building phase to balance social justice with economic development

**This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.**