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REVISED EUROPEAN SOCIAL CHARTER

6th National Report on the implementation of
the European Social Charter (revised)

submitted by

THE GOVERNMENT OF LITHUANIA

(Articles 3, 12 and 13
for the period 01/01/2005 – 31/12/2007
Article 11 and 14
for the period 01/01/2003 – 31/12/2007)

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CYCLE 2009

REPUBLIC OF LITHUANIA

SIXTH REPORT ON IMPLEMENTATION OF THE EUROPEAN SOCIAL CHARTER (REVISED):

GROUP 2 (HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION)
Articles 3, 11, 12 (Paragraphs 1, 3 and 4), 13 (Paragraphs 1-3), 14

Reporting Period: From 1 January 2005 to 31 December 2007

CONTENTS

PROVISIONS OF THE EUROPEAN SOCIAL CHARTER (revised)

ARTICLE 3§1

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

1. to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the in the working environment;

1) Please describe the national policy on occupational health and safety and the consultation with employers' and workers' organisations in formulating this policy. Please specify the nature of, reasons for and extent of any reforms.

Occupational health and safety means all preventive measures intended for the preservation of functional capacity, life and health of workers at work, which are applied or planned in all stages of operation of an undertaking in order to protect the workers from occupational risks or to minimise this risk. The national policy on occupational health and safety is enforced by the Ministry of Social Security and Labour and the Ministry of Labour in line with the Constitution of the Republic of Lithuania, Labour Code, legislation, Government resolutions and regulations.

Response to the question raised by the European Committee of Social Rights:
General objectives of the national policy

However, it reiterates the question put in the previous conclusion on whether steps have been taken to make occupational health and safety an integral aspect of other public authorities' policies.

Although responsibility for occupational safety and health lies with the Ministry of Social Security and Labour and the Ministry of Health, but the policy is on state-level and has been integrated by different public authorities within their scope of competence. For instance, the Ministry of Education and Science contributes to the implementation of the policy through education on occupational safety and health matters at schools, the Ministry of Environment takes part in the activity as much as it relates to environmental factors, e.g. pollution and similar issues.

The Law on Safety and Health at Work, Article 6, stipulates that with a view to coordinating the interests of the State, workers and employers in the area of safety and health at work, the Occupational Safety and Health Commission of the Republic of Lithuania shall be established, under the principle of tripartite co-operation of social partners (parties). The procedure for the formation of this Commission and its functions shall be established by the Regulations on the Occupational Safety and Health Commission, approved by Resolution No. 13 of the Government of the Republic of Lithuania of 9 January 2002.

Pursuant to the Regulations on the Occupational Safety and Health Commission of the Republic of Lithuania, this Commission shall coordinate the interests of the State, workers and employers in the area of safety and health at work under the principal of tripartite cooperation of social partners (parties). The Occupational Safety and Health Commission of the Republic of Lithuania is an advisory body to the Minister of Social Security and Labour in pursuance of occupational safety and health policy.

All the draft legislation on occupation safety and health are submitted to the Occupational Safety and Health Commission of the Republic of Lithuania for consideration. Only upon receiving the Commission's approval, they are submitted to respective ministries (ministers), the Government and the Seimas.

With a view to examining issues relating to the prevention of violations of requirements set for safety and health at work in undertakings, county territorial occupational safety and health commissions shall be established and municipal occupational safety and health commissions may be established under the principle of tripartite cooperation of social partners. The procedure for establishment and formation of county and municipal commissions shall be laid down by the Ministry of Social Security and Labour and the Ministry of Health.

Employers' organisations and trade unions operating in a respective economical sector may establish occupational safety and health commissions for separate economic sectors under the principle of bilateral cooperation. The founders of such commissions shall lay down procedures for the establishment and formation of the commissions. (Law on Safety and Health at Work, Article 7).

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the national policy in consultation with employers' and workers' organisations.

Pursuant to the Regulations on the Occupational Safety and Health Commission of the Republic of Lithuania, the Commission examines draft legislation on safety and health at work, provides comments and proposals to the Ministry of Social Security and Labour and the Ministry of Health, as well as other state bodies and institutions. Where necessary, the Commission makes proposals to respective state institutions about the need to develop new legislation on safety and health at work, and make amendments to effective legislation. In addition, it examines draft programmes and action plans on the improvement of occupational safety and health as well as the results of their implementation.

Occupational safety and health regulations and their draft amendments, developed in 2005 – 2007, were submitted to the Occupational Safety and Health Commission for consideration and only upon receipt of its approval were submitted for further approval.

Taking in account that during 2005, serious and fatal accidents at work, in the course of hazardous work, the list of which was approved by Government Resolution No. 1386 of 3 September 2002 of the Republic of Lithuania (Official Gazette, 2002, No. 87-3751), accounted for approximately one third of all fatal and serious accidents at work in the country, the Government of the Republic of Lithuania adopted Resolution No. 292 of 21 March 2007, Concerning the Description of the Procedure of Mandatory Assessment of Knowledge of an Employer or an Authorised Person thereof on Occupational Safety and Health Issues and Approval of the List of Employers Released from the Assessment of Knowledge (Performance Appraisal) on Occupational Safety and Health Issues (Official Gazette, 2007, No. 37-1365). The Resolution lays down that occupational safety and health experts of such bodies, institutions and organisations should be trained on how to use safely potentially hazardous equipment and safely perform hazardous work.
In 2005-2006, seeking to improve the prevention of accidents at work and occupational diseases, the legal framework of occupational safety and health was subject to further amendments my transposing European Union directives into the national legislation. Bearing in mind the status of

occupational safety and health and taking into account the European Union strategy for 2002-2006, the Minister of Social Security and Labour and the Minister of Health passed Order No. A1-29/V-85 of 7 February 2005, approving the *Plan of Prevention Measures against Occupational Injuries for 2005-2006.* The aforementioned Plan provides for legal, scientific research and information measures aimed at improving the status of occupational safety and health in the country, particularly in the sectors of transport, construction and agriculture. While implementing the Plan, the following research was conducted: *A Study on the Use of Interactive Clothing and Wearable Technologies for Safety Reasons*; *A Study on Monitoring and Management Systems of Assessment of the Status of Occupational Safety and Health and Occupational Risk*; development of the *Concept Paper on Education, Training, Information and Briefing of Workers on Occupational Safety and Health Issues, taking into Account the Status of Occupational Safety and Health and Changes relating to EU integration*. All the aforementioned research was presented to the Occupational Safety and Health Commission of the Republic of Lithuania. In addition, video material was created and disseminated among undertakings. It included the following: *Internal Control of Occupational Safety and Health in the Undertaking. Good practices*; *Noise and Health*; *Monitoring of Occupational Safety and Health in the Construction Sector.* Besides that, another work was commissioned and carried out on *Awareness Raising of Experience of Lithuania and other EU Member States in Preventing Occupational Injuries* (commissioned radio and TV shows and publications). In addition, practical recommendations on the implementation of various legal acts, information and methodological material were developed and included the following: practical recommendations on the application of provisions of workers' protection from the risk arising out of vibration; practical recommendations on the implementation of provisions of Directive 2003/10/EC of the European Parliament and the Council on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (noise); practical instructions regarding safety and health of workers who may be exposed to chemical risk factors at work; instructions for agricultural workers about risk factors occurring in the course of work with combine harvesters and recommendations on how to avoid them; a set of documents titled *Hygiene at Work.*. All the aforementioned publications were published and disseminated among undertakings.

Bearing in mind the practice of application of effective legislation, the following new versions of regulations were developed and adopted, including *Requirements for Arrangement of Safe Practice and Setting up of Working Places in Mineral-Extracting Industries Through Drilling*; *Requirements for Arrangement of Safe Practice and Setting up of Working Places in Surface and Underground Mineral-Extracting Industries*; *Safety Regulations for Workers Potentially at Risk from Explosive Atmospheres; Minimum Requirements for Promoting Health on Ships*. Furthermore, amendments were made to the General Regulations on Workplace Settings, General Regulations on the Use of Work Equipment, Lithuanian Hygiene Norm HN 32:2004 *Work with Display Screen Equipment. Safety and Health Requirements*.

In the course of implementation of provisions of exposure to asbestos, a Description of Competence Requirements for Undertakings Carrying out Demolition of Building Structures Containing Asbestos, or Removal Works of Constructions or Asbestos was adopted. In implementation of occupational risk regulations, methodological instructions on examination of ergonomic risk factors and methodological instructions on examination of psychosocial risk factors were developed and approved.
In 2006, seeking to reduce the number of occupational accidents and diseases, scientific research was conducted on the *Creation of Computerised System of Collection of Physiological Parameters for Operators,* Phase 1. Draft visual aids were developed for training establishments of future construction workers. In addition, the following publications were published: *Methodological*

Recommendations on Examination and Assessment of Risks Arising out of Electromagnetic Fields to Occupational Safety and Health; *Methodological Recommendations on How to Adapt Workplaces, Working and Rest Regime to Senior People; Survey of Impact of Sleeping Disorders on Health and Accidents at Work.* All the research and publications were presented to the Occupational Safety and Health Commission and disseminated among undertakings.

The measures taken during 2005 – 2006 contributed to the decrease in the number of serious and fatal accidents at work in 2007, as compared to 2006. During 2007, major attention was paid to the improvement of occupational health and safety as well as legislative framework. Amendments made to the Law on Health and Safety at Work and the Law on Monitoring Potentially Hazardous Equipment came into effect. They provide for additional obligations for employers to prevent accidents at work and occupational diseases. Order No. A1-240 of the Minister of Social Security and Labour of 11 September 2007 approved the Action Plan on Encouragement of Employers' to Improve Prevention of Occupational Accidents and Injuries, which provides for additional measures encouraging employers to take care of occupational safety and health.

In 2005, seeking to reduce the number of accidents at work and occupational diseases, scientific research was conducted on *Retrospective Assessment of the Impact of Asbestos at Work Among Patients Ill with Lung Cancer and Pleural Mesothelioma*. In 2007, the following research was conducted: *Creation of Computerised Systems of Collection of Physiological Parameters for Operators,* Phase 2: *Development of Interactive Clothing to Operators*, *Researching the Reasons For Death at Work Due to Diseases Non-related to Work in 2005–2006*, *Research of the Need for Training Occupational Physicians for Institutions and Undertakings*. The research findings were presented during the meetings of the Occupational Safety and Health Commission of the Republic of Lithuania and their extracts were published in the website of the Ministry of Social Security and Labour at www.socmin.lt.

In 2007, the following publications were published: a manual on *Occupational Medicine;* European Commission Recommendations on Diagnosis of Occupational Diseases: *A Manual on Diagnosis of Occupational Diseases*. These publications are disseminated by the State Labour Inspectorate.

In 2007, the following new material was introduced to the labour market vocational training programmes, including a *Manual of Dealing with Exposure to Asbestos and its Products At Work, Manual for Employees Exposed to Asbestos and its Products at Work*, *Visual Aids for Training Programmes of Processing Industry Employees (wood processing occupations)*.

Seeking to improve the status of occupational safety and health, the Programme of the Government of the Republic of Lithuania for 2006-2008 lays down measure 22, which calls for the need to develop economic means to encourage employers seek a reduction in the number of occupational accidents and diseases. With that in mind, amendments and supplements to the Law on Social Insurance for Occupational Accidents and Diseases were planned to be introduced in 2008. Presently, the Law provides for the differentiation of the amounts of insurance payments by the insurer, depending on the number of accidents at work. Furthermore, it refers to the methodology of ascribing insurers to the groups of rates of social insurance contributions of occupational accidents and occupational diseases, adopted by Government Resolution No. 1368 of 20 December 2005 (Official Gazette, No. 149- 5437).
Pursuant to the currently effective methodology, the rate of the contribution is set, taking into account only serious and fatal accidents at work (which took place during the recent three years). However, it does not take into account minor accidents at work, the work environment which contributed to occupational diseases or violations of occupational safety and health regulations

identified by the State Labour Inspectorate. As a result, it does not encourage employers to take care of occupational safety and health. Therefore, while ascribing insurers to the group of rates of social insurance contributions of occupational diseases and occupational accidents, it is important to consider not only the occupational diseases and occupational accidents which had already happened but also to prevent their occurrence. With that in mind, the Seimas is currently considering amendments to the Law on Social Insurance of Occupational Accidents and Occupational Diseases.

In the course of implementation of the Action Plan of the Government Programme for 2006–2008, measure 23, the State Labour Inspectorate developed an information system of constant monitoring of working conditions in work places. The purpose of the information system is to carry out monitoring of implementation of occupational safety, health and labour relations' regulations in undertakings and to enhance the effectiveness of the State Labour Inspectorate in controlling and preventing violations. The information system of constant monitoring of working conditions in work places is a helpful tool in performing the following: collecting data about the status of working conditions in working places, i.e. risk factors in undertakings; collecting data about occupational accidents and occupational diseases in undertakings, sector-specific undertakings and nationwide; making a quick analysis of the status of and changes in occupational safety and health; taking into account the changes, planning and implementing the necessary measures of workplace improvement and prevention of occupational injuries. The purpose of the system is to automate the processes carried out the State Labour Inspectorate, exchange data with the other state information systems and registers; provide information to institutions - helping them perform their functions prescribed by legislation - about accidents at work, occupational diseases, the status of occupational safety and health, phenomena of illegal activity, the status of employee life, occupational health and preservation of working capacity; provide public electronic services to employers and information to them on the issues of occupational safety and health as well as the operation of the State Labour Inspectorate. This information system has been running since 2008.

In 2006–2007, within the framework of information campaigns organised by the European Agency for Safety and Health at Work, the following publications were developed and published: *Methodological Recommendations of Risk Assessment in General Education Schools;* a good practice manual on the *Reduction of Danger Caused by Asbestos or its Prevention at Work (Potentially) Involving Exposure to Asbestos*. *For Employer, Workers and Labour Inspector;* practical recommendations to employers and workers on *How to Avoid Muscle and Spine Injuries while Handling Loads and Cleaning Premises.* In addition, a video clip *Health Danger Caused by Asbestos* was created and broadcasted on television. Furthermore, conferences were organised for social partners about how to ensure occupational safety and health of young workers and health dangers caused by asbestos.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

ARTICLE 3§2

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

2. to issue safety and health regulations;

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Legislation of the Republic of Lithuania providing for the requirements of occupational safety and health.

With a view to ensuring safe and healthy working conditions for every worker, the following **legislation** was adopted:

Labour Code (Official Gazette, 2002, No. 64-2569; 2005, No. 85-3138);

Law on Safety and Health at Work (Official Gazette, 2003, No. 70-3170; 2003, No. 112-4996; 2004, No. 28-876; 2004, No. 163-5945; 2007, No. 69-2720);

Law on the State Tax Inspectorate (Official Gazette, 2003, No. 102-4585);

Law on Monitoring Potentially Hazardous Equipment (Official Gazette, 1996, No. 46-1116; Official Gazette, 2000, No. 89-2742, 2003, No. 119-5404; 2007, No. 69-2721).

In the course of implementation of the Labour Code, legal acts adopted include the following:

Description of the Procedure of Mandatory Assessment of Knowledge of an Employer or an Authorised Person thereof on Occupational Safety and Health Issues, approved by Resolution No. 292 of the Government of the Republic of Lithuania of 21 March 2007 (Official Gazette, 2007, No. 37-13);

List of Employers Released from the Assessment of Knowledge (Performance Appraisal) on Occupational Safety and Health Issues, approved by Resolution No. 292 of the Government of the Republic of Lithuania of 21 March 2007 (Official Gazette, 2007, Nr.: 37-13);

Conditions and Procedure of Vocational Training of Persons Aged up to Eighteen, approved by Resolution No. 139 of the Government of the Republic of Lithuania of 29 January 2003 (Official Gazette, 2003, No. 13-503);

Procedure of Employment of Persons Aged up to Eighteen, their Health Examination and the Assessment of their Capacity to Perform a Certain Work, Working Hours, Description of Work Prohibited to them and a List of Factors Hazardous or Dangerous to Health, approved by Resolution No. 138 of the Government of the Republic of Lithuania of 29 January 2003 (Official Gazette, 2003, No. 13-502);

Procedure for Establishing Additional and Special Breaks included into Working Time, approved by Resolution No. 160 of the Government of the Republic of Lithuania of 3 February 2003 (Official Gazette, 2003, No. 14-559);

List of Harmful Working Conditions and Hazardous Factors to Pregnant, Childbearing and Breastfeeding Women, approved by Resolution No. 340 of the Government of the Republic of Lithuania of 19 March 2003 (Official Gazette, 2003, No. 29-1184);

Requirements to Setting up Ancillary Facilities, approved by Resolution No. 501 of the Government of the Republic of Lithuania of 24 April 2003 (Official Gazette, 2003, No. 40-1820).

In the course of implementation of the Law on Safety and Health at Work, the legal acts adopted include the following:

Lithuanian Hygiene Norm HN 23:2007 Limit Values of Impact of Chemical Substances on Occupation. General Requirements for Impact Measurement and Assessment, approved by Order No. V-827/A1-287 of the Minister of Health and Minister of Social Security and Labour of 15 October 2007 (Official Gazette, 2007, No. 108-4434);

Regulations on the Occupational Safety and Health Commission of the Republic of Lithuania, approved by Resolution No. 13 of the Government of the Republic of Lithuania of 9 January 2002 (Official Gazette, 2002, No. 4-97; 2005, No. 133-4789);

List of Dangerous Work, approved by Resolution No. 1386 of the Government of the Republic of Lithuania of 3 September 2002 (Official Gazette, 2002, No. 87-3751; 2004, No. 148-5359; 2007, No. 102-4158);

Sample of Occupational Safety and Health Status Card and the Procedure of Filling thereof, approved by Order No. A1-158/V-611 of the Minister of Social Security and Labour and the Minister of Health of 16 October 2003 (Official Gazette, 2003, No. 100-4503);

Regulations on Occupational Risk Assessment, approved by Order No. A1-159/V-612 of the Minister of Social Security and Labour and the Minister of Health of 16 October 2003 (Official Gazette, 2003, No. 100-4504);

General Regulations on Occupational Safety and Health Committees, approved by Minutes No. 6-PV5-36 of the Meeting of the Occupational Safety and Health Commission of the Republic of Lithuania on 29 October 2003 (Official Gazette, 2003, No. 110-4923);

Procedure for Setting up and Formation of County Territorial and Municipal Occupational Safety and Health Commissions, approved by Order No. A1-183/V-687 of the Minister of Social Security and Labour and the Minister of Health of 24 November 2003 (Official Gazette, 2003, No. 113-5088);

Model Regulations on Occupational Safety and Health Services in Undertakings, approved by Order No. A1-186/V-694 of the Minister of Social Security and Labour and the Minister of Health of 27 November 2003 (Official Gazette, 2003, No. 114-5186);

List of Acute Health Disorders Caused by First Aid Medical Substances, Hazardous Chemical Substances and Products and Biological Substances, approved by Order No. V-769 of the Minister of Health of 24 December 2003 (Official Gazette, 2004, No. 7-157);

General Regulations on Training and Performance Appraisal in Occupational Safety and Health, approved by Order No. A1-223/V-792 of the Minister of Social Security and Labour and the Minister of Health of 31 December 2003 (Official Gazette, 2004, No. 13-395);

Competence Requirements for Institutions Performing Assessment of Risk Factors, approved by Order No. A1-224/V-796 of the Minister of Social Security and Labour and the Minister of Health of 31 December 2003 (Official Gazette, 2004, No. 5-105);

Procedure of Training and Testing of Knowledge of Construction Safety and Health Coordinators, approved by Order No. D1-1/A1-5 of the Minister of Environment and the Minister of Social Security and Labour of 7 January 2004 (Official Gazette, 2004, No. 8-203);

Regulations on Examination and Record of Occupational Diseases, approved by Resolution No. 487 of the Government of the Republic of Lithuania of 28 April 2004 (Official Gazette, 2004, No. 69-2398);

Description of Competence Requirements for Institutions Providing Training Services on Occupational Safety and Health, approved by Resolution No. 1072 of the Government of the Republic of Lithuania of 26 August 2004 (Official Gazette, 2004, No. 133-4801);

Regulations on Examination and Record of Accidents at Work, approved by Resolution No. 1118 of the Government of the Republic of Lithuania of 2 September 2004 (Official Gazette, 2004, No. 136-4945; 2005, No. 131-4732);

List of Occupations and Positions of Workers Vaccinated at Employers' Expense, approved by Order No. V-716 of the Minister of Social Security of 14 October 2004 (Official Gazette, 2004, No. 155-5664);

Methodological Instructions on Examination and Record of Ergonomic Risk Factors, approved by Order No. V-592/A1-210 of the Minister of Health and the Minister of Social Security and Labour of 15 July 2005 (Official Gazette, 2005, No. 95-3536);

Methodological Instructions on Examination of Psychosocial Risk Factors, approved by Order No. V-699/A1-241 of the Minister of Health and the Minister of Social Security and Labour of 24 August 2005 (Official Gazette, 2005, No. 105-3897);

Description of Criteria and Procedure for Establishing Shorter Working Hours Due to the Factors of Working Environment, approved by Resolution No. 568 of the Government of the Republic of Lithuania of 9 June 2006 (Official Gazette, 2006, No. 67-2460).

Occupational safety and health legislation regulating individual areas of occupational safety and health (developed in the course of implementation of EC directives):

General Regulations on Setting-up Work Places, approved by Order No. 85/233 of the Minister of Social Security and Labour and the Minister of Health of 5 May 1998 (Official Gazette,1998, No. 44-1224; 2005, No. 66-2383);

Regulations on Supply of Workers with Personal Protective Equipment, approved by Order No. A1-331 of the Minister of Social Security and Labour of 26 November 2007 (Official Gazette, 2007, No. 123-5055);

General Regulations on Setting-up Workplaces in Construction Sites, approved by Order No. A1-22/D1-34 of the Minister of Social Security and Labour of 15 January 2008 (Official Gazette, 2008, No. 10-362);

General Regulations on Safe and Healthy Working Conditions on Shipping Vessels, approved by Order No. 55/262/285 of the Minister of Social Security and Labour of 29 June 1999 (Official Gazette,1999, No. 59-1940; 2000, No. 67-2038);

Regulations on the Use of Safety and Health Markings in Workplaces, approved by Order No. 95 of the Minister of Social Security and Labour of 24 November 1999 (Official Gazette,1999, No. 104-3014);

General Regulations on the Use of Working Equipment, approved by Order No. 102 of the Minister of Social Security and Labour of 22 December 1999 (Official Gazette, 2000, No. 3-88; 2000, No. 76-2303; 2002, No. 90-3882; 2005, No. 125-4452);

Regulations on Protection of Workers from Exposure to Biological Substances in Workplaces, approved by Order No. 80/353 of the Minister of Social Security and Labour and the Minister of Health of 21 June 2001 (Official Gazette, 2001, No. 56-1999);

Regulations on Protection of Workers from Exposure to Chemical Substances at Work, approved by Order No. 97/406 of the Minister of Social Security and Labour and the Minister of Health of 24 July 2001 (Official Gazette, 2001, No. 65-2396; 2005, No. 55-1907);

Regulations on Protection of Workers from Exposure to Carcinogens and Mutagens at Work, approved by Order No. 97/406 of the Minister of Social Security and Labour and the Minister of Health of 24 July 2001 (Official Gazette, 2001, No. 65-2396; 2005, No. 55-1907);

Lithuanian Hygiene Norm HN 32:2004 Work with Video-Terminals. Safety and Health Requirements, approved by Order No. V-65 of the Minister of Health of 12 February 2004 (Official Gazette, 2004, No. 32-1027; 2005, No. 151-5566);

*Regulations on Protection of Workers from Risk Arising from Vibration at Work***,** approved by Order No. A1-55/V-91 of the Minister of Social Security and Labour and the Minister of Health of 2 March 2004 (Official Gazette, 2004, No. 41-1350);

Regulations on Exposure to Asbestos at Work, approved by Order No. A1-184/V-546 of the Minister of Social Security and Labour and the Minister of Health of 16 July 2004 (Official Gazette, 2004, No. 116-4342);

Regulations on Protection of Workers from Risks Arising from Exposure to Noise, approved by Order No. A1-103/V-265 of the Minister of Social Security and Labour and the Minister of Health of 15 April 2005 (Official Gazette, 2005, No. 53-1804);

Description of Competence Requirements for Undertakings Carrying out Demolition of Building Structures Containing Asbestos, or Removal Works of Constructions or Asbestos, approved by Order No. A1-199 of the Minister of Social Security and Labour of 12 July 2005 (Official Gazette, 2005, No. 86-3247);

*Minimum Requirements for Promoting Health on Ships***,** approved by Order No. V-656/3-358/A1-226 of the Minister of Health, the Minister of Transport and the Minister of Social Security and Labour of 16 August 2005 (Official Gazette, 2005, No. 101-3768);

Safety Regulations for Workers Potentially at Risk from Explosive Atmospheres, approved by Order No. A1-262 of the Minister of Social Security and Labour of 30 September 2005 (Official Gazette, 2005, No. 118-4277);

Requirements for Organisation of Safe Work and Arrangement of Workplaces in Mineral-Extracting Industries through Drilling, approved by Order No. A1-104/D1-186 of the Minister of Social Security and Labour and the Minister of Environment of 12 April 2006 (Official Gazette, 2006, No. 50-1843);

Requirements for Arrangement of Safe Practice and Setting up of Workplaces in Surface and Underground Mineral-Extracting Industries, approved by Order No. A1-104/D1-186 of the Minister of Social Security and Labour and the Minister of Environment of 12 April 2006 (Official Gazette, 2006, No. 50-1843);

Regulations on Protection of Workers from the Risks Arising From Electromagnetic Fields, approved by Order No. A1-119 of the Minister of Social Security and Labour of 25 April 2006 (Official Gazette, 2006, No. 47-1691);

Occupational Safety and Health Requirements for Manual Handling of Loads, approved by Order No. A1-293/V-869 of the Minister of Social Security and Labour and the Minister of Health of 23 October 2006 (Official Gazette, 2006, No. 116-4417);

Regulations on Protection of Workers from Risks Arising from Artificial Optical Radiation, approved by Order No. A1-366/V-1025 of the Minister of Social Security and Labour and the Minister of Health of 14 December 2007(Official Gazette, 2007, No. 136-5540).

Taking into account the practice of application of the Law on Safety and Health at Work, the status of occupational safety and health in an undertaking and seeking to develop legal conditions for improved prevention of occupational injuries and diseases as well as seeking full approximation of the current provisions of the Law on Safety and Health at Work with the respective provisions of Council Directive 89/391/EEB on the introduction of measures to encourage improvement in the safety and health of workers at work, the Law of Social Integration of the Disabled of the Republic of Lithuania and the Law on the Procedure of Drafting Laws and Regulations of the Republic of Lithuania, the Seimas of the Republic of Lithuania adopted Law No. X-1169 of 7 June 2008 Amending and Supplementing Articles 1, 2, 5, 8, 12, 15, 16, 21, 25, 27, 29, 34, 38, 39, 44, 45 of the Law on Occupational Safety and Health of the Republic of Lithuania, Renaming the Title of Chapter V thereof and Supplementing the Law with Article 12^1 and an Appendix.

Amendments to the Law on Safety and Health at Work stipulate that an employer, seeking to provide safe and healthy working conditions shall, bearing in mind the occupational risk and the number of employees in the undertaking, appoint one or more employees as safety and health experts or set up a separate structural unit in the undertaking, e.g. an occupational safety and health service, or enter into an agreement concerning the provision of occupational safety and health services with a licensed natural or legal person. The Law on Safety and Health at Work was

supplemented with Article 12[1], which lays down the requirements for legal entities and natural persons seeking to obtain a licence to provide occupational safety and health services.

Occupational safety and health services may be provided by a natural, legal person or a branch of a legal person of a foreign state who has a licence granting the right to provide occupational safety and health services and who has ensured his third party liability. An institution authorised by the Government shall, in accordance with the procedure laid down in the Rules for licensing the provision of occupational safety and health services, issue licences, suspend their validity, terminate their validity and terminate the suspension of validity, supervise and control the compliance with the conditions of activities which are being licensed. The Rules for Licensing the Provision of Occupational Safety and Health Services (hereinafter referred to as the "Rules") shall be approved by the Government. (Further information about the licence granting requirements is provided under Article 3 Paragraph 4 herein).

The Law on Safety and Health at Work stipulates that taking into account occupational injuries in construction sites, one or several co-ordinators of health and safety at work must be appointed while designing or constructing a building structure. Requirements for occupational safety and health in a construction sites shall be established in the technical project of the building structure, and specific measures ensuring occupational safety and health shall be established in the technological project of construction works.

Seeking to reduce the number of accidents at work caused by inebriated workers, it has been laid down that a person representing an employer in an undertaking shall dismiss from work a worker who fails to comply with occupational safety and health requirements.

Seeking to obtain information about working conditions in undertakings and their as well as introduce quick changes with regard to the improvement of working conditions providing for preventive measures and controlling their application, Article 39 of the Law on Safety and Health at Work has been supplemented with Paragraph 5 which stipulates that undertakings shall provide information about the status of occupational safety and health and the compliance of workplaces with regulations on occupational safety and health to the State Labour Inspectorate in line with the procedure established by the chief state labour inspector.

The Law on Safety and Health at Work lays down that a person representing the employer or a person authorised thereby shall approve a list of employees who must undergo compulsory medical examination pursuant to Article 265 of the Labour Code, the medical examination schedule and exercise control over observance of the schedule. Seeking to reduce the number of car accidents, caused by drunk drivers, the procedure for carrying out medical check-ups of drivers of ground, air and water transport prior the journey shall be established by the person representing the employer.
In the event where the employee's health is not examined at the time specified in the schedule due to the reasons that do not depend on the employee, the employee shall have the right to refuse to perform the work due to the possible danger to his or her health. The employees, who feel a negative impact of the work or working environment on their health, shall have the right to undergo a medical examination at a time different from the one established in the schedule of mandatory health examination. The employer must provide sufficient time for employees to undergo medical examination. The employer shall pay employees their average wage for the working time spent undergoing medical examination on their own initiative in cases where the medical opinion states the work and / or working environment had a negative effect on the employee's health.

In implementation of the Law on Social Insurance of Occupational Accidents and Occupational Diseases, Article 28, Paragraph 4, the Procedure for Using the Funds Allocated for the Prevention of Occupational Accidents and Occupational Diseases was adopted by Government Resolution No. 1422 of 23 December 2005, which provides better conditions to reduce the number of occupational diseases and occupational accidents.

Upon the adoption of the procedure, undertakings, institutions, organisations and other entities, which have no opportunities, using their own funds, to carry out prevention measures against exposure of employees to risks at work and improve occupational safety and health (by funding the improvement of workplaces or technological processes or take some other measures which would help eliminate or reduce occupational risks) gained the right to fill out an application form on the annual basis and obtain funds from the budget of the State Social Insurance Fund. This new development created opportunities for undertakings, which had not had enough funds to ensure occupational safety and occupational health and improve working conditions for workers.

Pursuant to the aforementioned procedure, undertakings willing to obtain funds from the budget of the State Social Insurance Fund to implement prevention measures in order to eliminate or reduce occupational risks, should submit their applications, on the annual basis, for the upcoming year by 15 October of the current year. The applications are registered by the State Labour Inspectorate. They are assessed by the Commission set up by the chief inspector of the State Labour Inspectorate. The Commission comprises representatives from the State Labour Inspectorate, State Social Insurance Fund Board and the Ministry of Health. It takes into account the status of occupational safety and health in the country and the amount of funds allocated to implement prevention measures of occupational accidents and occupational diseases from the Budget of the State Social Insurance Fund pursuant to the Law on Approval of Indicators of the Budget of the State Social Insurance Fund of the Republic of Lithuania. Furthermore, it looks at the List of Directions for Taking Prevention Measures against Occupational Accidents and Occupational Diseases, for which prevention funds could be allocated. As a result, it selects the applications of undertakings to allocate funds for prevention purposes, develops a draft list of prevention measures to be undertaken in enterprises, using the allocated funds for prevention, in the upcoming year and submits it to the Commission of Occupational Safety and Occupational Health of the Republic of Lithuania. The latter Commission examines the draft list of preventive measures and submits its proposals to the Commission set up by the chief inspector of the State Labour Inspectorate of the Republic of Lithuania.

The system has been hopefully created obliging employers to invest into safe workplaces. In addition, undertakings are aware that they do not only pay social insurance contributions of occupational accidents but also have an opportunity to obtain some funds from the State Social Insurance Fund Budget to ensure safety of their workers.
The priority for allocating prevention funds is given to undertakings which commit themselves to spend not less than 30 per cent of their own funds to implement a specific measure(s). If a tie occurs between undertakings, priority is given to those which plan to achieve better quantitative indicators (better working conditions for a higher of number of workers) and better qualitative indicators (plans to change a technological process using non-hazardous or less hazardous materials, modernise work equipment, arrange collective protection measures or take other measures which would help improve the working environment in at least several workplaces).

In 2006, the total amount of funds located for the prevention of occupational accidents and occupational diseases was LTL 3.2 million. In 2007, the amount increased to LTL 4.9 million. For

one prevention measure, the amount of funds allocated should be not less than LTL 50,000 and not more than LTL 100,000 from the budget of the State Social Insurance Fund.

Seeking to solve practical problems with regard to protection of social workers, the Government of the Republic of Lithuania adopted Resolution No. 1386 of 19 September 2007, amending the list of dangerous work. The new list includes the work of employees in municipal wards, municipal administrations dealing with the protection of the child's rights, social support divisions, social workers in bodies rendering social services, social pedagogues, assistants to social workers dealing with social-risk families and persons as well as persons with psychic disorders and the work that involves a potential risk from explosive atmospheres. Workers performing dangerous work should be trained in occupational safety and occupational health maters and their knowledge should be tested in compliance with the procedure established by the employer. The employer should establish the procedure for a safe performance of dangerous work.

During 2005 – 2007, the implementation of European Union directives on occupational safety and health continued. Pursuant to *Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (Eighteenth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC)*, the *Regulations on Protection of Workers from the Risks Arising From Electromagnetic Fields* were developed and adopted. Pursuant to *Directive 2003/10/EC on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (noise), the Regulations on Protection of Workers from Risks Arising from Exposure to Noise* were developed and adopted. Pursuant to *Council Directive 83/477/EEB on the protection of workers from the risks related to exposure to asbestos at work (with last amendments made by Directive 2003/18/EEC of the European Parliament and the Council on 27 March 2003)*, *the Regulations on Exposure to Asbestos at Work* were developed and adopted. Pursuant to *Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work, the Regulations on Protection of Workers from Exposure to Carcinogens and Mutagens at Work and Regulations on Protection of Workers from Exposure to Chemical Substances at Work* were amended. Pursuant to *Directive 1999/38/EC, amending for the second time Directive 90/394/EEC on the protection of workers from the risks related to exposure to carcinogens at work and extending it to mutagens, the Rules on Protection of Workers from Contact with Monomer of Vinilchloride* were repealed. Pursuant to *Commission Directive 2006/15/EC of 7 February 2006 establishing a second list of indicative occupational exposure limit values in implementation of Council Directive 98/24/EC and amending Directives 91/322/EEC and 2000/39/EC, Directive 2004/37/EC of the European Parliament and Council of 27 March 2003 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work and Directive 2003/18/EEC of the European Parliament and the Council of 27 March 2003 amending Council Directive 83/477/EEC on the protection of workers from the risks related to exposure to asbestos at work, Lithuanian hygiene norm HN 23:2007 Limit Values of Impact of Chemical Substances on Occupation. General Requirements for Impact Measurement and Assessment* was developed and approved. Pursuant to *Directive 2006/25/EC of the European Parliament and of the Council of 5 April 2006 on the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation) (19th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC) the Regulations on Protection of Workers from Risks Arising from Artificial Optical Radiation* were developed and approved. In implementation of *Directive 2007/30/EC of the European Parliament and of the Council of 20 June 2007 amending Council Directive 89/391/EEC, its individual Directives and Council Directives 83/477/EEC, 91/383/EEC, 92/29/EEC and 94/33/EC with a view to simplifying and rationalising the reports on practical implementation* (OL

L 165, 2007, p. 21), Order No. A1-277/V-785 of the Minister of Social Security and Labour and Minister of Labour was developed, *Concerning Implementation of Directive 2007/30/EC of the European Parliament and of the Council of 20 June 2007 amending Council Directive 89/391/EEC, its individual Directives and Council Directives 83/477/EEC, 91/383/EEC, 92/29/EEC and 94/33/EC with a view to simplifying and rationalising the reports on practical implementation*.

Taking into account the practice of application of the provisions of manual handling of loads, a new version of the legal act, *Occupational Safety and Health Requirements for Manual Handling of Loads,* was developed and adopted.

Seeking to fully approximate the Regulations on Supply of Workers with Personal Protective Equipment and the Regulations on Setting-up Workplaces in Construction Sites with the European Union directives, new versions of the regulations were adopted.

All the aforementioned draft laws were presented to the Occupational Safety and Health Commission of the Republic of Lithuania.

HIV Prevention

With the number of HIV infection after occupational exposure (doctors, police, etc.) increasing in Lithuania, the Minister of Health adopted Order No. V-853 of 1 December 2004, *Concerning Approval of Description of Carrying out HIV post-exposure prophylaxis* (Official Gazette, 2004, No. 179-6634), which regulates prescription of HIV post-exposure prophylaxis (PEP) in Lithuania.

The main provisions of the Order are the following:

- PEP drugs, compensated from the budget of the Mandatory Health Insurance Fund, shall be prescribed after occupational exposure while performing occupational duties and /or to victims of violence or abuse, if the case has been registered in compliance with the procedure established by law.
- HIV post-exposure prophylaxis by antiretroviral drugs is applied in case of high risk of HIV infection. PEP should be commenced as soon as possible after the contact but not later than 72 hours after it. It is prescribed for four weeks.

In Lithuania, PEP is prescribed to 3-5 persons per year. After prescription of a PEP regimen, no incidents of post-exposure HIV infection have been identified.

Radiation Safety of Outside Workers in Undertakings

Pursuant to Lithuanian Hygiene Norm 83:2004 Radiation Safety of Outside Workers (which has transposed Council Directive of 4 December 1990 on the operational protection of outside workers exposed to the risk of ionising radiation during their activities in controlled areas (90/641/EURATOM)), a radiation safety of outside workers whose work includes exposure to the sources of ionising radiation or who are exposed to the risk of ionising radiation should be ensured by the same means as those applied to inside workers. The requirements for health care of this category of workers are the same like those specified in Council Directive 96/29/EURATOM of 13 May 1996, Basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionizing radiation.

Response to the question raised by the European Committee of Social Rights:

Personal scope of the regulations

The Committee examined the personal scope of the Act on Safety and Health at Work in Conclusions 2005 (pp. 308-310). In reply to the Committee's question, the report clarifies that the Act does not apply to self-employed workers. Noting that self-employed persons in Lithuania are

not covered by the occupational health and safety laws, the Committee considers that the situation is not in conformity with the Revised Charter on this point. The Committee attaches great importance to self-employed persons falling under health and safety legislation as a means of not endangering their own life and health, and that of other employees at the workplace.

Self-Employed Persons

Provisions of the Labour Code and the Law on Occupational Safety and Occupational Health are applied to every employer, i.e. every undertaking, institution, organisation or other body (hereinafter referred to as the undertaking). An employer can be any natural person. The Civil Code regulates active and passive capacity of an employer (a natural person). Employers (natural persons) can perform labour rights and duties themselves. The following persons are considered as self-employed: owners of sole proprietorships, general partners of general partnerships and general partners of limited partnerships, persons engaged in individual activities in the meaning defined by the Law on Income Tax. Self-employed persons perform their rights and duties themselves in line with the aforementioned laws and regulations.

Safe and healthy working conditions shall be ensured for every worker, regardless of the undertaking's nature of business, the type of employment contract, number of workers, profitability of the undertaking, workstation, working environment, type of work, the duration of the working day (shift), the worker's citizenship, race, nationality, sex, sexual orientation, age, social background, political views or religious beliefs. (Law on Safety and Health at Work, Article 3, Paragraph 1).

Pursuant to the provisions of the Labour Code (Article 228) and the Law on Safety and Health at Work (Article 33), the duty of every worker is to comply with the requirements of occupational safety and health regulations. Said legislation set forth duties for both employers and workers, irrespective of their personal status.

The Labour Code or the Law on Safety and Health at Work do not single out or refer to self-employed persons. In other words, the concept 'self-employed person' is not used in these laws. However, this concept is used in the *General Regulations on Setting-up Workplaces in Construction Sites*, approved by Order No. A1-22/D1-34 of the Minister of Social Security and Labour and the Minister of Environment of 15 January 2008. These Regulations were developed in pursuance of Council Directive 92/57/EEC of 24 June 1992 on the implementation of minimum safety and health requirements at temporary or mobile constructions sites (eighth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC) (OJ 2004 Special Edition, Chapter 5, Volume 2, p. 71). A self-employed person, in the course of his or her work, shall bear responsibilities of both an employer and a worker. Self-employed persons must comply with the Labour Code, the Law on Occupational Safety and Health and other regulations.
The Law on Safety and Health at Work, Article 5, Paragraph 2, stipulates that the Minister of Health shall approve health care regulations (hygiene norms), i.e. establish safety and health requirements for separate activities or exposure of workers to separate factors. These hygiene norms are mandatory to both legal and natural persons, irrespective of their status.

Furthermore, the Rules on Occupational Safety and Health have been developed with regard to performance pf specific work and use of working equipment, which are also applied both to natural and legal persons, irrespective of their status.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework in consultation with employers' and workers' organisations.

Seeking to ensure implementation of the Labour Code, the Government of the Republic of Lithuania adopted Resolution No. 1189 of 19 July 2002, *Concerning Approval of Action Plans of the Labour Code of the Republic of Lithuania* (Official Gazette, 2002, Nr.74-3187). The Resolution adopted the plans for developing draft legislation and regulations which are necessary to implement the Labour Code as well as legislation and regulations which should be put in line with the Labour Code. Pursuant to these plans, the Law on Occupational Safety and Health and the Law on State Labour Inspectorate were drafted and adopted.

Pursuant to the Labour Code, Article 284, Paragraph 2 and the Law on Safety and Health at Work, Article 47, control over the compliance with the requirements of occupational safety and health shall be exercised by the State Labour Inspectorate. The Law on the State Labour Inspectorate lays down its functions, rights and duties.

In pursuance of the Law on the State Labour Inspectorate, Article 6, Paragraph 20, inspectors and experts of the State Labour inspectorate shall provide information and consultations to employers and workers about the legislative requirements of occupational safety and health, implementation of labour legislation, entering into collective agreements, risk assessment and other matters. Provision of information and consultations shall be carried out during the inspection of undertakings, organisation of occupational safety and health measures, taking part in employers' training and performance appraisal on occupational safety and health issues, etc.

The information on occupational safety and occupational health is provided in several ways: published on the websites of the Ministry of Social Security and Labour and the State Labour Inspectorate, as well as in target and specialised publications. The information about new legal acts and their implementation is published in the publication of the State Labour Inspectorate „Saugus darbas" ('Safe Work').

Response to the question raised by the European Committee of Social Rights:
Content of the regulations on occupational health and safety

Protection of temporary workers. The Act on Safety and Health at Work applies to all workers, including part-time workers and workers employed by different employers. The Committee asks the next report to provide information on whether temporary workers are given information and training necessary to carry out their work in a safe manner on the same terms as permanent workers (especially upon recruitment, or in the event of the introduction of new equipment or technology). It would also like to receive information on how medical surveillance is made available for this category of workers.

On 6 June 2007, the Government of the Republic of Lithuania adopted Resolution, *Concerning Approval of Concept Paper of the Law on Labour Outsourcing of the Republic of Lithuania.* Pursuant to Article 6 of the draft Law on Labour Outsourcing, which should be adopted in 2008, the user of temporary work must, before the commencement of work, make the temporary worker familiar, upon his or her signature, with the future working conditions, a collective agreement, work regulations as well as the other legal acts regulating the work for the user of temporary work, as well as the requirements set forth in the regulations on occupational safety and occupational health. A temporary worker must be made familiar with the risk factors of occupational health and the use of protection measures against them. Furthermore, a temporary worker and a user of temporary

work shall have mutual rights and duties in the area of occupational safety and occupational health laid down with regard workers and employers in the Labour Code, the Law on Occupational Safety and Occupational Health of the Republic of Lithuania as well as other occupational safety and health regulations. Occupational safety and health experts of the user of temporary work, who are in charge of arranging prevention measures of occupational safety and health, must be informed about the commencement of work by temporary workers.

The responsibility for the damage, health injury, death or occupational disease caused to a temporary worker by the user of temporary work, lies with the user of temporary work in compliance with the procedure established in the Civil Code. Administrative bodies of the State Social Insurance Fund, which paid social insurance contributions to a temporary worker as a result of damage caused by the user of temporary work, shall have no right of recourse to the user of temporary work.

ARTICLE 3§3

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

3. to provide for the enforcement of such regulations by measures of supervision;

1) Please describe the enforcement of safety and health regulations. Please specify the nature of, reasons for and extent of any reforms.

The information about the functions of the State Labour Inspectorate in pursuance of occupational safety and health legislation provided in the Fourth Report of the Republic of Lithuania on the Implementation of the European Social Charter remains the same.

The State Labour Inspectorate (hereinafter referred to as the SLI) pursued the goals and objectives prescribed in its operational plans. Its functions included the following: prevention of accidents at work, occupational diseases, occupational safety and health and violations of labour relations' regulations, as well as oversight over compliance with the Labour Code of the Republic of Lithuania, regulations on occupational safety and health, provision of consulting and information services of employees and employers and development of public education.

Monitoring of implementation of legislation

The main indicators of performance oversight are provided in response to Article 3§3, question (2) below. During 2007, in pursuance of prevention of accidents at work, adopted regulations included the following:

- orders of the chief inspector of the State Labour Inspectorate of the Republic of Lithuania on compliance with regulations on prevention measures against accidents at work (concerning accidents at work while carrying out forestry works; concerning reloading of building constructions; concerning requirements for the repair of technological devices; concerning compliance with legislation regulating safe construction work; concerning internal control of arrangement of work at height and prevention of alcohol consumption at work; concerning maintenance and repair of electrical equipment; concerning mounting/demounting works at height; concerning inspection of workplaces with regard to dangerous zones of technological equipment; concerning works carried out in bodies of inner water on board of light vessels; concerning construction works at height; concerning loading and unloading works while shipping loads by car; concerning arrangement of workplace lifting;
- Order of the Inspector of the State Labour Inspectorate of the Republic of Lithuania, Commissioner General of the Lithuanian Police and Chief of the State Road Transport Inspectorate, *Concerning Prevention of Traffic-Related Accidents in Undertakings, Institutions and Organisations in the Country.*

The SLI has been tasked to perform the following new functions:

- Since 2005, pursuant to Regulation (EC) No 561/2006 of the European Parliament and of the Council of 15 March 2006 on the harmonisation of certain social legislation relating to road transport and amending Council Regulations (EEC) No 3821/85 and (EC) No 2135/98 and repealing Council Regulation (EEC) No 3820/85, the SLI has carried out inspections of driver's driving of road transport vehicles and rest periods in compliance with the procedure and within the scope established by the Government of the Republic of Lithuania. Every year, the SLI carries out

20 per cent of all inspections out of the total number of inspections provided for in the aforementioned Regulation.

- Since 2006, pursuant to the regulations adopted by the Government of the Republic of Lithuania, the SLI has been in charge of acceptance of applications from undertakings willing to obtain funds from the State Social Insurance Fund in order to implement prevention measures; pursuant to the list of directions of prevention measures, select applications of undertakings to allocate prevention funds; develop a draft list of preventive measures and submit it to the Occupational Safety and Health Commission of the Republic of Lithuania; and exercise control over implementation of measures. During 2006 – 2007, over LTL 8 million was allocated to more than 100 undertakings.
- Upon approval of the Occupational Safety and Health Commission of the Republic of Lithuania to include, in public procurement documentation, the requirement (as an advantage) for undertakings – candidates or participants – to obtain a certificate from the State Labour Inspectorate on occupational safety and health as well as the status of compliance with legislation and regulations stipulating labour relations in them, the State Labour Inspectorate issues certificates providing data according to the following indicators:
  - the number of fatal and serious accidents at work during the recent 24 months, including those caused by inebriated drivers;
  - the number of cases of illegal work and illegal workers detected during the recent 36 months;
  - the number of cases of late payment of work pay, no overtime pay and the number of violations of rest periods detected during the recent 12 months;
  - the number of cases when the manager of the undertaking or the persons authorised by him or her were held administratively liable for violation of occupational safety and health as well as labour regulations, detected during the recent 36 months.

During 2006 – 2007, the SLI issued 974 certificates. In most cases (67.9 per cent), certificates were issued to construction companies.

Provision of information, consultations and public education

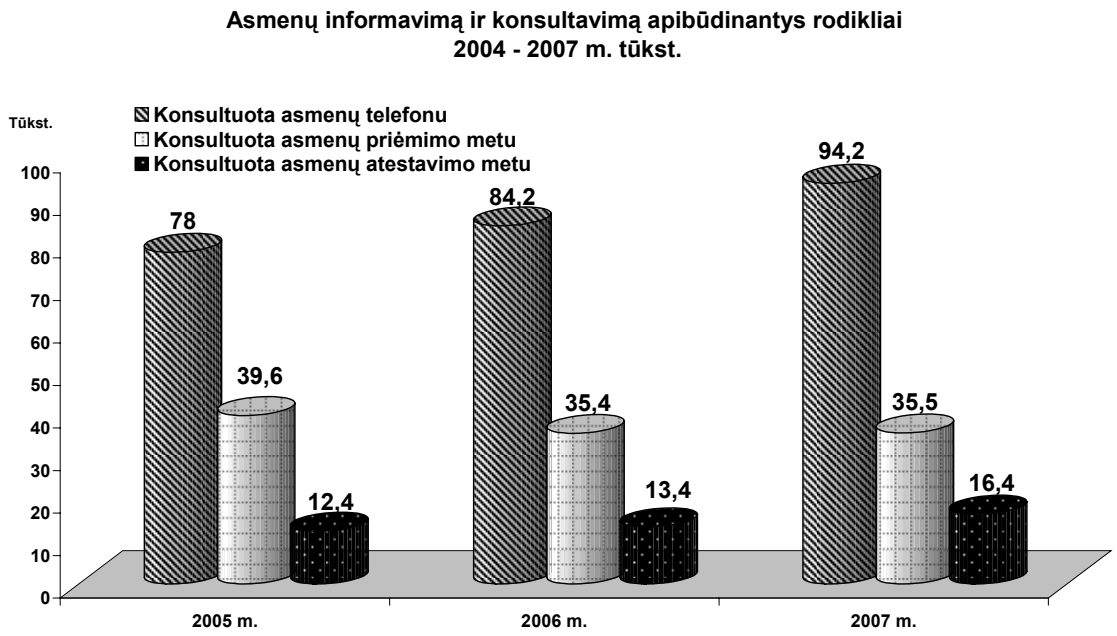
The SLI carried out comprehensive counselling and public education work. It is another important area of SLI activity, which is directly related to the development of preventive culture towards occupational injuries. Different forms of employee and employer counselling and education in occupational safety and health were used.

Information updates on OSH issues, including statistical and analytical preventive data, are published on the SLI website.

The SLI provides consultations to all interested persons, by responding to their queries in writing, telephone or in person. Consultations are also provided by inspectors during performance assessments.

Fig. 3.3.1. Indicators of Provision of Information and Consultation to People 2004 – 2007, thous. :

No. of persons provided consultations by telephone (78; 84,2; 94,2)
No. of persons provided consultations in person (39,6; 35,4; 35,5)
No. of persons provided consultations during assessment (12,4; 13,4; 16,4)



In 2005 – 2007, public information was provided under the signed agreements with radio and TV companies, national and regional press publishers on broadcasting of legal education programmes and audio clips, dissemination of information about hotlines and SLI information updates. In addition, information was provided to the public in co-operation with the Public Relations Service of the Ministry of Social Security and Labour.

The information developed by the SLI is disseminated not only by the media but also through SLI's territorial units and during international exhibitions educating and informing the public and providing consultations on all the issues falling within the competence of the SLI.

Active information campaigns included the following:

During the 2nd quarter of ***2005,*** public information was focused on priority inspections carried out by order of the Chief Inspector of the State Labour Inspectorate of the Republic of Lithuania in constructions with the aim to detect violations of occupational safety and health regulations and ensure prevention of illegal work. Information was provided intensively and widely about the occupational safety and health campaign launched in the construction sector among the new European Union (EU) member states in June 2005 and continued until mid-October 2005.

Three small information campaigns were carried out one after another. The first one focused on illegal work during the summer when the scope of it increases. The public was warned about the social and personal danger of illegal work and the liability for it. The second campaign spoke about the opportunities offered by collective agreements to both employers and employees helping them better agree on work conditions and in this way promote social partnership. The third initiative was the aforementioned occupational safety and health campaign targeting new EU member states. It included matters related to the prevention of illegal work.

Much attention was paid to public information about the order of the Chief Inspector of the State Labour Inspectorate, *Concerning Measures to Reduce Accidents at Work*. Another wide information campaign, *One Workplace Death is One Too Many!, targeted prevention of occupational injuries.* In pursuance of this, a video-clip was created which was broadcasted on the Lithuanian TV and all regional televisions.

In 2006, the SLI joined the campaign initiated by the EU Senior Labour Inspectors' Committee, *Asbestos is a Problem of Vital Importance – Avoid Exposure!*
Since May 2006, an active information campaign on prevention of illegal work was launched under the slogan *I work illegally: I have become a toy in life's hands.* Apart from published press releases, articles in the national and regional press published, radio and TV broadcasts, a mobile information campaign was launched on trolley-buses and buses in five major towns of Lithuania to prevent illegal work and advertise a hotline.
Under the campaign, *I work illegally: I have become a toy in life's hands,* a brochure was published. In a simple to understand way it provides questions and answers about the basics of employment: the things which every person getting employed should know. Stickers were printed and disseminated bearing the slogan of the campaign and the hotline. Another brochure was created and disseminated. It provides information about the matters which can be dealt with by the SLI ('SLI business card').

In 2007, apart from the usual constant provision of information, several other information campaigns were developed. Moreover, information activities gained a new element: counselling. While celebrating the World Day for Occupational Safety and Health on 28 April, a Week of Occupational Safety and Health was organised in Lithuania. It followed a plan of mobile counselling in municipalities and wards. It was envisaged to celebrate a Spring Single State Labour Inspectorate Day. During the mobile counselling event, both consultations and information campaigns were carried out in the country. A wide network of county and regional newspapers printed invitations to come to places of counselling, published articles about those who died at work and how to ensure occupational safety; audio clips were broadcasted on the radio, video-clips were shown on the Lithuanian TV, inspectors from the State Labour Inspectorate took part in various radio programmes, including one radio show with representatives of social partners. In late September, an information campaign was organised which invited residents to come to the Autumn Single State Labour Inspectorate Day, during which inspectors provided consultations in various parts of the country.

Much emphasis was placed on the employment of young people. Information was provided in various forms and ways during a labour-intensive season among the youth.

In addition, the campaign launched by the EU Senior Labour Inspectors' Committee on asbestos was further continued.

The State Labour Inspectorate made further preventive efforts against the abuse of alcohol at work. A series of articles was printed to reduce (eliminate) this risk factor at work. In addition, radio shows and audio-clips were developed and broadcasted about the problem; brochures were disseminated; preventive information was printed on trolleybuses and buses in major towns.

In 2006, the SLI website and Lithuanian dailies published information about persons who got an administrative sanction for violating labour laws and occupational safety and health regulations. During 2007, this practice was continued.

In 2007, as compared to 2006, the number of pieces of information about issues related to the SLI competence, articles, interviews, participation in radio and TV programmes increased by 10 per cent.
While building the culture of prevention, the State Labour Inspectorate looked for new ways of getting attention of employers to injuries and effective ways of preventing them. With that in mind, it looked at the modern form of communication: electronic messages. In this way, the Chief Inspector of the State Labour Inspectorate addresses all the employers in the country and trade unions. Every week, the SLI sends information to employers by email about different economic sectors and accidents at work, describing the circumstances at which they happened.

Seeking to ensure a more successful implementation of regulations in undertakings, methodologies and recommendations were developed.

In 2005, a publication on *Work Hygiene* was developed and published. It includes information about the main legal acts regulating work hygiene and methodological recommendations on examination and assessment of ergonomic and psychosocial factors. While conducting a European campaign against excessive noise at work along with the Ministry of Social Security and Labour, the following publications were printed: *Practical Recommendations on Reduction and Control of Risk Arising to Workers from Exposure to Noise*, *What Should Everyone Working in Noise Know*, *Risks Arising From Exposure to Noise in Industrial Undertakings*, *Risks Arising from Exposure to Noise of Working with Agricultural Equipment.* Other publications printed include the following: *Construction Co-ordinators, Single Document Manual, Working with PCs: 50 Questions and Answers*, *Methodological Instructions on Ergonomic Risk Factors, Safe Use of Lifts (instructions), Instructions for Car Repairers, Lifting and Crane Equipment,* etc.
Further, video training material was developed to inform, train and provide consultations to workers and employers. They include video films *Internal Control of Occupational Safety and Health in the Undertaking. Good practices* and *Occupational Safety and Health Control in the Construction Sector.*

2006: *A Practical Guide on Best Practice to Prevent or Minimise Asbestos Risks in Work that Involves (or May Involve) Asbestos: for the Employer, the Workers and the Labour Inspector; Protection from Falling form Construction Building; Work with PC; Instructions of Forklift Use* with illustrations and recommendations on safe work, recommendations on *Protection of Skin in Metal Processing Undertakings* and 18 methodological recommendations concerning specific construction works: recommendations on prevention from height falls, use of staging, work in spoils, etc.
The SLI internet website contains information about stress, translated materials from http://ergo-online.de, a questionnaire on stress load at work which could be used to analyse the stress situation in one's workplace.

In 2007, while pursuing the prevention of musculoskeletal injuries at work, the following methodological material was published: *Practical Recommendations for Employers and Workers on How to Avoid Musculoskeletal Injuries While Handling Loads and Cleaning Premises*; *Recommendations on Ergonomic and Safe Relocation of Patients; Lighten the Load! Prevention of Lumbar Spin Injuries in the Health Sector; Lighten the Load! Prevention of Lumbar Spin Injuries in Transport Sector*. Seeking to improve the work of health care specialists, *A Manual of Diagnosis of Occupational Diseases: European Commission Recommendations on Diagnosis of Occupational Diseases* was published. Scientists from the Kaunas Medical University developed a manual on *Occupation Medicine.* Seeking to ensure proper implementation of the *Regulations on Protection of*

Workers from the Risks Arising From Electromagnetic Fields, 53 scientists from the Kaunas Technological University developed a publication *Methodological Recommendations on Examination and Assessment of Risks Arising from Electromagnetic Fields to Occupational Safety and Health*, and a brochure *Working with PC....* In addition, methodological material on the *Application of Lift Directive 95/16/EC* was developed, the aim of which is to ensure a uniform interpretation and implementation of the Life Directive provisions. Furthermore, a second edition was printed of the following publications: *Manual on Risk Assessment at Work*; *Risk Assessment Manual. Way of Prevention*; *Optional Good Practice Manual. Seeking to implement Directive 1999/92/EC of the European Parliament and of the Council on minimum requirements for improving safety and health protection of workers potentially at risk from explosive atmospheres*; *Dangerous Chemical Substances. Risk Assessment. Information and Recommendations, etc.*

In 2005 – 2007, the SLI published about 40 various publications on OSH.

Activities of the National Focal Point of the European Agency for Safety and Health at Work, whose functions are carried by the State Labour Inspectorate
2005: European campaign 'Stop That Noise!'

2006: organisation of agency information campaigns, including a European week for young workers 'Safe Start!', an information project for the new EU member states 'Healthy Workplace Initiative', encouraging managers of small and medium-sized enterprises (SME) realise that ensuring a safe workplace is an inseparable part of the enterprise quality performance and make them familiar with good practices of occupational safety and health (OSH) management.

During 2007, two campaigns were launched. One of them aimed at preventing musculoskeletal disorders under the slogan 'Lighten the Load!'. The other one – 'Healthy Workplace Initiative' - (HWPI), was started in 2006.

All the information campaigns involved active communication with the media, dissemination of press releases, organisation of good practice award competitions, various quizzes, tripartite conferences, regional workshops, participation in TV and radio shows, development and dissemination of various information and methodological material among seminar participants.

2) Please provide pertinent figures, statistics (for example Eurostat data) or any other relevant information on the number of accidents at work, including fatal accidents, in absolute figures as well as in terms of standardised accident rates per 100,000 workers; on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections; and on the number of breaches to health and safety regulations and the nature and type of sanctions imposed.

During 2005-2007, in the course of prevention of violations of legislation regulating occupational safety and health as well as labour relations, the State Labour Inspectorate inspected around 10 per cent of all operating economic entities, employing about 50 per cent of the national workforce.

Inspections and trends of violations identified in 2005 – 2007 are shown in the figures below:

Fig. 3.3.2.

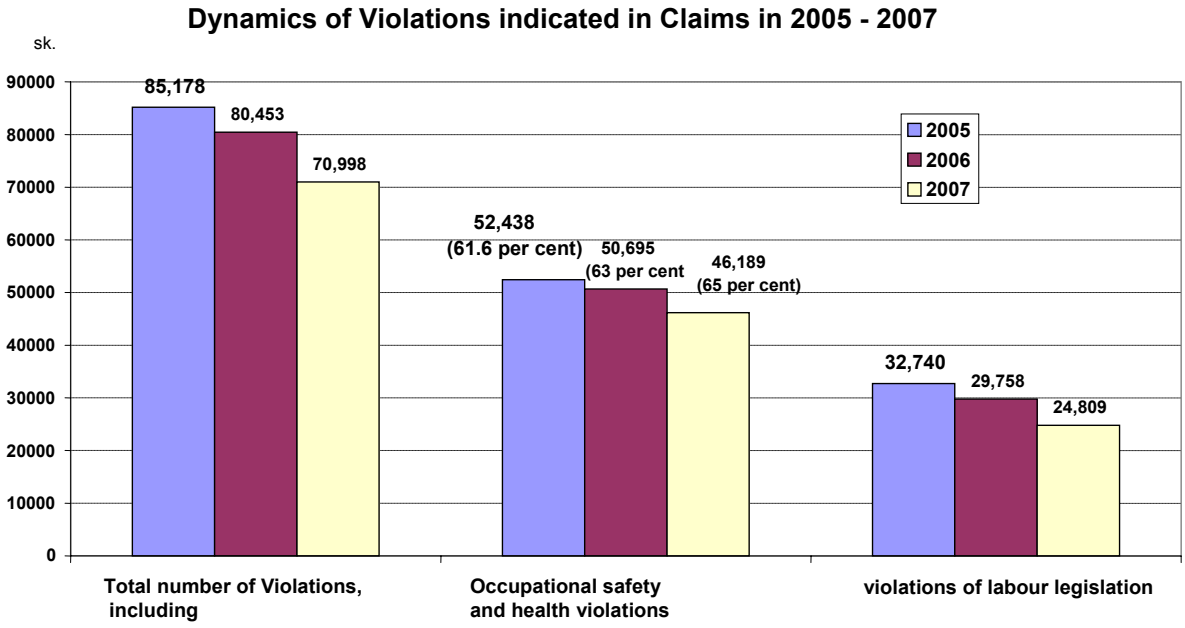


Fig. 3.3.3

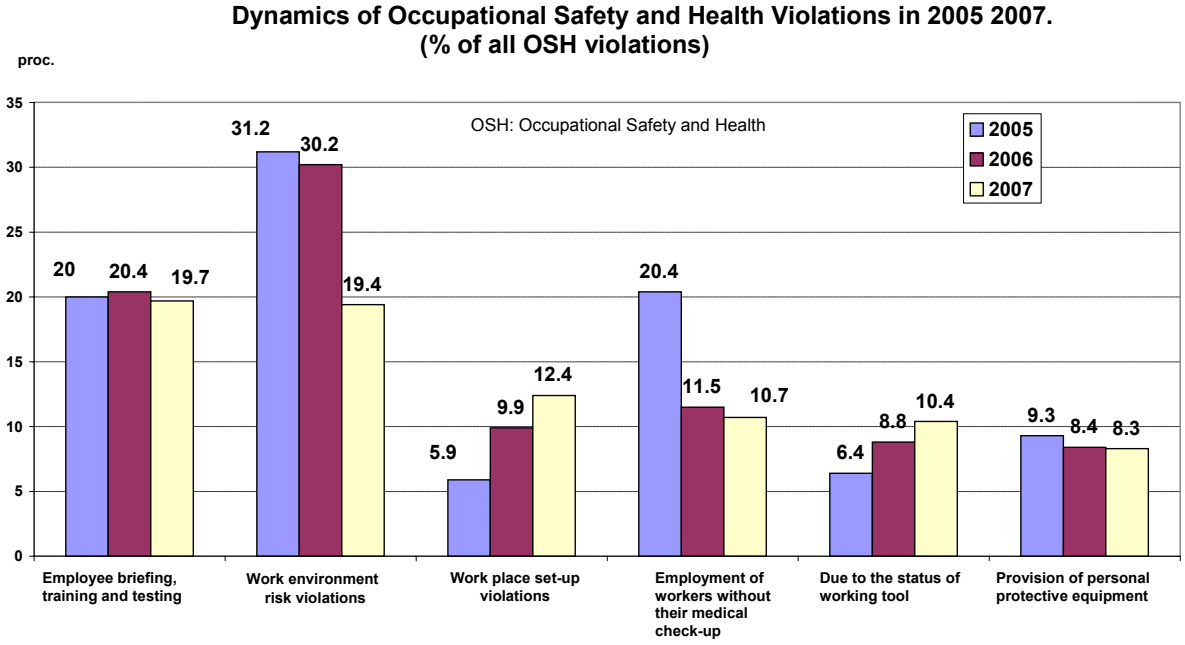


Fig. 3.3.4

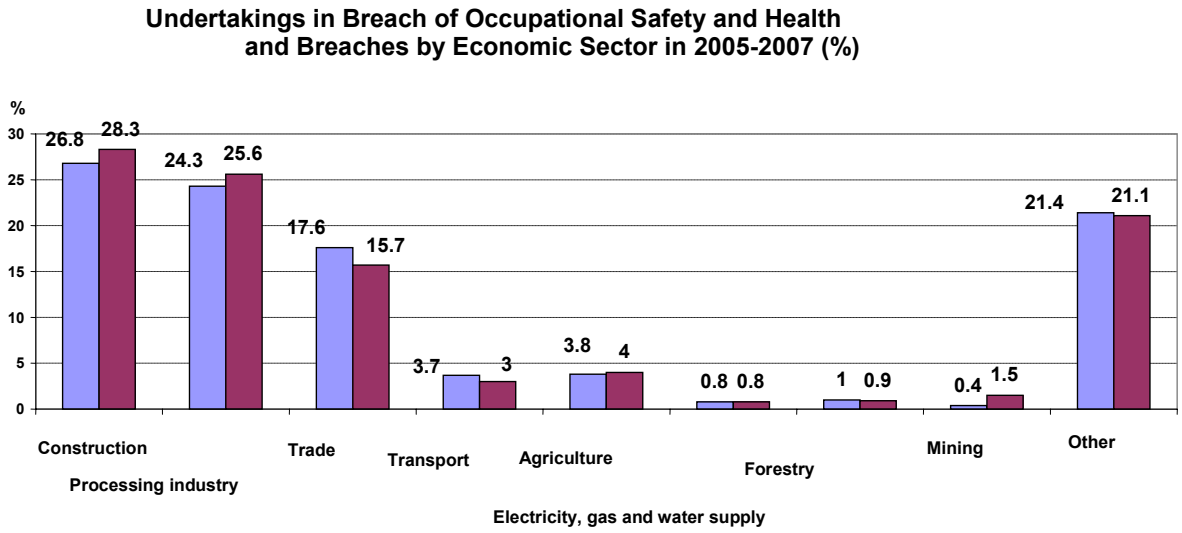
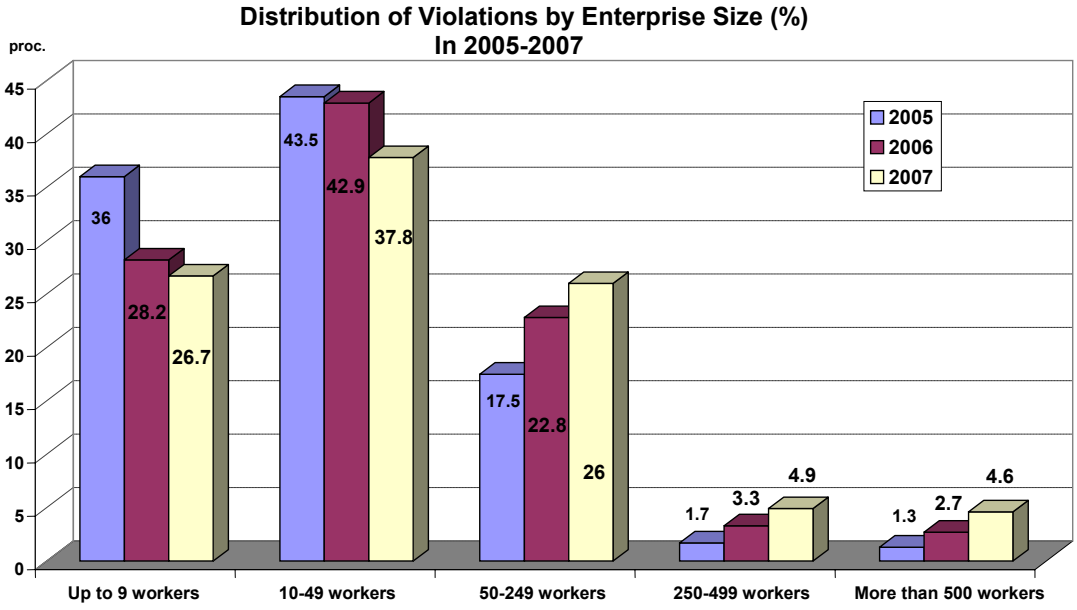
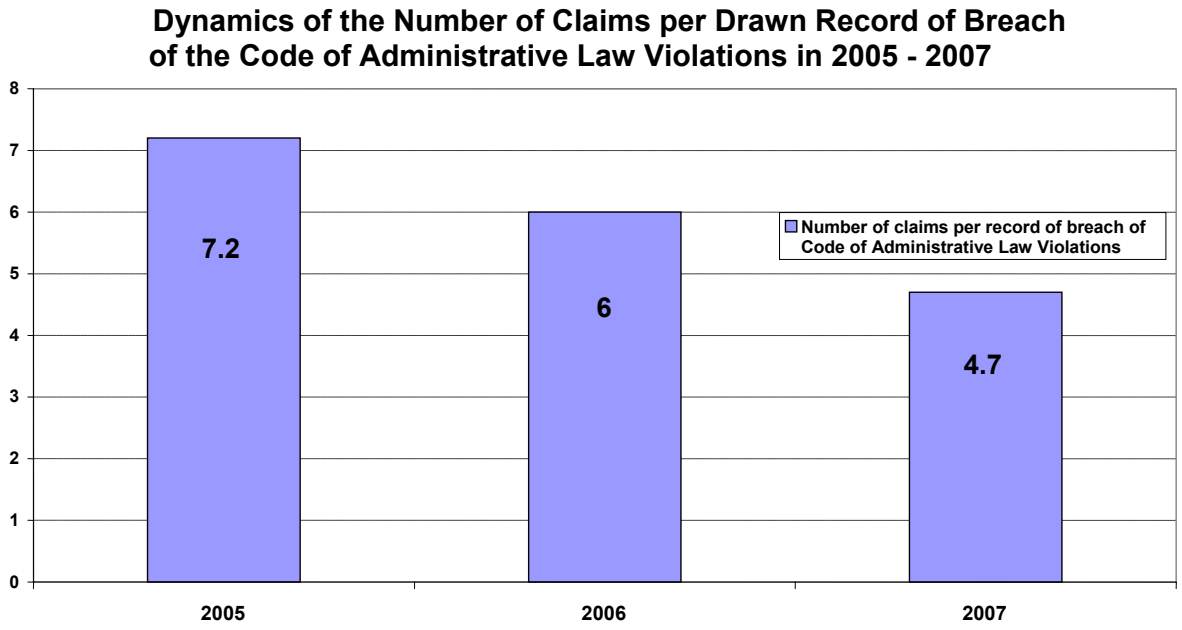


Fig. 3.3.5-6

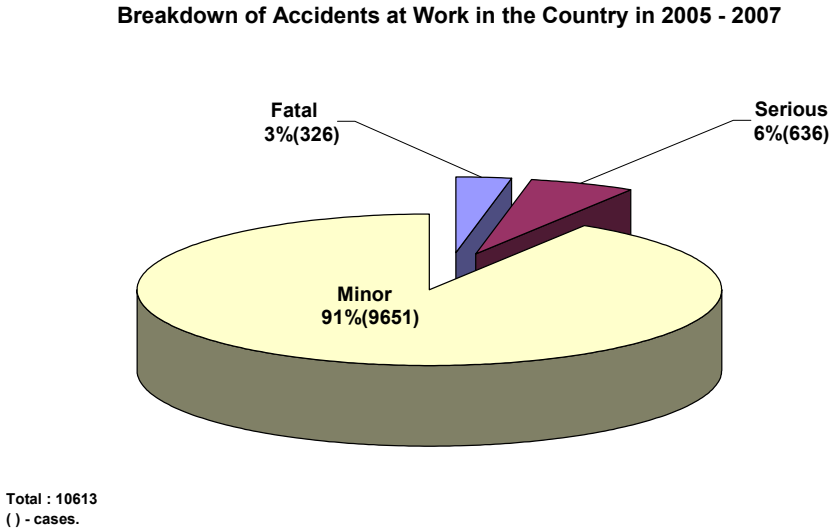




Occupational Accidents in 2005- 2007

According to the updated information of 25 August 2008, the total number of accidents at work was 3,358in 2005, 3,581 in 2006 was, and 3,674 in 2007. The distribution of accidents at work (form N-1), which occurred in 2005 – 2007, is shown in the figure above.

Fig. 3.3.7



The total number of accidents at work in 2007, as compared to 2005, as a result of new regulations on investigation and register of accidents at work which provided for a stricter regulation of minor accidents at work (coming into effect since 2005) increased by 9.4 per cent. However, while looking at the data per 100,000 workers, the situation stayed almost the same (274.4 in 2005 and 273.5 in 2007). In 2006, the total scope of accidents at work was 279.3.

Fig. 3.3.8

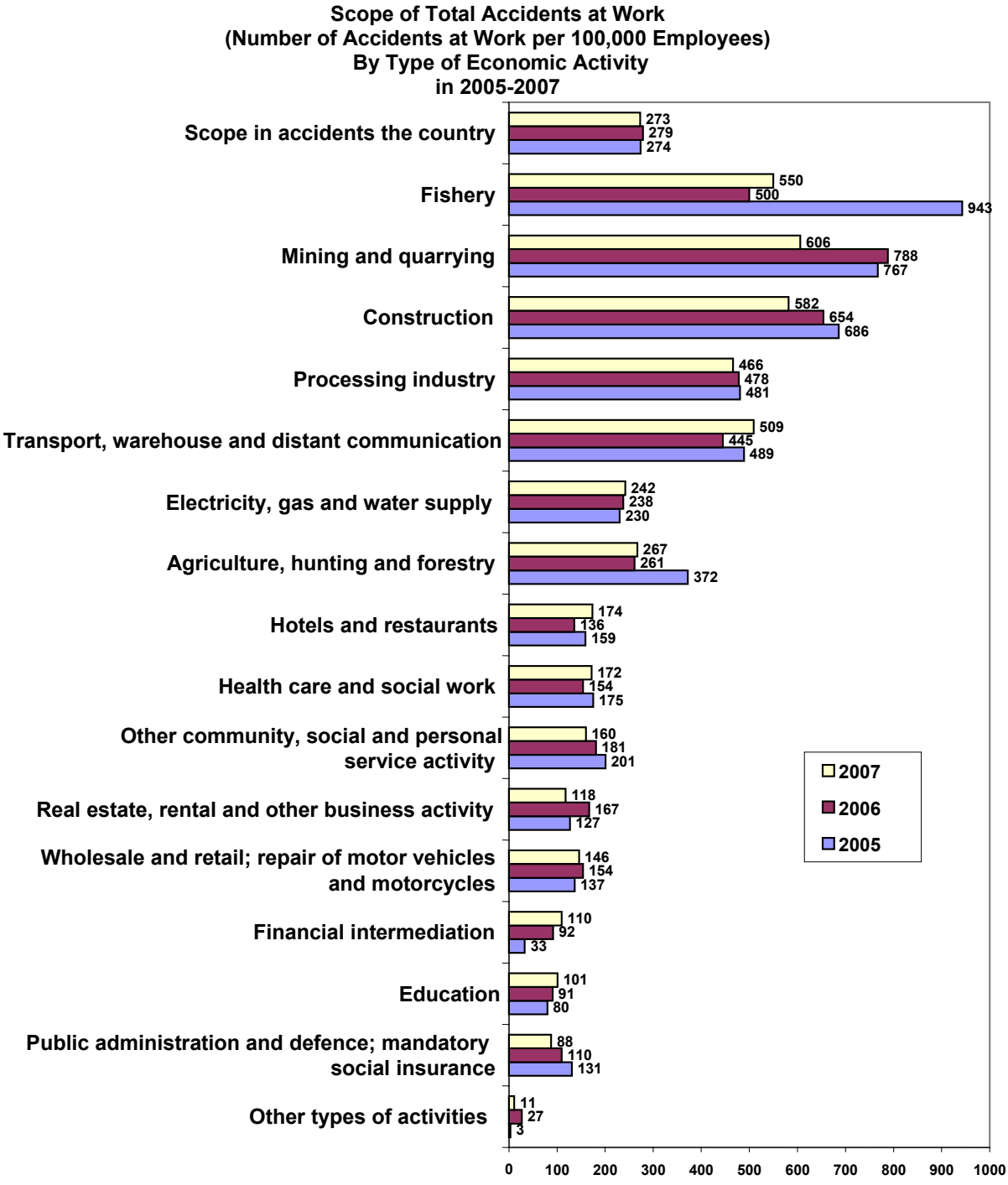
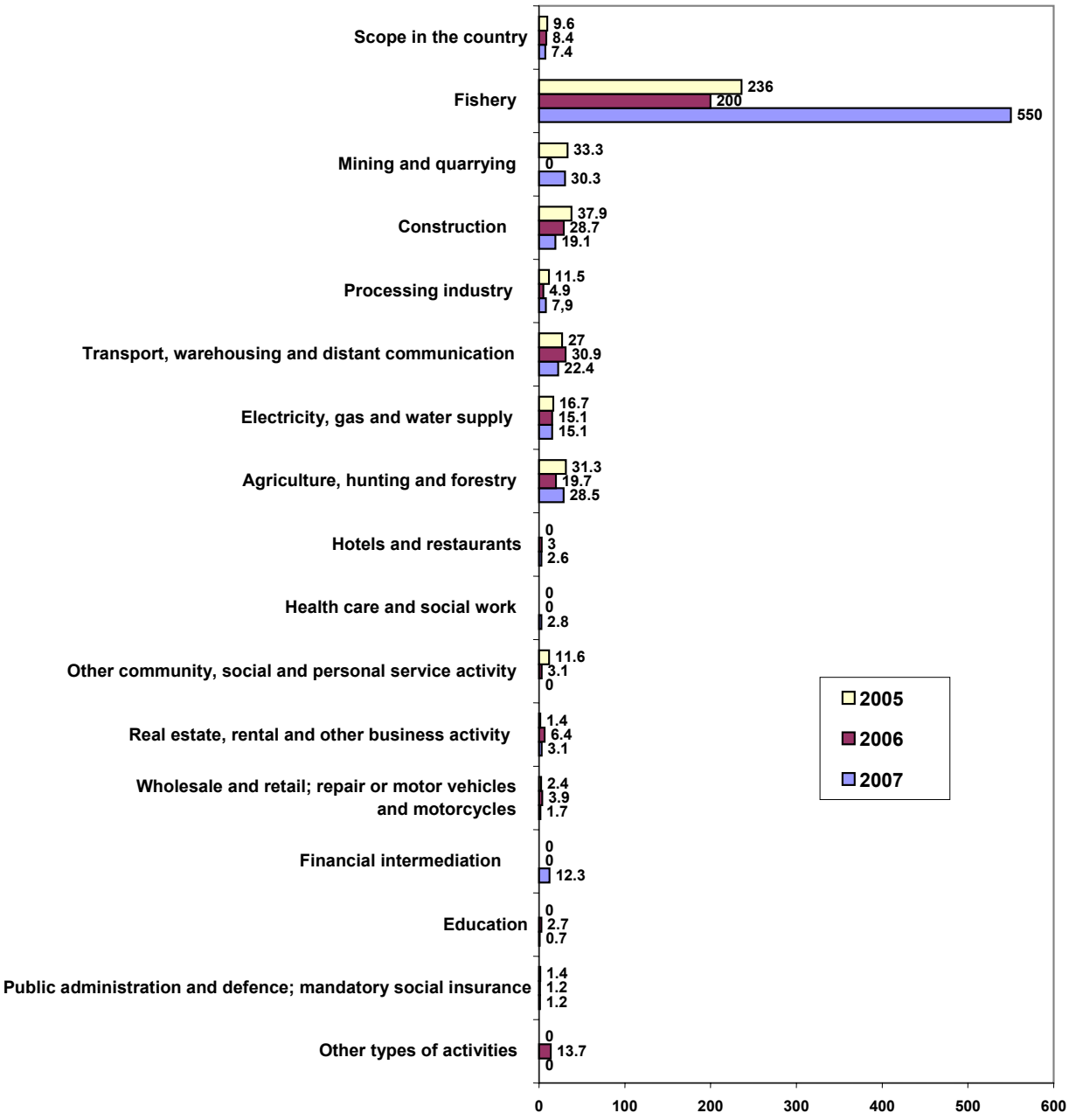

Scope of Total Accidents at Work
(Number of Accidents at Work per 100,000 Employees)
By Type of Economic Activity
in 2005-2007
Scope in accidents the country
273
279
274
Fishery
550
500
943
Mining and quarrying
606
788
767
Construction
582
654
686
Processing industry
466
478
481
Transport, warehouse and distant communication
509
445
489
Electricity, gas and water supply
242
238
230
Agriculture, hunting and forestry
267
261
372
Hotels and restaurants
174
136
159
Health care and social work
172
154
175
Other community, social and personal service activity
160
181
201
Real estate, rental and other business activity
118
167
127
Wholesale and retail; repair of motor vehicles and motorcycles
146
154
137
Financial intermediation
110
92
33
Education
101
91
80
Public administration and defence; mandatory social insurance
88
110
131
Other types of activities
11
27
3
2007
2006
2005
0
100
200
300
400
500
600
700
800
900
1000

Fig. 3.3.9

Scope of Fatal Accidents at Work (Number of Accidents at Work per 100,000 employees) by Type of Economic Activity in 2005-2007



During the period of three years (2005-2007), the majority of accidents at work occurred in the processing industry (35 per cent of the total number of accidents at work), whereas fatal accidents mostly occurred in construction (26 per cent of the total number of fatal accidents), transport companies (23 per cent) and processing industry (19 per cent). Since 2005, the number of fatal accidents at work has decreased by 18 incidents, i.e. from 118 to 100 fatal accidents at work (15.2

per cent). By sectors, the number of fatal accidents at work reduced from 33 to 23 accidents (30 per cent) in the construction sector, from 24 to 21 accidents (12.5 per cent) in transport companies (yet in 2006, the number of fatal accidents in undertakings operating in the sector was 29), from 29 to 21 accidents (27.6 per cent) in processing industries. Admittedly, the latter number is significantly higher than in 2006, during which 13 fatal accidents happened.

In the processing industry, the most dangerous undertakings remain those engaged in timber processing with ten fatal accidents at work in 2005, four in 2006, and nine in 2007. The number of accidents at work per 100,000 workers in this type of industry increased from 7.4 (2006) to 16.7 (2007) cases. The most common reasons for death in the sector were unsafe and improper working equipment and a dangerous set-up of work.

Since 2005, the number of fatal accidents in agricultural companies almost doubled (rising from 4 to 7 or from 15.3 to 19.9 per 100,000 workers). Out of all fatal accidents in the sector in 2007, almost 43 per cent of people died as a result of non-compliance of working equipment with the requirements of occupational safety and health regulations.

The analysis of the reasons for all the accidents at work showed that in most cases injuries occurred due to the actions performed by persons and violations of occupational safety and health requirements committed by workers. However, the main reason for fatal accidents at work was poor work organisation: 66 per cent of all cases in 2007, 64 per cent in 2006 and 58 per cent in 2005.

Technical reasons become the result of accidents at work when the risks or dangers are not properly or practically considered, when the legislative requirements for setting-up workplaces or use of equipment developed in line with the EU directives are undermined. It is particularly relevant when performing dangerous work or while being potentially at risk from exposure to dangerous equipment. In practice, workers or their representatives do not take part in risk assessment procedures.

In most cases, fatal accidents at work happen due to the exposure to the road transport (30 per cent) and as a result of falling from heights (16 per cent). Serious accidents at work constitute in the latter categories accordingly 16 and 26 per cent.

Driving of vehicles remains one the most dangerous economic activity, particularly because one traffic accident involves several people. During the period of three years, the number of people who died in traffic accidents was 88 workers or 27 per cent of the total number of deaths. There is a trend for the number of such accidents to grow. In 2007, as compared to 2005, the number of workers who died in traffic accidents, increased by 23 per cent. The most frequent reasons for traffic accidents at work were violations of traffic rules, speeding, disregard of weather conditions, the state of the road and inebriated drivers. The prevention of traffic related accidents at work is undermined because very few managers or their appointed representatives (administrative officer) plan or implement effective measures to eliminate traffic offences or exercise control over compliance with occupational safety and health regulations while driving vehicles. Furthermore, very few managers take proper care of drivers' skills development or improvement of occupational competences on the part of administrative staff.

More frequently, accidents at work happen to those workers, whose employment record is less than one year. The lack of qualifications of workers, improper training and briefing of them are the main reasons for accidents among such workers. In 2007, they accounted for 42 per cent, in 2006, they

made up 43 per cent and in 2005, they constituted 40 per cent of workers who suffered from accidents at work.

Prevention Measures to Avoid Accidents at Work in 2005-2007

Taking into account the specific situation in the country with regard to compliance with occupational safety and health regulations, the priorities for control are the following:

- 12 most dangerous operational sectors which include construction, transport, wood and metal processing, agriculture, electricity, gas and water supply, food industry, production of construction material, forestry, chemical industry, mining and textiles;
- operational issues of small and medium-sized enterprises (employing from 10 to 249 employees);
- control over training and briefing of newly appointed workers whose employment record in the company is up to one year;
- undertakings operating in the economic sectors where most dangerous works are performed (work at height, work in spoils and wells, which involve use of potentially dangerous equipment and work with chemical substances).

On 23 August 2008, taking into account the status of occupational safety and health in undertakings and bearing in mind the duty of employers to create safe and healthy working conditions in every aspect of workers' work, as well as seeking to eliminate occupational accidents, the Chief Inspector of the State Labour Inspectorate, the Police Commissioner and the Head of the State Road Traffic Inspectorate issued an order *Concerning Prevention of Traffic Related Accidents at Work in Undertaking, Institutions and Organisations.* The order instructs the **managers of undertakings** to perform the following:

1. inspect undertakings, the activities of which relate to provision of transport services, and envisage measures to eliminate detected shortcomings while implementing occupational safety and health as well as passenger and cargo transportation regulations;
2. inspect and prescribe prevention measures to eliminate shortcomings in the operation of vehicles and mobile equipment as well as performance maintenance thereof and organising training, briefing and information of support staff;
3. after inspections, where necessary, update data of occupational risk assessment in work places and include them in the data records of occupational safety and health and stop the work if violations listed under Article 266 of the Labour Code are detected and take action to prevent workers from danger.

Recommendations to managers of undertakings:

Install modern communication systems, facilitating effective monitoring of workers driving both official and personal vehicles;

Organise awareness raising activities to improve the traffic culture (along with representatives of workers) and promote safe and disciplined driving.

Recommendations to the heads of territorial bodies/line management of the Police Department, State Labour Inspectorate and State Road Traffic Inspectorate:

Organise bilateral (tripartite) peer reviews according to the agreed measures to enhance prevention of traffic accidents.

Recommendations to the city and municipal mayors:

Conclude agreements with passenger transportation undertakings in line with Paragraphs 404 and 4.5 of the Rules on Issuance of Permits to Transport Passengers by the Routes of Regular

Road Transportation (i.e. carriers must ensure soberness check-up of drivers prior to driving and the proper standing and set-up of transport vehicles.

Recommendations to the State Labour Inspectorate:

The internet website of the State Labour Inspectorate contains a special column on prevention of violations of occupational safety and health related to the use and repair of vehicles

In cooperation with organisations representing employers, instructions and other information publications should be developed for drivers and experts of the undertaking, taking into account the specifics of vehicles.

Organise seminars to managers and experts of transportation companies.

Periodically provide information in the media about the circumstances and reasons for traffic accidents, the status of safe traffic and violations of work and rest periods, etc.

Develop the procedure for registration of safety experts of shipment of hazardous cargo.

Develop methodological recommendations of dismissal of workers which are under the influence of alcohol, narcotic or toxic substances.

Set up a group of occupational risk prevention in the national transport sector, develop the regulations for its set-up and working procedure and provide for its tasks and objectives.

Construction Sector

On 1 January 2006, upon coming into effect of the supplement *Safety Measures While Using Temporary Work Equipment at Height* to the *General Provisions of the Usage of Work Equipment*, inspections were carried out with regard to implementation of preventive measures in undertakings, in which fatal or serious accidents happened while performing work at height.

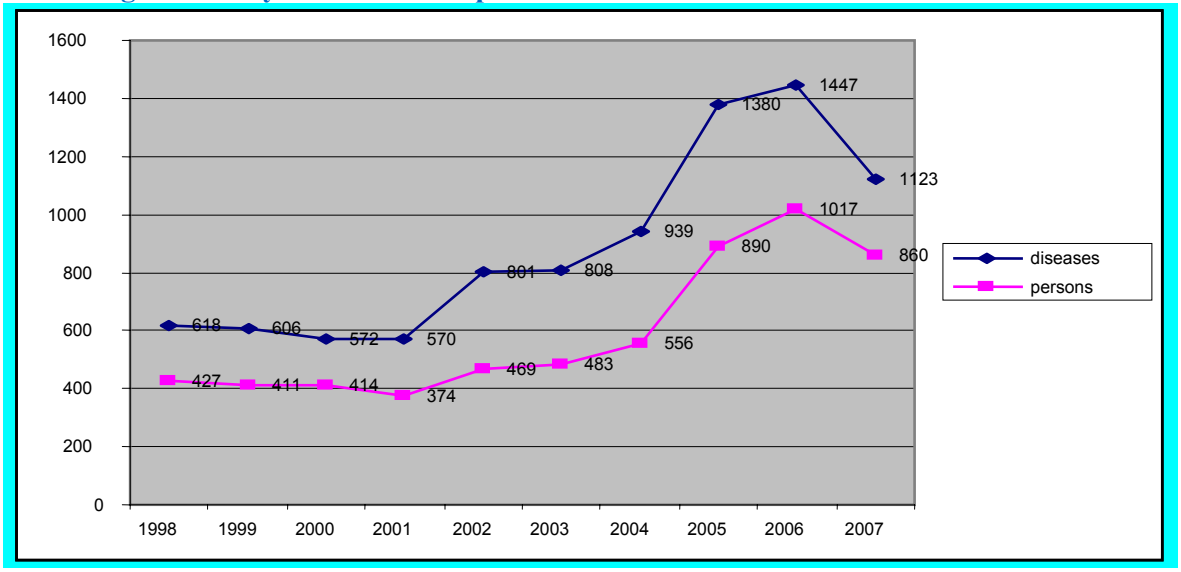
Target inspection campaigns and intervention inspections should be carried out in undertakings with a view to preventing accidents at work and ensuring prevention of violations of regulations.

Inspection materials should be analysed, summarised and proposals should be submitted to improve activities. Information should be provided regularly about accidents at work that happened in similar type of undertakings.

Occupational Diseases in 2005 – 2007

All the occupational diseases registered since 2002 have been chronic. The analysis of cases of occupational diseases occurring in 1998–2007 shows a reduction in the registered occupational diseases from 618 to 570 cases and accordingly from 427 to 374 persons. In 2002–2006, the number of occupational diseases went up from 801 to 1,447 and the number of persons who got occupational disease increased from 469 to 1,017 people. In 2007, as compared to 2006, the number of occupational diseases went down: 1,123 registered cases and 860 persons (Fig. **3.3.10**)**:**

Fig. 3.3.10. Dynamics of Occupational Diseases



According to the data of the State Register of Occupational Diseases, in 2005, the number of registered occupational diseases was 1,380 (891 persons). During 2006, the number of registered occupational diseases was 1,447 (1,019 persons) and in 2007, it went down to 1,123 occupational diseases (860 persons).

In 2005, men were diagnosed 1,174 (85%) occupational diseases, women were diagnosed 226 (15%) occupational diseases. In 2006, the proportion of men and women with diagnosed diseases was 1184 (82%) occupational diseases and 263 (18%) occupational diseases accordingly. In 2007, men got 920 (82%) occupational diseases and women had 203 (18%) occupational diseases.

Table 3.3.11:

Number of Occupational Diseases	2005	2006	2007
Number of persons who got occupational diseases	891	1019	860
Total number of cases of occupational diseases	1380	1447	1123
Men cases	1174	1184	920
Women cases	206	263	203
Cases per 100,000 workers	113	112.9	83.6

Out of all occupational diseases diagnosed in 2005, 543 cases (39 %) were diagnosed to working persons and 837 (61%) cases to unemployed persons. In 2006, occupational diseases were diagnosed to 39% (561 occupational diseases) of working persons and 61% (886 occupational diseases) of unemployed persons. In 2007, the proportions were accordingly 43% (481 occupational diseases) of working persons and 57% (642 occupational diseases) of unemployed persons.

By types of economic activity, in 2005, the lion's share of occupational diseases was diagnosed in agriculture (25.65% or 354 occupational diseases), construction (21.74% or 300 occupational diseases), land transport (8.7% or 120 occupational diseases). In 2006, the biggest number of cases was diagnosed in agriculture (26.1% or 377 occupational diseases) and construction (24.7% or 357 occupational diseases). In 2007, the majority of occupational diseases were in agriculture, 29% (326 occupational diseases) and processing industry, 24.6% (276 occupational diseases) and construction, 18.9% (212 occupational diseases).

Table 3.3.12:

Type of Economic Activity	Cases of Occupational Diseases (%)		
	2005	2006	2007
B (05) Fishery	0.3	0.2	0.3
L (75) Public administration and defence; mandatory social insurance	0.7	0.7	0.7
M (80) Education	0.7	0.8	1.2
K (70-74) Real estate, rental and other business activity	0.6	0.9	0.7
N (85) Health care and social work	2.5	2.3	1.9
O(90-93) Other community, social and personal service activity	2.8	2.5	4.5
C (10-14) Mining and quarrying	2.5	2.8	2.0
E(40-41) Electricity, gas and water supply	2.5	2.8	2.8
G(50-52) Wholesale and retail trade	2.2	3.5	2.9
I(60-64) Transport, warehousing and distant communication (telecommunications)	12	10.2	6.6
D (15-37) Processing industry	22.1	22.5	24.6
F (45) Construction	21.7	24.7	18.9
A (01-02) Agriculture, hunting and forestry	28.7	26.1	29.0

In the total structure of occupational diseases in 2005, musculoskeletal and connective tissue disorders accounted for 42.17% (582 occupational diseases), ear diseases made up 34.64% (478 occupational diseases), nervous system diseases constituted 18.91 % (261 occupational diseases), respiratory system diseases accounted for 1.96 % (27 occupational diseases), and vibration diseases made up 1.16 % (16 occupational diseases) of all diagnosed diseases. In 2006, musculoskeletal and connective tissue disorders accounted for 44.3% (641 occupational diseases), ear diseases made up 29.5% (427 occupational diseases), nervous system diseases were 24.3% (351 occupational diseases), and respiratory system diseases were 1.3% (19 occupational diseases) of all diagnosed diseases. In 2007, the breakdown of diagnosed occupational diseases was the following: musculoskeletal and connective tissue disorders (44.7% or 502 occupational diseases), nervous system diseases (31.2% or 350 occupational diseases), ear diseases (21.6% or 243 occupational diseases), and respiratory system diseases (1.6% or 18 occupational diseases).

Table 3.3.13:

Occupational Diseases by Groups of Diagnosis	Cases of Occupational Diseases (%)		
	2005	2006	2007
Other diseases	4.3	1.9	2.5
H60-H95 Ear diseases	34.6	29.5	21.6
G00-G99 Nervous system diseases	18.9	24.3	31.2
M00-M99 Musculoskeletal and connective tissue disorders	42.2	44.3	44.7

The main reason for occupational diseases was physical factors (noise, vibration). They accounted for 85.8% (1184 occupational diseases) in 2005, 81.2% (1175 occupational diseases) in 2006 and 79% (887 occupational diseases) in 2007. Another reason was tension factors, accounting for 11.38% (157 occupational diseases) in 2005, 17.0% (246 occupational diseases) in 2006 and 18.6% (209 occupational diseases) in 2007.

Table 3.3.14:

Occupational Diseases by Reasons	Cases of Occupational Diseases (%)		
	2005	2006	2007
Biological factors	0.4	0.2	0.2
Chemical substances	1.2	0.5	1
Dust (aerosols)	1.2	1.1	1.2
Tension (ergonomic) factors	11.4	17.0	18.6
Physical factors	85.8	81.2	79

The main reason for the majority of occupational diseases is vibration generated by tractors, heavy goods vehicles, cargo vehicles and excavators exceeding the limit values. Lumbar spine disk diseases, vascular and nerve diseases, hand and wrist joint diseases have been diagnosed to drivers of tractors, excavators, bulldozers and cranes. A reason for one-fifth of occupational diseases is tension factors: carrying heavy loads, repetitive movements, forced labour posture. The main reason for these types of diseases is lifting, carrying, pushing and pulling of heavy loads. Manual handling of loads is a frequent cause of back pain which occurs due muscle strain or intervertebral disk injury.

The majority of occupational diseases was diagnosed to persons aged 55-64, with the employment record of 31-40 years.

Table 3.3.15:

Occupational Diseases by Employment Record	Cases of Occupational Diseases (%)		
	2005	2006	2007
1-10	1.7	2.5	9.7
11-20	11.8	10.4	10.4
21-30	31.2	27.2	30.3
31-40	43.5	46	38.2
41-50	11.5	13.6	11.3
51 and over	0.3	0.3	0.1

Table 3.3.16:

Occupational Diseases by Age	Cases of Occupational Diseases (%)		
	2005	2006	2007
25-34	0.2	0.1	0.4
35-44	3.7	2.3	3.4
45-54	23.8	17.9	20.4
55-64	45.4	45.5	46.8
65 and over	26.8	34.1	29

Measures of Prevention of Violations of Occupational Health and Occupational Diseases:

1. organised conferences, made presentations, conducted workshops on occupational safety and health issues, occupational risk and risks caused by various risk factors, examination of occupational diseases matters;
2. developed and published methodological material about specific occupational risk factors (noise, vibration, manual handling of loads, work with video terminals, etc.);
3. participation in radio and TV shows, publication of information in various publications.

Staff of the State Labour Inspectorate in 2005-2007

The number of inspectors in the State Labour Inspectorate

1 January 2005

The number of labour inspectors is 198, including 50 lawyers, 20 hygienists and 128 experts with technical education.

1 January 2006

The number of labour inspectors is 206, including 60 lawyers, 20 hygienists and 126 experts with technical education.

1 January 2007

The number of labour inspectors is 204, including 62 lawyers, 22 hygienists and 120 experts with technical education.

31 December 2007

The number of labour inspectors is 202, including 61 lawyers, 19 hygienists and 122 experts with technical education.

Training of Inspectors from the State Labour Inspectorate

In compliance with the Procedure of Organised Training approved by Order of the Minister of the Interior, the Chief State Labour Inspector issues orders, on the annual basis, setting forth priority objectives of training. Bases on the analysis of training needs and proposals made by line managers as well as the evaluation commission concerning improvement of inspectors' qualifications, annual plans of training and improvement of qualifications are developed. The latter plans are submitted to the Ministry of Social Security and Labour and the Civil Service Department in compliance with the established procedure.

Introductory training and improvement of qualifications is carried out on the constant basis. Introductory training is acquisition of knowledge and skills development on the part of a person appointed to the position of an inspector as a career civil servant. Upon commencing their work in the position of an inspector, inspectors should attend the introductory training programme throughout the first year. Introductory training is conducted as an introductory training of a civil servant in a training establishment of civil servants, Lithuanian Institute of Public Administration (LIVADIS), as well as in line with the introductory training programme of inspectors approved by the Chief State Labour Inspector of the Republic of Lithuania.

In 2008, taking into account the amendments and supplements made during the recent years to the occupational safety and health regulations, a new introductory training of inspectors has been adopted. Since 2008, introductory training is also organised for acting civil servants.

The training programme of an SLI inspector having technical education lasts 420 hours, including 265 hours dedicated to theoretical studies and 155 hours spent on practical training. The main topics of theoretical training are the following: work organisation of the labour inspector, organisation of occupational safety and health in an undertaking; work hygiene basics, technical legal system and occupational safety; occupational safety in specific branches of industry; working with OSH information system.

The duration of the labour inspector's training programme on work hygiene is 282 hours, including 177 hours of theoretical training and 105 hours of practical training. The main topics are work organisations, basics of labour law, organisation of occupational safety and health in an undertaking, basics of labour hygiene, working with OSH information system. The labour inspector's labour law training programmes lasts 206 hours, including 104 hours dedicated for

theoretical training and 102 hours spent on practical matters. The main topics include work organisation, basics of law labour and working with OSH information system.

Further training and improvement of qualifications is carried out under the following training programmes:

- strengthening capacities related to the implementation of strategic objectives of the State Labour Inspectorate;
- strengthening capacities of participation in the European Union decision-making and processes of implementation of adopted decisions as well as preparations for the EU presidency in 2013;
- strengthening EU structural support administrative capacities;
- civil servants' training on professional ethics and prevention of corruption;
- EU working language courses;
- strengthening computer literacy skills;
- upgrading specialised occupational knowledge.

Table 3.3.17: 2005-2007 Report on Inspector Training

Reporting year	Number of inspectors	Number of inspectors taking part in training courses	Funds allocated for training as a percentage of the institution's work pay fund of civil servants	Number of inspectors who took part in training according to different types of training	
				European Union working language courses	Strengthening computer literacy skills
2005	198	196	1.00	25	150
2006	206	200	2.05	28	109
2007	204	185	1.63	26	155

Number of inspectors taking part in training by separate types of courses						
Reporting year	Introductory course	Training course for civil servants of category 18–20 and below	Building capacities to take part in the European Union decision-making and implementation of adopted decisions	Strengthening administrative capacities of the European Union structural support	Professional ethics and corruption prevention for civil servants	Pursuance of SLI strategic objectives
2005	12	3	5	3	2	165
2006	16	3	6	3	2	193
2007	4	3	4	5	16	137

ARTICLE 3§4

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

4. to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

Appendix to Article 3§4
It is understood that for the purposes of this provision the functions, organisation and conditions of operation of these services shall be determined by national laws or regulations, collective agreements or other means appropriate to national conditions.

1) Please describe the occupational health services. Please specify the nature of, reasons for and extent of any reforms.

During 2005 – 2007, Model Regulations on Occupational Safety and Health Services in Undertakings, approved by Order No. A1-186/V-694 of the Minister of Social Security and Labour and the Minister of Health of the Republic of Lithuania of 27 November 2003, were not subject to any amendments or supplements. Until 1 July 2008, Article 12 of the Law on Safety and Health at Work laid down that in order to ensure safety and health at work, an employer shall establish an occupational safety and health service. It shall comprise one or more employees who shall be experts of safety and health. If a service is not established, the employer shall hire a body or one or more experts in the field (outside workers) to perform the functions of the service or such functions shall be performed by the employer's representative or an authorised person thereof.

In any case, the number of experts in occupational safety and health must be sufficient, bearing in mind the size of the undertaking and the occupational risk posed to employees, to take preventive measures in the undertaking with regard to occupational safety and health. It lies at the discretion of the employer to decide whether to set up a joint occupational safety and health service or a separate occupational safety service and an occupational medicine service. The procedure for setting-up occupational safety and health services in undertakings, their functions, rights, duties, general qualification requirements for experts in these services shall be laid down in the Model Regulations on Occupational Safety and Health Services in Undertakings. They are approved by the Minister of Social Security and Labour and the Minister of Health. These Regulations shall determine the types of economic activities of the undertakings in which occupational safety and health services have to be established taking into account occupational risks and the number of workers, and the fields of economic activities, in which such services may not be established and their functions shall be performed by a person representing the employer or a person authorised by the employer. Their occupational safety and health knowledge must be tested in compliance with the General Regulations on Training and Performance Appraisal in Occupational Safety and Health, approved by the Minister of Social Security and Labour and the Minister of Health.

On 1 July 2008, the amendment to the Law on Safety and Health at Work, Article 12, Paragraph 1 came into effect. The amended paragraph now stipulates that an employer, seeking to ensure occupational safety and health, may appoint one or more employees as safety and health experts or set up an occupational safety and health service and/or enter into an agreement concerning the provision of occupational safety and health services with a licensed natural or legal person. In any case, the number of occupational safety and health experts should be sufficient, bearing in mind the

size of the undertaking and the occupational risk therein, to organise preventive measures ensuring occupational safety and health in the undertaking.

The Law on Safety and Health at work has been supplemented with Article 12^1, which lays down requirements for legal and natural persons willing to obtain a licence to provide occupational safety and health services. Article 12^1 reads as follows:

1. Occupational safety and health services may be provided by a natural, legal person or a branch of a legal person of a foreign state who has a licence granting the right to provide occupational safety and health services and who has ensured his third party liability.

2. An institution authorised by the Government shall, in accordance with the procedure laid down in the Rules for licensing the provision of occupational safety and health services, issue licences, suspend their validity, terminate their validity and terminate the suspension of validity, supervise and control the compliance with the conditions of activities which are being licensed. The Rules for Licensing the Provision of Occupational Safety and Health Services (hereinafter referred to as the "Rules") shall be approved by the Government.

3. A legal person who wishes to obtain a licence must meet the following requirements:

1) the purpose of activities of an undertaking must be indicated in the undertaking's founding documents, i.e. provision of occupational health and safety services and carrying out control of the quality of the services provided to an undertaking;

2) experts of an undertaking must be assessed according to the General Regulations on Training and Performance Appraisal in Occupational Safety and Health. Depending on the type of economic activities and the nature of occupational risk of undertakings which are provided occupational safety and health services, the service must have experts who have acquired higher education in technology, ergonomics, chemistry or other technical fields or post-secondary education in engineering gained under special study programmes, as well as experts in occupational health who meet the qualification requirements set by the Minister of Health;

3) appoint an expert in occupational safety and health who would direct the organization of provision of services in undertakings and would carry out control over the provision of such services;

4) have necessary mechanisms, instruments and other equipment necessary to perform the work.

4. A natural person who wishes to obtain a licence must be assessed according to the General Regulations on Training and Performance Appraisal in Occupational Safety and Health. Depending on the type of economic activities and the nature of occupational risk of undertakings which are provided occupational safety and health services, a natural person must have higher education in technology, ergonomics, chemistry or other technical fields or post-secondary education in engineering gained under special study programmes or special study programmes for experts in occupational safety and health; as well as to have necessary mechanisms, instruments and other equipment necessary to perform the work.

5. A decision to issue a licence or a reasoned refusal to issue it must be presented to a natural or legal person providing occupational safety and health services not later than within 30 days from the receipt of an application (request). The period during which an applicant submits the missing documents shall not be included in the decision-taking period, however, in this case a decision must be taken not later than within 45 days from the receipt of an application (request). If a licence holder requests to replace the documents which have been submitted in order to obtain a licence, the period during which these documents are replaced or a reasoned decision to deny replacement is taken, must not be longer than the period during which a licence is issued or denied.

6. 6. A licence shall be issued for an unlimited period of time.

7. Having taken a decision to issue a licence, a stamp duty of the amount established by the Government shall be paid for issuing thereof.

8. A licence shall not be issued, if:

1) a legal person providing occupational safety and health services or seeking to provide such services does not meet the requirements referred to in paragraph 3 of this Article or a natural person providing occupational safety and health services or seeking to provide such services does not meet the requirements referred to in paragraph 4 of this Article;

2) the application submitted and documents do not satisfy the requirements laid down by this Law and/or other legal acts;

3) the licence granted to a legal or natural person providing occupational safety and health services has been revoked and less than 6 months have passed since the termination of the validity of the licence.

9. An institution authorised by the Government may take a decision to suspend the validity of the licence for a time period set out in the Regulations or to terminate the validity of the licence in the following cases:

1) at the request of a legal or natural person providing occupational safety and health services;

2) if a legal or natural person providing occupational safety and health services appears to have submitted wrong documents to an institution authorised by the Government;

3) if it is established that a legal or natural person providing occupational safety and health services does not act in compliance with the conditions of the licensed activities laid down by this Law and the Regulations;

4) if a legal or natural person providing occupational safety and health services or a natural person for whom the validity of the licence has been suspended, does not rectify, within the time limits provide, the violations due to which the validity of the licence has been suspended;

5) when a legal person providing occupational safety and health services acquires the legal status of a legal person under liquidation or reorganisation.

10. The suspension of the licence validity shall be revoked when an institution authorised by the Government, after the receipt of the notification of a legal or natural person providing occupational safety and health services about the rectified violations of the conditions of the licensed activities, decides that the legal or natural person providing occupational safety and health services has rectified the specified violations.

11. An institution authorised by the Government shall inform, in a prescribed manner, the Register of Legal Entities about the issuance of the licence, the suspension or the validity, the revocation of the suspension of the validity or revocation of the licence for a legal person. An institution authorised by the Government shall also publish the information about the issuance of the licence, the suspension or the validity, the revocation of the suspension of the validity or revocation of the licence for a legal or natural person in the supplement Informaciniai pranešimai to the official gazette Valstybės žinios and place it on the web site of the institution authorised by the Government. After the revocation of the validity of the licence, an institution authorised by the Government shall not later than within three working days notify in writing about this the legal or natural person providing occupational safety and health services and shall indicate the reasons. A decision on the suspension or revocation of the licence validity shall become effective after 10 working days from its adoption.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Labour Code, Article 284, Paragraph 2, and Law on Safety and Health at Work, Article 47 stipulates that the State Labour Inspectorate shall exercise control over compliance with the employee safety and health requirements in the enterprises. The functions, rights and responsibility of the State Labour Inspectorate shall be established by the Law on the State Labour Inspectorate.

Pursuant to the Law of the State Labour Inspectorate, Article 6, Paragraph 2, inspectors of the State Labour Inspectorate inspect the establishment of occupational safety and health services in undertakings and the way of organisation of internal control of the status of occupational safety and health.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Response to the question raised by the European Committee of Social Rights:

The Committee examined the legal basis for the provision of occupational health services, as well as the functions and operation of these services, in Conclusions 2005 (pp. 312-313) and concluded that they satisfied Article 3§4 of the Revised Charter. The report states that in the period 2003-2004, 2.3 % of undertakings had recourse to external occupational health services, whilst all the remaining undertakings had their own occupational safety and health services. The Committee asks the next report to confirm that all undertakings in all branches of economic activity, except the 2.3 % of companies mentioned above, provide in-house occupational health services to their employees.

Pursuant to Law on Safety and Health at Work, Article 12, Paragraph 8, the undertaking in which a safety and health service is established, or when the functions of such service is carried out by an enlisted agency or persons, or when a service is not established or enlisted, persons are not enlisted and its functions are carried out by an employer's representative or a person authorised by the employer, shall inform of it the State Labour Inspectorate.

According to the data submitted by the State Labour Inspectorate in 2005 – 2007, we confirm that 2.5 per cent of undertakings recourse to external occupational safety and health services. In the other undertakings, employers act in compliance with the Labour Code of the Republic of Lithuania, Article 260, Paragraph 2, which stipulates that an employer is obliged to ensure safety and health at work and taking into account the size of an enterprise and risks posed to employees, an employer shall establish in the enterprise an occupational safety and health service or perform the function himself.

ARTICLE 11§1

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly and in co-operation with public or private organisations, to take appropriate measures designed *inter alia:*

1. to remove as far as possible the causes of ill-health;

1) Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

On 24 May 2007, Seimas (Parliament) of the Republic of Lithuania adopted the Law Amending and Supplementing Articles 2, 5, 6, 7, 9, 15, 16, 19, 21, 22, 24, 36, 38, 39, 41, 42, 43, 44 and Repealing Articles 8, 11, 14 of the Law on Public Health Care of the Republic of Lithuania (Official Gazette, 2007, No. 64-2455). The law provides for a legal basis to optimise the system of public health care. In implementation of the said law, in 2008, municipalities have been granted some of public health care functions. Seeking to carry out the functions, municipalities have set up budgetary health care institutions, i.e. public health bureaus, whereas public health centres in counties have been legally prescribed as territorial state administrative entities. In this way, central and territorial public administration institutions have been established on state level. In addition, the law clarifies some definitions and, taking into account the practice of application of some of the provisions, amends certain provisions by abandoning those which are not put into practice. Furthermore, municipalities are encouraged to be proactive in performing public health care functions.

With regard to the amendments made to the said law and seeking to avoid any inconsistency with the effective legislation, the Seimas of the Republic of Lithuania adopted the Law Amending and Supplementing Articles 2, 3, 12, 13, 15, 31, 32, 33, 34, 36, 37, 53, 55, 64, 71, 77, 87 of the System of Health of the Republic of Lithuania (Official Gazette, 2007, No. 64-2456), the Law Amending Articles 2, 7, 9, 12, 13, 16 and Repealing Chapter IV of the Law on Monitoring Public Health (Official Gazette, 2007, No. 64-2457), and the Law Amending 2, 3, 4, 5, 7, 8, 21, 26, 27, 28, 29, 30, 31, 37 of the Law on Prevention and Control of Communicable Diseases in Humans (Official Gazette, 2007, No. 64-2454).

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public policy and the legal framework.

Provisions of Chapter 7.3 on Health Care of the Lithuanian Convergence Programme, adopted by Government Resolution No. 54 of the Republic of Lithuania of 21 January 2005 (Official Gazette, 2005, No. 11-341) were implemented. According to them, public health centres in counties were reorganised into public administrative bodies by separating public administration from service provision and optimising the network of specialised public health care institutions.

3) Please supply any relevant statistics or other information on the main health indicators and on health services and professions (for example WHO and/or Eurostat data)

Response to the question raised by the European Committee of Social Rights:

State of health of the population – General indicators

Life expectancy and principal causes of death

The Committee notes from another source that life expectancy in Lithuania in 2002 was 66 for men and 78 for women, which compares poorly with other member states of the European Union. The

main causes of death are diseases of the circulatory system, cancers and external causes (suicides and alcohol poisoning). The Committee recalls that to comply with the Charter States must demonstrate an improvement of the situation. Therefore it asks for detailed and up-to-date statistics in the next report as well as information on the effectiveness of the national programmes to prevent cardiovascular diseases and cancers, launched respectively in 2001 and 2002.

Demographical situation. In early 2008, the number of the Lithuanian population was 3,375,600 people, i.e. 38,700 less than in early 2005. The number of the population decreased as a result of emigration and a decline in natural population growth.

Furthermore, ageing of the Lithuanian population is noticeable. In 2007, persons aged over 60 accounted for 20.5 of the population, whereas people aged over 65 made up 15.7 per cent of all residents. As a result of higher mortality rate among men, women dominate the age group. The ratio of children to senior persons is 100 to 134 (as compared to 94 to 2000). The number of children aged up to 15 is one quarter smaller than the number of senior people. Senior people living in towns account for 19 per cent, whereas those living in rural areas make up 23 per cent. Every fourth rural resident is aged 60 and over and two thirds of all rural residents of this age group are women. An increasing number of senior people increases the need for health services.

Although during recent years the number of births has been steadily increasing, the birth rate remains low in the country. In 2007, there were 32,346 newborns in Lithuania, which is 1,805 births more than in 2005. The mortality rate was 13.5 births per 1,000 residents. The number of deaths among men was bigger than the number of women (24,683 and 20,941 accordingly). In 2007, as compared to 2006, the mortality rate among men was increasing, whereas the same rate among women was going down. During 2005-2007, infant mortality of children aged 1-14 reduced by 10 per cent. The results shown in the first half of 2008 suggests a bigger reduction of mortality. In 2007, the natural growth was -3.9 people per 1,000 population.

Table 11.1.1: Main demographical indicators

	2000	2005	2006	2007
Average annual number of permanent population, thous.	3,499.5	3,414.3	3,394.1	3,375.6
Number of births	34,149	30,541	31,265	32,346
Birth rate per 1000 population	9.8	8.9	9.2	9.6
Number of deaths	38,919	43,779	44,813	45,624
Death rate per 1000 population	11.1	12.8	13.2	13.5
Natural increase of population	-1.3	-3.9	-4.0	-3.9

Main causes of death. For many years the main causes of death in Lithuania have been diseases of the circulatory system (in 2007, they made up 53.3 per cent of all cases of death), malignant neoplasms (18.2 per cent) and external reasons (11.5 per cent). The fourth position has taken by diseases of the digestive system (6.0 per cent of all cases of death), which have overtaken diseases of the respiratory system (4.3 per cent).

In 2007, the standardised mortality rate of men was 2.2 times higher than that of women (respectively 1,620.7 and 730.6 per 100,000 population according to the European standard). The standardised mortality rate among rural residents was 1.2 times bigger than the same rate among town dwellers (respectively 1,261.2 and 1,009.3 per 100,000 population according to the European standard). Traumas and poisoning was the cause of death 4.5 times less frequent among men than among women. However, malignant neoplasms and diseases of the circulatory system were

accordingly 2.3 and 2 times more common reasons of death among men than among women. The main reasons of death among rural residents as compared to town dwellers were the following: external reasons of death (two times more often), diseases of the respiratory system (1.6 times) and diseases of the circulatory system (1.3 times).

Out of those people who died from diseases of the circulatory system, 62 per cent died due to an ischemic heath disease and 23 per cent died as a result of a cerebrovascular disease. 82 per cent of those who died as a result of circulatory system diseases were aged 65 and over.

In 2007, out of those who died due to malignant neoplasm, the majority, 17.5 per cent, suffered from cancer of the lung, trachea and bronchus. During 2005-2007, the number of deaths caused by lung and prostate cancer went up, whereas the number of cervical and breast cancer went slightly down.

During 2007, as compared to 2005, the number of deaths caused by external reasons reduced by 5 per cent. During the same year, the lion's share of causes of death was suicides, accounting for 19.5 per cent, traffic accidents (16.7 per cent), falls (9.9 per cent), and alcohol poisoning (9.2 per cent). The number of men who committed suicide exceeded the number of women 5 times, those who died from alcohol poisoning exceed the number of women 3.5 times. Furthermore, there were 3 times more men who died as a result of traffic accidents than women. The number of deaths as a result of suicides and self-inflicted injuries in Lithuania has been the biggest in Europe. In 2000, the number of suicides peaked 46.6 cases per 100,000 residents (80.4 men and 16.9 women per 100,000 people). In 2007, this number went down to 30.4 cases per 100,000 population (53.9 men and 9.8 women per 100,000 residents).

Table 11.1.2: Deaths by causes of death and gender (absolute number/100 000 population)

Causes of Deaths (TLK-10)	2005			2006			2007		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
Total	43799 1282.8	23384 1468.5	20415 1120.5	44813 1320.3	23809 1505.2	21004 1159.0	45624 1351.6	24683 1570.2	20941 1161.0
Malignant neoplasms (C00–C97)	8048 235.7	4433 278.4	3615 198.4	8148 240.1	4615 291.8	3533 194.9	8282 245.3	4746 301.9	3536 196.0
Diseases of the circulatory system (I00–I99)	23823 697.7	10735 674.1	13088 718.4	24321 716.6	10769 680.8	13552 747.8	243077 20.1	10990 699.1	13317 738.3
Diseases of the respiratory system (J00–J98)	1736 50.8	1223 76.8	513 28.2	1710 50.4	1234 78.0	476 26.3	1953 57.9	1408 89.6	545 30.2
Diseases of the digestive system (K00–K92)	1885 55.2	1085 68.1	800 43.9	2341 69.0	1385 87.6	956 52.8	2725 80.7	1630 103.7	1095 60.7
External causes of death (V01–Y89), including:	5549 162.5	4314 270.9	1235 67.8	5336 157.2	4088 258.4	1248 68.9	5246 155.4	4082 259.7	1164 64.5
transport accidents (V01–V99)	885 25.9	657 41.3	228 12.5	899 26.5	658 41.6	241 13.3	877 26.0	665 42.3	212 11.8
falls (W00–W19)	506 14.8	389 24.4	117 6.4	555 16.4	417 26.4	138 7.6	518 15.3	407 25.9	111 6.2
accidental drowning and submersion (W65–W74)	390 11.4	310 19.5	80 4.4	335 9.9	262 16.6	73 4.0	381 11.3	301 19.1	80 4.4
accidental poisoning	454	345	109	486	368	118	483	375	108

Causes of Deaths (TLK-10)	2005			2006			2007		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
by alcohol (X45)	13.3	21.7	6.0	14.3	23.3	6.5	14.3	23.9	6.0
intentional self-harm (X60–X84)	1319 38.6	1084 68.1	235 12.9	1049 30.9	853 53.9	196 10.8	1025 30.4	848 53.9	177 9.8
assault (X85–Y09)	314 9.2	225 14.1	89 4.9	254 7.5	187 11.8	67 3.7	242 7.2	183 11.6	59 3.3

Table 11.1.3: Structure of causes of death (per cent)

	2000	2005	2006	2007
Men:				
Diseases of the circulatory system	44.5	45.9	45.2	44.5
Malignant neoplasms	21.2	19.0	19.4	19.2
External causes of death	19.3	18.5	17.2	16.5
Diseases of the digestive system	3.4	4.6	5.8	6.6
Diseases of the respiratory system	5.1	5.2	5.2	5.7
Women				
Diseases of the circulatory system	64.0	64.1	64.5	63.6
Malignant neoplasms	19.8	17.7	16.8	16.9
External causes of death	6.3	6.1	5.9	5.6
Diseases of the digestive system	3.1	3.9	4.6	5.2
Diseases of the respiratory system	2.8	2.5	2.3	2.6

The average probable life expectancy is one of the main population health indicators which shows the difference in the mortality rate. In 2007, the average probable life expectancy was 70.92 years. The reduction of the indicator was determined by the increasing mortality rate. The average probable life expectancy among men was 64.87 years, whereas that of women went slightly up from 77.06 years in 2006 to 77.20 in 2007. The gap between the average life expectancy of men and women remains rather significant. In 2007, the average life expectancy of men was 12.3 years shorter than that of women (as compared to 10.7 years in 2000). In 2007, the average life expectancy among town dwellers was 72.07 years, whereas among rural residents was 68.77 years. Both men and women have a longer average life expectancy in towns than in villages. The difference among men is over 3 years and the difference among women is 1.8 years.

Table 11.1.4: Average probable life expectancy

	2000	2005	2006	2007
Average probable life expectancy	72.19	71.32	71.12	70.92
Men	66.77	65.36	65.31	64.87
Women	77.45	77.42	77.06	77.20

Response to the question raised by the European Committee of Social Rights:

Infant and maternal mortality

The infant mortality rate was 7.86 deaths per 1,000 live births in 2002.

The rate declined considerably in 2003, to 6.84. However, the Committee notes that in several regions the rate may be as high as 18 deaths per 1,000 live births. There is no data in the report on maternal mortality. The Committee points out that in order to comply with Article 11§1 of the Revised Charter the indicators related to infant mortality and maternal mortality should be as close as possible to zero and asks for detailed and precise statistics in the next report and a description of measures taken to achieve this objective (particularly concerning the implementation in every region of Order no. 117 of 15 March 1999 on pregnancy, perinatal and neonatal health care).

Infant mortality. The number of infant deaths per 1,000 population less than one year old went down from 8.5 in 2000 to 5.9 in 2007. Boys' mortality was 58.5 and girls' mortality was 59.8 per 10,000 live births. During 2007, infant mortality in towns (7.2 per 1000 live births) was 2.2 times higher than in rural territories (3.3 per 1000 live births). 41.6 per cent of all infant deaths were aged 0-6 days. There were 2.5 infant deaths of 0-6 days per 1000 live births (as compared to 3.4 in 2000). The number of infant deaths per 1000 live births decreased from 6.4 in 2000 to 5.0 in 2007.

Infant mortality rates shown by separate municipalities are not statistically reliable due to the small number of such cases occurring. Therefore, they are not examined. Infant mortality rates in countries ranged from 3.4 per 1000 live births in Panevėžys county to 8.3 per 1000 live births in Marijampolė county.

In 2007, the majority (37.4 per cent) of infants died as a result of diseases during the perinatal period, 33.7 per cent of infants died due to birth defects and 6.8 per cent died due to external reasons of death. The number of infant deaths caused by the reasons which can be avoided – infectious diseases, diseases of the respiratory system and external causes of death – accounted for 12.1 per cent of deaths.

Maternal mortality. During 2007, there were 2 deaths of pregnant and childbearing women. The rate of maternal mortality was 6.2 per 100,000 live births (as compared to 13.1 per 100,000 live births in 2005; there was no registered maternal mortality in 2006).

Table 11.1.5: Maternal mortality rates

	2000	2005	2006	2007
Number of infant deaths	294	209	213	190
Infant mortality per 1000 live births	8.5	6.9	6.8	5.9
Early neo-natal mortality per 1000 live births	3.4	2.6	2.9	2.5
Neo-natal mortality per 1000 live births	4.8	4.1	3.9	3.3
Number of stillbirths per 1000 live births	6.4	5.0	4.4	5.0
Perinatal mortality per 1000 births	9.8	7.6	7.3	7.4
Maternal mortality per 100,000 live births	11.8	13.1	-	6.2

Abortions. The number of artificial abortions has been steadily reducing. In 2000–2007, it declined from 48.1 to 32.7 per 100 live births. In 2007, there were 10.9 artificial abortions per 1,000 women aged 15–49.

Table 11.1.6: Artificial abortions

	2000	2005	2006	2007
Number of artificial abortions	16259	9972	9536	9596
per 100 live births	48.1	34.2	32.8	32.7
per 1000 women aged 15-49	17.2	11.2	10.8	10.9

Cases of malignant neoplasms. In recent years, the number of cases of malignant neoplasms has been decreasing. During 2005-2007, the rate of increasing number of cases was not substantial: from 16,124 cases or 472.3 cases per 100,000 population in 2005 to 16,295 cases or 482.7 cases per 100,000 population in 2007. The number of men, both with regard to the number of diseases and deaths caused by malignant neoplasms, was approximately 1.5 times higher than that of women. During 2007, the most common form of malignant neoplasms diagnosed to men was prostate cancer, accounting for 40 per cent of all cases of cancer. This indicator could have been

determined by a better detection of prostate cancer following the 2005 programme of its early diagnostics. The second most frequent cancer disease is lung cancer (11.6 per cent), and the third one is skin cancer (8.1 per cent). Women were mostly diagnosed breast cancer (18.6 per cent of new cases of malignant neoplasms), skin cancer (17 per cent), ovarian and cervical cancer (12.9 per cent).

Response to the question raised by the European Committee of Social Rights

The Committee notes that the rising number of cases of tuberculosis is still a matter of concern. It notes from another source[1] that Lithuania has placed particular emphasis on reducing and preventing tuberculosis and asks to be informed of developments, particularly following screenings introduced in 2002.

Cases of tuberculosis. Upon implementation of the tuberculosis control strategy DOTS recommended by the World Health Organisation, the number of cases of tuberculosis in Lithuania has stagnated and started to decrease. In 2007, as compared to 2005, new cases of tuberculosis went down from 61.76 cases per 100,000 population to 58.6 cases per 100,000 population. Furthermore, the number of cases of tuberculosis among children (aged 0–17) shrunk from 123 in 2005 to 104 in 2007. However, despite these positive developments, the epidemiological situation of tuberculosis in Lithuania has not been favourable. In 2007, out of 1977 people newly infected with tuberculosis, 1,214 persons (61.4 per cent) were diagnosed open pulmonary tuberculosis. Men were ill with tuberculosis three times more often than women. Out of 1370 men who had tuberculosis, as much as 65.5 per cent (897 men) had open pulmonary tuberculosis. Furthermore, in 2007, three new cases of open pulmonary tuberculosis were diagnosed to children aged 0-14. During the same year, out of the newly and repeatedly infected persons, 17.6 per cent had a drug-resistant form of tuberculosis (19.4 per cent in 2006).

Response to the question raised by the European Committee of Social Rights:

It appears from the report that the state health care budget in 2002 represented 4.12% of GDP. The Committee considers that public spending on health is low and asks for updated information on this subject.

Expenditure on health care. Seeking to obtain comparative information about the other European Union states, in 2004, the Statistics Department started applying the System of Health Accounts (SHA) methodology of the Organisation for Economic Co-operation and Development (OECD). Pursuant to the SHA, health care expenditure is calculated according to health care functions, types of service providers and sources of funding. In 2006, almost one billion litas was allocated to outpatient health care service providers. During the period of two years, this expenditure went up by 40 per cent, yet it accounted for only one-fifth of total health care expenses. In 2006, 70 per cent of the overall health care funds were covered from the public sector, and the remaining 30 per cent were financed by the private sector. The overall health care expenses accounted for 6.2 per cent of GDP. As a result of more public funding allocated to the public sector, this indicator increased by 0.3 percentage point as compared to 2005 and 0.5 percentage point compared to 2004.

Table 11.1.7: Expenditure on health care (LTL million) according to the OECD methodology

	2004	**2005**	**2006**
Total, including:	3574.1	4224.2	5107.6
Public sector	2414.4	2862.5	3574.4

[1] Commission staff working paper, "Social Inclusion in the New Member States; a Synthesis of the Joint Memoranda on Social Inclusion", SEC (2004) 848, 22/06/04 (in http://www.europa.eu.int.)

	2004	2005	2006
including social insurance funds	2106.1	2466.3	3021.3
Private sector	1159.5	1360.9	1532.7
including direct private household expenditures	1141.4	1341.1	1507.0
Share of health expenditure as a percentage of GDP	5.7	5.9	6.2
Share of public sector expenditure as a percentage of GDP	3.9	4.0	4.3
Share of private expenditure as a percentage of GDP	1.8	1.9	1.9
Share of public expenditure as a percentage of total expenses	67.6	67.8	70.0

Response to the question raised by the European Committee of Social Rights:

Health care professionals and equipment

According to the report, there are no statistics on the number of doctors and dentists per 1,000 population, since such data have only been collected since 2003. Nor is there any information on their geographical distribution between urban and rural areas. The Committee asks for statistics collected since 2003 in the next report. It also asks what steps have been taken to increase the number of general practitioners in rural areas and what results have been achieved.

It also asks for information on the number of pharmacists and hospital beds per 1,000 inhabitants. It notes that one of the objectives of the aforementioned health programme is to raise the standard of hospital facilities and asks for information on progress in the next report.

Health care personnel. During 2005-2007, health care resources were not subject to major changes. There was a slight reduction in the number of nurses and hospital beds and a small increase of pharmacists. The number of physicians and odontologists remained almost the same. The number of family physicians (general practitioners) saw a major increase. This happened as a result of re-qualification of internists and paediatricians. In 2007, the number of family physicians was 1,841 (as compared to 1,730 in 2005 and 692 in 2000).

The calculation of health care staff and hospital beds in rural areas and towns is a complicated matter. In most cases, health care institutions located in regional centres (towns) provide health care services to both town residents and those living in the surrounding rural territories. District hospitals provide services to the residents of the entire district (including both rural and town residents). Having the opportunity to choose freely their family physician, in most cases residents choose a family physician working in the neighbouring town. In 2007, rural residents have registered in practically all primary health care institutions. In one half of those institutions rural residents accounted for 30 and more per cent of all registered patients.

While comparing city and regional municipalities, county and municipal health care institutions operating in city municipalities have two times fewer physicians, odontologists, hospital beds and 1.3 times fewer nurses. However, city municipalities have higher level and specialised health care institutions providing health care services not only to town residents but also the population living in neighbouring districts.

The overall number of hospital beds is decreasing every year. Since 2000, the number of hospital beds has dropped by 20 per cent, while the number of nursing care and palliative treatment beds grew by 30 per cent. During 2007, the number of hospital beds in Lithuania was 27,476 (81.6 per 10,000 residents).

Table 11.1.8: Main indicators of health care resources

	2000	2005	2006	2007
Number of physicians*	14019	13650	13510	13729
per 10,000 population.	40.2	40.1	39.9	40.8
Number of general practitioners	12694	12361	12349	12490
per 10,000 population	36.4	36.3	36.5	37.1
Number of odontologists*	2461	2453	2249	2395
per 10,000 population	7.1	7.2	6.6	7.1
Number of nurses* and midwives*	28017	25364	25169	24804
per 10,000 population	80.4	74.5	74.4	73.7
Number of pharmacists*	2195	2398	2184	2743
per 10,000 population	6.3	7.1	6.5	8.2
Number of hospital beds	34145	27727	27114	27476
per 10,000 population	97.9	81.5	80.1	81.6

*- economically active

The number of subordinate institutions of the Ministry of Health, operating in the counties and municipalities, was not subject to any major changes. In 2007, the health system (apart from private institutions) included 156 hospitals, 90 general and 41 speciality polyclinics, 90 primary health care centres, 171 outpatient institutions, 31 offices of general practitioners. The number of private health care institutions was growing. During 2007, their number exceeded 2,300 institutions. In most cases, private health care institutions are small, comprising one or several offices of physicians. During 2007, the total number of 1506 accounted private health care institutions included 7 hospitals, 15 medical rehabilitation institutions, 177 primary health care institutions and 918 centres of odontologists.

Table 11.1.9: Number of health care institutions and their organisational divisions

	2005	2006	2007
Institutions of the Ministry of Health, bodies in counties and municipalities			
Hospitals, including	159	158	156
General hospitals	67	67	67
Speciality	29	29	29
Rehabilitation	4	4	49
Nursing	59	58	56
Outpatient institutions including:	438	444	430
Polyclinics	88	90	90
Specialised polyclinics	44	42	41
Primary health care institutions	90	90	90
Outpatient	183	180	171
Offices of general practitioners	30	35	31
Medical rehabilitation institutions	15	12	11
Private institutions			
Total Including:	1521	1497	1506
Hospitals	12	14	7
Primary health care institutions	163	170	177
Medical rehabilitation institutions	15	15	15
Offices of specialised physicians and polyclinics	357	341	335
Odontological institutions	928	911	918

Response to the question raised by the European Committee of Social Rights:

Access to health care

The Committee notes all the information in the report. However, to assess the situation the Committee requires answers to the following points:

Firstly, it asks for precise information on the functioning of the public health insurance system and the eligibility criteria which govern access to it. It also asks for clarification on the private insurance system and the legal status of hospitals. The next report should also include a more detailed description of fees charges and a list of free procedures.

Secondly, the Committee notes from another source that lone parent families are not eligible for certain specialist services, such as dental treatment. According to the same source, persons on low incomes find it difficult to afford even partially reimbursed health services. The Committee recalls that it examines the conformity of the situation in light of the Parliamentary Assembly of the Council of Europe's Recommendation 1626 (2003) on "reform of health care systems in Europe: reconciling equity, quality and efficiency". This Recommendation invites member states to take as their main criterion for judging the success of health system reforms effective access to health care for all, without discrimination, as a basic human right. The Committee therefore asks for up-to-date information on the situation in law and in practice including detailed facts and figures, on access to health care for the most disadvantaged groups.

Free health care in Lithuania is provided to all persons that are covered by the compulsory health insurance (hereinafter referred to as covered persons) who pay compulsory health insurance contributions or on whose behalf they are paid. Persons may have an additional (voluntary) health insurance. Uncovered persons are only provided emergency care.

Funds of the Compulsory Health Insurance (CHI) budget are used to ensure three-level outpatient and inpatient health care, medicines, optical glasses, hearing aids, orthopaedic and several other medical aids to covered persons. Furthermore, funds from the budget are used to cover medical rehabilitation and sanatorium treatment costs, nursing and palliative treatment in hospitals as well as personal health expert examinations. All of those services for the insured persons are provided by health care institutions, other bodies and pharmacies with which territorial patients' funds have concluded agreements. Covered persons can individually choose or change health care institutions or physicians.

The list of health care services, medicines and medical aids approved the Ministry of Health (MoH) are reimbursed according to their basic prices. The methodology for basic pricing is established by the Government. The basic price indexation is performed when inflation exceeds 5 per cent.
Primary level outpatient health care services are covered by the CHI funds according to the number of residents included in the list of the institution and the annual basic price of health care of one person. Secondary and tertiary outpatient health care services include specialists' consultations. Inpatient health care institutions are paid for the treated patient according to the prices of the treatment profile (therapy, surgery, etc.) approved by the Minister of Health. A part of inpatient health care services are paid according to the number of day-beds (the price of one day-bed has been approved).

Free health care is provided to all covered persons who pay compulsory health insurance contributions themselves or on whose behalf such contributions are paid by the state, enterprises, institutions and organisations, etc.

The groups of covered persons insured with public funds by the state include the following:

1) persons receiving any type of a pension or a benefit compensation established by the legislation of the Republic of Lithuania;

2) persons of working age who are registered with the employment service of their place of residence as willing and able to perform certain work;

3) unemployed persons of working age having the necessary state social insurance pension record established by law to receive the state social insurance old-age pension;

4) women who are entitled to pregnancy and maternity leave in compliance with the procedure established by law, as well as non-working women during the period of their pregnancy 70 days (28 pregnancy weeks and work) prior to giving birth and 56 days after delivery;

5) one of the parents (adoptive parent), raising a child under the age of 8 years, also one of the parents (adoptive parent) raising two or more underage children;

6) persons under the age of 18 years;

7) full-time students of schools of general education, professional education, higher schools and higher educational institutions, as well as citizens of the Republic of Lithuania, nationals of other states and stateless persons, permanently residing in the Republic of Lithuania and full-time studying in higher educational establishments of the European Union;

8) persons supported by the state who are entitled to social benefits;

9) one of the parents (adoptive parents), a guardian or a carer, nursing at home a person who has been determined a level of disability (a disabled child) or a person acknowledged as having lost capacity for work (up to 1 July 2005, a disabled who belongs to group I) until 26 years of age due to diseases which occurred before 24 years of age or a person who has been acknowledged as requiring special constant nursing need (up to 1 July 2005, a person with full disability);

10) persons who have been acknowledged disabled in compliance with the procedure established by law;

11) persons ill with communicable diseases posing danger to the public and included in the list compiled by the Ministry of Health;

12) resistance participants, including voluntary servicemen and freedom fighters, rehabilitated political prisoners and persons equivalent to them, deportees and persons equivalent to them, as well as persons who suffered injuries during the events of 13 January 1991 and other events while defending Lithuania's independence and statehood;

13) persons who contributed to the mitigation of consequences of nuclear accident at the Chernobyl nuclear power plant;

14) former inmates of the ghetto and juvenile prisoners of the fascist forced confinement institutions;

15) clergy of state recognised traditional religious communities, students of clergy training establishments and novices attending novice formation in novitiates;

16) persons who have been acknowledged the legal status of Afghanistan war participants;

17) unaccompanied underage foreigners;

18) foreigners obtaining additional and temporary protection in the Republic of Lithuania: persons aged up to 18, persons who have been diagnosed a disease or a health status included in the list approved by the Ministry of Health, single parents raising underage children, women during the period of pregnancy 70 days (28 pregnancy weeks and work) prior to giving birth and 56 days after delivery, persons who reached the old pension age established by the legislation of the Republic of Lithuania.

Dependent wives supported by husbands are not eligible to the medical allowances listed below if they do not belong to any of the groups of covered persons and if they do not pay social insurance contributions themselves. However, 58.2 per cent of working age women in Lithuania are employed

and self-insured. Unemployed and dependent wives (women) of working age who have registered their place of residence and have the compulsory social pension insurance record to receive an old age pension, as well as women who are entitled to a maternity and childbearing leave in compliance with the procedure established by law, also non-working women during the period of their pregnancy 70 days (28 pregnancy weeks and work) prior to giving birth and 56 days after delivery or raising a child up to 8 years of age and raising two or more children until they attain their majority, are insured by compulsory health insurance with state funds. Unemployed and dependent wives supported by their husbands may also get compulsory health insurance by paying social insurance contributions themselves.

All the children in the Republic of Lithuania are covered by compulsory health insurance with state funds. The other information about the access to health care of the most disadvantaged groups is provided in the fourth report.

Health care services provided to covered persons:

1) Outpatient health care.

Outpatient health care includes primary, secondary and tertiary health care. Primary health care is provided in health care establishments or at the patient's home and covers advice on disease prevention, immunisation services, prophylactic health check-ups, diagnostic and restoration medical services, mental health care, odontological care, pregnancy care, mother and child care services during post-natal period, as well as prophylaxis and treatment of addictive disorders. Emergency medical aid includes health care services at home and in public places (including patient transportation to a treatment establishment).
Secondary and tertiary health care services are provided only by highly qualified specialists. Such services include consultations, diagnostics of diseases and restoration medical services.

2) Medicines and medical aids.

Covered persons are reimbursed expenses of medicines and medical aids prescribed by doctors for outpatient treatment. The lists of reimbursable medicines (a list of approximately 1,500 brand names of medicines drawn up according to social groups), medical aids and diseases (approximately 382 names of active agents), the treatment of which is reimbursed, are drawn up by the Ministry of Health in compliance with the procedure established by the order of the minister. The Commission makes a decision on the basis of the assessment criteria about whether or not the disease, medicine or medical aid should be included into list A, B or C, about the change of the compensation level and submits this decision to the Council of Compulsory Health Insurance (hereinafter referred to as the CCHI). The Minister of Health of the Republic of Lithuania may issue an order on the basis of the decision taken by the State Patient Fund and the CCHI and change lists A, B or C. The list of diseases and medicines may only include medicines registered in Lithuania or the European Union.
The indications, according to which the medicine is suggested to be reimbursed, should also be registered.
Reimbursement covers 100%, 90%, 80% or 50% of the basic price and medicines and 100% of the basic price of medical aids. The basic price is a retail price of medicines the purchasing expenses of which are reimbursed from the Compulsory Health Insurance Fund. The price list includes approximately 1,500 brand names of medicines. The total basic price of medicines is reimbursed for persons ill with particularly serious diseases, children under 18 years of age, persons acknowledged with no work capacity, or persons who have reached pension age and who have been acknowledged a high level of special needs in compliance with the procedure established by law. 100, 90, 80 or 50 per cent of the basic price of reimbursable medicines for outpatient treatment is reimbursed to covered persons who are diagnosed diseases, syndromes and states included in the List of Diseases

and Reimbursable Medicines intended for their Treatment approved by the Ministry of Health according to reimbursement levels.
50 per cent of the basic price of reimbursable medicines included in the list of reimbursable medicines is reimbursed to persons receiving the state social insurance pension, persons receiving social assistance benefits as well as persons receiving group II disability pension or partly disabled persons who have been determined a work capacity level of 30-40 per cent.

Differences between A, B and C lists

In Lithuania, medicines are reimbursed pursuant to the List of Diseases and Reimbursable Medicines intended for their Treatment and the List of Reimbursable Medicines. They are drawn up following different principles.
The main purpose of the List of Diseases and Reimbursable Medicines intended for their Treatment is the reimbursement of expenses related to the treatment of certain diseases to all covered persons. The list indicates the types of diseases for which reimbursement covers 100, 90, 80 or 50 per cent of the price. Such diseases include, for example, chronic illnesses (such as diabetes, disseminate sclerosis, etc.), as well as diseases which require expensive medicines (e.g. coagulation defects, oncological diseases, etc.) which are 100 per cent reimbursable. Medicines according to this list may be reimbursed to treat a specific diagnosed illness (although they may have more registered indications).
The List of Reimbursable Medicines includes approximately 70 names of medicines containing active agents. The medicines included in the list may be reimbursed according to the registered indication to patients who belong to a certain social group: children, persons receiving state social insurance old-age pension, persons receiving social assistance benefits and the disabled.
The List of Reimbursable Medical Aids includes those medical aids which are reimbursed to patients ill with certain diseases.

Does list A (for working persons) cover all the necessary pharmaceuticals?

The list of diseases and reimbursable medicines intended for their treatment include all groups of medicines that belong to the first level of the ATC (Anatomical Therapeutic Chemical) classification system, i.e. those treating: A - alimentary tract and metabolism, B – blood and blood forming organs, C – cardiovascular system, D – dermatologicals, G – genitourinary system and sex hormones, H – hormones, J – antiinfectives, L – antineoplastic, M – musculo-skeletal, N – nervous system, P – antiparasitic, insecticides, R – respiratory system, S – sensory organs, V – various.

In which cases reimbursement makes up 50%? Does it apply only to list B? Does this list include important or less important medicines?

50 per cent of the basic price of reimbursable medicines and medical aids for outpatient treatment may be reimbursed to the insured who have been diagnosed diseases, syndromes and states included in the list of diseases and reimbursable medicines for their treatment (list A) according to the reimbursement level of 50 per cent. Furthermore, 50 per cent of the basic price of reimbursable medicines, included in the List of Reimbursable Medicines (List B) intended for Outpatient Treatment, is reimbursed to persons receiving state social insurance old-age pension, group II disability pension or partly disabled persons who have been determined a work capacity level of 30-40 per cent, as well as persons receiving social assistance pensions.

Is reimbursement of 50 per cent always given to persons receiving old-age pension?

Persons, receiving state social insurance old-age pensions or social assistance benefits (like any other persons) may be reimbursed the costs of medicines, included in the List of Diseases and Reimbursable Medicines intended for their Treatment, by 100, 90, 80 or 50 per cent if they are

diagnosed the diseases, syndromes or states included in this list. Furthermore, these persons may receive a 50 per cent reimbursement of medicines, included in the List of Reimbursable Medicines.

3) Optical glasses.

Purchasing costs of lenses are reimbursed to children whose visible eye correction does not exceed 0.3 of sight sharpness. Lenses are purchased according to the prescriptions of physicians not more often than once per year (the amount of reimbursement should not exceed 1 subsistence level). Adults, whose vision sharpness of an eye with better sight with full correction does not exceed 0.1, are reimbursed purchasing costs of lenses according to doctor prescriptions up to one per two years (the amount of reimbursement of up to 2 subsistence levels).

4) Hearing aids.

Pursuant to the procedure established by the Council of Compulsory Health Insurance, hearing aids are issued one per five years: one hearing aid for one ear for adults, and one hearing aid for one or two ears of children.

5) Odontological care and dental prosthetisation.

Primary odontological care services are provided free-of-charge to children under 18 years of age and persons receiving social benefits. The other persons pay only for filling materials.
Dental prosthetisation is reimbursed for pensioners and disabled persons in compliance with the procedure established by the Government according the waiting lists made in municipalities.

6) Inpatient health care.

Inpatient health care services are divided according to their specialisation and types of licences. Covered persons are performed surgeries of tissue transplantation, limb, joint and organ prosthesis as well as reimbursed prosthesis purchasing costs. Persons who have compulsory health insurance are reimbursed all the inpatient health care services, medicines and medical aids.

7) Medical rehabilitation and sanatorium treatment.

Covered persons are reimbursed medical rehabilitation costs according to basic prices. These services are provided by specialised outpatient and inpatient health care institutions and sanatoriums. Persons who have suffered from traumas or diseases included in the List of Diseases approved by the Ministry of Health may be referred to such health establishments one per year (certain exceptions apply). Disabled adults and children undergo restorative rehabilitation.
Sanatoriums provide health care services to patients ill with chronic diseases (in compliance with the procedure established by the Ministry of Health). Reimbursement covers 100% or 90% per cent of the basic sanatorium treatment price.

Expensive examinations and procedures:

In addition, funds of the Compulsory Health Insurance Fund can also be used to cover expensive examinations and procedures during outpatient and inpatient treatment according to specified indications. Such examinations and procedures include the following computer tomography, magnetic resonance imaging, hyperbaric oxygenation, gravitational blood surgery procedures, endoscopic retrograde cholangiopancreatography, diagnostic and interventional radiological procedures, etc.

8) Prophylaxis.

Health insurance funds are used to finance the following programmes: disease prevention, children and senior people health promotion, suicide prevention, social integration of the disabled and

others. In addition, such funds are used to cover preventive vaccination costs according to the approved timetable.

9) Personal health care expert examination.

Funds of the Compulsory Health Insurance Fund are used to cover the following services of personal health care expert examinations: sickness examination of a covered person, disability examination of children under 18 years of age and pathological-anatomical examination in case of a person's death in a health care establishment.

10) Health care of pregnant and childbearing women and infants.

Pregnant, childbearing women and infants in Lithuania are provided free health care services, except for non-insured pregnant women up to the 28th week of their pregnancy. Primary level assistance includes outpatient care of pregnant women, i.e. all the necessary tests, advice on health, lifestyle, hygiene and work issues. A physician chosen by the pregnant woman (obstetrician/gynaecologist, family physician) examines the woman. An obstetrician constantly checks the health status of the pregnant woman, treats her and, if necessary, refers her for consultation or treatment to the secondary and tertiary health care institutions.

Secondary and tertiary health care includes consultations and obstetrician and neonatal assistance of highly qualified physicians and specialists. Inpatient health care services are provided to women in cases of pathological pregnancy. Furthermore, pregnant women are given delivery assistance. Childbearing women and infants are provided full medical assistance.

If insured persons choose expensive services, materials and procedures, they cover themselves the difference between the actual prices of these services, materials and procedures and free services, materials and procedures. If insured persons choose additional services and procedures, they have to bear the expenses of such services and procedures.

In cases of pregnancy, childbearing and their consequences, all health care services are provided free of charge.

All the health care services covered from the Compulsory Health Insurance Fund are provided pursuant to agreements signed between territorial patients' funds and health care institutions. The said agreements state that health care institutions should ensure access to and quality of health services. Compliance with agreements is constantly controlled by patients' funds.

Health care institutions organise preventive health check-ups of insured persons. Persons are considered ensured from the moment when they start paying (or on their behalf are paid) compulsory health insurance contributions. An exception is farmers, other users of personal farms and self-ensured persons. The latter are considered to be ensured following three months after the moment when they started paying compulsory health insurance contributions or from the moment when they transferred the contributions for the last three months.

Patients who suffered heavy traumas or those who are in the last stages of chronic diseases when intensive treatment is not necessary or when it is ineffective, free palliative health care services are provided in palliative treatment hospitals not longer than four calendar months per calendar year.

Order No. V-14 of the Minister of Health of the Republic of Lithuania of 11 January 2007, *Concerning Approval of Description of Requirements for Provision of Palliative Care Services to Adults and Children* (Official Gazette, 2007, No. 7-290), says that irrespective of whether a patient has already received inpatient nursing and palliative treatment services (up to 120 days per year), palliative care services shall be provided and their duration shall not be limited.

Municipalities support health care services provided to their residents and allocate additional funds for that purpose from the municipality budget. Municipalities also provide health care support to sons who have been acknowledged as without working capacity and persons who have reached the old pension age and who have been acknowledged as having a high level of special needs in compliance with the procedure established by law.

The Ministry of Health has provided for different durations of medical rehabilitation, which depends on the disease or trauma. In certain cases, the duration of rehabilitation may be extended.

Health Care Institutions

The Law on Health Care Institutions of the Republic of Lithuania (6 June 1996, No. I-1367) establishes the classification of health care institutions, principles of their founding, reorganisation, liquidation, operation, state regulation thereof, control measures, special features of administration and financing thereof, the nomenclature of institutions of the National Health Care System of Lithuania, relations between health care institutions and patients and the principles of liability for violations of this Law.

Pursuant to Article 3 of the Law on Health Care Institutions, the following institutions licensed for health care shall be classified as the institutions of the National Health Care System of Lithuania[2] (LNSS):

1) state or municipal public (hereinafter referred to as "the LNHS public institutions") and budgetary (hereinafter referred to as "the LNHS budgetary institutions") institutions of personal health care. The Law on Public Establishments⇩ shall apply to public institutions of the LNHS to the extent it does not contradict this Law;

2) state and municipal public and budgetary institutions of public health care;

3) state and municipal enterprises and enterprises whose more than 50 per cent of shares belong to the state or municipality;

4) other enterprises and institutions which have concluded contracts with the state or territorial patients' funds or with other clients of the LNHS activity in accordance with the procedure established by laws - during the term of such contracts.

The vast majority of hospitals in Lithuania are public (state and municipal). There are also few private hospitals, yet their patients are also entitled to a partial reimbursement of expenses from the State Patients' Fund in compliance with the procedure established by the Ministry of Health if such private hospital has concluded an agreement with the territorial patients' fund.

Response to the question raised by the European Committee of Social Rights:

The Committee asks for information on the management of waiting lists and waiting times in health care, which it will consider with reference to Committee of Ministers of the Council of Europe's Recommendation No. R (99) 21 on criteria for such management.

The Committee notes that reform of primary health care is one of the priorities of the health programme launched in 2002, which is fully consistent with the principles in the aforementioned Parliamentary Assembly recommendation. It asks for detailed information in the next report on how this objective is to be achieved.

Every establishment of personal health examination is obliged to publish information about waiting lists for physicians' consultations, medical tests or inpatient treatment. The procedure for registration and monitoring of waiting lists has been developed and adopted by Order No. 1K-113 of the Director of State Patients' Fund of 24 July 2007, *Concerning Approval of Procedure of Registration and Monitoring of Waiting Lists for Services of Personal Health Examination* (Official Gazette, 2007, No. 84-3418).

[2] The National Health System of Lithuania means the system of management of state health affairs, health institutions, health activities and relating resources.

The Republic of Lithuania pays much attention on primary health care. Order No. V-717 of the Minister of Health of the Republic of Lithuania of 5 September 2007, *Concerning Approval of the Concept Paper of Primary Health Care Development* (Official Gazette, 2007, No. 96-3897; 2008, No. 76-3029) seeks to develop primary health care services, improve access to them and their quality, etc. More and more funds are allocated from the Compulsory Health Insurance Fund to finance primary health care services.

ARTICLE 11§2

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly and in co-operation with public or private organisations, to take appropriate measures designed *inter alia:*

2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;

1) For States that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

1. Lithuanian Health Programme, approved by Resolution No. VIII-833 of the Seimas of the Republic of Lithuania of 2 July 1998 (Official Gazette, 1998, No. 64-1842);
2. Law on the Health System of the Republic of Lithuania (Official Gazette, 1994, No. 63-1231; 1998, No. 112-3099),
3. Law on Public Health Care of the Republic of Lithuania (Official Gazette, 2002, No. 56-2225; 2007, No. 64-2455),
4. Law on Monitoring Public Health of the Republic of Lithuania (Official Gazette, 2002, No. 72-3022 ; 2007, No. 64-2457),
5. Law on Prevention and Control of Communicable Diseases in Humans (Official Gazette, 1996, No. 104-2363; 2001, No. 112-4069; 2007, No. 64-2454),
6. Law on Alcohol Control of the Republic of Lithuania (Official Gazette, 1995, No. 44-1073; 2004, No. 47-1548),
7. Law on Tobacco Control of the Republic of Lithuania (Official Gazette, 1996, No. 11-281; 2003, No.117-5317),
8. Lithuanian National Public Health Care Strategy approved by Resolution No. 941 of the Government of the Republic of Lithuania of 27 July 2001 (Official Gazette, 2001, No. 66-2418 ; 2006, No. 70-2574),
9. Mental Health Strategy approved by Resolution No. X-1070 of the Seimas of the Republic of Lithuania of 3 April 2007 (Official Gazette, 2007, No. 42-1572),
10. National Action Programme of Environmental Health Promotion, approved by Resolution No. 66 of the Government of the Republic of Lithuania of 21 January 2003 (Official Gazette, 2003, No. 8-288),
11. State Public Health Monitoring Programme of 2003-2005, approved by Resolution No. 1589 of the Government of the Republic of Lithuania of 10 December 2003 (Official Gazette, 2003, No. 117-5344),
12. State Programme for the Prevention of Mental Illnesses, approved by Resolution No. 1441 of the Government of the Republic of Lithuania of 20 December 1999 (Official Gazette, 1999, No. 109-3186),
13. State Alcohol Control Programme approved by Resolution No. 212 of the Government of the Republic of Lithuania of 25 February 1999 (Official Gazette, 1999, No. 21-603),
14. State Tobacco Control Programme approved by Resolution No. 954 of the Government of the Republic of Lithuania of 30 July 1998 (Official Gazette, 1998, No. 69-2010),
15. Action Plan of the State Tobacco Control Programme of 2007-2010, approved by Resolution No 1117 of the Government of the Republic of Lithuania of 17 October 2007 (Official Gazette, 2007, No. 111-4544),
16. Suicide Prevention Programme of 2003-2005, approved by Resolution No 451 of the Government of the Republic of Lithuania of 10 April 2003 (Official Gazette, 2003, No. 36-1575),

17. State Food and Nutrition Strategy and Implementation Plan of the State Food and Nutrition Strategy of 2003-2010, approved by Resolution No 1325 of the Government of the Republic of Lithuania of 23 October 2003 (Official Gazette, 2003, No. 101-4556),

18. State Traumatism Prevention Programme of 2000-2010, approved by Resolution No 423 of the Government of the Republic of 14 April 2000 (Official Gazette, 2000, No. 32-903),

19. State Radiation Safety Programme, approved by Resolution No 764 of the Government of the Republic of Lithuania of 1 July 2000 (Official Gazette, 2000, No. 54-1584),

20. State Programme of Public Health Care Development in Municipalities of 2007-2010, approved by Resolution No 1228 of the Government of the Republic of Lithuania of 13 November 2007 (Official Gazette, 2007, No. 122-5007),

21. State HIV/AIDS Prevention and Control Programme of 2003-2008, approved by Resolution No. 1273 of the Government of the Republic of Lithuania of 14 October 2003 (Official Gazette, 2003, 98-4399),

22. State Programme for Prevention and Control of Sexually Transmitted Diseases, approved by Resolution No 41 of the Government of the Republic of Lithuania of 13 January 2000 (Official Gazette, 2000, No. 5-151).

The sector of state public health care institutions performed an important work in harmonising EU legislation, developing and implementing a health policy for EU consumers (in the area of food safety, pupils' health, communicable and non-communicable diseases, etc.).

Programme of Community Action in the Field of Public Health (2003-2008), adopted by Decision No. 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 was actively implemented.

In the field of public health care, close cooperation was pursued with the World Health Organisation Regional Office for Europe, United Nations agencies and the European Centre for Disease Prevention and Control.

Within the remit of its competence, the Ministry of Education and Science contributes to the implementation of the following legislation: the Law on Alcohol Control of the Republic of Lithuania (Official Gazette, 1995, No. 44-1073); State Alcohol Control Programme, approved by Resolution No. 212 of the Government of the Republic of Lithuania of 25 February 1999 (Official Gazette, 1999, No. 21-603); State Tobacco Control Programme approved by Resolution No. 954 of the Government of the Republic of Lithuania of 30 July 1998 (Official Gazette, 1998, No. 69-2010); National Programme of Drug Control and Drug Addiction Prevention of 2004-2008, approved by Resolution No. 1310 of the Government of the Republic of Lithuania of 21 December 2006 (Official Gazette, 2006, No.140-5361).

The Ministry of Education and Science seeks to ensure that major focus should be paid on primary prevention measures (building immunity of children and the youth against negative life phenomena before they face them) and early intervention measures (encouraging intentional refusal to smoke, consume alcohol, exercise violence or commit other offences). General programmes and education standards define capacities, competences and values related to the establishment of the basics of healthy lifestyle and the concept of personal security. Schools implement programmes helping pupils to get ready for a family and sex life, as well as develop life skills. Furthermore, they operate following methodological recommendations on the development of programmes for the preparation of children and youth for family life, approved by Order No. ISAK-26 of the Minister of Education and Science of the Republic of Lithuania of 14 February 2006. The purpose of these programmes and methodological recommendations is to develop mature and moral personalities capable of creating mature interpersonal relations and resisting negative influences of society.

The Programme of Life Skills Development creates an opportunity for children to make constructive and safe decisions in acquiring personal and social skills. The purpose of the programme is to teach children live outside the boundaries of school and develop the skills, in the changing adult life, of finding problem solutions, making decisions, developing creative and critical thinking, communication, self-cognition, stress management, resistance, etc.

On 17 March 2006, the Minister of Education and Science of the Republic of Lithuania passed Order No. ISAK-492, *Concerning Approval of the Programme of Prevention of Consumption of Alcohol, Tobacco and Other Psychoactive Substances.* The implementation of this programme in pre-school, pre-primary and general education helps broaden and deepen the information provided, assists teachers working with pre-school, pre-primary, primary, basic and secondary education programmes in performing prevention activities in schools and look for solutions as well as seek the established objectives. Taking into account the age difference and the related relevance of prevention measures as well as the specifics of the content of educational programmes, recommendations are provided according to different stages of education and concentres of educational content, i.e. pre-school, pre-primary, primary, basic and secondary.

The Ministry of Education and Science allocated LTL 2.5 million to implement the measures provided for year 2007 in the National Drug Control and Drug Addiction Prevention Programme of 2004–2008. Moreover, it allocated LTL 32,000 to implement the State Alcohol Control Programme and LTL 20,000 for the State Tobacco Control Programme.

2) ***Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.***

Schools in the country act in accordance with the following regulations:

- Methodological recommendations of preparing children and youth for family life, approved by Order No. ISAK-261 of the Minister of Education and Science of 14 February 2006; they describe the principles of development and implementation of such programmes and the content requirements for such programmes, etc;
- Programme of sex education while getting prepared for family life, approved by Order No. ISAK-179 of the Minister of Education and Science of 7 February 2007;
- Order No. ISAK-1005 of the Minister of Education and Science of 28 May 2007, setting up a working group to develop the action plan for the programme of getting ready for family life and sex education;
- Raising Awareness about the programme of preparing children and youth for family life and sex education, approved by Order No. ISAK-1715 of the Minister of Education and Science of 29 August 2007.
- Order No. ĮSAK-1999 of the Minister of Education and Science of 15 October 2007, *Concerning Setting-up of a Working Group to develop an Action Plan for the Programme of Getting Ready for Family Life and Sex Education;* item 2, specifying the date of '1 September 2007' has been replaced by the date '20 November 2007';
- Order No. ĮSAK-1469 of the Minister of Education and Science of 23 May 2008, *Concerning Approval of the Action Plan of the Programme of Getting Ready for Family Life and Sex Education*.
- *Development of Programmes for Preparing Children and Youth for Family Life:* a book written by S. Ustilaitė, V. Gudžinskienė, D. Jakučiūnienė, A. Petronis, A. Narbekovos, G. Vaitoška and B. Obelenienė, which reached schools in 2008.

3) Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.

Response to the question raised by the European Committee of Social Rights:

Encouragement of individual responsibility

Health education in schools

The Committee notes a series of programmes aimed at schools. These include specific sex education programmes, in particular one for secondary pupils organised by the family planning and sexual health association in conjunction with the juvenile health education centres in Lithuania's five main towns and cities. It also notes the preventive measures introduced under Resolution 437 of 2 April 2002, which provides for an early identification procedure for children who abuse psychotropic substances. Mandatory health education programmes have been introduced, under health ministry Order 437 of 30 August 2002 on compulsory health education.

The Committee recalls that in order to comply with Article 11§2 of the Revised Charter health education in schools should be a priority for public health and should be provided at all stages of school education and included in school curricula. Measures should be taken to prevent activities that are damaging to health (smoking, alcohol, drugs) and to promote the development of a sense of individual responsibility (healthy eating, sex education, environment). The information in the report does not permit it to fully assess the situation. Therefore, it asks the next report to explain how these principles are implemented.

The State Public Health Service under the Ministry of Health and 10 territorial public health care bodies subordinate to it carry out state public health safety control in compliance with Article 15 of the Law on Public Health Care of the Republic of Lithuania (Official Gazette, 2002, No. 56-2225 ; 2007, No. 64-2455). The state public health safety control (hereinafter referred to as the public health safety control) means the activities carried out by the authorised state bodies and officials in assessing the compliance of economic-commercial activities with the requirements of public safety health regulations and application of administrative sanctions.

The direct control of public health safety, the purpose of which is to determine the compliance with public safety health regulations of entities, is carried out in line with the procedure established by the Regulation of Direct State Public Health Safety Control (hereinafter referred to as the Regulation), approved by the Order No. V-8 of the Director of the State Public Health Service under the Ministry of 25 January 2006 (Official Gazette, 2006, No. 12-456).

During 2007, public health safety control was carried out in 11,990 entities. The lion’s share of them (41.9 per cent of all entities) was entities providing consumer services. The other entities (28.8 per cent of all entities) performed personal health examination, education (22.5 per cent), inpatient care and nursing services (2 per cent). The remaining entities (children summer camps, police custodies and places of incarceration) accounted for 4.7 per cent of all entities.

Table 11.2.1:

	2000	**2005**	**2006**	**2007**
Number of preventive check-ups of children aged 0-14 years 15-17 years	…	…	436438 552459 121177	427548 525003 134599
The number of persons subject to radiological examinations of tuberculosis	735026 …	605718 …		
Number of tuberculin tests performed with children aged 0-14 years children aged 15-17 years	144746 13844	30609 7997	36900 8753	34316 6442

The public health safety control in Lithuania is performed by 130 officers from territorial public health care institutions. The total number of controlled educational establishments in 2007 was 2,707 bodies (Table 11.2.2.).

Table 11.2.2: List and Number of Educational Establishments Subject to Public Health Safety Control in 2007

Name of Entity	**Number of controlled entities in 2007**
Educational establishments (the total number of entities):	***2707***
2.1. General education schools	1533
2.2. Vocational schools	73
2.3. Post-secondary and higher educational schools	51
2.4. Pre-school and pre-primary education establishments	789
2.5. Other establishments of non-formal education	261

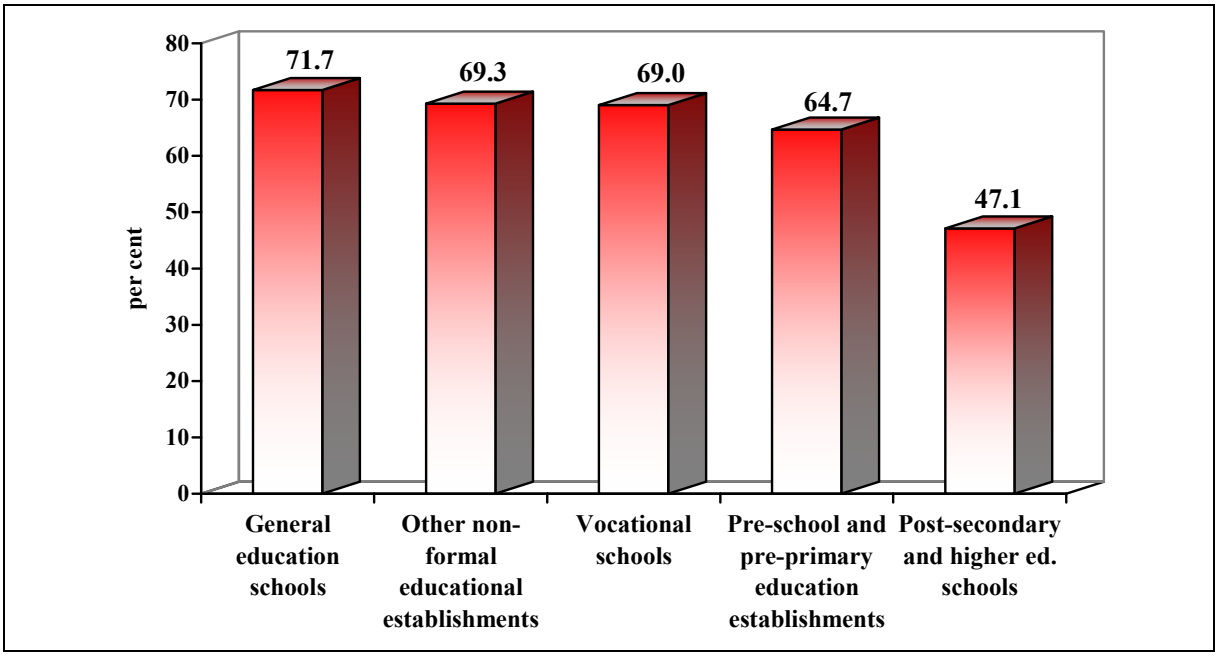
During 2007, out of all 1533 secondary education schools subject to control, 1446 entities (94.3 per cent of general education schools) were examined, and the number of performed controls was 2,357. Violations of public health safety regulations were determined in 74.9 per cent of these examinations. The second round of examinations of public health safety in general education schools, in which violations had been determined, revealed that in 127 out of 178 cases (i.e. 71.3 per cent of repeated examinations) violations were eliminated. The other 51 repeated examinations (28.7 per cent) showed that violations remained.

During 2007, out of 789 pre-school and pre-primary schools, 712 were subject to examination, i.e. 90.2 per cent of all pre-school and pre-primary educational establishments. During a periodical control of public health safety, 1,089 examinations were carried out in these establishments. 727 examinations (66.6 per cent of periodical examinations of public health safety) revealed violations. After 76 second round examinations were performed, 27 check-ups (35.5 per cent of repeated examinations) showed that violations remained. The other 49 repeated examinations, accounting for 64.5 per cent, revealed that violations had been eliminated.

During 2007, territorial public health care establishments accountable to the State Public Health Service under the Ministry of Health examined 63 vocational schools (i.e. 86.3 per cent of all vocational schools), 14 post-secondary and higher educational schools (27.5 per cent of all entities) and 133 other non-formal education establishments (50.9 per cent of all establishments).

The analysis of all examinations of public health safety controls performed in educational establishments shows that over 60 per cent of all examinations identified violations of public health safety regulations (Fig. 2).

Fig. 11.2.3. The percentage share of examinations performed in educational establishments, which identified violations, 2007.



During 2007, 65 administrative sanctions were imposed on persons responsible for violation of public health safety regulations. The majority of them, 44 administrative sanctions, were imposed for violations detected in general education schools, 17 sanctions were imposed for violations committed in pre-school and pre-primary educational establishments, 2 sanctions were imposed for irregularities in vocational schools and another two sanctions were imposed for violations detected in the other non-formal educational establishments.

Approval of Menus and Ranges of Food Products Supplied to Children Educational Establishments. One of the functions of territorial public health care bodies accountable to the State Public Health Service under the Ministry of Health is approval of menus and ranges of food products supplied to educational establishments and child social care and assistance bodies. Menus should be developed for separate age groups of children, taking into account the recommended norms of daily energy, nutrients, minerals and vitamins. Menus are assessed pursuant to the following provisions of Lithuanian hygiene norms:

- HN 75:2002 Pre-School Establishments. Hygiene Norms and Rules (Official Gazette, 2002, No. 27-968);
- HN 21:2005 General Education School. General Health and Safety Requirements (Official Gazette, 2005, No. 153-5655; 2008, No. 22-825),
- HN 124:2004 Childcare Institutions. General Health Requirements (Official Gazette, 2004, No. 45-1492).

Every year, 10 days prior to the beginning of a new academic year, educational establishments should submit their proposed menus to territorial public health care bodies accountable to the State Public Health Service under the Ministry of Health for approval. Proposed menus are resubmitted for another consideration after the seasonal change.

While assessing the menu suggested for an educational establishment of children, the following calculations are made: the average energy value of 10 days, the average amount of protein, fat and carbohydrates in the ration. The assessment is made whether the energy value and the number of nutrients is sufficient and whether the proportions of proteins, fats and carbohydrates in one ration are appropriate. A common mistake while making a menu is too much fat in the ration. If that

occurs, health care experts in territorial public health care bodies advise to choose meat and milk products with less fat and include more fruit and vegetables in the ration. Furthermore, children should not receive the products which are not suitable for them (e.g.: sub-products, canned fish, home made canned products, chops, deep-fried products, cream products, mushrooms and meat jelly).

By reviewing the menus suggested for child educational and social care establishments, public health experts from territorial public heath care bodies contribute to the development of pupils' eating habits, provide consultations to employees of school canteens about healthy nutrition and cooperate with public health experts working in schools. While combining the range of products suggested for nutrition, the aim is to include, as many as possible, healthy snacks, fruit, vegetables, lean milk products and to refuse, as much as possible, nutritionally worthless products.

In 2007, territorial public health care bodies of the State Public Health Service under the Ministry of Health were submitted 2,233 menus of child educational establishments for approval. The number of menus approved was 2,007 (89.9 per cent of all menus submitted for approval). Non-approved 226 menus (10.1 per cent of all of the menus submitted) were returned to be changed. During 2007, territorial public health bodies were submitted 781 ranges of food products for approval. They approved 776 ranges of food products, i.e. 99.4 per cent of all ranges of products submitted.

Seeking to strengthen prevention of consumption of tobacco, alcohol, drugs and other psychoactive substances in Lithuanian general educational establishments, a Programme on the Prevention of Consumption of Tobacco, Alcohol, Drugs and other Psychoactive Substances in Educational Establishments is implemented. The Programme was approved by Order No. ISAK-494 of the Minister of Education and Science of the Republic of Lithuania of 17 March 2006, *Concerning Approval of the Programme of Prevention of Consumption of Tobacco, Alcohol, Drugs and other Psychoactive Substances* (Official Gazette, 2006, No. 33-1197). The purpose of the programme is to carry out the overall (primary) prevention of hazardous and psychoactive substances: household chemical substances, medicines, alcohol, tobacco, drugs and other psychoactive substances. The programme is based on cooperation between a school, family and different experts. The content of the programme takes account of different features of training experience and the need for prevention. It is adapted to different ages of pupils and consists of pre-school, pre-primary, basic and secondary education. The programme is a constituent part of education. It is closely related to general programmes and educational standards. It is a programme for teaching life skills.

On 2 October 2007, the Government of the Republic of Lithuania adopted Resolution No. 1071, *Concerning Amendment of Approval of Procedure for Early Identification of Consumption of Psychoactive Substances by Children (Pupils) of Resolution No 437 of the Government of the Republic of Lithuania of 2 April 2002* (Official Gazette, 2007, No. 107-4379). This Resolution replaced the description of the procedure for organisation of identification of children consuming drugs and other psychoactive substances effective until 2002. The new description of the procedure was developed seeking to forestall unlawful consumption of drugs, psychotropic and psychoactive substances by children and avoid the negative medical, economic, social and legal consequences related to such consumption. The description regulates the organisation of identification of children consuming such psychoactive substances not only in primary, basic, secondary and vocational schools, but also in child care establishments and public places. Furthermore, the description specifies the actions to be taken by schools, staff and managers of child care establishments and public health experts if they suspect that the child is consuming psychoactive substances, is under their influence and that the child's health is in danger. Schools and child care establishments are

obliged to ensure prevention of the use of drugs, psychotropic and psychoactive substances, take early intervention measures and develop cooperation with other bodies.

While implementing the Law on Public Health Care of the Republic of Lithuania, Article 36, Paragraph 3, the Programme of Strengthening Children Health for 2008-2012 (Official Gazette, 2008, No. 104-3979) was developed in 2007. The purpose of the programme is to develop children health strengthening activities, increasing the competence of experts working with children in the area of health care, putting together the efforts of the state and municipalities, school communities and social partners. The tools envisaged is the development of the network of health strengthening schools, dissemination of children health strengthening experience to develop children's health strengthening activities, and improvement of operational activities.

The programme provides for the following measures to be implemented:

1) development of the environment strengthening children's health;
2) increasing the health strengthening competence of experts working with children;
3) development of health lifestyle attitudes and capacities of children;
4) improvement of quality in the organisation of primary prevention of children diseases and traumas.

During 2005-2007, cooperation was sought with the Centre of Young Naturalists and Academics. Every year the Centre organises the national phase of the European Union competition of young academics. The purpose of the competition is to encourage the youth to create independently, help them open their natural powers, promote natural and technical scientific knowledge, develop academic thinking, build research skills and encourage innovation. These activities help build pupils' competences in the area of strengthening health and health education, create opportunities to develop healthy lifestyle habits by training them to resist negative environmental factors and the ability to say 'NO' to harmful habits. Pupils from the entire country present their works of scientific research in different fields to the competition. From 2000 to 2007, the health section received 187 works. Another 273 works related to health and the environment were presented in the other sections.

On 17 February 2005, the Government of the Republic of Lithuania adopted Resolution No. 184, *Concerning Approval of the Action Plan of 2005-2012 of the State Child Welfare Strategy* (Official Gazette, 2005, No. 25-802). The purpose of the programme measure, *Development of the Network of Health Strengthening Schools,* is to promote cooperation between the state, municipalities, non-governmental organisations and communities on the local, national and international level to ensure the participation of children and the youth while dealing with issues related to the welfare of the child.

The year 2007 marks a new stage in the operational of health strengthening schools in Lithuania. Order No. V-684/ISAK-1637 of the Minister of Health of the Republic of Lithuania and the Minister of Education and Science of 16 August 2007 approved the Description of the Procedure of Acknowledging Schools as Health Strengthening (Official Gazette, 2007, No. 91-3656). The description provides for the procedure of acknowledging schools as health strengthening, the areas of operation of health strengthening schools and the criteria for acknowledging schools as health strengthening. The operation of health strengthening schools is assessed in the following six areas:

1) health strengthening management structure, policy and quality assurance;
2) psycho-social environment;
3) physical environment;
4) human and material resources;

5) health development, including various health topics: physical activity and physical training; healthy nutrition; prevention of consumption of tobacco, alcohol and psychoactive substances; prevention of traumas, stress, violence and bullying; preparation for family life and sex education; prevention of communicable diseases; development of consumption culture;

6) promotion of activities of health strengthening schools and ensuring their continuity.

Seeking to coordinate the activities of health strengthening schools, an interagency commission was established.

During 2006-2007, the biggest attention was paid to increasing the competence of experts working in schools in the area of development of health strengthening programmes, analysis of operation of health strengthening schools and the development of assessment of operational efficiency.

With that in mind, the following publications were developed and disseminated:

- *Development of Children Health Promotion Programmes. Methodological Recommendations*, 2006;
- *Indicators for the Assessment of Operation of Health Strengthening Schools and their Application*, 2007.

Seeking to increase the competence of specialists working in children educational establishments in the area of children and pupils' health promotion and the assessment of the operation of health strengthening schools, nine seminars were organised. The number of seminar participants totalled 230 specialists working in children educational establishments, including teachers, school principles, pre-school education specialists, health care experts, and inspectors from educational centres and municipal education divisions.

Health care at school in Lithuania is regulated by the following legislation:

- Description of the Procedure of Health Care at School, approved by Order No. V-1035/ISAK-2680 of the Minister of Health and of the Minister of Education and Science of the Republic of Lithuania of 30 December 2005, *Concerning Approval of the Description of the Procedure of Health Care at School* (Official Gazette, 2005, No. 153-5657);
- Procedure of Financing Health Care at School, approved by Resolution No. 5 of the Government of the Republic of Lithuania of 6 January 2004, *Concerning Approval of the Description of the Procedure of Financing Health Care at School* (Official Gazette, 2004, No. 5-96);
- Procedure for Submitting Applications to Obtain Funding for Health Care in Schools, approved by Order No. V-28 of the Minister of Health of the Republic of Lithuania of 28 January 2004, *Concerning Procedure of Submitting Application to Obtain Funding for Health Care at Schools* (Official Gazette, 2004, No. 15-475);
- Description of Qualification Requirements of Public Health Care Specialist Performing Health Care Services at School, approved by Order No. V-630 of the Minister of Health of 1 August 2007 (Official Gazette, 2007, No. 88-3492);
- Rules on Provision of Information about Health Care at Schools, approved by Order No. V-3 of the Director of the State Public Health Service under the Ministry of Health of 5 January 2005 (Official Gazette, 2005, No. 4-95; 2005, No. 107-3951; 2007, No. 8-343);
- Order No. ISAK-1462 of the Minister of Educational and Science of 17 September 2004, *Concerning Prevention of Law Violations, Non-Attendance of School, Consumption of Drugs and Psychotropic Substances, HIV/AIDS, Violence and Crime*, the purpose of which is to ensure safe and healthy environment for the school community as well as proper conditions for child welfare and the effectiveness of education.

Seeking to improve the training of persons of established occupations and engaged in certain activities, Order No. V-69 of the Minister of Health of 28 January 2008 approved the *Compulsory*

Training Programme of First Aid, Compulsory Training Programme of Hygiene Skills and Compulsory Training about the Danger of Alcohol and Drugs to Human Health (Official Gazette, 2008, No.14-490). The aforementioned order approved the procedure of organisation of training, training subjects, the duration and regularity of training. During one year, the number of persons of different occupations and engaged in different activities trained under the programmes total 150,000 persons (about 80,000 persons receive training on hygiene skills, 50,000 persons are trained first aid, 6,000 persons are trained on the issues related to the danger of alcohol and drugs to human health).

Every year, the events organised in towns and rural areas, include the following: about 12,000 events about healthy nutrition, 8,000 events about promotion of physical activity, 5,000 events on sex education, 6,000 events about the danger of alcohol to human health, 5,000 events about the danger of smoking, 10,000 events about traumas and accidents, 15,000 events about non-communicable diseases, 4,000 events about environmental protection, and 16,000 events about the other health strengthening issues. The number of publications published in one year is over 7,500 (with the overall circulation of almost 740,000 copies).

Educational establishments pay special attention to the prevention of HIV amongst pupils. In implementation of the National Programme of Drug Control and Prevention of Drug Addiction of 2004-2008, approved by Resolution No. IX-2110 of the Seimas of the Republic of Lithuania of 8 April 2004 (Official Gazette, 2004, No. 58-2041), the Ministry of Education and Science, along with the Lithuanian AIDS centre, since 2004 has been organising a competition *We Are Against AIDS*. Order No. ISAK-1596 of the Minister of Education and Science of 12 October 2004, approved regulations for the competition *We Are Against AIDS* to commemorate the World AIDS day.

In 2005, the competition *We Are Against AIDS* received 1,129 pupils' works, including 654 paintings, 126 compositions, 120 pictures, 193 computer paintings and 36 blocks of social advertising about HIV/AIDS (a brochure, a poster and a video clip). The number of competition participants totalled over one thousand people.

In 2006, the competition *We Are Against AIDS* received 1,826 works, including 1,057 paintings, 188 compositions, 161 pictures, 216 computer paintings and 56 blocks of social advertising on HIV/AIDS. The number of competition participants totalled 1,844 people.

In 2007, the competition *We Are Against AIDS* received 843 works, including 421 paintings, 66 compositions, 182 pictures, 144 computer paintings and 30 blocks of social advertising about HIV/AIDS. The number of competition participants totalled 900 persons. A traditional competition *We Are Against AIDS* was launched to commemorate the World AIDS Day. In 2007, the Communications Faculty of the Vilnius University launched a competition: *The Best Public Relations Projects of Lithuanian Public Institutions.*

The purpose of different competitions is to inform the public about the damage of HIV/AIDS and drug addiction, warn counterparts about the consequences of risky behaviour, encourage critical assessment of one's own behaviour and that of the friends, highlight the problems of HIV/AIDS and drug addition in Lithuania and the world.

Response to the question raised by the European Committee of Social Rights::
Public information and awareness-raising

The Committee notes the measures to raise awareness in the framework of anti-smoking and prevention of drug addiction activities. It asks what steps have been taken to inform the public about such topics as alcoholism, healthy eating, sex education and the environment. It also asks how many regions are concerned, and whether rural as well as urban areas are covered.

The public has been informed about the consequences of consuming psychoactive substances while implementing the programmes of the State Tobacco Control and the State Alcohol Control and the implementation measures of the National Programme Drug Control and Drug Addiction Prevention.

On issues related to healthy eating, the public has been informed while implementing the State Food and Nutrition Strategy, approved by Resolution No. 1325 of the Government of the Republic of Lithuania of 23 October 2003 (Official Gazette, 2003, No. 101-4556). On issues of sex education the public has been informed while implementing the State Programme of Prevention and Control of Sexually Transmitted Diseases, approved by Resolution No. 41 of the Government of the Republic of Lithuania of 13 January 2000 (Official Gazette, 2000, No. 5-151).

Seeking to bring public health care closer to community, municipal health care bureaus have been established since 2006. One of their key functions is to carry out strengthening and promotion of public health care, heath training in the community, promotion of healthy lifestyle and develop personal responsibility for one's health.

Response to the question raised by the European Committee of Social Rights:
Counselling and screening

The Committee notes that screening examinations of the general population are organised under Order 301 of 31 May 2000. However, in the absence of precise statistics, other than for tuberculosis and syphilis, it asks for detailed information in the next report on examinations and screenings carried out, and their frequency and accessibility. Information on pregnant women, children and young persons should be provided separately.

Seeking to increase the access to screening examinations for HIV, Order No. V-1135 of the Minister of Health of the Republic of Lithuania of 29 December 2006, *Concerning Health Examination of Pregnant Women* (Official Gazette, 2007, No. 2-103), recommended to carry out HIV examination of pregnant women up to the 12th week of pregnancy and during 29-40th week of pregnancy. The examination is covered with the funds from the Compulsory Health Insurance Fund (CHIF) (Order No. V-1102 of 22 December 2006, *Concerning Amendment of Order No. V-943 of the Minister of Health of 5 December 2005, Concerning Description of the Organisation of Primary Health Care Services and Payment Procedure as well as Approval of Primary Outpatient Health Examination Services and List of Basic Prices*) (Official Gazette, 2006, No. 144-5508).

On the ways of HIV transmission is perinatal, when an HIV infected woman can infect her child ruing pregnancy, giving birth or after delivery while breast-feeding.

In Lithuania, all pregnant women are subject to HIV prevention measures, which reduce the risk of perinatal HIV transmission by up to 2 per cent. HIV prevention measures include the following:

- prescription of ARV medicines during pregnancy;
- recommended planned Caesar's operation during the 38th week of pregnancy;
- recommendation not to breast-feed an infant;
- preventive treatment of an inborn.

The first HIV infected woman gave birth in 2002. By 31 December 2007, the number of such women totalled 30.

The first case of a mother-to-child HIV transmission in Lithuania was registered in 2007. Seeking to reduce the number of such cases, all the pregnant women are subject to HIV examination two times during pregnancy. All HIV infected women are subject to the prevention of mother-to-child HIV transmission.

During 2005, the Lithuanian AIDS centre organised 9,436 events on health promotion and public education. In 2006 and 2007, the number of such events was accordingly 6,744 and 6,619. During 2005, 65 different publications (with the total number of 174,284 copies) were published raising awareness on health issues. In 2006, there were 31 publications (the total number of 836,096 copies) and in 2007, there were 35 publications (22,220 copies).

ARTICLE 11 &3

With a view to ensuring the effective exercise of the rights to protection of health, the Parties undertake, either directly ori n cooperation with public or private organisations, to take appropriate measures designed inter alia:

3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

1) For States that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

Response to the question raised by the European Committee of Social Rights:
Policies on the prevention of avoidable risks
Reduction of environmental risks
Air pollution – The Committee notes a series of orders issued in 2001 and 2002. It asks for information in the next report on new target levels for air quality and limit values for pollutant concentrations. It also asks whether the pollution control system is checked to ensure that it produces reliable statistics.

The following legal acts related with the assessment and management of ambient air quality and pollution were adopted **till 2004** ***(this information was not specified in the previous report):***

The assessment and management of ambient air quality in Lithuania is regulated by the legal acts adopted in 1999-2004 and enlisted in this report which are in compliance with the requirements of the European Union directives 96/62/EC, 1999/30/EC, 2000/69/EC, 2002/3/EC and 2004/107/EC (the newly adopted directive 2008/50/EC has also been taken into account):

1) Law of the Republic of Lithuania on the Protection of Ambient Air (Official Gazette, 1999, No. 98-2813) provides for the rights of persons to clean air, responsibilities whereof for the protection of ambient air from pollution related with human activity and for the reduction of damage whereof, establishes measures for the reduction of ambient air pollution and for the decrees of its negative impact on the environment and people‘s health and regulates social relations in the area of air pollution and quality management.

2) A list of emissions the limits of which in ambient air is assessed in accordance with the EU criteria and limit values of these emissions (sulphur dioxide, nitrogen oxide, solid particles (KD_{10}) and lead) approved by the Order No. 471/582 of the Minister of Environment and Minister of Health of the Republic of Lithuania of 30 October 2000 (Official Gazette, 2000, No. 100-3185).

3) Ambient air pollution standards approved by Order No. 591/640 of the Minister of Environment and Minister of Health of the Republic of Lithuania of 11 December 2001 in accordance with the requirements of the EU directives 96/62/EC, 1999/30/EC and 2000/69 (Official Gazette, 2001, No. 106-3827).

4) With a view to making ambient air quality assessment compliant with the requirements of the mentioned EU directives 96/62/EC, 1999/30/EC and 2000/69, the Requirements for the Ambient Air Quality Assessment were approved by Order No. 596 of the Minister of Environment

of 12 December 2001 (Official Gazette, 2001, No. 106-3828).

5) In order to transpose the requirements of the EU directive 2002/3/EC, the Requirements for the Norms of Ozone in Ambient Air and Assessment Whereof were approved by Order No. 544/508 of the Minister of Environment and Minister of Health of the Republic of Lithuania of 17 October 2002 (Official Gazette, 2002, No. 105-4731).

6) The 2003-2008 Programme for Ambient Air Quality Assessment was approved by Order No. 517 of the Minister of Environment of the Republic of Lithuania of 23 October 2003 (Official Gazette, 2003, No. 103-4618). The Programme was approved in order to ensure that ambient air quality assessment in the Republic of Lithuania is in compliance with the EU assessment requirements and it was established that the Programme should be updated every 5 years.

7) Requirements for the Reduction of the Amount of Volatile Organic Compound (VOC) Emissions Resulting from New Petrol Storage and Distribution Devices were approved by Order No. 520/104/360 of the Ministers of Environment, Transport and Communications and Social Security and Labour of 11 December 2000 (Official Gazette, 2000, No. 108-3470; 2001, No. 111-4051) and the Term for the Implementation of the Requirements for the Reduction of VOC from the Existing Devices was established by Order 600/172/454 of the same Ministers of 18 December 2001 (Official; Gazette., 2001, No. 111-4051). These legal acts implement the requirements of the EU directive 94/63/EC and provisions of the EU Accession Treaty.

8) In order to reduce VOC pollution in the atmosphere and to transpose the requirements of the EU directive 1999/13/EC, Procedure for the Reduction of the Volatile Organic Compound Resulting from Using Solvents in Certain Activity Devices was approved by Order No. 620 of the Minister of Environment of 5 December 2002 Official Gazette, 2003, No.15-634; No. 64-2913).

9) To comply with the requirements of the directive 2000/76/EC, the Environmental Requirements for Waste Incineration were approved by Order No. 699 of the Minister of Environment of 31 December 2002 (Official Gazette, 2003, No. 31-1290).

10) In order to manage the ambient air pollution resulting from combustion plants the thermal efficiency of which is 0,12 MW or higher, Norms LAND 43-2001 of Pollutant Emissions from Combustion Plants were approved by Order 468 of the Minister of Environment of the Republic of Lithuania of 28 September 2001 (Official Gazette, 2001, No. 88-3100, 2004 No. 37-1210) and in order to manage the air pollution from large combustion plants defined in the EU directive 2001/81/EC, the Norms of Pollutant Emissions from Large Combustion Plants were approved by Order No. 712 of the Minister of Environment of the Republic of Lithuania of 24 December 2004 (Official Gazette, 2004 No. 37-1210).

11) In order to manage the ambient air pollution resulting from non-road mobile machinery, the Procedure for the Approval of the Types of Internal Combustion Engines of Non-Road Mobile Machinery and Limitation of Pollutant Emissions was approved by Order No. 5 of the Minister of Environment of 7 January 2003 (Official Gazette, 2003, No. 86-3913; 2004, No. 183-6772).

12) With a view to managing the ambient air pollution with pollutants regulated by the EU directive 2001/80/EC, the National Limits Sulphur Dioxide, Nitrogen Oxide, Volatile Organic Compound and Ammonia were approved by Order No. 468 of the Minister of Environment of the Republic of Lithuania of 25 September 2003 (Official Gazette, 2003, No. 99-4465);

2005-2007

1) Target Values of Arsenic, Cadmium, Nickel and Benzopyrene in Ambient Air were approved by Order No. D1-153/V-246 of the Minister of Environment and Minister of Health of the Republic of Lithuania of 3 April 2006 (Official Gazette, 2006, No. 41-1486) and the Description of the Procedure for the Assessment of Arsenic, Cadmium, Mercury, Nickel and Polycycle Aromatic Hydrocarbons in Ambient Air was approved by Order No. D1-289 of the Minister of Environment of the Republic of Lithuania of 12 June 2006 (Official Gazette, 2006, No. 71-2647). These legal acts implement the requirements of the Directive 2004/107/EC of the European Parliament and of the Council of 15 December 2004 relating to Arsenic, Cadmium, Mercury, Nickel and Polycyclic Aromatic Hydrocarbons in Ambient Air.

2) The new version of the Law on Environmental Monitoring was adopted by Law No. X-595 of 4 May 2006 (2006, No. 57-2025). The Law provides for the content, structure and implementation of environmental monitoring as well as the rights, duties and responsibilities of the subjects participating in the process of environmental monitoring.

3) Binding Quality Indicators for Oil Products, Biofuel and Liquid Fuel Used in the Republic of Lithuania approved by Order No. D1-399/4-336/3-340 of the Ministers of Environment, Economy and Transport and Communication of 31 August 2006 (Official Gazette., 2006, No., 95-3739) that also establish environmental quality indicators in accordance with the EU requirements.

4) List of pollutants (sulphur dioxide, nitrogen oxide, solid particles, lead, ozone, benzen, carbon monoxide, polycycle aromatic hydrocarbons, cadmium, arsenic, nickel and mercury) the amount of which is limited in ambient air in compliance with the EU criteria and the List of other pollutants the amount of which is limited in ambient air in compliance with national criteria and their limit ambient air pollution values approved by Order No. D1-329/V-469 of the Minister of Environment and Minister of Health of the Republic of Lithuania of 11 June 2007 (Official Gazette, 2007, No. 67-2627) (this the new version of Order No. 471/582 of the Minister of Environment and Minister of Health of the Republic of Lithuania of 30 October 2000).

5) Important document for the reduction of ambient air pollution from construction sites and for the improvement of ambient air pollution in towns is the Rules of Construction Waste Management approved by Order No. D1-637 of the Minister of Environment of the Republic of Lithuania of 29 December 2006 (Official Gazette, 2007, No. 10-403).

6) In order to manage the pollution resulting from using products with VOC in compliance with the EU directive 2004/42/EC, Rules on the limitation of emissions of volatile organic compounds due to the use of organic solvents in certain paints and varnishes and vehicle refinishing products approved by Order No D1-379/4-273 of the Minister of Environment and Minister of Economy of the Republic of Lithuania of 25 July 2005 (Official Gazette., 2005, No. 93-3474, No. 111; 2007, No. 111-4550).

7) In order to reduce pollution from motor vehicles in accordance with the requirements of the EU directives 2005/55/EC, 2005/78/EC and 2006/51/EC, the Description of the Procedure of Measures for Reducing the Amount of Emission of Gaseous and Particulate Pollutants from Compression Ignition Engines for Use in Vehicles and Amount of and the Emission of Gaseous Pollutants from Positive Ignition Engines Fuelled with Natural Gas or Liquefied Petroleum Gas for Use in Vehicles (Official Gazette, 2006, No. 119-4552, No. 120, Nr. 121, No. 122, No. 123; 135-

5118; 2007, No. 23-893) approved by Order No. D1-449 of the Minister of Environment of the Republic of Lithuania of 9 October 2006 and in accordance with the EU Regulation No. 715/2007 it was amended by Order D1-631 of 27 November 2007 to the Description of the Procedure for Approval of Types of Heavy Vehicles Taking into Account the Amount of Emitted Pollutants (EURO IV IR V) (Official Gazette, 2007, No. 124-5073).

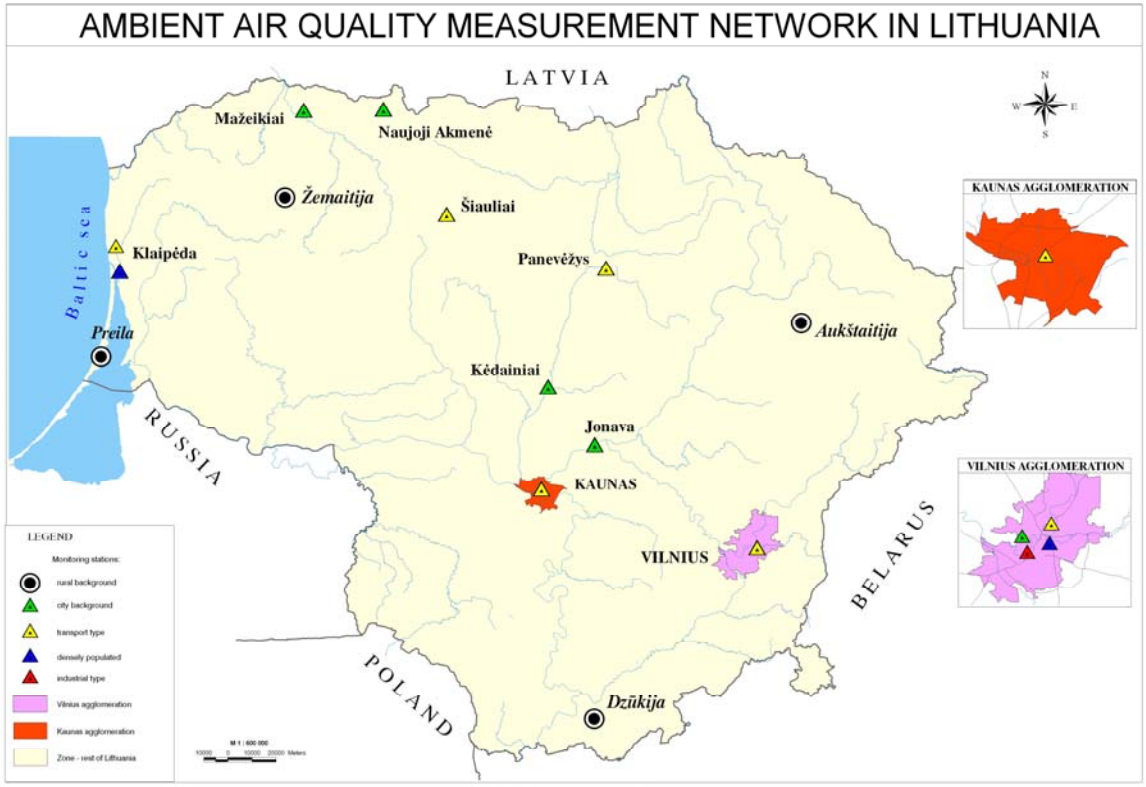
8) In order to improve the management of ambient air pollution from non-road mobile machinery, the Procedure for the Approval of the Types of Internal Combustion Engines of Non-Road Mobile Machinery and Limitation of Pollutant Emissions was amended by Order of the Minister of Environment of 27 April 2005 and approved by Order of the Minister of Environment of 7 January 2003 (Official Gazette, 2005, No. 68-2458; 2007, No. 23-894).

9) In order to implement the requirements on information of the society laid down in the EU directives 2003/35/EC and 96/62/EC, the Description of the Procedure for Information of the Society and other Institutions Concerned on the Levels of Ambient Air Pollution Exceeding Alert Threshold and Information Threshold (Official Gazette, 2005, No.74-2688) approved by Order No. D1-265/V-436 the Minister of Environment and Minister of Health of the Republic of Lithuania of 26 May 2005 and the Description of the Procedure for the Information of Society and Participation Whereof in Drafting Plans and Programmes Designed for the Protection of Ambient Air and Water and Waste management (Official Gazette., 2005, No. 102-3789) approved by Order No. D1-381 of the Minister of Environment of the Republic of Lithuania of 26 July 2005.

10) Emission of Pollutants to Atmosphere and to other Ambient Components from Installations Operated by Industrial Enterprises is regulated by the Rules of Integrated Prevention of Pollution and Issuance, Update and Revocation of Control Permissions approved by Order No. 80 of the Minister of Environment of 27 February 2002 (Official Gazette, 2002, No. 85-3684; 2005, No. 103-3829, 2006, No. 120-1471; 2007, No. 106-4358).

The Ambient Air Monitoring System was developed in accordance with the following basic principles: reliability, expedition, representatives, continuity and sufficient minimum. Since 2003, State Ambient Air Quality Measurement Network in Lithuania has been reorganized and testing was automated.

Picture 11.3.1: State Ambient Air Quality Measurement Network in Lithuania



In order to ensure measurement and management of ambient air quality in the territory of Lithuania in view of the level of pollution, administrational structure and population density, Vilnius and Kaunas agglomerations and remaining zone (remaining territory of Lithuania except for Vilnius and Kaunas cities) have been marked out by Order No. 470/581 of the Minister of Environment and Minister of Health of the Republic of Lithuania of 30 October 2000 (Official Gazette, 2000, No. 111-3184). State Ambient Air Quality Measurement Network is depicted in Picture 11.3.1.

One of the agglomerations is the capital of the Republic of Lithuania – Vilnius city – whose total area accounts for 401 sq.km and the number of population totaled 554 400 according to the data of 1 January 2007. The other agglomeration is the territory of Kaunas city whose total area accounts for 157 sq.km and the number of population amounted to 358 100 according to the data of 1 January 2007. The remaining territory of the country is a zone whose area accounts for 64742 sq.km and the number of population totaled 2 472 00 according to the data of 1 January 2007.

State Ambient Air Quality Measurement Network in Lithuania is composed of 13 incessantly operating town ambient air quality measurement stations and 4 background stations installed away from large pollution sources. The territory of the agglomerations has operating 5 stations and the remaining zone has 12 stations. Eight of them are installed in urban territories, the largest towns of the zone and industrial centers and 4 background stations are installed in the national parks of Aukštaitija, Samogitia, Dzūkija and Curonian Spit away from industrial centers and enterprises so that they reflect background ambient air pollution and the impact whereof not only on the human health but also on ecosystems. Preila station (in the Curonian Spit) operates in accordance with the EMEP programme (European Monitoring and Evaluation programme for international cooperation to solve transboundary air pollution problems). Measurement data are reported by town ambient air quality measurement stations on line on the Environmental Protection Agency's Internet website

http://aaa.am.lt/VI/index.php. Three background stations are included into the European Ozone Network and the ozone measurement data are reported by the stations on-line on the Internet website http://www.eea.europa.eu/maps/ozone/map. Data on the Internet websites are updated on an hourly basis. The society and institutions concerned are regularly provided with summarized information about air quality.

In view of the requirements of the directives on the air quality and assessment of research of the previous years, concentrations of sulphur dioxide (SO_2), nitrogen oxide (NO_2, NO and NO_X), carbon monoxide (CO), ozone (O_3), benzene in the town ambient air are incessantly measured with automatics measuring instruments and measurement methods are used for the analysis. For the measurement of the concentration of solid particles (KD_{10}) in all the town stations and the concentration of even smaller fractions whereof ($KD_{2,5}$) in 3 stations (in the two agglomerations and the remaining zone) the ray absorption method is used. The one-year parallel measurements proved that where β-rays absorption method in measuring the concentration of KD_{10} is used, the correction coefficient of 1,3 must be applied. The results of KD_{10} measurements stored in the database and used for the assessment have been already recalculated on the basis of this coefficient.

In 2007, concentration of lead and other heavy metals, including arsenic (As), nickel (Ni), cadmium (Cd), benzopirene (B(a)P) and some other polycycle aromatic hydrocarbons were measured using the measurement methods specified in the legal acts regulating the measurement of these pollutants. Air samples for the establishment of the concentration of these pollutants were taken in an automated way by pumping air three days and nights per week and by sending them on a monthly basis to the laboratory for further analysis where the mean monthly concentration from KD_{10} samples is established.

Concentrations of sulphur and nitrogen dioxide in the air as well as the sum of nitrates and the sum of ammonium ions and sulphates in aerosols are measured on the basis of the analysis of one week samples in Aukštaitija and Samogitia background stations and on the basis of the analysis of one day and night samples in Preila station.

***Pollutants measured in the Ambient Air Quality Measurement Network and concentration measurement methods*:**

NO_2, NO, NO_x - Chemliuminescencene
NO_2 (in background stations) - Spectrophotometric by using Greiss reagent
SO_2 - Fluorescence in ultraviolet rays
SO_2 (in background stations) – Ion chromatography
CO - Infrared rays absorption
O_3 - Ultraviolet rays absorption
Benzene - Chromatography
KD_{10}, $KD_{2,5}$ - Rays absorption
Pb, As, Ni, Cd - Atom absorption spectrophotometric
B(a)P - Liquids chromatography

Information and data are provided to the European Commission from the stations measuring the ambient air pollution in accordance with Order No. 322 of the Minister of Environment of the Republic of Lithuania of 27 June 2003 (Official Gazette, 2003, No. 65-2972). This information and data are provided by the Environmental Protection Agency.

Information on the ambient air quality is submitted to the European Commission in accordance with Paragraph 2 of Resolution No. 388 of the Government of the Republic of Lithuania of 7 April 2004 (Official Gazette, 2004, No. 53-1804; 2005, No. 131-4729; 2006, No. 35-1252) and Order No. 323

of the Minister of Environment of 27 June 2003 On the Provision of the Annual Report on Ambient Air Quality to the European Commission (Official Gazette, 2003, No. 65-2973; 2004, No.107-4012). This information is provided by the Environmental Protection Agency.

Response to the question raised by the European Committee of Social Rights:

Water pollution – The report enumerates the legal instruments issued in 2001 and 2002, particularly concerning drinking water. It also states that tests are carried out on the quality of drinking water as part of the national environmental health action plan. The Committee notes that the European Commission[3] calls for closer monitoring of drinking water. It therefore asks for information in the next report on the relevant rules and regulations and the body responsible for enforcing them.

2008-2015 Strategy for the Supply of Drinking Water and Sewerage Management and Development was approved by the Resolution of the Government of 27 August 2008. One of the major objectives of the Strategy is to ensure the compliance of safety and quality of the publically supplied drinking water with the public health and safety requirements.

Also, the Law of the Republic of Lithuania on the Supply of Drinking Water and Sewerage Management was adopted (Official Gazette, 2006, No. 82-3260) which gave start for the implementation of the reform of water management and established provisions for the development of the supply of drinking water and improvement of sewerage management services and quality whereof. The most essential provisions for the reform of the supply of drinking water and sewerage management are the enlargement of water supply enterprises, increase of the supervision whereof and enhancement of access to services of drinking water supply and sewerage management and improvement of the quality whereof. By 2015, no less than 95 percent of the population in each municipality must be supplied with high quality drinking water by a public water supplier and provided with sewerage management services.

It is planned that in 2015 the compliance of publically supplied drinking water with safety and quality requirements is 100 percent.

Issuance of the protocol on recognition of natural mineral water in the Republic of Lithuania. The State Public Health Service under the Ministry of Health issues the protocol on recognition of natural mineral water in the Republic of Lithuania (further – Protocol) in accordance with the Lithuanian Hygiene Standard HN 28:2003 *Requirements for the Use and Placing on the Market of Natural Mineral Water and Spring Water* and the provisions for the recognition of natural mineral water in the republic of Lithuania approved by Order No. 697 of the Minister of Health of the republic of Lithuania of 30 November 2000 (Official Gazette, 2000, No. 105-3331; 2004, No. 65-2296). These legal acts implement the provision of Paragraph 1 Article 1 of the Council directive of 15 July 1980 on the approximation of the laws of the member States relating to the exploitation and marketing of natural mineral waters (OJ 2004, special edition, Chapter 13, volume 6, p. 50) which establishes that waters extracted from the ground of the Member State shall be recognized by the responsible authority of that Member State.

Since 1 September 2007, with the effect of amendments to the provisions for the recognition of natural mineral water in the Republic of Lithuania approved by Order No. V-663 of the Minister of Health of the Republic of Lithuania of 8 August 2007 (Official Gazette, 2007, No. 90-3591), the procedure for the recognition of water as natural mineral water has been simplified and along with

[3] European Commission, Comprehensive Monitoring Report on Lithuania's preparations for membership, 5 November 2003 (in http://www.europa.eu).

the procedure for the issuance of protocol on recognition of natural mineral water in the Republic of Lithuania the procedure for the issuance of specification of protocol and protocol duplicate was established. In 2007, the State Public Health Service under the Ministry of Health issued 4 protocols and 1 specification of the protocol. It issued 7 and 6 protocols in 2005 and 2006 respectively.

The State Public Health Service under the Ministry of Health informs the State Food and Veterinary Service and Lithuanian Geological Service under the Ministry of Environment on the issued protocols, specified protocols and revoked protocols. The State Public Health Service under the Ministry of Health also provides the European Commission with information on natural mineral waters recognized by the republic of Lithuania. The list of recognized natural mineral waters is published in the Addendum to Official Gazette *Informational Reports*, the European Union Official Journal and on the State Public Health Service under the Ministry of Health Internet website http://www.vvspt.lt/aktai/ataskaitos/LR_pripazintas_mineralinis_vanduo.pdf.

Issuance of conditions for the application of the reservation over the limit value of toxic (chemical) parameter of drinking water. In accordance with the Lithuanian Hygiene Standard HN 24:2003 *Requirements for the Safety and Quality of Drinking Water* approved by Order No. V-455 of the Minister of Health of the Republic of Lithuania of 23 July 2003 (Official Gazette, 2003, No. 79-3606), toxic (chemical) parameter is a chemical parameter controlled due to the potential harmful impact on human health.
In accordance with the procedure established in the Law of the Republic of Lithuania on Drinking Water, municipal institutions analyze the supply of population with drinking water, the conditions of safety and quality whereof and informs the society about its safety and quality. Legal acts regulate that the State Public Health Service under the Ministry of Health may give the municipality mayor the permission for applying the reservation so that in a certain territory of the object supplied with water or in a part of that territory customers are supplied with drinking water one or e few toxic (chemical) parameters of which exceed those set by the legal acts from water supply distribution networks for a limited period of time provided that is established that no potential danger shall be posed on human health and water suppliers have taken real actions to restore the parameters and inform the customers of drinking water.

Table 11.3.2: The Law of the Republic of Lithuania on Drinking Water (Official Gazette., 2001, No. 64-2327) provides for:

Name	***Definition***
Drinking water:	1) any natural or prepared water, intended for drinking, cooking, food preparation or use for other household needs, regardless of whether it is supplied from the water supply distribution networks, reservoirs, in bottles or other types of packaging; 2) any water, used in food enterprises for production, reprocessing, conserving or supply of food products to market, if a responsible State institution decides, that the water quality will not harm the safety and quality of the final product; 3) is safe, when it conforms to the requirements of product safety, confirming that the use thereof does not pose any risk to human health or life or poses no greater risk than that, which according to legal acts is established as admissible and of which the consumers are informed according to the procedure established by legal acts, and when protection from pollution and a monitoring prescribed by legal acts are assured of the obtained, prepared and supplied drinking water.
Parameter	Parameter (microbiological, chemical, physical) of water quality established by tests in a water sample.

Conditions for the application of the reservation over the limit value of toxic (chemical) parameter of drinking water are issued in accordance with Paragraph 3 Article 10 of the Law of the Republic of Lithuania on Drinking Water and the provisions of Point 13.2 of the Lithuanian Hygiene Standard HN 24:2003 *Requirements for the Safety and Quality of Drinking Water*. These legal acts implement the provisions of Article 9 of the Council Directive of 3 November 1998 on the Quality of Water Intended for Human Consumption (OJ, *2004, special edition*, Chapter 15, volume 4, p. 90) which establish that Member States may provide for derogations from the parametric values provided that no derogation constitutes a potential danger to human health and provided that the supply of water intended for human consumption in the area concerned cannot otherwise be maintained by any other reasonable means..

In 2007, the State Public Health Service under the Ministry of Health issued the Conditions for the application of the reservation over the limit value of toxic (chemical) parameter of drinking water once concerning the application of reservations with regard to the concentration of fluorides in drinking water.

In 2005–2007, the State Public Health Service under the Ministry of Health issued the Conditions for the application of the reservation over the limit value of toxic (chemical) parameter of drinking water concerning the supply of drinking water by Palanga, Salantai, Kretinga towns and Klaipėda city 1st water extraction site to the territories of water supply objects for a limited period of time (up to 3 years) because the concentration of fluorides wherein exceed the set parameter (Table 11.3.3). It is noteworthy that the State Public Health Service under the Ministry of Health permits to apply the reservation provided that municipal institutions in cooperation with water suppliers approve a financial and calendar plan of measures for the improvement of water quality. Municipality mayors are obliged to provide the customers of drinking water with information through the mass media that the application of this reservation may cause the risk of teeth fluorosis to children and explain what measures should be taken by parents in order to reduce this risk. At the time of the application of reservation the study on the proliferation of teeth fluorosis among children permanently residing in the territory of water supply object must be carried out. It is noteworthy that the amount of fluorides which is incompliant with the hygiene standards in some Northern Lithuanian water extraction sites is caused by natural conditions, and water extraction sites have been operable there for decades.

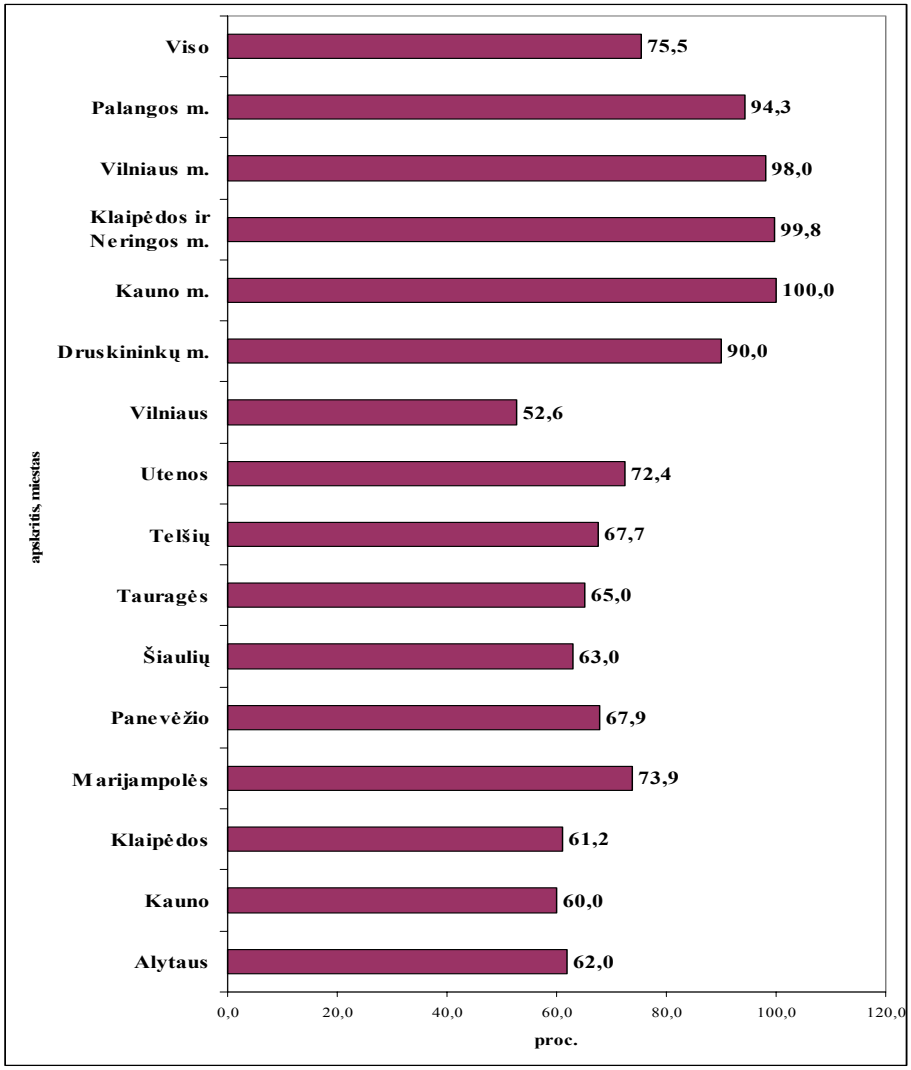
Table 11.3.3: Issued Conditions for the application of the reservation over the limit value of toxic (chemical) parameter of drinking water.

Date of issuance	Territory of water supply object	Number of population	Name of the toxic (chemical) parameter	Limit value according to HN 24:2003 *Requirements for the Safety and Quality of Drinking Water*	Average concentration in the territory of water supply object	Temporal permissible value of parameter
14 October 2005	Palanga town	16 477	fluoride	1,5 mg/l	2,26 mg/l	3 mg/l
30 October 2006	Salantai town	897	fluoride	1,5 mg/l	3,21 mg/l	4 mg/l
3 October 2006	Kretinga town	17 301	fluoride	1,5 mg/l	2,27 mg/l	3 mg/l

10 January 2007	Klaipėda 1st water extraction site	66 800	fluoride	1,5 mg/l	1,58 mg/l	2 mg/l

Prevention of nitrites and nitrates poisoning. Lithuania has ample resources of fresh ground water, though, according to the data of the State Food and Veterinary Service, 75 percent of the population is supplied with publically supplied drinking water. The remaining share of the population (25 percent) are subject to individual self-supply of drinking water, mostly from mine wells or individual drilled wells the quality of water whereof is poor and insufficiently controlled. The number (percentage) of Lithuanian population who are publically supplied with drinking water is one of the smallest compared to other European Union member states. Picture 11.3.4 reflects the distribution of Lithuanian population consuming the publically supplied drinking water by individual administrative territories (data derived from the 2007 Statistical Annual Report on the State Control over the Safety and Quality of Drinking Water *Results of the Control over the Safety and Quality of Drinking Water* developed by the State Food and Veterinary Service).

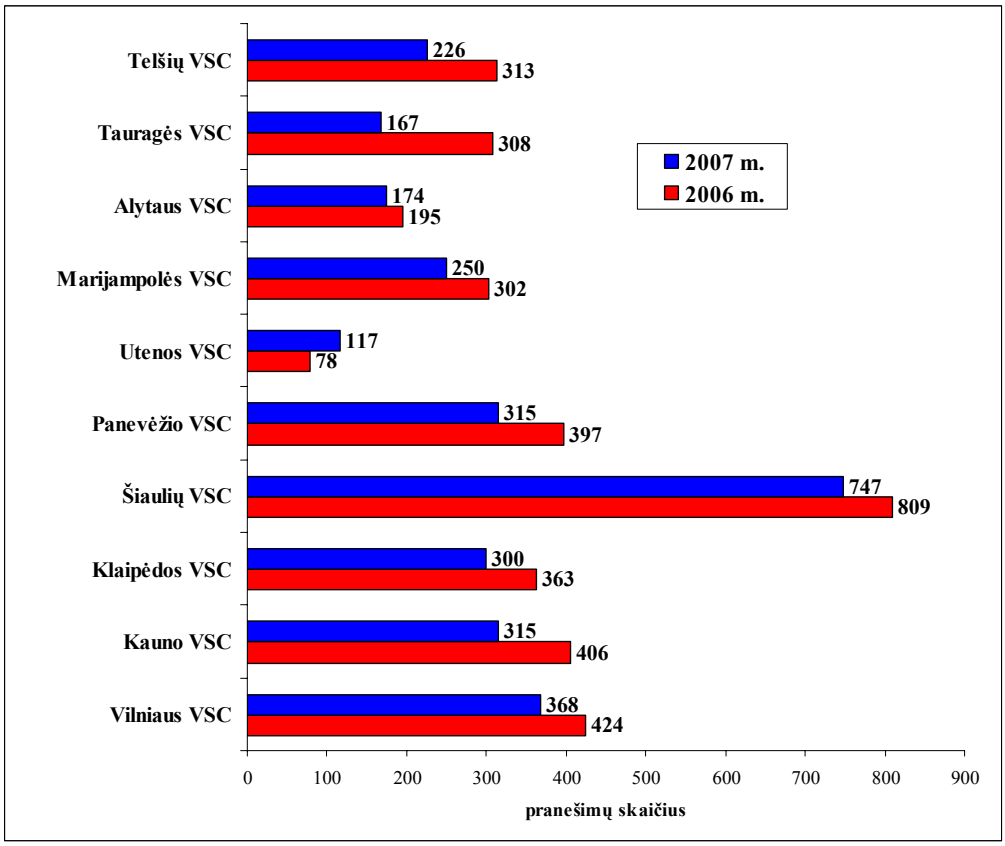
Picture 11.3.4: 2007 data of the State Food and Veterinary Service on the Lithuanian population consuming publically supplied drinking water (numbers of population is provided in percentage).



Having conducted the analysis of data derived from testing water samples from mined wells, the State Public Health Service under the Ministry of Health stated that in 2007 41 percent of tested water from wells was polluted with nitrates and nitrites (ration of nitrites/nitrates was assessed) and 28 percent of tested water was subject to increased microbial pollution. Water polluted with nitrates and nitrites poses danger to human health, especially infants' health, who may die from poisoning caused by water polluted with nitrates. By Order No. 250 of the Minister of Health of the Republic of Lithuania of 30 May 2002 On the Diagnostics and Prevention of Poisoning Caused by Nitrites and Nitrates (Official Gazette, 2002, No. 58-2361), territorial public health institutions are obliged to test water samples from wells water whereof is consumed by pregnant women and children under 6 months in order to ensure the prevention of poisoning caused by nitrites and nitrates and to provide the consumers of this water with information on water quality and its suitability for consuming. In spite of that, a few cases of infants' poisoning caused by water from mined wells polluted with nitrates are registered annually in Lithuania (5, 2 and 3 in 2005, 2006 and 2007 respectively).

Table 11.3.6 presents the number of reports submitted in 2005–2007 by health care institutions to territorial public health institutions, percentage of mined wells which failed to comply with microbiological indicators and amount of nitrates and nitrites set in the laws and the number of infants who suffered from poisoning caused by nitrates and nitrites in water from mined wells. The data presented in the Table show that from 2005 to 2007 the number of reports received by territorial public health institutions on pregnant women consuming water from mined wells decreased. The analysis of the number of reports on pregnant women consuming water from mined wells submitted by health care institutions to territorial public health institutions in 2006-2007 proved that the number of reports received by nearly all the territorial public health institutions in 2007 was less as compare to 2006. In 2007, Utena public health centre received more reports on pregnant women consuming water from mined wells than compared to 2006 (Picture 11.3.5).

Picture 11.3.5: Reports on pregnant women consuming water from mined wells submitted by health care institutions (HCI) to the territorial public health institutions subordinated to the State Public Health Service under the Ministry of Health, 2006–2007



The analysis of data provided in Table 11.3.6 also shows that the number of water samples from mined wells with the microbiological pollution established has decreased. Nevertheless, the number of water samples from mined wells the amount of nitrates/nitrites wherein was not in compliance set in the laws has grown from 2005 to 2007. The comparison of the numbers infants who suffered from poisoning caused by nitrates/nitrites in water from mined wells registered in 2005 and 2007 respectively shows that the number of infants who suffered from poisoning caused by nitrites/nitrates reduced over this period.

Table 11.3.6: the number of reports on pregnant women consuming water from wells submitted by health care institutions to territorial public health institutions, percentage of water samples which failed to comply with microbiological parameters and amount of nitrates/nitrites set in the laws and the number of registered infants who suffered from poisoning caused by nitrates/nitrites in water from wells, 2005–2007

Name	Number		
	2005	**2006**	**2007**
Number of reports submitted by health care institutions	4005	3595	2979
Well water samples that failed to comply with microbiological parameters set in the laws	37%	32%	28%
Well water samples that failed to comply with the amount of nitrates/nitrites set in the laws	29%	31%	46%.
The number of infants who suffered from poisoning	**5 (Panevėžys, Šiauliai, Vilnius Counties)**	**2 (Šiauliai, Vilnius Counties)**	**3 (Šiauliai, Alytus Counties)**

Table 11.3.7 provides the results of microbiological tests of water samples from mined wells carried out by territorial public health institutions in 2007. The largest number of water samples with microbiological pollution established wherein was collected from mined wells in Utena County. The number of water samples with microbiological pollution wherein exceeding the set parameters accounted for as much as 83,8 percent of the total number of water samples tested in terms of microbiological pollution. Alytus public health centre collected water samples from the total of 233 mined wells and 26 water samples, i.e. 11,2 percent of the total number of tested water samples, had microbiological pollution – this number was the least amount of the water samples the microbiological pollution wherein exceeded the set parameters collected from mined wells by territorial public health institutions in 2007.

Table 11.3.7: Parameters of microbiological pollution in water samples from mined wells tested by territorial public health institutions subordinated to the State Public Health Service under the Ministry of Health, 2007

	Microbiological testing of water from wells, 2007			
Territorial public health institution (PHI)	**Number of tested samples**	**Number of samples tested for microbiological parameters**	**Number of samples that complied with set parameters (%*)**	**Number of samples that failed to comply with set parameters (%*)**
Vilnius PHI	374	192	147 (76,6%)	**45 (23,4%)**
Kaunas PHI	315	307	199 (64,8%.)	**108 (35,2%)**
Klaipėda PHI	300	294	204 (69,4 %)	**90 (30,6%)**
Šiauliai PHI	746	555	448 (80,7%)	**107 (19,2%)**
Panevėžys PHI	329	76	65 (85,5%)	**11 (14,5%)**
Utena PHI	117	117	19 (16,2%)	**98 (83,8%)**
Marijampolė PHI	250	64	52 (81,3%)	**12 (18,7%)**
Alytus PHI	168	233	207 (88,8%)	**26 (11,2%)**
Tauragė PHI	184	122	87 (71,3%)	**35 (28,7%)**
Telšiai PHI	225	177	110 (62,1%c)	**67 (37,9%)**
Total:	**3008**	**2137**	**1538 (72 %)**	**599 (28%.)**

* percentage of samples in brackets is the number of the total number of samples tested by the territorial public health institution.

In 2007, territorial public health institutions subordinated to the State Public Health Service under the Ministry of Health conducted chemical testing of water samples from 3005 wells, of which more than a half - 1601 (53 percent) – complied with the parameters set in the laws. 1377 samples exceeded the permitted value of nitrates, 1223 samples did not comply with the condition [nitrate]/50+[nitrite]/3≤1, 98 samples exceeded the permitted value of ammonia, 97 samples exceeded the permitted value of nitrites. Table 11.3.8 presents chemical testing of water samples from mined wells carried out by territorial public health institutions in individual counties.

Table 11.3.8: Parameters of chemical pollution of water from mined wells tested by territorial public health institutions subordinated to the State Public Health Service under the Ministry of Health, 2007

Territorial public health institution (PHI)	Chemical testing of water samples from mined wells, 2007					
	Total number of tested samples	Number of samples that complied with the requirements (percentage of tested samples)	Number of samples exceeding the permitted value of nitrites (0,5 mg/l),	Number of samples exceeding the permitted value of nitrates (50 mg/l),	Number of samples that failed to comply with the condition [nitrate]/50+[nitrite]/3≤1	Number of samples exceeding the permitted value of ammonia (0,5 mg/l),
Vilnius PHI	374	214 (57,2%)	15	153	156	4
Kaunas PHI	312	161 (51,6%)	8	144	148	12
Klaipėda PHI	300	176 (58,7%)	6	107	108	17
Šiauliai PHI	747	292 (39,1%)	37	425	425	45
Panevėžys PHI	328	160 (48,8%)	10	167	132	7
Utena PHI	117	86 (73,5%)	2	31	2	0
Marijampolė PHI	250	159 (63,6%)	0	91	0	0
Alytus PHI	168	142 (84,5%)	2	74	74	2
Tauragė PHI	184	64 (34,8%)	12	110	103	5
Telšiai PHI	225	147 (65,3%)	5	75	75	6
Total:	**3005**	**1601 (53,3%)**	**97**	**1377**	**1223**	**98**

* percentage of samples in brackets accounts for the total number of test samples collected by the territorial public health institutions.

In 2007, territorial public health institutions, having received 2979 reports from health care institutions on pregnant women and infants under 6 months consuming water form mined wells and having tested 3008 mined wells, provided the consumers of water from mined wells with 2452 informational messages on the quality of water from mined wells.

Legal acts regulating the prevention of water pollution:

Protocol on Water and Health of the 1992 Convention of the Protection and Use of Transboundary Watercourses and International Lakes ratified by Law No. IX-1863 of the Seimas of the Republic of Lithuania of 2 December 2003 On the Ratification of the Protocol on Water and Health of the 1992 Convention of the Protection and Use of Transboundary Watercourses and International Lakes..

Group for coordination of the implementation of the Protocol on Water and Health of the 1992 Convention of the Protection and Use of Transboundary Watercourses and International Lakes was established by the adoption of Order V-452/D1-346 of the Minister of Health and Minister of Environment of the Republic of Lithuania of 21 June 2004 (Official Gazette, 2004, No. 100-3734). Order V-14/D1-22 of the Minister of Health and Minister of Environment of the Republic of Lithuania of 12 January 2005 on the Approval of outline of the Implementation of the Protocol on Water and Health of the 1992 Convention of the Protection and Use of Transboundary Watercourses and International Lakes was drafted and approved (Official Gazette, 2005, No. 11-348).

Lithuanian Hygiene Standard HN 44:2006 *Establishment and Control of Sanitary Protection Zones of Water Extraction Sites* approved by Order No. V-613 of the Minister of Health of the Republic of

Lithuania of 17 July 2006 (Official Gazette, 2006, No. 81-3217) provides for the measures designed for the protection of ground water springs from pollution and ensuring safety and quality of ground water supplied to consumers.

Lithuanian Hygiene Standard HN 43:2005 *Wells and Springs: Safety and Health Requirements for Installation and Maintenance* approved by Order No. V-513 of the Minister of Health of the Republic of Lithuania of 22 June 2005 (Official Gazette, 2005, No. 90-3376) establishes the requirements for safety and health of the installation and maintenance of mined wells and springs (water whereof is used for the individual supply of drinking water).

With the approval of the Lithuanian Hygiene Standard HN 24:2003 *Requirements for the Safety and Quality of Drinking Water* by the Minister of Health in 2003 (Official Gazette, 2003, No. 79 – 3606), legal and administrative conditions and assumptions were provided for the implementation of the most essential objectives – ensure the supply of the population with safe and healthy drinking water.

In accordance with Order 476/442 of the Minister of Health of the Republic of Lithuania and Director of the State Food and Veterinary Service of the Republic of Lithuania of 27 September 2002 On the Procedure for Provision of Information on the Safety of Drinking Water (Official Gazette, 2002, No. 98-4379), results of safety and quality of drinking water in counties and statistic annual reports and statistic reports submitted by drinking water suppliers on a programme-based control of drinking water in the territories of drinking water supply objects where consumers are on the average supplied with more than 1000 m3 water per day or where more than 5000 consumers are supplied with drinking water are analyzed.

By Order No. 250 of the Minister of the Republic of Lithuania of 30 May 2002 On the Diagnostics and Prevention of Poisoning Caused by Nitrites and Nitrates (Official Gazette, 2002, No. 58-2361), county public health centers are tasked to test well water consumed by pregnant women and infants under six months and provide consumers whereof with information on the quality of water and its suitability for consuming. Testing is conducted in order to avoid the cases of infants' poisoning caused by nitrites/nitrates resulting from making food for infants of individual drinking water sources – mined wells – rather than publically supplied drinking water. The population is provided with this service free of charge.

In accordance with Order No. N-1055 of the Minister of Health of the Republic of Lithuania of 21 December 2007, the Lithuanian Hygiene Standard HN 92:2007 *Beaches and the Quality of Bathing Water* (Official Gazette, 2007, No. 139-5716) was approved. The Standard provides for the requirements for the quality of bathing water and measures for the management of bathing water quality and the right of the public to receive information on the bathing water quality.

Response to the question raised by the European Committee of Social Rights:

Ionizing radiation – The Committee asks for detailed information on the relevant supervisory bodies, particularly the Radiation Safety Centre, and how monitoring is carried out in practice. It also asks what steps have been taken to transpose and comply with Directive 96/29/EURATOM on health and safety standards for the protection of employees and the general public against the potential dangers of ionizing radiation[4]. Referring to the information in the

[4] Directive 96/29/EURATOM of 13 May 1996 establishing the basic health and safety standards for the protection of employees and the general public against the potential dangers of ionising radiation, Official Journal no. L 159 of 29/06/1996, pp. 0001-0114.

European Commission report[5], it asks for up-to-date information on the closure of units 1 and 2 of the Angelina Nuclear Power Station.

The following legal acts were approved during the reporting period:

1. The new version of the Description of Procedure for the Provision of the European Communities Commission with Data on Activities related with Disposal of Radioactive Waste approved by Resolution No. 461 of the Government of the Republic of Lithuania of 9 May 2007 (Official Gazette, 2007, No. 55-2141). It implements the provisions of Article 37 of the Treaty establishing the European Atomic Energy Community and the Commission Recommendation of 6 December 1999 1999/829/Euratomo n the Application of Article 37 of the Euratom Treaty. The aim of this document is to ensure that the population and environment of the European Union member states do not suffer from the detrimental impact of ionizing radiation caused by would-be installation of entities for the management of nuclear energy and radioactive waste.
2. Environmental normative document LAND 42-2007 *Description of the Procedure for Limitation of the Release of Radionuclides into the Environment from Nuclear Energy Objects, Issuance of Permissions to Release Radionuclides into the Environment and Monitoring whereof* (new version of Order No. 60 of 23 January 2001) (Official Gazette, 2007, No.138-5693) approved by Order No. D1-699 of the Minister of Environment of the Republic of Lithuania of 22 December 2007. This document regulates the procedure for issuance of permissions to release radionuclides into the environment, implementation of radiological monitoring in designing, constructing, operating and terminating the operation of nuclear energy objects and in carrying out the control of closed radioactive waste confinements.

Lithuania implements environmental monitoring on two levels – at national and economic entities. The state environmental monitoring is carried out in accordance with the 2005-2010 National Environmental Monitoring Programme approved by Resolution No. 130 of the Government of the Republic of Lithuania of 7 February (Official Gazette, 2005, No. 19-608). The Programme has been developed in compliance with the recommendations provided by the European Commission (EC), International Atomic Energy Agency (IAEA) and Helsinki Commission (HELCOM). In accordance with the Programme, the Environmental Protection Agency carries out the radiological monitoring of gamma dose rate, aerosols, fall-out, surface waters and bottom sediments of rivers, lakes, Baltic sea and Curonian Lagoon.

The implementation of state radiological monitoring is regulated by the procedure for the Organization and Implementation of State Radiological Monitoring and Provision of State Institutions, Local Governance Institutions, European Commission and the public with Information whereof approved by Order No. 528/490 of the Minister of Environment and Minister of Health of the Republic of Lithuania of 7 October 2002. (Official Gazette, 2002, No. 100-4460). This legal act has been developed in accordance with the Commission Recommendation 2000/473/Euratom on the application of Article 36 of the Euratom treaty concerning the monitoring of the levels of radioactivity in the environment for the purpose of assessing the exposure of the population. Monitoring is organized and implemented the Environmental Protection Agency and Radiation Protection Centre within the realm of their competence. The Radiation Protection Centre carries out the radiological monitoring of drinking water, milk and "food basket. The Environmental Protection Agency carries out the radiological monitoring of ambient gamma dose rate, aerosols and surface waters which is a constituent of the state environmental monitoring.

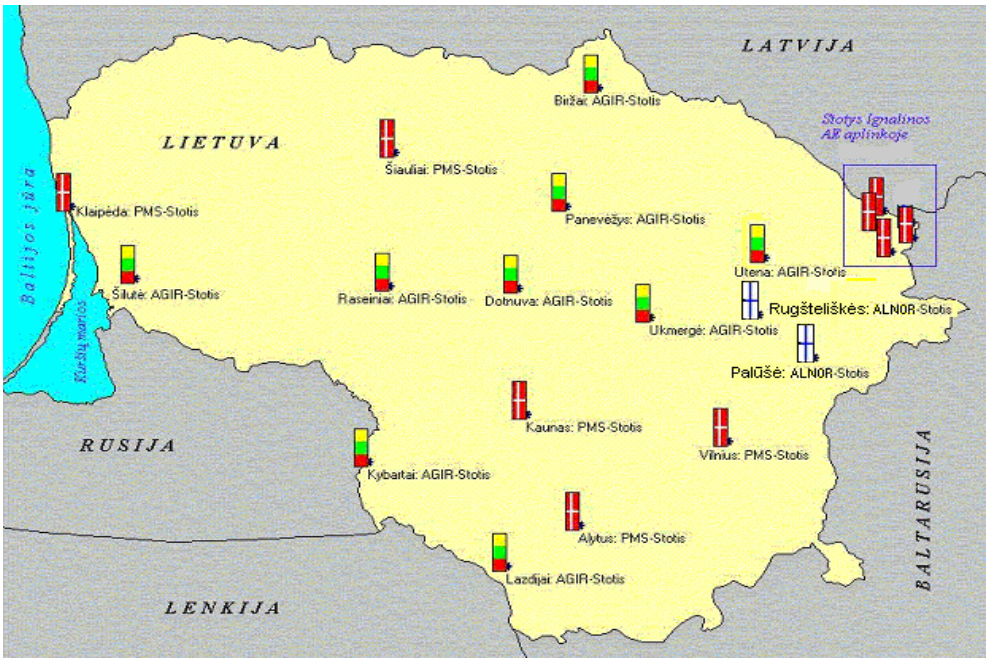
[5] European Commission, Comprehensive Monitoring Report on Lithuania's preparations for membership, 5 November 2003 (in http://www.europa.eu).

Uninterrupted measurement of gamma radiation has been conducted since 1993 in twenty PMS, ALNOR and AGIR automatic monitoring stations located in the entire territory of Lithuania and measurements have been performed day and night 7 days per week. These stations constitute the RADIS (radiation monitoring and danger warning information system) information system. The Environmental Protection Agency under the Ministry of Environment is responsible for the operation of RADIS.

AGIR and ALNOR stations belong to the link of early danger tracking of radioactive contamination and measure only gamma dose rate. The total number of AGIR type stations is 9 and they are installed in meteorological stations of the Lithuanian Hydrometeorological Service in Biržai, Kybartai, Lazdijai, Panevėžys, Raseiniai, Šilutė, Ukmergė and Utena. The total number of ALNOR type stations is and they are installed in Aukštaitija National Park (in Rūgšteliškės and Palūšė).

PMS type stations belong to the link of extended monitoring of changes in the levels of background radiation and apart from gamma dose rate also measure the energetic spectrum of radionuclides and rain intensity. They are installed in the largest Lithuanian towns: Vilnius, Kaunas, Klaipėda, Šiauliai and Alytus as well as Ignalina Nuclear Power Plant environs: Visaginas, Turmantas, Rimšė and Mačionys. The bellow-presented Picture reflects the distribution of RADIS stations in Lithuania.....

Picture 11.3.9:



Picture 11.3.10: environs of Ignalina Nuclear Power Plant

All the data accumulated in the stations are forwarded every 10 minutes to RADIS servers of the Environmental Protection Agency, analyzed and presented on the Environmental Protection Agency Internet website (http://aaa.am.lt). RADIS also performs the function of early warning of radiation danger. To be more precise, where the measured level of gamma radiation dose is higher that that set (the level set in Lithuania is 300 nSv/h), RADIS servers initiate the alarm signal which is forwarded to the communicator of an expert on duty (mobile telephone) by SMS as well as to other information recipients according to the set list.

For performing measurements in the locations where there are no stationary automatic radiation monitoring stations installed the Environmental Protection Agency also uses one mobile radiation monitoring station Exploranium GR-660 that measures gamma dose, spectral composition of radionuclides and geographic coordinates of the measurement site. This station is installed in the terrain vehicle Nissan Patrol basis, therefore, the laboratory may perform measurements even in locations that are difficult of approach. The mobile station of gamma radiation monitoring also includes one portable device for radiation measurement - Exploranium GR-130 EnviSpec.

RADIS data are used in the decision-making support system ARGOS which facilitates the expeditious performance of analysis of data received from a variety of sources and visual presentation whereof to persons responsible for the emergency management in the event of alarm.

Atmosphere fall-out are regularly collected in 5 stations (in Vilnius, Kaunas, Klaipėda, Utena and Dūkštas). The total beta activity is measured. Where the total beta activity is increased, the analysis of integrated samples of gamma spectrum is conducted and 90-Sr activity is measured every quarter.

Samples of aerosols are regularly collected in Utena; about 70 samples are taken every year. Change dynamics of cosmogenic and technogenic gamma rays is being monitored.

Samples of surface water are taken from rivers (9 stations, lakes (5 stations, since 2007 - 6 stations), the Baltic Sea (3 stations) and Curonian Lagoon (1 station). Water samples from rivers, Baltic Sea

and Curonian Lagoon are collected once per quarter and those form lakes are taken once per half a year, they are more often collected from the Kaunas Lagoon (6 times/year) and Drūkšių lake (quarterly). Bulk activity of 137-Cs and other gamma rays as well as that of 90-Sr is established. Samples of bottom sediments are collected twice a year (in Drūkšių lake – 4 times/year) and specific activity of 137-Cs and other gamma rays as well as that of 90-Sr is measured.

The Environmental Protection Agency carries out the control of releases into the atmosphere and water made by the Ignalina Nuclear Power Plant as well as performs radiological testing of ambient components. Samples of water, bottom sediments and biota are taken twice per year. The analysis of gamma is performed and activity of 90-Sr is estimated.

The Environmental Protection Agency provides EK, TATENA and HELCOM with reports on environmental radiological monitoring and discharge from Ignalina Nuclear Power Plant.

Economic entities - nuclear power plants, machinery for the management of radioactive waste, medical, industrial, agricultural and scientific institutions – using in their activities ionizing radiation sources must carry out radiological monitoring of economic entities according to the procedure established in Lithuanian environmental normative documents - LAND 42-2007 *Description of the Procedure for Limitation of the Release of Radionuclides into the Environment from Nuclear Energy Objects, Issuance of Permissions to Release Radionuclides into the Environment and Monitoring whereof* (Official Gazette, 2007, No.138-5693) and LAND 41-2001 *Norms of the Release of Radionuclides into the Environment from Medical, Industrial and Agricultural Objects and those Resulting from Conducting Research and the Procedure for the Issuance of Permissions for the Release of Radioactive Pollutants* (Official Gazette, 2001, No. 13-414). Radiological monitoring performed by economic entities is controlled by the Environmental Protection Agency.

Decommissioning of the operation of Ignalina Nuclear Power Plant

Environmental Impact Assessment Report on the Decommissioning of the Operation of Ignalina Nuclear Power Plant and Unloading of Nuclear Fuel has been developed. On 21 August 2006, the Ministry of Environment adopted the decision on the admissibility of activity from the point of view of environmental impact.

Environmental impact procedures of two projects of decommissioning of operation including individual phases of decommissioning of operation of Ignalina Nuclear Power Plant were performed with the application of the provisions of the UNO Convention on Transboundary Environmental Impact Assessment in a Transboundary Context. The Ministry of Environment adopted the following decisions concerning the planned activities:

1. Decision of 4 June 2007 on the permission to construct a near surface repository for low- and intermediate-level short lived radioactive waste from the environmental impact point of view;

2. Decision of 30 November 2007 on the permission to construct the temporal storage for spent nuclear fuel of Ignalina Nuclear Power Plant from the environmental impact point of view.

Technical designs are currently being developed and coordinated with state and municipal institutions. Information on the radiation safety of employees who work in the enterprise part-time is provided in Paragraph 2 Article 3 of this Report.

Response to the question raised by the European Committee of Social Rights:

Noise – The Committee asks whether Order 629 of 4 December 2001 is also concerned with ambient noise. If not, it asks what measures have been introduced in this area and how, precisely, data is collected.

The Ministry of Environment of the Republic of Lithuania does not draft legal acts related with the establishment of norms for noise permissible in the living environment. This realm of competence belongs top the Ministry of Health.

Order No. 342 of the Minister of Environment of the Republic of Lithuania of 27 June 2002 (Official Gazette, 2002, No. 70-2941) approved the requirements for the reduction and control of noise generated by industrial enterprises. This order obliges regional environmental protection departments, in issuing permissions of Integrated Prevention and Control of Pollution (further - IPCP) with regard to machinery specified in Annex 1 on the rules of issuance, updating and revocation of IPCP, temporarily, till the requirements are established for the reduction of noise generated by industrial enterprises, to act in accordance with the permissible level of noise in the territory of industrial, agricultural, construction, energy and transport enterprises set in Paragraph 14 (85 dBA) of the Hygiene Standard HN 33:2001 *Acoustic Noise. Permissible Levels in Living Environment. General Requirements of the Measurement Methodology* (Official Gazette, 2002, No. 8-301) approved by Order No. 692 of the Minister of Health of the Republic of Lithuania of 29 December. The maximum level of changeable and discontinuous noise in the objects should not exceed 110 dBA and the maximum level of impulse noise should not exceed125 dBA.

Secondary legislation of the Law on Noise Management of the Republic of Lithuania

1. Order No. V-596 of the Minister of Health of the Republic of Lithuania of 21 July 2005 On the Approval of the Description of the Procedure for the Assessment of the Impact of Noise on the Public Health (Official Gazette, 2005, No. 93-3484);
2. Resolution No. 1209 of the Government of the Republic of Lithuania of 10 November 2005 On the Composition of the Council for Noise Management and Approval of Regulations (Official Gazette, 2005, No. 135-4850);
3. Order No. V-23 of the Minister of Health of the Republic of Lithuania of 9 January 2006 On the Approval of the Composition of the Council for Personal Noise Prevention (Official Gazette., 2006, No. 8-296);
4. Order No. V-787/D1-507/3-467 of the Minister of Health, Minister of Environment and Minister of Transport and Communication of the Republic of Lithuania of 25 October 2005 On the Approval of Rules for the provision of the European Communities Commission with Reports on the Implementation of the Requirements of European Union Legal Acts Regulating the Noise Management Sector (Official Gazette, 2005, No. 128-4621);
5. Order No. V-791 of the Minister of Health of the Republic of Lithuania of 25 October 2005 On the Approval of the Description of the Procedure for the Provision of Reports by Managers of Noise Sources who are Issued a Permission – Hygiene Passport (Official Gazette, 2005, No. 128-4622);
6. Resolution No. 222 of the Government of the Republic of Lithuania of 9 March 2006 On the Approval of the Description of the Procedure for the State Noise Control and Issuance of a Mandate (Official Gazette, 2006, No. 29-986);
7. Resolution No. 581 of the Government of the Republic of Lithuania of 14 June 2006 On the Approval of the State Programme for the Strategic Noise-Mapping (Official Gazette, 2006, No. 68-2508, Nr. 71 (correction);
8. Order No. V-641 of the Minister of Health of the Republic of Lithuania of 18 July 2006 On the Approval of the Description of the Procedure for the Control of the Requirements for the Implementation of Measures of Noise Prevention and Reduction (Official Gazette, 2006, No. 82-3285).
9. Order No. V-743 of the Minister of Health of the Republic of Lithuania of 8 September 2006 Amending Order No. V-23 of the Minister of Health of the Republic of Lithuania of 9 January

2006 On the Approval of the Composition of the Council for Personal Noise Prevention (Official Gazette, 2006, No. 98-3821).

10. Resolution No. 564 of the Government of the Republic of Lithuania of 6 June 2007 On the Approval of the 2007-2013 State Programme for Actions of Noise Prevention (Official Gazette, 2007, No. 67-2614).

11.Order No V-555 of the Minister of Health of the Republic of Lithuania of 2 July 2007 On the Approval of the Lithuanian Hygiene Standard HN 33:2007 Acoustic Noise. Limit Values of Noise in Residential and Public Buildings and in the Environs Whereof (Official Gazette, 2007, No. 75-2990).

12. Order No. V-592 of the Minister of Health of the Republic of Lithuania of 10 July 2007 Amending Order No. V-23 of the Minister of Health of the Republic of Lithuania of 9 January 2006 On the Approval of the Composition of the Council for Personal Noise Prevention (Official Gazette, 2007, No. 78-3174).

13. Order No. V-616 of the Minister of Health of the Republic of Lithuania of 19 July 2007 On the Approval of Forms for the Provision of the European Communities Commission with Information for the reports on the European Parliament and Council Directive 2002/49/EC of 25 June 2002 relating to the assessment and management of environmental noise (Official Gazette, 2007, No. 83-3406).

14. Resolution No.1305 of the Government of the Republic of Lithuania of 5 December 2007 On the Approval of Rules of the Provision of the Noise Prevention Council, State Institutions, County Governors and the Public with Primary and Summary Information on Noise Management (Official Gazette, 2007, No. 132-5380).

Stages and extent of noise-mapping

To ensure strategic noise-mapping, Resolution No. 581 of the Government of the Republic of Lithuania of 14 June 2006 approved the 2006-2007 State Programme for Strategic Noise-Mapping and the Yearly Plan for the Implementation of Measures (Official Gazette, 2006, No. 68-2508).

The aim of the programme is to create conditions for strategic ambient noise-mapping in Lithuania in accordance the European Parliament and Council Directive 2002/49/EC of 25 June 2002 relating to the assessment and management of environmental noise in order to protect the population from negative impact of ambient noise.

Strategic noise-mapping is divided into stages. The first stage embraces 2006–2007. The second stage (2008–2012) and subsequent stages will take 5 years.

During the first stage of strategic noise-mapping (till 30 June 2007), the agglomerations were delineated with the total number of population of over 250 000 - Vilnius and Kaunas cities (Table 11.3.11).

Table 11.3.11: Noise-mapped agglomerations during the first stage

Agglomeration	Number of population, thousand	Area, sq. Km.
Vilnius	554	400
Kaunas	379	157

Response to the question raised by the European Committee of Social Rights:

Asbestos – The Committee underlines that to comply with the Revised Charter the legislation must prohibit asbestos, or at least place adequate restrictions on its sale, use and manufacture, require the owners of residential and public buildings to check for the presence of

asbestos and take any necessary steps to remove it, and place obligations on firms with regard to the removal of asbestos. To enable it to assess the situation, it asks for full information on all these subjects in the next report.

Resolution No. 102 of the Government of the Republic of Lithuania of 24 January 2002 Partially Amending Resolution 1163 of the Government of the Republic of Lithuania of 28 September 1998 On the Limitation of Import, Manufacturing and Use of Asbestos and Products to which it is Added provided for a gradual limitation of import, use and manufacturing of individual asbestos types and products to which it is added extending till the final banning. Since 1 January 2005, the use of asbestos and products to which it is added has been totally banned in Lithuania, nevertheless, due to the extensive earlier use of asbestos, building further retain asbestos fibers discharged from the damaged products to which asbestos is added which poses risk to the public health.

In order to improve the environmental condition, ensure healthier environment, and gradually and safely removing products to which asbestos is added from the environment, Resolution No. 351 of the Government of the Republic of Lithuania of 14 April 2008 On the Approval of the Programme for the Removal of Asbestos (Official Gazette, 2008, No. 48-1777) approved the Programme for the Removal of Asbestos. In order to achieve the set objective, it is envisaged to evaluate the amount and condition of products to which asbestos is added which were used in buildings, support the removal of products to which asbestos is added which are unsafe for the public health, improve the qualification of public servants and workers of state institutions on the issues of work with asbestos, inform and educate the public on the risk posed by asbestos and safe behavior and remove it from the environment.

For the implementation of measures set in the Programme, funds are allocated from the state budget, municipalities, Environmental Support Programme of the Republic of Lithuania, international funds as well as other funds. Almost 23 million Litas are earmarked for this purpose.

The implementation of the Programme is coordinated by the Ministry of Environment, individual measures are implemented by the Ministry of Health, State Environmental Protection Inspectorate and State Labour Inspectorate.

Response to the question raised by the European Committee of Social Rights:

Food safety

The report refers to a series of legal provisions on the subject but contains no information on the points considered by the Committee. To comply with the Revised Charter in this field, states must set national legal standards for food hygiene taking into account scientific data, and establish and maintain machinery for monitoring compliance with these standards throughout the food chain. Legislation must also develop, implement and update systematic prevention measures, particularly through labeling, and monitor the occurrence of foodborne diseases. The Committee therefore asks for full information on all these subjects in the next report.

The Ministry of Health of the Republic of Lithuania, within the competence established in the Law on Food of the Republic of Lithuania (Official Gazette, 2000, No. 32-893; 2002, Nr. 64-2574; 2003, No. 92-4139; 2004, No. 93-3397), lays down scientifically grounded binding food safety requirements based on the assessment of risk to human health for: the highest permissible concentrations of pollutants in food, safety of food additives and foodstuff, special nutrition, irradiation, safety of new genetically modified food, safety of food contact products, food hygiene and persons who deal with food. The Ministry of Health also coordinates the implementation of the policy of the improvement of food safety and the population‘s nutrition and of the decrease of food-

borne diseases, develops programmes for the improvement of food safety and population's nutrition, carries out monitoring of the population's nutrition, food safety related with public health and food-related morbidity and develops skills of healthy nutrition. Supervision of food safety, food quality and food management is conducted by the State Food and Veterinary Service of the Republic of Lithuania which has its structural units and laboratories in all the counties. Lithuanian food enterprises conduct internal self-control – they operate in accordance with the RVASVT (HACCP) principles binding in the European Union.

Till May 2004, all the EU law on food was fully transposed to the national law, and subsequently it has been timely and fully transposed to the national legal acts. The main legal acts regulating food safety and nutrition and monitoring of food-related indicators of public health are the following:

1. Laws

Law on Food of the Republic of Lithuania (Official Gazette, 2000, Nr. 32-893; 2002, Nr. 64-2574; 2003, Nr. 92-4139; 2004, Nr. 93-3397)

Law on Genetically Modified Organisms of the Republic of Lithuania (Official Gazette, 2001, No. 56-1976; 2003, No. 34-1419)

Law on Drinking Water of the Republic of Lithuania (Official Gazette, 2001, No. 64-2327)

Law on Monitoring of the Public Health of the Republic of Lithuania (Official Gazette, 2002, No. 72-3022)

Law on Plant Protection (Official Gazette, 1995, No. 9-2013; 2003, No. 102-4583)

2. Secondary legal acts

2.1. Resolutions of the Government of the Republic of Lithuania

Resolution No. 1325 of the Government of the Republic of Lithuania of 23 October 2003 On the Approval of the State Food and Nutrition Strategy and 2003-2010 Plan of Measures for the Implementation whereof (Official Gazette, 2003, No. 101-4556)

Resolution No. 1092 of the Government of the Republic of Lithuania of 10 July 2002 On Laboratories that Conduct Testing of Samples Collected for the State Food Control (Official Gazette, 2002, No. 72-3040)

Resolution No. 1150 of the Government of the Republic of Lithuania of 21 September 2001 On the Conducting of State Food Safety Inspection and Approval of Payment Procedure (Official Gazette., 2001, No. 83 – 2888)

Resolution No. 652 of the Government of the Republic of Lithuania of 27 May 2004 On the Approval of Rules for Conducting of Public Health Safety Inspection (Official Gazette, 2004, No. 87-3178)

Resolution No. 652 of the Government of the Republic of Lithuania of 27 May 2004 On the Approval of Rules for Conducting of Public Health Safety Inspection (Official Gazette, 2004, No. 87-3178)

Resolution No. 418 of the Government of the Republic of Lithuania of 8 April 2003 On the Approval of Physiological Nutrition Norms for Persons Accommodated in the Foreigners' Registration Centre of the State Boarder Guard Service under the Ministry of the Interior (Official Gazette, 2003, No. 35-1473)

Resolution No. 14 of the Government of the Republic of Lithuania of 9 January 2002 On the Approval of Physiological Nutrition Norms for Persons Put in Pre-trial Imprisonment and Confinement Institutions (Official Gazette, 2002, No. 4-98)

Resolution No. 1589 of the Government of the Republic of Lithuania of 10 December 2003 On the Approval of the 2003-2005 State Programme for the Monitoring of Public Health (Official Gazette, 2003, No. 117-5344)

Resolution No. 1388 of the Government of the Republic of Lithuania of 3 September 2002 On the Procedure for Programme Supervision of Publically Appropriate Drinking Water Supplied by Water Supply Distribution system in Consuming Sites (Official Gazette, 2002, No. 87-3753)

2.2. Orders of the Minister of Health

Order No. 328 of the Minister of Health of the Republic of Lithuania of 17 June 1998 On Foods for Particular Nutritional Uses and the Procedure of Registration of Food Additives (Official Gazette, 1998, No. 57-1610; 2004, No. 7-164)

Order No. 108 of the Minister of Health of the Republic of Lithuania of 8 March 1999 On the Procedure for Conducting Hygiene (Public Health Safety) Inspection (Official Gazette, 1999, No. 25-721)

Order No. 510 of the Minister of Health of the Republic of Lithuania of 25 November 1999 On the Approval of Recommended Daily Nutritional Substances and Energy Norms (Official Gazette, 1999, No. 102-2936)

Order No. 357 of the Minister of Health of the Republic of Lithuania of 26 June 2001 On Draft Enterprise Standards (Official Gazette, 2001, No. 58-2096)

Order No. 250 of the Minister of Health of the Republic of Lithuania of 30 May 2002 On the Diagnostics and Prevention of Poisoning Caused by Nitrites and Nitrates (Official Gazette, 2002, No. 58-2361)

Order No. 316 of the Minister of Health of the Republic of Lithuania of 28 June 2002 On the Approval of the Procedure for Import of Pistachios and Products whereof from Iran (Official Gazette, 2002, No. 70-2933; 2004, No.81-2914; 2005, No. 84-3127)

Order No. 687 of the Minister of Health of the Republic of Lithuania of 24 December 2002 On the Establishment of Scientific Committee on New Food Products and Approval of the Regulations whereof (Official Gazette, 2003, No. 4-133)

Order No. V-33 of the Minister of Health of the Republic of Lithuania of 22 January 2003 On the Establishment of the Scientific Committee on Food and Nutrition (Official Gazette, 2003, No. 12-450)

Order No. V-393 of the Minister of Health of the Republic of Lithuania of 1 July 2003 On the Approval of Requirements for the Processing of Food and Ingredients whereof with Ionizing Radiation (Official Gazette, 2003, No. 70-3206; 2004, No. 81-2913; 2005, No. 51-1727)

Order No. V-573 of the Minister of Health of the Republic of Lithuania of 30 September 2003 On the Approval of the Procedure for Import of Peanuts and Products whereof from China (Official Gazette, 2003, No. 99-4452; 2004, No.81-2910)

Order No. V-574 of the Minister of Health of the Republic of Lithuania of 30 September 2003 On the Approval of the Procedure for Import of Figs, Hazelnuts and Pistachios and Products whereof from Turkey (Official Gazette, 2003, No. 99-4453; 2004, No.81-2912)

Order No. V-575 of the Minister of Health of the Republic of Lithuania of 30 September 2003 On the Approval of Requirements for Placing on the Market of Certain New Food Products and New Food Ingredients (Official Gazette, 2003, No. 99-4454; 2004, No. 81-2909)

Order No. V-731 of the Minister of Health of the Republic of Lithuania of 12 December 2003 On the Approval of the Procedure for Import of Peanuts and Products whereof from Egypt (Official Gazette, 2004, No. 6-124, No. 81-2911)

Order No. V-787 of the Minister of Health of the Republic of Lithuania of 23 December 2003 On the Approval of Methods of Sample Collection for the Establishment of Concentrations of Pesticide Residues in Food Products (Official Gazette, 2004, No. 45-1488)

Order No. V-249 of the Minister of Health of the Republic of Lithuania of 21 April 2004 Amending Order No. 697of the Minister of Health of the Republic of Lithuania of 30 November 2000 On the Approval of Provisions for the Official Recognition of Mineral Waters in the Republic of Lithuania (Official Gazette, 2004, No. 65-2296)

Order No. V-259 of the Minister of Health of the Republic of Lithuania of 22 April 2004 On the Approval of the „List of Sensitive Food Products“ (Official Gazette, 2004, No.65-2299, No. 152-5564; 2005, No. 3-35)

Order No. V-343 of the Minister of Health of the Republic of Lithuania of 7 May 2004 On the Approval of the Procedure for Import of Chilies and Products whereof (Official Gazette, 2004, No.81-2915)

Order No V-980/B1-1108 of the Minister of Health of the Republic of Lithuania and Director of the State Food and Veterinary Service of 30 December 2004 On Exchange of Information on Food Safety (Official Gazette, 2005, No. 3-49)

Twelve rules of best practice of hygiene designed for small and medium-size enterprises of food management were approved by documents of the Ministry of Health.

Lithuanian Hygiene Standards

Order No. V-675 of the Minister of Health of the Republic of Lithuania of 1 September 2005 On the Approval of the Lithuanian Hygiene Standard HN 15:2005 Food Hygiene (Official Gazette, 2005, 110-4023)

Order No. V-771 of the Minister of Health of the Republic of Lithuania of 24 December 2003 On the Approval of the Lithuanian Hygiene Standard HN 16:2003 Substances and Products Contacting Food (Official Gazette, 2004, No. 451486; No.56, corrections, No. 168-6204; 2005, No. 58-2044, No. 80-2924, No. 95-2527)

Order No. V-772 of the Minister of Health of the Republic of Lithuania of 24 December 2003 On the Approval of the Lithuanian Hygiene Standard HN 17:2003 Food Additives (Official Gazette, 2004, No. 7-158; 2005, No. 43-1382)

Order No. V-455 of the Minister of Health of the Republic of Lithuania of 23 July 2003 On the Approval of the Lithuanian Hygiene Standard HN 24:2003 Safety and Quality Requirements for Drinking Water (Official Gazette, 2003, No.79-3606)

Order No. V-758 of the Minister of Health of the Republic of Lithuania of 23 December 2003 On the Approval of the Lithuanian Hygiene Standard HN 28:2003 Requirements for the Use and Placing on the Market of Natural Mineral Water and Spring Water (Official Gazette, 2004, No. 7-154, No. 65-2295)

Order No. 683 of the Minister of Health of the Republic of Lithuania of 29 December 2001 On the Approval of the Lithuanian Hygiene Standard HN 106:2001 New Food Products and New Food Ingredients (Official Gazette 2002, No.26-945; 2003, No.99-4456; 2004, No.109-4093)

Order No. 666 of the Minister of Health of the Republic of Lithuania of 22 December 2001 On the Approval of the Lithuanian Hygiene Standard HN 107:2001 Food Products for Specific Purposes (Official Gazette 2002, No. 5-199; 2003, No. 12-447, No. 99-4451, No. 65-2297; 2005, No. 43-1683)

Order No. 677 of the Minister of Health of the Republic of Lithuania of 24 December 2002 On the Approval of the Lithuanian Hygiene Standard HN 119:2002 Labelling of Food Products (Official Gazette, 2003, No. 13-530, No. 60-2741; 2004, No. 70-2458, No. 161-5892; 2005, No. 62-2209, No. 110-4024, No. 152-5149)

Order No. V-793 of the Minister of Health of the Republic of Lithuania of 31 December 2003 On the Approval of the Lithuanian Hygiene Standard HN 53:2003 Food Additives Permitted for Use (Official Gazette, 2004, No. 45-1491, No. 65-2298, No. 134-4880, No. 176-6526; 2005, No. 71-2574, No. 74-2696)

Order No. 682 of the Minister of Health of the Republic of Lithuania of 29 December 2001 On the Approval of the Lithuanian Hygiene Standard HN 53-1:2001 Food Additives Permitted for Use. Flavorings and Raw Products for the Production of Flavorings Permitted for Use (Official Gazette, 2002, No. 24-891; 2004, No. 81-2907, No. 113-4236)

Order No. 686 of the Minister of Health of the Republic of Lithuania of 24 December 2002 On the Approval of the Lithuanian Hygiene Standard HN 53-2:2002 Food Additives Permitted for Use. Specific Purity Criteria of Sweeteners, Food Coloring and other Food Additives (Official Gazette, 2003, No. 91(1)-9135, No. 91(2)-4135; 2004, No. 8-208, No. 113-4234; 2005, No 11-349)

Order No. V-773 of the Minister of Health of the Republic of Lithuania of 24 December 2003 On the Approval of the Lithuanian Hygiene Standard HN 54:2003 Food Products. The Highest Permittable Levels of Pollutant and Pesticide Residues (2004, No. 45-1487, No. 74-2562, No. 139-5077, 2005, No. 37-1210, No. 124-4428, 2006, No. 14-497)

Housing standards:

Law on Construction of the Republic of Lithuania (Official Gazette, 1996, No. 32-788; 2001, No. 101-3597).

Law on State Support for the Acquisition and Lease of Housing of the Republic of Lithuania (Official Gazette, 1992, No. 14-378; 2002, No. 116-5188);

Resolution No. 60 of the Government of the Republic of Lithuania of 21 January 2004 On the Approval of the Lithuanian Housing Strategy (Official Gazette., 2004, No.13-387);

Technical Regulation of Construction STR 2.02.09:2005 *Single-Family Residential Housing* approved by Order No. D1-338 of the Minister of Health of the Republic of Lithuania of 1 July (Official Gazette, 2005, No. 93-3464);

Technical Regulation of Construction STR 2.02.01:2004 Residential Buildings for the Needs of the Disabled Persons approved by Order No. 705 of the Minister of Environment of 24 December 2003 (Official Gazette, 2004, No. 23-721);

Technical Regulation of Construction STR 2.03.01:2001 Constructions and territories. Requirements for the need of the disabled persons approved by Order No. 317 of the Minister of Environment of 14 June 2001 (Official Gazette., 2001, No. 53-1898).

Technical Regulation of Construction STR 1.12.05:2002 Technical Building Requirements for the Use and Maintenance of Residential Housing and Procedure for the Implementation whereof‟ approved by Order 351 of the Minister of Environment of the Republic of Lithuania of 1 July 2002 (Official Gazette, 2002, No.81-3504)

Order No. 895 of the Minister of Health of the Republic of Lithuania of 9 December 2004 On the Approval of the Lithuanian Hygiene Standard HN 105:2004 Polymeric Construction Products and Polymeric Furniture Substances (Official Gazette, 2004, No.182-6745).

Order No. 549 of the Minister of Environment of the Republic of Lithuania of 21 October 2002 Amending Order No. 420 of the Minister of Environment of the Republic of Lithuania of 27 December 1999 On the Approval of Article 2.01.01(3):1999 of the Regulation Essential Requirements for a Construction. Hygiene, Health, Environmental Protection.

Order No. V-362 of the Minister of Health of the Republic of Lithuania of 10 May 2007 On the Approval of the Lithuanian Hygiene Standard HN 35:2007 The Highest Permutable Concentrations of Chemical Substances (Pollutants) in the Air of Living Environment.

In accordance with the legal acts of the Republic of Lithuania, an appropriate dwelling is dwelling that is suitable for living for a person or for a family, that complies with the requirements of construction and special norms and the useful living space of which per one member of the family is larger than 14 sq.m. (this provision is not applied with regard to the social dwelling). The useful living space of social dwelling per one resident shall not exceed 14 sq. m., unless the laws provide otherwise. One of the conditions for receiving state support for the acquisition of dwelling

established in the law reads that the useful living space per one member of the family is smaller than 14 sq. m..

The specified legal acts provide for that useful living space of a social dwelling per one member of the household shall not be smaller than 10 sq. m.. Useful living space of a one-room flat shall be not smaller than 34 sq. m.. The space of individual dwelling premises (bath-room, toilet) and width of door opening shall satisfy the needs of the disabled persons.

In 2005, the Law Amending Law on State Support for the Acquisition and Lease of Housing of the Republic of Lithuania was adopted that stipulates the state support for modernizing apartment buildings. It lays down that the state shall provide the owners of flats in apartment buildings with financial support for the implementation of projects of modernizing their apartment houses, in view of the energy effectiveness of these projects – additional support shall be provided to households receiving low income. The implementation of this law will provide facilities for the improvement of the condition of apartment houses.

The name of this law has also been changed to the Law on State Support for the Acquisition and Lease of Housing and Modernization of Apartment Houses

Besides the legal acts regulating the minimum housing standards, the Civil Code of the Republic of Lithuania should also be specified (Official Gazette, 2000 No. 74-2262). Having been put into effect on 1 July 2001, the Civil Code of the Republic of Lithuania regulates property relations and provides for the management forms of common partial ownership: condominium of owners of flats, contract on joint activities (partnership) or appointment of administrator of dwelling of common use.

Chapter XXXI of Book Six of the Civil Code regulates the lease of dwelling. It lays down that only a fit for residence dwelling house or its part, a separate apartment or an isolated dwelling consisting of one or several rooms with related non-residential premises may be a subject matter of a contract of lease of a dwelling. A part of a room or a room which is connected with another room by a common entrance (communicating rooms), likewise non-residential premises (kitchens, corridors, storage rooms, etc.) may not be a subject matter of a separate contract of lease of a dwelling.

Useful space per one resident accounted for 22.3 sq. m. and 21.8 sq. m. in 2004 and 2003 respectively. According to the data of the Department of Statistics under the Government of the republic of Lithuania, average useful living space per one Lithuanian resident was 24,1 sq. m. in 2006. This indicator has been increasing since 2001.

In 2007, more favorable conditions were created for families, including large families, to apply for the state support for the acquisition of dwelling, lease of social dwelling or the improvement of the conditions whereof.

Useful space per one resident totaled 23.8 sq. m., 24.1 sq. m. and 28.0 sq. m. in 2005, 2006 and 2007 respectively (the indicator of 2007 has not been officially announced yet).

Response to the question raised by the European Committee of Social Rights:

Measures to combat smoking, alcoholism and drug addiction

From the detailed information in the report on the various campaigns and programmes introduced, the Committee notes that Lithuania has made considerable efforts to combat smoking and drug addiction. In the absence of any information on alcoholism prevention and given the fact that

alcohol poisoning is one of the main external causes of mortality (see the conclusion on Article 11§1), the Committee stresses the need for information in the next report on relevant measures introduced. It also asks for up-to-date information on the legislation governing these three areas, particularly the transposition of the Community acquis on tobacco advertising.
To assess the effectiveness of such policies the Committee needs statistics on trends in tobacco, alcohol and drug consumption. Since alcoholism in particular is one of the main causes of mortality in men, it asks for information in the next report, backed up by statistics, on the results obtained.

Since 1994, the rate of smoking of women has been growing. Nevertheless, the rate of smoking of women with university degree has been decreasing over the recent years. The rate of smoking of men was going up till 2000, later it has been decreasing. Men with university degree smoked 2,5 times less compared to men with secondary education or unfinished secondary education.

The rate of consumption of strong alcoholic beverages among women and men t has hardly changed. In 2006, every third man and every tenth woman consumed them at least once per week. The consumption of wine has been decreasing. The rate of beer consumption slightly decreased in 2000-2004 and it grew again in 2006. Beer was consumed by men and women with post-secondary education more often.

Table 11.3.12: Findings of the research on health of Lithuanian residents aged 20-64, in percentage (Research on the Lifestyle of Lithuanian adults conducted by Kaunas University of Medicine)

	2000	2002	2004	2006
Percentage of daily smokers	32,0	26,5	25,0	26,5
men	51,5	43,7	39,4	43,4
women	15,8	12,8	14,2	14,5
Percentage of people who consume strong alcoholic beverages at least once per week	21,6	17,4	17,9	18,4
men	33,9	28,7	28,2	30,0
women	11,5	8,2	10,3	10,1
Percentage of people who consume wine at least once per week	12,4	9,3	7,1	7,0
men	13,4	7,6	6,9	5,8
women	11,5	10,6	7,2	7,8
Percentage of people who consume beer at least once per week	35,4	36,4	31,9	33,9
men	55,8	58,8	52,0	56,0
women	18,3	18,3	16,4	17,8

Table 11.3.13: Yearly consumption of alcoholic beverages and tobacco products per one resident aged over 15 (data of the department of Statistics)

	2000	2005	2006	2007
Absolute alcohol, liters	12,3	12,9	13,2	13,3
Tobacco products cigarettes	1665	1409	1434	1457

Tobacco control and smoking prevention in the Republic of Lithuania is regulated by the Law of the Seimas of the Republic of Lithuania on Tobacco Control adopted in 1995 (Official Gazette, 1996, No. 11-281 ; 2003, 117-5317). The law prohibits advertising of tobacco and tobacco products, limits the promotion of tobacco products and indirect advertising. The sale of tobacco products is prohibited to individuals of up to 18 years of age. In September 2003, Lithuania ratified

the International Framework Convention on Tobacco Control. On 1 January 2007, the ban on smoking in restaurants, cafes, bars and other mass caterers, clubs, health care and educational institutions, discos, except for cigar and pipe clubs designed for the special purpose was introduced. Law of the Republic of Lithuania on Tobacco Control (Official Gazette, 1996, No. 11-281; Official Gazette, 2003, No. 117-5317).

The prevention of smoking in Lithuania is based on the implementation of the State Programme for Tobacco Control approved by Resolution No. 954 of the Government of the Republic of Lithuania of 30 July 1998 (Official Gazette, 1998, No. 69-2010). The priority of the programme is children and the youth and the main objective is the decrease of proliferation of smoking and social and economic harm whereof to human health. The programme is aimed at implementing the State Tobacco Control principles such as protection of the individual‘s rights to life free of smoking, protection of non-smoking individuals‘ rights to life free of tobacco smoke, decrease of access to tobacco by means of taxes, especially regarding minors, prohibition of advertising of tobacco products and promotion of the sale and consumption whereof, increase of the public awareness on the social and economic harm of tobacco consumption to the public health and encouragement of smokers to give up smoking.

In order to implement the objectives set in the Lithuanian Health Programme, the proliferation of smoking of women and men should be decreased by 10 percent till 2010; the rate of smoking of children and minors should be reduced by 10 percent till 2010, in accordance with the provisions of the International Framework Convention on Tobacco Control of the World Health Organization which came into effect on 27 February 2005, reduction of support and demand of tobacco products should be regulated; fights against smoking proliferation should be strengthened; the environment free of tobacco should be promoted; by means of modern forms the public should be informed on the harm of smoking to the individual and public health and national economy; effective assistance to persons who intend to give up smoking should be ensured and the 2006–2008 Plan of Measures for the Implementation of Lithuanian Public Health Care Strategy approved by Resolution No. 941 of the Republic of Lithuania of 27 July 2006 (Official Gazette, 2001, No. 66-2418 ; 2006, No. 70-2574) on the Transposition of the Provisions of the World Health Organization International Framework Convention on Tobacco Control to the Legal Acts of the Republic of Lithuania and Implementation whereof should be implemented. 2007-2010 Plan of Measures for the Implementation of the State Tobacco Control Programme (Official Gazette, 2007, No. 111-4544) was drafted and approved by Resolution No. 1117 of the Government of the Republic of Lithuania of 17 October 2007. The main targets of this plan are to increase excise duties of tobacco products, legalize the prohibition of advertising and promotion of all the types of tobacco, to implement economic market control measures – to develop risk management system in the area of prevention of smuggling in tobacco products and to analyze the outcome of the consumption of tobacco products. A very important part of this Plan is to implement the prevention of smoking – to inform and educate the public on the harm of smoking to the individual and public health. In implementing this part of the plan, it is envisaged to implement annually 3-5 projects on the promotion of non-smoking by the mass media and 3-5 projects on the prevention of women and girls smoking, 4-6 projects on the promotion of giving up smoking, provide information on the assistance rendered to those who want to give up smoking, to provide specialized medical and psychological assistance services in health care institutions, psychical health and addictive diseases centers, to ensure that those who want to give up smoking should be provided with consultations on free line, to organize courses of qualification improvement to health care specialists who provide assistance to those who want to give up smoking. Since 2005, Lithuania successfully implements the project designed for the prevention of smoking of pupils Non-smoking Form; in 2008 Lithuania participated for the first time in the international project Non-smoking European. Project HELP actively informs about the

impact of smoking on individual and public health – non-governmental organizations actively engage themselves in the activities of tobacco prevention and control and life free of tobacco, the most active of which is Tobacco and Alcohol Control Coalition. It is planned to hold international conference on tobacco control in November 2008.

Issues on alcohol control and alcohol consumption prevention are regulated by the Law of the Republic of Lithuania on Alcohol Control (Official Gazette, 1995, No. 44-1073 ; 2004, No. 47-1548). The main objective of the State Alcohol Control Programme (Official Gazette, 1999, No. 21-603*)* approved by Resolution No. 212 of the Government of the Republic of Lithuania of 25 February 1999 is to reduce the supply and demand of alcohol, alcohol abuse and harm of alcohol to the public health and national economy.

- In implementing the State Alcohol Control Programme, research on the impact of alcohol consumption on health, crime rate and law violation was conducted – Research on the intensity of alcohol advertising and the public approach towards alcohol advertising and the Research on peculiarities of harmful alcohol consumption and impact whereof on public health. With a view to implementing the measure „to arrange seminars, conferences and informational material on the issues of the prevention of alcohol consumption" laid down in the State Alcohol Control Programme", the publication *Alcohol and Pregnancy* was developed and issued, informational documentary *Alcohol is Cool!?* for minors was produced and conference *Has advertising influence over alcohol consumption* was held in 2007.
- In order to implement the measure provided for in the State Alcohol Control Programme, summary in Lithuanian of the research *Alcohol in Europe. A public health perspective* conducted by P. Anderson and B. Baumberg was published in 2006. The publication was disseminated in international conferences and seminars as well as among the specialists of psychical health caters and addictive diseases centers. In December 2006, international conference *Relevant issues of the alcohol policy: will our nation survive as a sober nation* was arranged in Lithuania. Training courses on the issues of ways of solving the problems related with alcohol consumption were organized for family doctors. The training was attended by family doctors from 45 town public health institutions and health care institutions.

In view of the present situation in the country, the Seimas of the Republic of Lithuania by Resolution No. X-1185 of 14 June 2007 announced the year 2008 as the Year of Abstinence (Official Gazette, 2007, No. 69-2727). In accordance with this Resolution, the Programme of the Year of Abstinence was drafted and approved by Resolution No. 19 of the Government of the Republic of Lithuania of 9 January 2008 (Official Gazette, 2008, No. 8-277) aimed building up the public's, especially children's and the youth's abstinence attitudes, encouraging to live a sober life, developing cooperation among the state and municipal institutions and agencies, non-governmental organizations and community in disseminating the ideas in the public and in building up value-based attitudes of healthy lifestyle among children and young people. In implementing the Programme of the Year of Abstinence, it was envisaged to inform the public more actively on the consumption of alcohol and impact whereof and disseminate abstinence ideas. With a view to informing the public on the impact of alcohol consumption more actively, the book *Pregnancy and Alcohol* for would-be parents was developed and published and the contest of the best community programme designed for the prevention of alcohol consumption was organized. Within the framework of the Programme of the Year of Abstinence events for pupils have been organised – pupils' video clip contest *Be sober*, events on the beaches *Sober and safe recreation*, a contest for the creation and promotion of sober environment of the youth was announced and the event for senior pupils and the youth *Advantages of life free of alcohol* was arranged.

National Drug Control and Drug Addiction Prevention Programme

All priorities of the state policy, related to prevention and control of drug addiction, are set forth in the National Drug Addiction Prevention and Drug Control Strategy for 2004–2008 (hereinafter referred to as Strategy), approved by Resolution No 1216 of the Government of the Republic of Lithuania of 2 October 2003 (Official Gazette, 2003, No 94-4251). The Strategy gives priority to primary prevention of drug use in families as well as among the children and the youth.

Measures of drug prevention and control are being pursued while implementing the National Drug Control and Drug Addiction Prevention Programme for 2004-2008, approved by Resolution No IX-2110 of the Seimas of the Republic of Lithuania of 8 April 2004 (Official Gazette, 2004, No 58-2041) and implementing measures, approved each year by the Government of the Republic of Lithuania.

In 2006, a competition of posters "I can resist..." was organized for residents of children foster homes, dedicated to prevention of use of psychoactive substances, in which 537 participants took part. The gallery of works of competition participants can be accessed at www.vpsc.lt. An award-giving festival was organized to pay honor to the winners of the competition as well as an exhibition of works in the Republican Psychiatric Hospital. Seminars have been organized in the special homes of children development and fostering, aimed at development of the children, motivation for healthy lifestyle, abstaining from consumption of alcohol, tobacco and other substances affecting the psyche, encouraging them to ponder over the reasons why their peers use the psychoactive substances, to contemplate and understand the negative consequences of using these substances. Two scientific practical conferences have been organized for the staff of children foster homes on the subject of "Prevention of addictions in children foster homes". The objective of the conferences was to introduce the staff of children foster homes to the prevalence of tobacco, alcohol, volatile, psychotropic and narcotic substances and primary prevention of their use.

When pursuing the implementing measures of the National Drug Control and Drug Addiction Prevention Programme for 2004-2008, treatment methodologies and methodical recommendations were prepared in 2007: Lithuanian Association of Psychiatrists prepared the methodology for supportive treatment of opiate addiction with naltrexone; Lithuanian Society of Children and Teenager Psychiatrists – the methodology for early diagnostics and treatment of children using narcotic, psychotropic and other psyche-affecting substances in primary health care institutions. Institute for Social Research developed the methodical recommendations for assessment of social rehabilitation measures, intended for persons providing the psychological and social rehabilitation services to children using the psyche-affecting substances. In 2007, VšĮ "MTVC" carried out a research of quality of services, provided in health care institutions to children using psychoactive substances. The research was aimed at improvement of methodological conception of organization of service provision to children; recommendations were prepared for the improvement of organization of such services.

Tendencies of use of tobacco, alcohol and narcotic substances

Drug Control Department under the Government of the Republic of Lithuania at the end of 2004 conducted a research of prevalence of psychoactive substances' use in Lithuania, the purpose of which was to collect and assess the standardized data about the prevalence of use of narcotic substances, tobacco and alcohol. A total number of 4207 permanent residents of Lithuania aged 15-64 have been surveyed. According to the results of the research, at that time 34.8 % of residents were smokers. Smoking prevails among men of different ages and young (15-34) women. Consumption of alcohol is also widely prevalent. The majority of residents of Lithuania (85.1 %)

have consumed alcohol during the last 12 months, whereas 67.8 % have drunk alcohol during the last 30 days. 8.2 % of residents have tried drugs at least once. Young people (15-34) tend to use narcotics more often than elder (35-64).

According to the information of the Department of Statistics under the Government of the Republic of Lithuania, alcohol consumption indicators have been growing: in 2005 – 10.7 l of absolute alcohol per capita, in 2006.-11 l and in 2007 -11.2 l. Tobacco consumption indicators have been growing marginally, but remained below the level of 2000-2001. In 2005, one resident on average smoked 1173 tobacco products in cigarettes, in 2006 - 1202, whereas in 2007 – 1229.

Response to the question of the European Committee of Social Rights:
Prophylactic measures
Epidemiological monitoring

The Committee notes in particular the amended Prevention and Control of Communicable Diseases Act of 13 December 2001, and the establishment in November 2002 of an epidemiological supervision and control of communicable diseases programme for 2003–2006. It asks for the precise content of the new legislation and for details of the programme's application. It also asks how data produced by the centre for communicable diseases prevention and control is collected.

The main law of the Republic of Lithuania, regulating the supervision of communicable diseases in Lithuania, is the Law on Prevention and Control of Communicable Diseases in Humans of the Republic of Lithuania (Official Gazette., 1996, No 104-2363; 2001, No 112-4069) and a series of its accompanying legislative acts.

International Health Regulations (2005) were ratified by the Law on Ratification of International Health Regulations (2005) of the Republic of Lithuania (Official Gazette, 2008, No 15-513). The Programme for Implementation in Lithuania of International Health Regulations (2005) of the World Health Organization for 2008-2012 was adopted by Resolution No 589 of the Government of the Republic of Lithuania of 11 June 2008 (Official Gazette, 2008, No 72-2766). The National Programme for Preparation for Influenza Pandemic was approved by Resolution No 67 of 23 January 2008 of the Government of the Republic of Lithuania (Official Gazette, 2008, No 16-554).

The National HIV/AIDS Prevention and Control Programme for 2003–2008 (Official Gazette, 2003, o 98-4399), National Programme for Prevention and Control of Sexually Transmitted Infections for 2006–2009 (Official Gazette, 2005, No 138-4973), Programme for Management of Hospital Infections in Health Care Institutions for 2007–2011 (Official Gazette, 2007, No 57-2211), National Immunoprophylaxis Programme for 2006–2008 (Official Gazette, 2006, No 88-3486) and other national programmes are aimed at preventing the spreading of communicable diseases and ensuring control.

While seeking to transpose the provisions of decisions of the European Commission No 2002/253/EC, No 2003/534/EC and No 2000/96/EC into the national law of Lithuania, on 10 May 2004 definitions of communicable diseases, providing for criteria of laboratory diagnosis or specific methods to determine the approved case of a communicable disease, were approved by Order No V-344 of the Minister of Health of the Republic of Lithuania on approval of case definitions of communicable diseases, listed in decisions of the European Commission No 2000/96/EC and 2003/542/EC (Official Gazette, 2004, No 82-2958).

In order to ensure the epidemiological surveillance of communicable diseases in Lithuania, based on the experience of the experts of Swedish Institute for Infectious Disease Control, by applying the

computerized epidemiologic surveillance system of communicable diseases, operating in Stockholm County (Sweden), and after assessing the possibilities to introduce it in Lithuania, a study of implementation of the computerized programme (SMITTADM) for the epidemiological surveillance of communicable diseases in Kaunas and Vilnius countries for 2004 was approved by Order No V-57 of the Director of the State Public Health Service under the Ministry of Health of 2 April 2004. This is not a typical option of the Swedish programme, but an excellent basis for the created and newly introduced programme, which has been given a Lithuanian name – ULISAS (*Užkrečiamųjų ligų informacijos surinkimo ir analizės sistema* – System for Collection and Analysis of Communicable Diseases' Information). From 2006, introduction of ULISAS was gradually started in other territorial public health care institutions. By 1 January 2008 the works were successfully completed and the programme is fully operating in all counties.

In Lithuania, epidemiological surveillance of influenza is being carried out, recommendations on seasonal prophylactic inoculation are provided as well as information and measures of influenza prophylaxis and control in line with the rules of epidemiological surveillance of influenza, approved by Order No V-282 on approval of the rules of epidemiological surveillance of influenza and acute infections of upper respiratory tract of the Minister of Health of 20 April 2007 (Official Gazette, 2007, No 48-1864). Information of epidemiological supervision of influenza is provided to EISS (European Influenza Surveillance Scheme). Epidemiological supervision of measles, rubella and congenital rubella syndrome is carried out by conducting a comprehensive epidemiological examination of each suspected case; analysis of information about each suspected/confirmed case and monitoring of the scope of vaccination against measles, epidemic parotitis and rubella is carried out.

Centre for Communicable Disease Prevention and Control under the Ministry of Health is engaged in state registration of communicable diseases and their pathogens – it accumulates, systemizes, analyzes and stores the collected data about communicable diseases. Information is being provided monthly about the morbidity with communicable diseases in Lithuania to the Ministry of Health, State Food and Veterinary Service under the Government of the Republic of Lithuania, neighboring countries, WHO and other states. Information about annual morbidity with communicable diseases in Lithuania is being submitted to the Department of Statistics under the Government of the Republic of Lithuania, Lithuanian Health Information Center and European Center for Disease Prevention and Control. In order to get the warnings about outbreaks of communicable diseases and ensure the ability to respond on time to the appearing threats to public health, the country joined the Early Warning and Response System (EWRS) of the European Community.

When implementing the Directive of the European Parliament and the Council (2003/99/EC) on the monitoring of zoonoses and zoonotic agents, inter-sectoral cooperation, research of communicable diseases spreading through food, exchange of information about zoonoses and zoonotic agents between the Ministry of Health and State Food and Veterinary Service was regulated by legislative acts. Furthermore, in line with the provisions of the mentioned directive, information about zoonoses is being provided to the European Center for Disease Prevention and Control.

To improve the epidemiological surveillance of communicable diseases, it is planned to establish a public computerized information system of individual reporting of communicable diseases in the country as well as to introduce the most advanced methods of microbiological diagnostics of infectious diseases.

Response to the question of the European Committee of Social Rights:

Immunisation.

It appears from the figures in the report that in general more than 90% of children are vaccinated against the most common illnesses. It asks for updated information in the next report.

Epidemiological surveillance and control of communicable diseases is regulated in the country by the Law on Prevention and Control of Communicable Diseases in Humans of the Republic of Lithuania (Official Gazette, 1996, No 104-2363; 2001, No 112-4069; 2007, No 64-2454) and subordinate legislative acts. In accordance with the provisions of the National Long-Term Development Strategy, approved by Resolution No IX-1187 of the Seimas of the Republic of Lithuania on national long-term development strategy of 12 November 2002 (Official Gazette, 2002, No 113-5029), prevention and control of communicable diseases is being implemented through the appropriate programmes.

When implementing the National Immunoprophylaxis Programme, approved by Order No V-682 of the Minister of Health of 8 August 2006 on approval of the National Immunoprophylaxis Programme (Official Gazette, 2006, No 88-3486), newborns, babies and children are vaccinated in line with the timetable of prophylactic immunization of the Republic of Lithuania from state funds from the following diseases: tuberculosis, hepatitis B, whooping-cough, diphtheria, tetanus, poliomyelitis, measles, epidemic parotitis, rubella, Haemophilus influenzae infection type B. Individuals who have been injured by infected animals or those with suspected infection are vaccinated against rabies, whereas those after traumas are vaccinated against tetanus (active immunization).

The main principles which are followed when pursuing the National Immunoprophylaxis Programme:

- accessibility (the state guarantees vaccination against the communicable diseases to each child in the country);
- adequacy (the Programme is oriented to epidemiological situation of the communicable diseases);
- effectiveness (the most effective vaccines are selected; vaccinations reduce the morbidity with and mortality from the communicable diseases);
- management (possibility to modify the timetable of immunization);
- progressiveness (use of safe and effective vaccines, introduction of new vaccines).

In Lithuania, likewise in other European countries, broad scope of immunization has been achieved when effectively implementing the National Immunoprophylaxis Programme. Morbidity with whooping-cough, measles, epidemic parotitis and rubella in Lithuania has substantially decreased. For many years, no cases of congenial rubella syndrome or neonatal tetanus have been recorded; isolated cases of diphtheria and tetanus only have been registered among elder people; morbidity with hepatitis B shows a tendency to decrease.

Table 11.3.14: volumes of immunization in Lithuania in 2005-2007

Volumes, %	**2005**	**2006**	**2007**
BCG (newborns)	99.4	99.4	99.3
Diphtheria, tetanus (children aged 1)	93.5	94.0	95.0
Whooping-cough (children aged 1)	93.5	94.0	95.0
Poliomyelitis (children aged 1)	96.9	97.3	95.0
Measles (children aged 2)	97.2	96.3	96.9
Epidemic parotitis (children aged 2)	97.2	96.3	96.9

Volumes, %	2005	2006	2007
Rubella (children aged 2)	97.2	96.3	96.9
Hepatitis B (newborns)	98.5	99.4	99.0

Organized epidemiological surveillance and laboratory diagnostics of poliomyelitis and acute flaccid paralyses complies with the recommendations of the World Health Organization. World Health Organization recommends to continue maintaining high volumes of immunization against poliomyelitis and to pursue a qualitative scheme of epidemiological surveillance of poliomyelitis and acute flaccid paralyses, based on laboratory testing. Epidemiological surveillance and control of poliomyelitis and acute flaccid paralyses is being carried out in accordance with the procedure regulated by orders of the Minister of Health.

Response to the question of the European Committee of Social Rights:
Prevention of accidents

In the absence of information in the report and to assess the conformity of the situation with the Revised Charter, the Committee asks for detailed and up-to-date information in the next report on road accidents, domestic accidents, accidents at school, accidents during leisure time and accidents caused by animals.

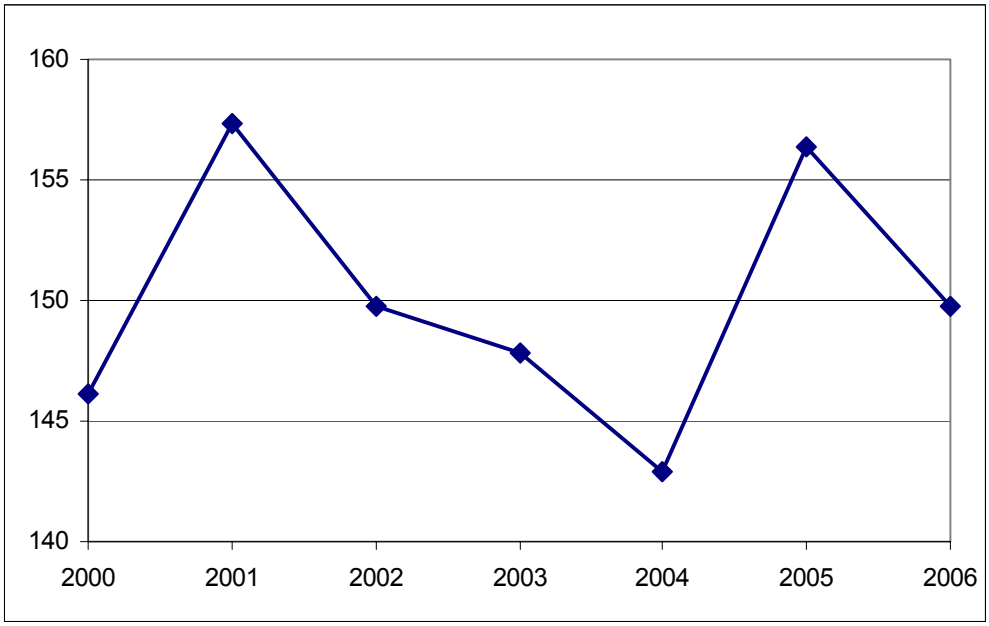
The State Traumatism Prevention Programme for 2000-2010 was approved by Resolution No 423 of the Government of the Republic of Lithuania of 14 April 2000. The programme provides for the immobilization of efforts of state and municipal institutions for dealing with the traumatism problem. The objective of the programme corresponds to the provision of the Lithuanian Health Programme to reduce the traumatism, disability and mortality due to injuries and accidents by 30 per cent by 2010. The programme provides for three types of traumatism and accident prevention measures: measures for prevention of accidents or active safety measures, preventing the traffic accidents or other events from occurring, which could endanger human health and life; measures for reduction of damage to human health, ensuring that there would be no bodily injuries or other damages and that people would not die or sustain grave injuries due to other peoples' mistakes; measures for prevention of death and disablement – salvation works, provision of emergency assistance to the injured, specialized treatment and rehabilitation. The key priorities of programme implementation are the creation of material basis for prevention of traumatism, complying with the contemporary requirements, performance of scientific research, introduction of pre-hospital and hospital assistance provision methodologies corresponding to the European Union standards, organization of public education about safe conduct. The Ministry of Health was appointed to coordinate the implementation of the programme.

Programme Coordination Council was formed by Order No V-208 of 31 March 2005 of the Minister of Health, comprising the representatives of the ministries of health, education and science, agriculture, internal affairs and national defence, and universities. At the initiative of the Council, a plan of measures for implementation of the programme in 2006-2007 was worked out, in which more attention and funds were allocated to training of specialists of health care institutions on pre-hospital and hospital assistance provision methodologies corresponding to the European Union standards, to mastering of the training course of emergency assistance algorithms and introduction in Lithuania of recommendations of WHO to data being collected. Training of specialists who encounter patients with traumas was continued according to Advanced Trauma Life Support®, (hereinafter – ATLS®) methodology, which was introduced in Lithuania in 2004. This course of skill development provides a safe and reliable method to a specialist for urgent treatment of an injured patient and the fundamental knowledge, necessary for quick and accurate assessment of the patient's condition, resuscitation of the injured person and stabilization of their condition. In 2006, a

group of instructors was trained to conduct the trainings according to Prehospital Trauma Life Support (hereinafter - PHTLS®) methodology. These courses will be intended for the specialists of emergency (pre-hospital) medical assistance. Unfortunately, implementation of primary measures of trauma prevention, stipulated in this stage of programme implementation, encountered a shortage of funds. The lack of funds also prevented from establishing the Division of Trauma Information and Control, which had been assigned the functions of collecting and analyzing data about traumas, provision of information to the society and politicians and making of substantiated decisions on prevention of traumatism.

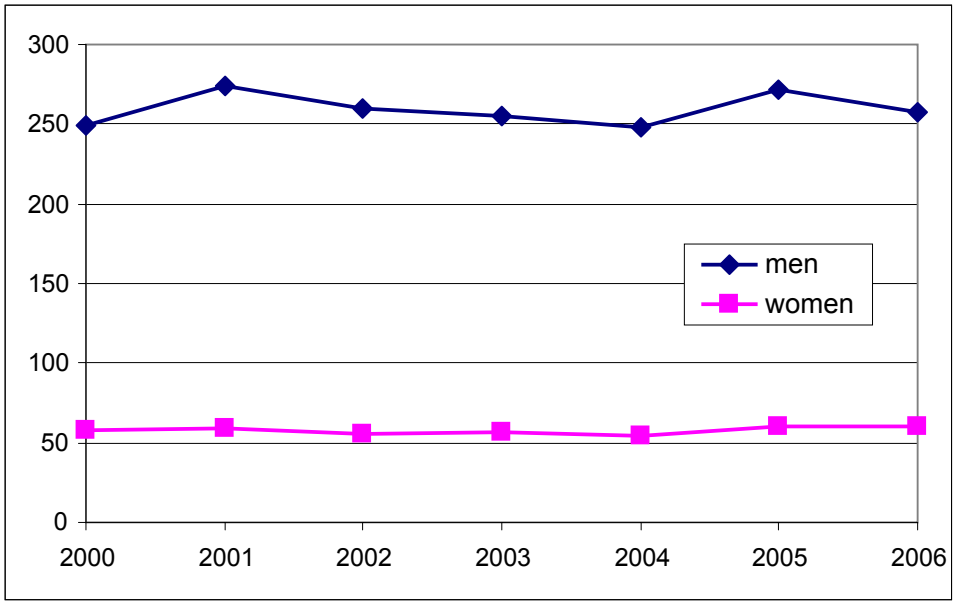
In many countries of the world, prevention programmes are being successfully implemented and the dynamics of indicators reflecting traumatism shifts towards diminishing, however, in Lithuania these indicators are stably high. So far, the objective of the programme to reduce the mortality from traumas within 10 years by 30 per cent looks difficult to attain. Over the first two stages of programme implementation, the mortality from poisonings and traumas showed the tendency to increase instead of diminishing.

Figure 11.3.15: standardized mortality per 100 000 residents due to traumas and poisonings.



Mortality indicators of men due to these reasons are particularly high.

Figure 11.3.16: standardized mortality per 100 000 residents due to traumas and poisonings by gender



In the meeting "On implementation of the National Traumatism Prevention Programme for 2000-2010" that took place on 22 March 2007, the National Health Council when deliberating on the progress of programme implementation, proposed to the Ministry of Health to pay more attention to the management of information about traumas and monitoring in health care institutions, and to acceleration of introduction of algorithms and common assistance methodologies, prepared following the acknowledged international standards of emergency assistance provision.

While ensuring the continuity of programme implementation, a work group that had been formed in 2007 by order of the Minister of Health prepared a project for modification of the programme and its implementation for 2008-2010. Implementation of certain former priorities of the programme are planned through execution of other programmes of the Ministry of Health. Currently, the Ministry of Health is in the course of implementing and preparing some strategies and programmes on different levels, which emphasize the development of health care services provided to injured people. The following key directions are distinguished– investments in ambulance cars, equipment, infrastructure and human resources. Infrastructure of health care institutions will be updated in accordance with the Programme for Reduction of Morbidity with and Mortality from the Major Non-Infectious Diseases for 2007-2013, approved by Order No V-799 of 9 October 2007 of the Minister of Health of the Republic of Lithuania (Official Gazette, 2007, No 106-4354). It is planned to use the finance of the ES funds to create a complex system of assistance for trauma patients. Creation of the network of three-level health care institutions (casualty centers) is planned in order to be able to provide the necessary assistance to the injured on time and in a qualitative manner. In this area it is expected to modernize the infrastructure of the health care institutions, which provide stationary surgery or orthopedics casualty and reanimation and intensive therapy services, and comply with the additional special requirements posed to casualty centers, and the infrastructure of the emergency medical service.

While seeking to ensure the compatibility of investments planned by the Ministry of Health in infrastructure of health care institutions with the human resources, a draft programme for improvement of qualification of health care specialists, contributing to reduction of morbidity with

and mortality from major non-infectious diseases, was prepared. This programme stipulates improvement of qualification for the staff providing assistance to the injured through standardized training courses, complying with the international requirements and good practice of medicine (ATLS, ACLS, PHTLS, PALS, etc.).

By the most important international documents of the recent years in the fields of trauma prevention – Resolution RC55/R9 of WHO's Regional Committee on prevention of trauma in the European region of WHO, approved on 22 September 2005, and Recommendation on promotion of trauma prevention and safety of the European Council of 31 May 2007 (2007/C164/01) – member states are encouraged to develop the trauma surveillance system and monitor the change of trauma risk. In the initial stage of trauma surveillance in Lithuania it is planned to start the collection of information about causes of traumas. The draft of the programme also provides for the most optimal method to achieve this objective – an opportunity will be provided to enter the codes of external causes of traumas and accidents according to the International Classification of Diseases (TLK-10) in information system of the Compulsory Health Insurance Foundation SVEIDRA.

Seeing as the problem of traumatism is a multi-plane one, the results depend on activity of all departments in this area as well as on proper coordination of measures under implementation. Although in Lithuania prevention of unintentional and intentional traumas is carried out on the national and municipal levels, when pursuing the measures of different programmes, however, we do not possess comprehensive information about programmes in progress and already carried out. Due to this it is difficult to align the preventive activities, by diverting them in the necessary direction, while the positive experience and good initiatives often remain without the attention they deserve and further practical use. The necessity to coordinate the actions in order to reduce the injuries and losses of lives demands for closer cooperation on the national as well as municipal level, and for more active involvement of non-governmental organizations and the community.

ARTICLE 12 §1

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. to establish or maintain a system of social security;

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

SOCIAL INSURANCE

In 2005–2007, the total rate of social insurance contributions remained unchanged (31 percent of the calculated wage paid by the employer, 3 percent of the calculated wage paid by the insured person employed under the employment contract), though the internal structure of the rate has changed. Due to the increasing expenses for the payment of state social insurance benefits, the rate of pension social insurance contributions has been constantly increased and due to gradual transfer of the funding of active employment measures to the state budget, the rate of unemployment social insurance contributions has been reduced.

In 2005–2007, contribution rates for self-employed persons remained unchanged and 50 percent of the basic pension contribution to receive a state social insurance basic pension and 15 percent of the contribution of the sum of declared income for the state social insurance to receive the supplementary part of the state social insurance pension was established. Table 1 illustrates the dynamics of the rates of state social insurance contributions.

Table 12.1.1. Rates of state social insurance contributions, 2005–2007

Approved rates of state social insurance contributions, %	Year		
	2005	2006	2007
Employees			
Total rate	31+3	31+3	31+3
For pension insurance*	23.5+2.5	23.6+2.5	23.7+2.5
For health insurance	3	3	3
For sickness and maternity insurance	2.8+0.5	2.8+0.5	2.8+0.5
For unemployment insurance	1.4	1.3	1.2
For occupational accidents and occupational disease insurance	0.3	0.3	0.3
Self-employed persons			
Contributions for basic pension	50	50	50
Contributions for the supplementary part of the pension	15	15	15

* 3.5, 4.5 and 5.5 percentage points in 2005, 2006 and 2007 respectively of a part of the contribution of the insured persons who participate in pension accumulation funds was transferred to these funds.

SICKNESS BENEFIT

The regulation of the sickness benefit was subject to the following changes during the reporting period:

The list of periods composing the sickness and maternity social insurance record was supplemented by the paternity benefit period and now this record consists of periods during which state social insurance contributions were paid or had to be paid for sickness and maternity social insurance; the period of receiving sickness, professional rehabilitation, maternity, paternity, maternity (paternity) benefits; the period of receiving sickness due to occupational accidents and occupational diseases benefits; and the period of receiving unemployment social insurance benefits.
The paternity benefit is accordingly included into the calculation of compensatory wage.

Average monthly compensatory wage of the benefit recipient for the calculation of benefits which shall not exceed the current year insured income approved by the Government valid in the month of establishment of temporary incapacity for work, maternity leave or child care till the age of 1 year was increased by the total of 5 times (till 1 July 2006 – by the total of 3.5 times).

The maximum compensatory wage was increased. It is calculated by dividing 5 times (till 1 July 2006 – 3.5 times the sum) the sum of the current year insured income approved by the Government valid in the month of establishment of temporary incapacity for work, maternity leave or child care till the age of 1 year by the number of workdays of that month according to the calendar (5-workday week is applied).

Period of sickness benefit payment for nursing a sick child has been adjusted. The sickness benefit for the purpose of nursing a sick child under 7 years of age undergoing in-patient treatment, as well as for the purpose of nursing a child under 18 years of age undergoing in-patient treatment or treatment in the child rehabilitation institution (till 1 July 2006 – till the age of 16 years) who is sick with serious diseases (the list of which shall be approved by the Ministry of Health and the Ministry of Social Security and Labour) shall be paid from for the duration of the treatment but no longer than 120 days in a calendar year. Other periods have remained unchanged.

MATERNITY BENEFIT (related to pregnancy and confinement)

The regulation of the maternity benefit was subject to the following changes during the reporting period:

Since 1 July 2006, the maternity benefit shall be paid to women who are 30 or more weeks pregnant for 126 calendar days. In the event of complicated confinement or if more than one child was born, the maternity benefit shall be paid for 14 calendar days more. Women who had not use the right to the pregnancy and confinement leave till the date of confinement (after 30 or more weeks of pregnancy) are paid the maternity benefit for 56 calendar days after the child birth and in the case of complicated confinement and if more than one child was born they shall be paid for 70 calendar days.

Women having given birth during 22nd to 27th week of pregnancy shall be paid maternity benefit for 28 calendar days after the childbirth. If the child lives for 28 days and longer, the benefit shall be paid for 70 calendar days after the child birth. Women having given birth during 28th to 30th week of pregnancy shall be paid maternity benefit for 56 calendar days after the child birth and in the in the case of complicated confinement and if more than one child was born they shall be paid for 70 calendar days. Women having given birth to a stillborn child during 22nd to 30th week of pregnancy shall be paid maternity benefit for 28 calendar days after the childbirth.

MATERNITY (PATERNITY) BENEFIT (related with child raising duty)

The regulation of the maternity (paternity) benefit was subject to the considerable increase of the benefit:

Till 1 January 2007, the amount of the maternity (paternity) benefit shall make up 70 percent of the benefit recipient's compensatory wage. Since 1 January 2007, the maternity (paternity) benefit has been increased to 85 percent of compensatory wage and since 1 July 2007, the maternity (paternity) benefit till the child reaches the age of 6 months was increased up to 100 percent of the amount of the compensatory wage. From 6 months, until the child reaches the age of 1 year, 85 percent of the amount of the compensatory wage is paid.

Since 1 July 2006, the insured person to whom two or more children were born has been paid the maternity (paternity) benefit making up 100 percent of the benefit recipient's compensatory wage till the child reaches the age of 1 year.

PATERNITY BENEFIT

Since 1 July 2006, the new type of social insurance benefit – paternity benefit – has been legalised. A father who has been insured by sickness and maternity social insurance, has been granted a paternity leave till the child reaches the age of 1 month, over the last 24 months before the first day of paternity leave had no less than 7 months of the said insurance record and has been living in marriage with the child's mother is eligible for this benefit

The amount of the paternity benefit makes up 100 percent of the benefit recipient's compensatory wage.

SOCIAL INSURANCE OF OCCUPATIONAL ACCIDENTS AND OCCUPATIONAL DISEASES

The list of persons covered by social insurance against occupational accidents and occupational diseases has been supplemented:

Since 1 January 2006, social insurance of occupational accidents have been paid from the state budget for students of vocational training schools, college and university students at the institution or enterprise during their occupational training (practice) and persons sent by territorial labour exchange to retrain.

It is noteworthy that the following benefits are paid from the funds assigned to social insurance for occupational accidents and occupational diseases:

1. the insured person who has suffered partial or total work disablement due to an insurable occurrence is paid as follows:
   - a benefit for illness resulting from an occupational accident or occupational disease (further – sickness benefit);
   - lump-sum benefit for work disablement;
   - periodic payment of benefit for work disablement.
2. upon the death of an insured as a result of an insurable occurrence, a lump-sum insurance benefit shall be paid in equal parts to the family members;
3. upon the death of an insured as a result of an insurable occurrence, a periodic insurance benefit shall be paid in equal parts to the family members.

The above-mentioned benefits have been subject to the following changes:

Since 1 July 2006, it has been established that the sickness benefit as a result of an occupational accident shall be paid for workdays according to the calendar (5-workday week is applied), in view of the transferable days as laid down in the Government Resolution and Labour Code. Thitherto it has not been established that the payment of sickness benefit is also subject to the transferred days. It has been also established that children of the insured having started learning after the death of the insured shall be paid a periodic insurance benefit from the start of their learning. Until the data of these changes, this benefit was paid to the children of the insured provided that they were learning on the day of his/her death. The new provision extended the payment of periodic benefit to children of the insured who have started learning after the death of the insured.

The change was made in the average monthly compensatory wage to calculate the sickness benefit and lump-sum payment as a result of work disablement may not exceed the total of 3.5 times (since 1 July 2006 – the total of 5 times) the sum of the average monthly insurable income approved by the Government valid in the month in which the insurable occurrence took place and may not be less than one fourth of the average monthly insurable income approved by the Government valid in the month in which the insurable occurrence took place.

Lump-sum insurance benefit as a result of the insured's death has increased. It is noteworthy that upon the death of an insured as a result of an occupational accident or sudden occupational disease which have been acknowledged as insurable occurrences, the family of the deceased shall be paid lump-sum insurance benefit equivalent to 100 the current year insured income valid in the month of the death.

Until 1 July 2005, the current year insured income totalled LTL 990, whereas the income increased up to LTL 1084, LTL 1212 and LTL 1356 since 1 July 2005, 1 July 2006 and 1 February 2007 respectively. Therefore, since 1 February 2007, the amount of lump-sum insurance benefit as a result of the insured's death accounted for LTL 135 600.

UNEMPLOYMENT BENEFIT

Entitlement to unemployment benefit

Since 1 January 2005, the unemployment allowance (unemployment social insurance benefit) has been calculated in Lithuania in accordance with the Law on Unemployment Social Insurance (Official Gazette, 2004, No. 4-26).

Unemployed person means a jobless person of working age capable of work who is not a day-time student, who has registered with the local labour exchange in the manner laid down by laws as a job-seeker and is ready to participate in the measures of active labour market policy.

Insured persons who are registered as unemployed at the local labour exchange and who prior to registration at a local labour exchange acquired the unemployment insurance record not shorter than 18 months during the last 3 years and who have not been offered by a local labour exchange a job corresponding to their professional skills and state of health or measures of active labour market policy, shall be entitled to the unemployment insurance benefit.

Unemployed persons who prior to the registration with the local labour exchange have not acquired the specified unemployment insurance record due to the following important reasons shall also be entitled to the unemployment insurance benefit:

1) in accordance with the procedure set forth by laws are dismissed from work or from the office of the civil servant through no fault of the employee or the civil servant, due to circumstances beyond the employee's or civil servant's control or in the event of the employer's bankruptcy;

2) have completed the mandatory continuous initial military service or the alternative national defence service or have been discharged from these services after having served at least half of the established time period, provided that prior to the conscription to the mandatory continuous initial military service or the alternative national defence service they have not worked as civil servants or employees working under employment contract or the employer was liquidated during the service.

The amount of the unemployment insurance benefit

According to the Law of the Republic of Lithuania on Unemployment Social Insurance, the unemployment allowance (unemployment social insurance benefit) shall be calculated as follows:

1. The unemployment insurance benefit shall be calculated as the sum of the fixed and variable parts.

2. The fixed part of the unemployment insurance benefit shall be equal to the amount of the state supported income valid in the month of payment.

3. The variable part of the unemployment insurance benefit shall be calculated in the following manner:

1) the monthly insured income of the unemployed person shall be calculated for 36 months prior to the end of the calendar quarter before last before the date of the registration of the unemployed person at the local labour exchange. In case the insured income is not received for any month, it shall be considered equal to zero;

2) the average of this insured income divided by the insured income of the current year for a relevant month shall be calculated;

3) the calculated average shall be multiplied by the insured income of the current year for the month in which the unemployment insurance benefit is granted;

4) the variable part of the unemployment insurance benefit shall be established as equal to 40 percent of the amount referred to in subparagraph 3 of this paragraph..

For the first 3 months a full unemployment benefit shall be paid and for remaining period of payment of the unemployment benefit – the fixed part of the unemployment insurance benefit and one half of the variable part of the unemployment benefit shall be paid. During any of the above-mentioned periods an unemployment insurance benefit which is being paid may not exceed 70 per cent of the amount of the current year's income subject to insurance, most recently approved by the Government

The period of payment of the unemployment insurance benefit

The unemployment benefit shall be paid once a month. The period of payment of the unemployment insurance benefit shall depend on the unemployment insurance record of the unemployed person, acquired prior to the date of the registration at the local labour exchange. In the event the unemployment insurance record is shorter than 25 years, the unemployment insurance benefit shall be paid for 6 months, in case it is between 25 and 30 years the unemployment insurance benefit shall be paid for 7 months, in the event it is between 30 and 35 years, the unemployment insurance benefit shall be paid for 8 months and in case it is equal to 35 years and longer, the unemployment insurance benefit shall be paid for 9 months..

The payment of the unemployment insurance benefit for unemployed persons who upon the expiry of the term of the payment of unemployment insurance benefit are not more than 5 years below the pensionable age shall be extended for 2 months.

The unemployment insurance benefit shall be granted as of the eighth day after the registration at the local labour exchange to the unemployed who:

- have acquired the unemployment insurance record not shorter than 18 months during the last 3 years;
- who prior to the registration with the local labour exchange have not acquired the specified unemployment insurance record due to important reasons.

The unemployment insurance benefit shall be granted after 3 months after the registration at the local labour exchange in the event that the unemployed have been dismissed at the employer's initiative through the employee's fault.

The unemployment insurance benefit shall not be granted or the payment of the benefit shall be terminated if the unemployed prior to the granting of the unemployment insurance benefit or during the period of payment whereof:

- refused a job offer corresponding to his professional qualifications and state of health, and the time needed to get to and from the job offered has not exceed 3 hours or 2 hours in the case of the disabled persons and persons the employment opportunities whereof are constrained by family circumstances (necessary nursing or care of children under 3 years of age or sick, disabled or retired family members). Local labour exchange has the right to specify requirements for the time needed to get to and from the job, in view of concrete circumstances and grounded request of the unemployed;
- refused for no good reason to participate in the measures of active labour market policy, laid down in his individual employment plan;
- failed for no good reason to arrive at a set time at the local labour exchange to accept a job offer or to participate in the measures of active labour market policy, laid down in his or her employment plan;
- refused to undergo a health check offered by the local labour exchange in order to establish suitability for work.

Where the unemployed is offered a job corresponding to his professional background and other specified requirements and the unemployed fails to provide justifiable reasons for the job refusal, the payment of the unemployment benefit to him is terminated (there is no set period when the unemployed may refuse the offered job under the specified requirements without taking a risk to lose the unemployment benefit. Where the unemployed is offered a job that does not correspond to his profession and he is not offered retraining or other active labour policy measures, he may refuse it without taking a risk to loose the benefit).

Payment of the unemployment benefit is suspended (the periods shall not be included in the period of payment of the unemployment benefit), if the unemployed persons:

- participates in the measures of active labour market policy and receives remuneration for work;
- upon informing the local labour exchange obtains employment under a fixed-term employment contract for a period not longer than 6 months or obtains is issued a business licence for a period not longer than 6 months.

The suspended payment of the unemployment insurance benefit shall be renewed as of the moment the reason for the suspension of its payment disappears.

Extension of the Payment of the Unemployment Insurance Benefit

- The payment of the granted unemployment insurance benefit for the unemployed persons who during the period of payment of the unemployment insurance benefit temporarily lost capacity

for work due to a disease or a trauma shall be extended for the number of calendar days the person was sick, but for not more than 30 calendar days.

- The payment of granted unemployment insurance benefit for women who during the period of payment of the unemployment insurance benefit temporarily lost capacity for work due to pregnancy and childbirth shall be extended for the period corresponding to the period of payment of the maternity benefit, set in Article 17 of the Law on Sickness and Maternity Social Insurance, during maternity leave (126 days).

Since 1 August 2006, the Law on Support of Employment of the Republic of Lithuania has come into force (Official Gazette, 2006, No. 73-2762). The Law provides legal background for the employment support system for jobseekers, its aim, tasks, the functions of institutions implementing the employment support policy, the employment support measures, as well as organisation and funding of their implementation. The Law specifies the institutions implementing the employment support policy (Government, Ministry of Social Security and Labour and other ministries, other state institutions, municipal institutions and agencies and legal and natural persons) and their functions in implementing this law. Compared to the Law on Support of the Unemployed which was in effect earlier, the Law on Support of Employment provides more favourable conditions of vocational training and non-formal education for the unemployed and the employees who have been given a notice of dismissal, lays down improved employment support policy measures and stipulates new, specified and supplemented groups of persons supported in the labour market.

PENSION SYSTEM

In 2005-2007, the pension system was subject to the following changes:

WORK-INCAPACITY PENSION

Since 1 July 2005, the new version of the Law on Social Integration of the Disabled has come into force (11 May 2004 http://192.168.133.239/Litlex/ll.dll?Tekstas=1&Id=74047&BF=1 No. IX-2228). It reformed the work-incapacity assessment system. Instead of work-incapacity, the capacity for work of persons of working age has been rated. Where persons have attained the age entitling them to old-age pension, their capacity for work is not rated and special needs are identified and satisfied. Modification of the procedure for rating the level of capacity for work determined the changes in the procedure for awarding pensions. After the new version of the Law on State Social Insurance Pensions have become effective (19 May 2005 No. X-209) in 1 July 2005, invalidity pensions have ceased to be awarded and state social insurance work-incapacity pensions have been awarded and paid to persons who have been established a level of capacity for work. The level of capacity for work is established and work-incapacity pensions are awarded and paid till the person attains the age for old-age pension specified by legal acts. Since the day the person attains the pensionable age, he is awarded and paid state social insurance old-age pensions. In order to ensure that old-age pensions awarded to the disabled persons do not decrease, in awarding old-age pension to the persons who have been paid state social insurance work-incapacity (invalidity) pension till they have attained the old-age retirement age, the period during which the person received this pension is included in the period of insurance for state social insurance pensions in calculating the old-age pensions. In the event that the person had been awarded and paid state social insurance work-incapacity pension (or invalidity pension based on the group I of disability) till the persons attains the age for the old-age pension, the person, apart form the old-age pension, shall be awarded and paid the supplement in the amount of 0.5 of the state social insurance basic pension for satisfying his needs of nursing (aid).

SOCIAL ASSISTANCE PENSION

With a view to ensuring the minimum living standard for persons who have been recognised as incapacitated or partially incapacitated and who have attained the old-age retirement age social assistance pensions have been awarded and paid from the state budget to them (Law on Social Assistance Pensions, 19 May 2005 No. X-210). Since 1 July 2005, social assistance pensions have been awarded to persons who have been recognised as having lost 60–100% of their capacity for work (till 1 July 2005 – to the disabled persons to whom group I and II of disability was established). Social assistance pensions shall be in the following amounts: for the persons who have been recognised as having lost 60–70% of their capacity for work (disabled persons to whom group II of disability was established) in the amount equal to 0.9 basic pension of the state social insurance, for the persons who have been recognised as having lost 75–100% of their capacity for work (disabled persons to whom group I of disability was established) in the amount equal to one basic pension. Since 1 January 2006, social assistance pensions have been also awarded and paid to persons who have reached the old-age retirement age. The amount of the social assistance pension paid to persons who have reached the old-age retirement age is in the amount equal to 0.9 basic pension of the state social insurance. Social assistance pensions are paid provided that the person has not been entitled to receive any other pension or pension benefit the amount of which is larger that social assistance pension. If the said persons have been entitled to receive the pension or pension benefit the amount of which is smaller than social assistance pension, they shall be paid the difference of the social assistance pension and the awarded pension or pension benefit.

SURVIVOR'S AND ORPHAN'S PENSION

After the amendments to the Law on State Social Insurance Pensions had come into force on 1 January 2007 (12 December 2006 No. X-979), the system of state social insurance survivor's and orphan's pensions has been reformed:

Survivor's pension

Amendments to the Law on State Social Insurance Pensions has extended the group of survivor's pension recipients as a result of withdrawing the provision that persons who had attained old-age retirement age within 5 years from the spouse's death are entitled to the survivor's pension. Therefore, all the survivors who had not remarried have been entitled to survivor's pension, irrespective of their age and the year of the spouse's death, provided that they comply with other requirements set in the Law (the deceased, depending on his age at the time of his death, had the minimum period of state social pension insurance as specified for the old-age pension or work-incapacity (invalidity) pension; the marriage lasted for no less than 5 years without common children). The procedure for awarding survivor's pensions to the disabled persons has remained unchanged – persons recognised as incapacitated or partially incapacitated are entitled to receive the pension if they were recognised as such on the day of the spouse's death or within 5 years from the spouse's death. Since 1 January 2007 survivor's pension has been awarded and paid to all the recipients of the same amount approved by the Government of the Republic of Lithuania (presently – LTL 70). The amount of survivor's pensions awarded till 1 January 2007 which was smaller than that approved by the Government was increased to make up LTL 70. If survivors have been receiving survivor's pensions the mount of which was larger than the basic amount of survivor's pension approved by the Government, the pension in the earlier amount shall be further paid.

Since the specified date, survivor's pensions shall not be awarded to persons who raise juvenile children of the deceased. Survivor's pensions awarded to these recipients earlier shall be paid till the end of the established term or, upon their request, the payment of survivor's pensions shall be terminated provided that larger orphan's pensions are awarded to the children of the

deceased.

Having launched the implementation of the reform of survivor's pension system in 1 January 2007, the basic amount of the state social insurance survivor's pension – LTL 70 – was approved. (Resolution No. 1329 of the Government of the Republic of Lithuania of 22 December 2006).

Orphan's pension

Since 1 January 2007, new amounts of orphan's pensions have been established – 50% of the amount the state social insurance old-age or work-incapacity pension awarded (or could have been awarded) to the deceased. If orphan's pensions are warded to 3 and more orphans, they shall be awarded in equal portions but not more than 100 per cent of the total amount of the pension of the deceased person.

OLD-AGE PENSION

Upon coming into force of the relevant amendments to the Law on State Social Insurance Pensions (10 May 2007 No. X-1115) on 1 July 2007, persons who had acquired the period of state social pension insurance with the length of over 30 years, have been awarded and paid supplement for the years of the period. For each full year of the acquired period of over 30, the supplement of the amount of 3% of the state social insurance basic pension shall be awarded and paid. For example, persons who have acquired the period of state social pension insurance of 31 year the supplement of 3% of the basic pension is paid, persons who have acquired the period of 35 years are paid 15% of the basic pension, those who have acquired the period of 40 years are paid 30% of the basic pension, etc.

The pension reform was further implemented in 2005–2007. It provided the opportunity to accumulate a part of the state social insurance contributions in private pension funds. Till 31 December 2007, 879 798 persons or 69% of all the persons entitled to participate in the accumulation decided to participate in the pension accumulation process. Since 2004, the rate of contributions annually transferred to pension funds has been consistently increased in accordance with the procedure established by the Law on Pension System Reform till it reached the maximum set limit in 2007 – 5.5% (in 2004 – 2.5%, in 2005 – 3.5%, in 2006 – 4.5%, in 2007 and later – 5.5%).

In 2005–2007, state social insurance and social assistance pensions were consistently increased by approving new amounts of state social insurance basic pensions and insured income of the current year (amounts valid on 1 January 2005: state social insurance basic pension – LTL 172, insured income of the current year – LTL 990):

Since 1 July 2005, the amount of social insurance basic pension has been LTL 200 and the amount of the insured income of the current year has been LTL 1084 (the amounts approved by Resolution No. 584 of the Government of the Republic of Lithuania of 5 May 2005);

Since 1 July 2006, the amount of social insurance basic pension has been LTL 230 and the amount of the insured income of the current year has been LTL 1212 (Resolution No. 512 of the Government of the Republic of Lithuania of 31 May 2006);

Since 1 February 2007, the amount of social insurance basic pension has been LTL 266 and the amount of the insured income of the current year has been LTL 1356 (Resolution No. 40 of the Government of the Republic of Lithuania of 15 January 2007).

During the reporting period, the state social insurance basic pension increased from LTL to LTL 266 (i.e. by LTL 94), and the insured income of the current year grew from LTL 990 to LTL 1356 (i.e. by LTL 366). Data on the increase of the average state social insurance pension are provided bellow (see the question of Report 3 – Table 12.1.4).

FAMILY BENEFITS

Since 1 July 2004, the Law on Benefits to Children has become effective (Official Gazette., 1994, No. 89-1706; 2004, No. 88-3208). It improved the system of supporting families who raise children. The norms of this Law regulate social relations related with the state support provided to families raising children and to children deprived of parental care, establishes types and amounts of benefits to children and categories of persons entitled to benefits as well as regulates the conditions, procedure and funding of awarding and paying of these benefits. In accordance with this Law, Provisions of Awarding and Paying Benefits to Children were approved (Official Gazette, 2004, No. 100-3724).

Basic characteristics[6]

According to the Law on Benefits to Children, all families raising children and children deprived of parental are paid the following benefits: child grant, child benefit, benefit to a conscript's child, guardianship (curatorship) benefit, a grant for acquiring housing or accommodating (since 1 August 2008 – a grant for housing) and pregnancy grant.

In compliance with the Law on Benefits to Children, on the birth of a child the family shall be paid a grant amounting to 8 minimum standards of living. Besides, with a view to encouraging adoption in Lithuania and making the adoption equal to the child birth in the family, a grant to the adopted child has been legalised since 1 July 2006. Thus, the adopted child, irrespective of the fact that he had been already paid a birth grant, shall be also paid a grant amounting to 8 minimum standards of living. It is noteworthy that with the adoption of the amendments to the above-mentioned Law in 2008, a birth grant and a grant to the adopted child has been increased to the amount of 11 minimum standards of living since 1 January 2009.

The implementation of the Law on Benefits to Children has started the provision of support to every child raised in the family from his birth to his full age, i.e. a benefit was established for every child raised in the family ("child money") payable, irrespective of the family income and the fact whether a persons is insured by state social insurance, and taking into consideration the aged of the child and number of children in the family. Thus, having taken into account the state financial facilities, the reform of the support to families raising children was implemented during the reporting period. It was aimed at a gradual transfer to the payment of a child benefit to every child till he reaches the age of 18 or to elder children till they attend a day-time general education school.

Since 1 July 2004, families raising one or two children aged under 3 years, have been awarded a monthly benefit amounting to 0.75 minimum standard of living (further – MSL) and families raising children aged 3 to 7 years have been paid a monthly benefit amounting 0.4 MSLs. Since 1 September 2006, "child money" (monthly benefit amounting to 0.4 MSLs) have been paid to families raising children aged under 9 years, since 1 September 2007, "child money" have been paid to families raising children aged under 12 years and since 1 January 2008, this benefit has been

[6] This chapter discussess support provided irrespective of the owned property and income, i.e. social support established in the Law on Benefits to Children and Law on Support in the Case of Death. Information on support provided to disadvantaged families and persons living alone (financial social assisstance and social assisstance for pupils), having assessed their income and property, is provided in Paragraph 1 Article 13 of the Charter.

paid to all the families raising children aged under 18 years or elder and children who attend day-time general education schools. After the amendments to the Law had come into force on 1 August 2008, it was established that families raising one or two children should be paid "child money" for each of the children aged 3 to 18 and elder provided that they learn under day-time general education programme and/or vocational training programme to acquire the first qualification but not longer than they reach the age of 21.

A monthly benefit amounting to 1.1 MSLs is paid to each of the child aged under 3 if the family raises three or more children and a monthly benefit amounting to 0.4 MSLs is paid to each of the child aged 3 to 18 and elder provided that they attend day-time general education school or day-time division of a vocational training school, high educational institution or higher educational institution but not longer than they reach the age of 24. Since 1 August 2008, the amount of the monthly benefit has been raised from 0.4 to 0.75 MSLs for each child the family whereof raises three and more children aged 3 to 18 and elder provided that they learn under general education programme, formal vocational training programme or study in a higher educational institution under the day-time sequential study programme (including the period of academic leave) but not longer than they reach the age of 24.

In order to increase the state support to children deprived of parental care and improve their integration into the society, the amendments to the Law on Benefits to Children improved the system of benefits to children under guardianship. Since 1 January 2009, the child benefit will be also paid to the child for whom guardianship (curatorship) has been established. The child under guardianship shall be paid the child benefit in the same amount as the benefit paid to children the family whereof raises one or two children, irrespective of other state assistance awarded, i.e. every child under guardianship shall be awarded the monthly benefit amounting to 0.75 MSLs from the birth of the child till he reaches the age of 3 and the child under guardianship (curatorship) aged 3 to 18 and elder provided that he learns under the general education programme but not longer than he reaches the age of 21 shall be awarded the monthly benefit amounting to 0.4 MSLs.

The child for whom the guardianship (curatorship) has been established shall be awarded the monthly benefit amounting to 4 MSLs during the period of guardianship (curatorship). Where after the completion of the guardianship (curatorship) period due to full age, emancipation or marriage, the child learns under the general education programme, formal vocational training programme or studies in a higher education institution under the day-time sequential study programme (including the period of academic leave) and where both parents of the major are dead (or the only parent he had is dead), the monthly benefit amounting to 4 MSLs shall be paid to him during the learning period but not longer than he reaches the age of 24.

Persons for whom the guardianship (curatorship) has completed due to full age, emancipation or marriage shall be awarded a grant amounting to 50 MSLs for acquiring housing or accommodating. Since 1 August 2008, the name of this benefit has been changed to "an accommodation grant". The accommodation grant is not paid in cash and may be used for acquiring housing (residential place), paying part of the credit for building or purchasing housing, lease of the housing, payment for public utilities of the leased or owned housing, refurbishing or reconstructing the housing, purchasing furniture, household appliances, video and audio appliances, household articles and one personal computer, covering the price of studies and non-formal education or purchasing a land plot. This grant is awarded where a person lodged an application with the municipal administration within the period he reaches the age of 25. Besides, the grant shall be used within 24 months after the date of making the decision on awarding the grant. Since 1 January 2009, the accommodation grant for the former wards will be increased from 50 to 75 MSLs in order to underline the state's

objective to help persons deprived of parental care at the outset of their self-independent life acquire necessary articles, pay for education and solve the issue of lease or purchase of housing.

A pregnancy grant amounting to 2 MSLs shall be paid 70 calendar days before the child birth to a pregnant woman who is not entitled to maternity benefit, in accordance with the Law of the Republic of Lithuania on Sickness and Maternity Social Insurance,.

Moreover, every conscript's child shall be awarded a monthly benefit amounting to 1.5 MSLs during the period of his father's service which shall be paid to the child's mother. Where the child is raised by a mother who is not a permanent resident of the Republic of Lithuania, the benefit shall be paid to the child's farther.

With a view to protecting children raised by social risk families and guarantee the use of benefits for the sake of their needs, the Law on Benefits to Children provides that social risk families shall be awarded benefits in the form of alternative assistance according to the procedure established by the municipality councils. Benefits may be awarded to social risk families by paying funds to a farther or mother (adoptive farther or adoptive mother) who care for children, paying funds to the children over 16, providing foodstuff, clothes, footwear, hygiene articles and other articles necessary for the child, providing cards designed for purchasing in food shops, meal tickets and services in accordance with the Law on Social Services, covering expenses for catering in schools or day centres, paying the expenses incurred by the child in pre-school education institutions and applying other ways and means established by the municipality councils.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

UNEMPLOYMENT INSURANCE BENEFIT

Table 12.1.2: Comparison of the basic changes of unemployment and employment indicators in 2004 and 2007

Indicator (%)	2004	2007
Employment rate: -of persons aged 15–64	61.1	64.9
- female	57.8	62.2
- of persons aged 55–64	46.1	53.4
Unemployment rate	11.4	4.3
Long-term unemployment rate	5.8	1.4

Reply to the question of the European Committee of Social Rights:

The Committee notes that the report provides no information on the level of **unemployment benefit**, which it found manifestly inadequate in its previous conclusion (Conclusions 2004, p. 367).

The adequacy level of the unemployment insurance benefit may be assessed by comparing its amount with the absolute or relative poverty line.

Every quarter, using Household Budget Survey data of the Department of Statistics the Ministry of Social Security and Labour calculates the minimum consumer basket value (the absolute poverty line). This basket value guarantees meeting the minimum level of consumer needs. In 2005 the minimum consumer basket value per capita was LTL 215.21, in 2006 – LTL 238.06, in 2007 – LTL 282.57. The minimum unemployment insurance benefit amount in 2005 was 140 LTL and amounted to 65% of the minimum consumer basket value, and in 2006 it was 71%, in 2007 – 75%. Therefore within the 2005 to 2007 period the minimum unemployment insurance benefit and the minimum needs value ratio had an improving trend and the difference between these two amounts reduced by as many as 10 percentage points. In practical terms, only a very small number of a certain category residents, who having had no insured income had a right to apply for an unemployment insurance benefit allocation, and therefore were entitled to this minimum unemployment insurance benefit. For instance, if within 6 months after returning from the compulsory military service a military person fails to get employed and applied to the Labour Exchange for the unemployment insurance benefit allocation this benefit shall be allocated to him though this individual had no unemployment insurance record. These are exceptional single cases and the minimum unemployment insurance benefit should not be the basis to evaluate the unemployment insurance benefit adequacy level.

When evaluating the unemployment insurance benefit adequacy level the relative poverty level may also be applicable. In 2005 the at-risk-of-poverty threshold is defined as 50% of the average median equivalised disposable income using the modified OECD-equivalent scale under which the following equivalent recalculation coefficients are applicable: the first adult counts as 1 unit, the second as 0.5, and children up to the age of 14 as 0.3. In 2005 the at-risk-of-poverty threshold per single person was 295.8 LTL. The average unemployment insurance benefit in 2005 was LTL 312.3 and exceeded the at-risk-of-poverty threshold by 5.6%. In 2006 the average unemployment insurance benefit was LTL 398.4, and the at-risk-of-poverty threshold was LTL 364. The benefit to the poverty risk ratio had an improving trend, as the average unemployment insurance benefit exceeded the at-risk-of-poverty threshold by 9.5%, and the difference compared to 2005 reduced by 4 percentage points. There is no data available on the 2007 relative poverty line thus evaluating the social allowance adequacy level is impossible.

Table 12.1.3: Indicators for unemployment insurance benefit adequacy assessment

Indicators	2005	2006	2007
Absolute at-risk-of-poverty threshold per person, LTL	215.21	238.06	282.57
At-risk-of-poverty threshold defined as 50 % of the median equivalised disposable income average per single person, LTL	295.8	364.0	
Minimum unemployment insurance benefit, LTL	140	169.2	212.5
Average monthly unemployment insurance benefit, LTL	312.3	398.4	464.6
Average monthly net wage, LTL	916.7	1092.9	1359.3
Average unemployment insurance benefit and average net wage ratio, %	34.1	36.5	34.2

OLD AGE PENSION

Table 12.1.4: Data on average state social insurance pension growth:

Time period	Old age	Old age, with the minimum contribution record	Pre-retirement	Disability	Lost capacity for work

Time period	Old age	Old age, with the minimum contribution record	Pre-retirement	Disability	Lost capacity for work
2000	312.54	318.07	-	279.63	-
2001	317.61	323.23	-	277.72	-
2002	323.05	328.78	-	282.2	-
2003	340.5	346.63	-	296.83	-
2004	371.55	378.53	300.97	325.57	-
2005	420.29	428.08	335.60	369.04	355.68
2006	476.88	486.06	374.04	431.84	380.71
2007	595.41	608.38	450.28	543.70	458.07
Quart. I	553.89	564.65	427.63	514.68	439.03
Quart. II	577.02	588.75	443.94	541.44	458.87
Quart. III	623.09	637.47	465.80	560.37	465.78
Quart. V	627.48	642.66	465.16	562.24	465.83

FAMILY BENEFITS

Benefits and their amounts to families with children and to foster children at the beginning of 2008 are listed in Table 12.1.5.

Table 12.1.5: Benefits to families with children and to children deprived of guardianship (foster care)

It. No.	Benefit types	Benefit amount
1.	**Lump-sum child benefit**	**8 MSL** (LTL 1040) (since 1 January 2009 – **11 MSL** (LTL 1430)
2.	**Child benefit** To families with one or two children - For every child up to the age of 3 - For every child of the age of 3 to 18 or older, if studying in a general education school	 **0.75 MSL** (LTL 97.5) per month **0.4 MSL** (LTL 52) per month
3.	**Child benefit** To families with three or more children - For every child up to the age of 3 - For every child of the age of 3 to 18 or older, if studying in a general education school, in a full-time vocational school, college or university, but no longer than up to reaching the age of 24	 **1.1 MSL** (LTL 143) per month **0.4 MSL** (LTL 52) per month (since 1 August 2008 1 d. – **0.75 MSL** (LTL 97.5) per month)
4.	**Benefit to a conscript's child**	**1.5 MSL** (LTL 195) per month
5.	**Pregnancy grant**	**2 MSL** (LTL 260)
6.	**Guardianship (foster care) benefit**	**4 MSL** (LTL 520) per month
7.	**Grant for housing** (since 1 August 2008 – benefits to acquire or accomodate housing)	**50 MSL** (LTL 6500) (since 1 January 2009 – **75 MSL** (LTL 9750)

Benefits and their amounts to families with children and to children left without parental care, the number of funeral beneficiaries and spending for 2005 to 2007 are specified in Table 12.1.6.

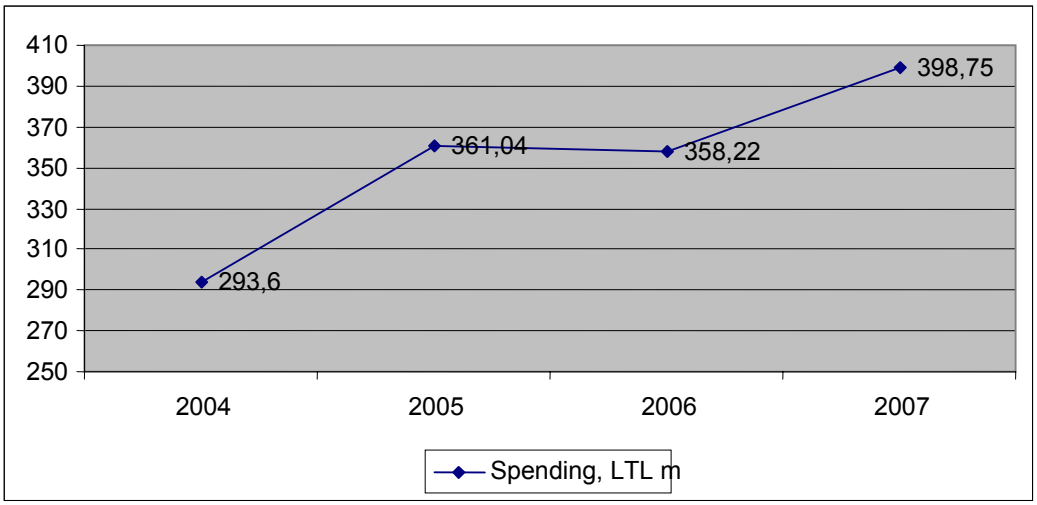
Table 12.1.6: Number of beneficiaries and spending in 2005–2007

Benefits	Number of beneficiaries, thousand people.			Spending, million LTL		
	2005	2006	2007	2005	2006	2007
1. Benefits to families with children:				**361.04**	**358.22**	**398.75**
1.1. Lump-sum child benefit	29.50	29.80	30.13	28.50	29.80	31.11
1.2. Child benefit*	323.30	320.60	350.66	260.80	254.50	286.08
1.3. benefit to a conscript's child*	0.02	0.007	0.01	0.04	0.02	0.02
1.4. Guardianship (foster care) benefit*	11.30	11.70	12.47	62.20	63.10	70.00
1.5. Benefits to acquire or accomodate housing	2.20	2.00	2.6	7.50	8.90	9.82
1.6. Pregnancy grant	8.10	7.50	6.67	2.00	1.90	1.72
2. Funeral benefit	**43.00**	**44.00**	**44.80**	**32.30**	**33.10**	**34.93**

* – Average monthly number of beneficiaries specified

Costs allocated as benefits to families with children amounted to 398.75 million LTL in 2007 and increased by 10% compared with 2005.

Figure 12.1.7. Spending on benefits to families with children



- In 2005–2007 spending on lump-sum child benefits and the number of beneficiaries of such grants have hardly changed, i.e., the average spending for this grant type was approximately LTL 30 million per annum and it was yearly paid to approximately 30 thousand beneficiaries;

- Child benefit spending in 2005 amounted to LTL 260.8 million and was monthly received by 323 thousand children in average, or 43% of all Lithuanian children. Child benefit spending in 2006 amounted to LTL 254.5 million and was monthly received by 320.6 thousand children (45% all Lithuanian children), and child benefit spending in 2007 was LTL 286.1 million. This benefit was monthly received by 350.7 thousand children (50% of all Lithuanian children). With respect to the fact that since 1 September 2006 child benefit payment duration was extended to children up to the age of 9 and since 1 September 2007 this benefit was paid to families with children up to the age of 12, in 2007 the number of child benefit beneficiaries grew respectively (8.5%), as well as spending for this benefit (9.7 %) compared to 2005.

- Compared to 2005 in 2007 the number of conscript child benefit beneficiaries decreased twofold, i.e., 0.02 thousand persons in average received this monthly benefit in 2005, while in 2007 – 0.01 thousand persons.

- The number of pregnancy grant beneficiaries decreased by 18% in 2007 compared to 2005. The decrease in beneficiary number was determined by the fact that the number of women who keep participating in the labour market while being entitled to the state social insurance maternity benefit during their pregnancy is increasing.

- With the growing number of foster children in families, the growing trend of guardianship (foster care) benefit beneficiary numbers and spending for this benefit is further observed. In 2005 the monthly guardianship (foster care) benefit was received by 11.3 thousand persons in average, and in 2006– 11.7 thousand, and in 2007– 12.47 thousand persons, i.e., in 2007 guardianship (foster care) benefit was received by 10% more persons compared to 2005. In 2005 LTL 62.2 million was used to pay this benefit, and in 2007– LTL 70 million.

- In 2007 the number of housing or settlement grant beneficiaries with the adjudicated child guardianship (foster care), grew by 18% compared to 2005. In 2005 LTL 7.5 million was spent on this benefit, and in 2007– LTL 9.82 million.

Figure 12.1.8. Child and lump-sum child benefits beneficiary number dynamics in 2005–2007

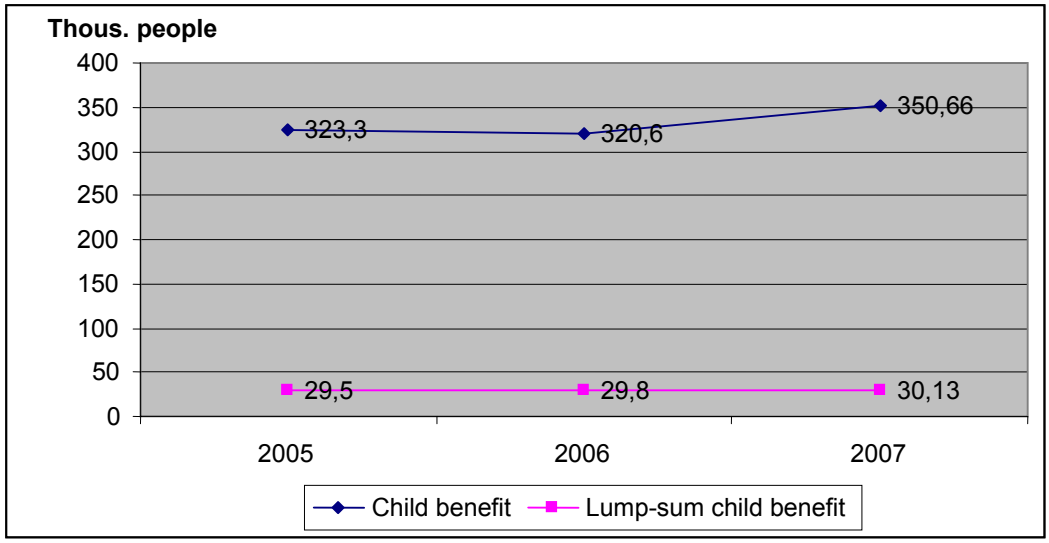
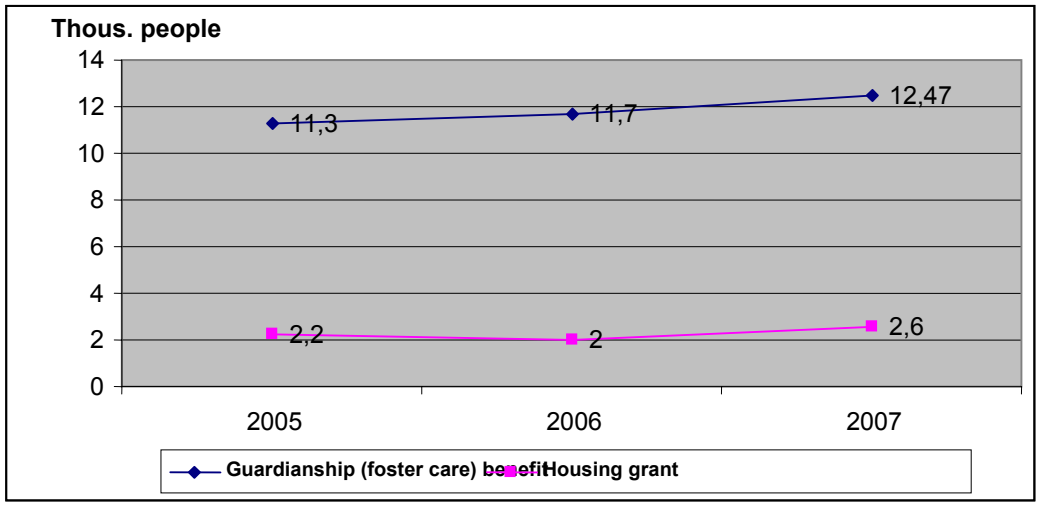


Figure 12.1.9. Guardianship (foster care) and benefits to acquire or accomodate housing beneficiary number dynamics in 2005–2007



In 2007 LTL 34.93 million was spent for funeral benefits, i.e., 8% more than in 2005. In 2007 funeral benefits were paid upon 44.8 thousand deaths.

Reply to the question of the European Committee of Social Rights:

The Committee is unable to assess the conformity of the situation on the basis of the figures available since it does not have the corresponding figure for the period of reference, nor the amount of the pension for the minimum qualifying period (15 years), which in 2004 was awarded to 4.4% of pensioners. It therefore asks the next report to provide figures pertinent to the reference period.

Amounts of the state social insurance pension for the minimum qualifying period (15 years):
Data of 1 January 2005:
Basic pension –LTL172
Insured income – LTL 990
Average wage - LTL 1268,8
Amount of the pension for the minimum qualifying period of person, who received the average wage: P = 172*15/30 + 0,005*15*1268,8/990*990 = LTL181,16

Data of 31 December 2007:
Basic pension – LTL 266
Insured income – LTL 1356
Average wage - LTL 2052
Amount of the pension for the minimum qualifying period of person, who received the average wage: P = 266*15/30 + 0,005*15*2052/1356*1356 = 286,90 Lt

There is no statutory minimal amount of the pension, but in case the pension is lower than social assistance pension, the difference is paid additionally. (Information about social assistance pension is provided answering to the ECSR's questions under the Article 13 Paragraph 1 of this report.

Reply to the question of the European Committee of Social Rights:

unemployment benefit…. Similarly, it does not find a reply to its questions about the different meaning of "being disqualified" for the benefit and the right to the benefit "being terminated".

The irrelevant translation in the previous report caused the misunderstanding, and "being terminated" should be used in both cases.

ARTICLE 12§3

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

3. to endeavour to raise progressively the system of social security to a higher level;

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

SICKNESS BENEFIT

During the reference period the following changes gave been introduced into the sickness benefit regulation:

The paternity benefit period was added to the list of sickness and maternity social insurance record periods. Paternity benefit period was added to the list of sickness and maternity social insurance record periods. Respectively the paternity benefit is included into calculation of the replacement wage. The average monthly beneficiary's replacement wage was increased for the purpose of benefit calculation. The maximum replacement wage was increased. The sickness benefit payment period for sick child nursing was corrected. (Article 12, paragraph 1 provides more detailed information).

MATERNITY (PATERNITY) BENEFIT

The maternity (paternity) benefit regulations increased the benefit amount significantly within the reference period. (Article 12, paragraph 1 provides more detailed information).

PATERNITY BENEFIT

Since 1 July 2006 a new type of social insurance benefit, namely the paternity benefit was provided by law. (Article 12, paragraph 1 provides more detailed information).

SOCIAL INSURANCE AGAINST ACCIDENTS AT WORK AND OCCUPATIONAL DISEASES

The list of persons to obtain an obligatory social insurance cover against accidents at work and occupational diseases was extended. The monthly replacement wage has changed. The single insurance premium in case of the insured's death was increased. (Article 12, paragraph 1 provides more detailed information).

UNEMPLOYMENT BENEFIT

Since 1 January 2005 a new unemployment benefit (unemployment social insurance benefit) payments started (Article 12, paragraph 1 provides more detailed information).

CHILD BENEFITS

Lithuanian social assistance to families raising children is being constantly improved aiming for highest standards possible.

Since 1 July 2004 the Republic of Lithuania Law on Benefits to Children came into force (Official Gazette, 1994, No. 89-1706; 2004, No. 88-3208), which improved the system of assistance for families raising children.

Upon assessing financial Government capacity, gradual introduction of child benefit payments for each family-raised child was prescribed, i.e., since 1 January 2008 all families receive it, if raising children up to the age of 18 or older, if they study full time at a general education school, irrespective of the family income and whether a person is covered by the state social insurance or not.

By the virtue of 2008 amendments to the Law the system of benefits to families and foster children has been improved, and the state assistance to families raising children has become more targeted and significant, i.e., benefits to families raising children have increased, provisions on child benefit payment have been clarified, and more favourable conditions to provide benefits have been developed by entitling studying applicants above the age of 18 to receive the child benefit themselves, assistance was clarified to foster children and persons who have been fostered to their maturity by prescribing that children with adjudicated guardianship (foster care) shall be entitled to get a child benefit by clarifying the purpose of the settlement grant.

There are further intentions to improve the state assistance system to families raising children, develop the legal framework, increase benefit amounts aiming to make this assistance as targeted as possible and answer its key function, namely help families to replace child raising-related costs, and guarantee certain income for population in need.

There are plans to legalize a new child care benefit to one of the child's parents taking care of the child and not entitled to maternity (paternity) benefit up to the child reaches the age of 1 – in the amount of 2 MSL, and from 1 to 2 – 1.5 MSL. This aims to ensure that at least one parent plays a role in the labour market while the other is raising a child, create the basis to balance family duties with employment obligations and reduce the social exclusion.

SURVIVOR AND ORPHAN PENSIONS

Since 1 January 2007, upon coming into force of the amendments to the Law on State Social Insurance Pensions (12 December 2006, No. X-979) the state social pension system for survivors and orphans has been redesigned (Article 12, paragraph 1 provides more detailed information).

OLD AGE PENSION

Upon coming into force of relevant amendments to the Law on State Social Insurance Pensions (10 May 2007, No. X-1115), since 1 July 2007 persons having a social pension insurance record exceeding 30 years started getting extra payments for the record years allocated and paid out. (Article 12, paragraph 1 provides more detailed information).

The pension reform implementation continued in 2005 to 2007, which made it possible to accumulate partial state social insurance contributions in private pension funds. (Article 12, paragraph 1 provides more detailed information).

During 2005 to 2007 state social insurance and social assistance pensions were consistently increased by approving new amounts of the state social insurance basic pension and insured income for the current year (Article 12 (1) provides more detailed information). During the reporting period

the state social insurance basic pension increased from LTL 172 to LTL 266 (i.e. by LTL 94), insured income for the current year increased from LTL 990 to LTL 1356 (i.e. by LTL 366). Data on the growth of the average state social insurance basic pension is provided below (Table 12.1.4 to Question 3 of the Report Form).

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3) Please provide pertinent figures, statistics or any other relevant information on the improvement of the social security system as well as on any measures taken to restrict the system.

Reply to the question of the European Committee of Social Rights:

The Committee asks whether social security benefits are adjusted yearly.

During the reporting period there was no legislation obliging the Government to yearly revisit amounts of the basic state social insurance pension and the insured income for the current year (these are key amounts determining the growth of the social insurance benefit and pension amounts). However in practical terms these were increased consistently with respect to the-then economic conditions (see information of Article 12, paragraph 1). The child, maternity (paternity) benefits were also consistently increased and their payment duration was extended.

ARTICLE 12§4

With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake:

4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements, or by other means, and subject to the conditions laid down in such agreements, in order to ensure:

a. equal treatment with their own nationals of the nationals of other Contracting Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Contracting Parties;

b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Contracting Parties.

Appendix to Article 12§4

The words "and subject to the conditions laid down in such agreements" in the introduction to this paragraph are taken to imply inter alia that with regard to benefits which are available independently of any insurance contribution, a Party may require the completion of a prescribed period of residence before granting such benefits to nationals of other Parties.

1) Please describe the legal framework, in particular the complete list of bilateral and multilateral agreements or any other means such as unilateral, legislation proposed or adopted, or administrative measures and indicate how they allow for the various social benefits the implementation of the principles provided in sub-paragraphs a) and b).

INTERNATIONAL AGREEMENTS (bilateral and multilateral)

Be reminded of the fact that by 2005 eight bilateral agreements in the field of social security (with Estonia, the Czech Republic, Finland, Latvia, Ukraine, Belarus, the Netherlands and Russia) and three bilateral agreements exclusively on pensions (with Poland, Russia and the USA) were signed and were in effect.

The majority of international agreements concluded by the Republic of Lithuania are based on the pro-rata (proportional) principle, i.e. for purposes of determining eligibility for a benefit the state social insurance periods completed in both states are added up and the share of the benefit is calculated separately by each state in proportion to the state social insurance period completed in each state. The calculated amount of the benefit is forwarded to the state where the person permanently resides. Only one agreement concluded with Russia (on pensions) is based on the integral (theoretical) principle, when the state social insurance periods completed in both states are added up and the share of the benefit is calculated and awarded in the state where the person permanently resides and in compliance with the legislation of that state.

Since the end of 2003 the preparatory and coordinator work as well as negotiations of the new revision of the draft agreement between the Government of the Republic of Lithuania and the Government of Russian Federation on the provision of pensions, based on the principle of distributing the expenditure on the payment of pensions in line with the duration of the persons'

insurance (employment) period completed in the territory of the state of each Contracting Party (the pro-rata principle) have been taking place.

Upon Lithuania's accession to the EU on 1 May 2004 Lithuania started directly applying Regulation (EEC) No 1408/71 of the Council of 14 June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community and Regulation (EEC) No 574/72 of the Council of 21 March 1972 fixing the procedure for implementing Regulation (EEC) No 1408/71 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community (hereinafter referred to as the "Regulations"). Regulation (EC) No. 859/2003 extended the provisions of the aforementioned Regulations to nationals of third countries legally residing in the EU member states (except for Denmark) who were not covered by those regulations due to their nationality. The provisions of the aforementioned Regulations are applied to the nationals of third countries in Lithuania provided they are legal residents and are in a situation which is not confined to the legislation of a single member state. Thus, non-discrimination of the third country nationals is ensured. The payment of benefits awarded in Lithuania pursuant to the provisions of the Regulation is not suspended due to moving to another state or due to the nationality, i.e. the principle of equal treatment is applied.

Due to the application of the aforementioned EU Regulations, the international agreements concluded between the Republic of Lithuania and Estonia, the Czech Republic, Finland, Latvia, the Kingdom of the Netherlands and Poland in the field of social security are no longer applied in practice when awarding benefits anew (however, pursuant to the aforementioned international agreements the payment of benefits to the persons who were awarded the benefits before Lithuania's accession to the EU is continued).

The Regulations on the coordination of the EU social security schemes prohibit awarding several benefits of the same type for the same insurance period. Yet, the aforementioned Regulations do not stipulate any issues related to taking into account of insurance periods completed in the territory of the former USSR (e.g. in Armenia), therefore the necessity of legally regulating such an international situation arose.

Thus, in the period 2005-2007 efforts were made to solve the problem, Lithuania, Latvia and Estonia were facing, related to the procedure for taking into account the periods completed in the USSR, in the application of Regulations (EEC) No 1408/71 and No (EEC) 574/72 of the Council.

On 24 August 2007 the Agreement between the Government of the Republic of Lithuania and the Government of the Republic of Estonia on Taking into Account of Insurance Periods Completed in the Territory of the Former USSR was signed (the Agreement took effect on 1 October 2008). The Agreement is aimed at avoiding double accounting of insurance periods completed in the territory of the former USSR as these periods may be taken into account both in Lithuania and Estonia. The Agreement sets forth that the insurance periods completed in the territory of the former USSR are taken into account only by the state (either Lithuania or Estonia) in whose territory the person concerned has a longer insurance period. If the duration of the insurance period is the same in the territories of both Lithuania and Estonia, the period is to be accounted by the state whose legislation was applied to the person concerned at the latest stage. While recalculating the pension awarded, awarding the pension anew or awarding a new type of a pension, or when a person moves to live to another state, a competent state responsible for taking into account of the insurance period completed in another state, which was part of the USSR, remains the same. Pensions for the

insurance period completed in the territories of Lithuania and Estonia will be paid in compliance with the national legislation of the corresponding state.

An analogous agreement is being finalised and will be signed with the Government of the Republic of Latvia.

To sum up, it is worth noting that the Council of Europe has 47 member states, whereas upon the accession of Bulgaria and Romania to the European Union in 2007 the regulations on the coordination of social security are already applied in 31 states (the EU and the EEA member states as well as Switzerland), the European Social Charter has been ratified in all of these states. The EU regulations on the coordination of social insurance are not applicable in the following states: Albania, Andorra, Armenia, Azerbaijan, Bosnia and Herzegovina, Croatia, Georgia, Moldova, Monaco, Montenegro, Russia, San Marino, Serbia, the Former Yugoslav Republic Macedonia, Turkey, and Ukraine. Lithuania has concluded bilateral agreements on social security only with Ukraine and Russia from the aforementioned states because bilateral agreements are initiated taking into consideration migration flows.

Although, no more bilateral agreements were concluded during the reporting period of the sixth report, the Government made efforts and these efforts are still made to implement the obligations undertaken pursuant to Article 12, Paragraph 4 of the European Social Charter:

- At the end of 2004 efforts were made to resume the negotiations on the draft agreement between the Republic of Lithuania and the Republic of Moldova in the field of social security held in the period 1994–1998, however, they came to a standstill as no response was received from Moldova. On 18 April 2008 Mr Victor Lapusneanu, the Third Secretary at the Embassy of Moldova in Lithuania, notified that Moldova would like to conclude bilateral agreements with the EU member states on the basis of Regulation (EEC) No 1408/71 of the Council. It was suggested that Moldova should officially submit a draft agreement through diplomatic channels. The Republic of Lithuania received the draft agreement on 19 September 2008 and at the time of preparation of this report it was being analysed.

- At the beginning of 2008 having analysed the existing international agreements of the Republic of Lithuania in the field of social security and the current situation, the conclusion was drawn that it is essential to initiate bilateral agreements in the field of social security with the states (excluding the EU and the EEA member states or Switzerland) to which the migration flows of Lithuanian population were/are the largest. Besides, the states in the territory of the former USSR undoubtedly remain relevant in terms of bilateral agreements as during the years of occupation Lithuanian citizens had real possibilities to work and reside in other states in the territory of the former USSR.

In view of the conclusions of the European Committee of Social Rights and the encouragement of the Governmental Committee of the European Social Charter to take urgent measures to improve the situation, on 24 November 2008 the Government of the Republic of Lithuania by Resolution No 1235 concerning the Approval of Draft Model Agreement between the Government of the Republic of Lithuania and Another State on Social Security approved the **Draft Model Agreement** between the Government of the Republic of Lithuania and Another State on Social Security. The Draft Model Agreement between the Republic of Lithuania and Another State on Social Security (hereinafter referred to as the "Draft Model Agreement") is principally aimed at regulating the awarding and payment of pensions as well as the payment of social insurance benefits to persons who move to live and/or work to another state. The Draft Model Agreement stipulates that the

Agreement shall be applied to persons and the members of their families residing in the territory of one of the Contracting Parties who are/were subject to the legislation of one or both Contracting Parties. The Agreement covers state social insurance old-age pensions, work incapacity (disability) benefits, surviving spouse's and orphan's (survivor's) pensions because pensions take up one of the most important positions among other social security benefits as the eligibility for a pension is related to social insurance period accumulated over several decades. The bilateral agreement is based on the pro-rata (proportional) principle, i.e. for purposes of determining the eligibility for a pension, the state social insurance periods completed in both states are added up and the share of the pension is calculated by each state separately in proportion to the state social insurance period completed in each state and the calculated amount of the pension is forwarded to the state where the pension recipient concerned permanently resides.

After translation of the Draft Model Agreement into English and Russian languages and authorisation of these translations, the Ministry of Social Security and Labour will provide this agreement to the Ministry of Foreign Affairs inviting to communicate the agreement to other countries by diplomatic canals, including and countries of the Council of Europe - Armenia, Azerbaijan, Georgia and Moldova.

SOCIAL INSURANCE BENEFITS

In Lithuania the payment of social insurance benefits is related to the social insurance contributions paid and the period these contributions were made.

Foreign nationals legally residing in the Republic of Lithuania and working under employment contracts or self-employed are subject to the same conditions applied to the payment of social insurance contributions (insurance; a detailed description is provided in Paragraph 1, Sub-paragraph 2.1 of this Article) and the receipt of social insurance benefits (a detailed description is provided in Paragraph 1, Sub-Paragraph 2.3 of this Article) as the citizens of the Republic of Lithuania.

In addition to the description provided in Paragraph 1, Sub-Paragraph 2.3, it is notable that the Rules on Sickness and Maternity Social Insurance Benefits of the Republic of Lithuania set forth that the sickness and maternity social insurance period includes the periods of employment abroad (when it is established in international agreements and the legislation of the European Union or when a person is affiliated to the Joint Sickness Insurance Scheme of the European Communities pursuant to the Staff Regulations of Officials of the European communities laid down in Regulation (EEA, EURATOM, ECSC) No 259/68 of the Council of 29 February 1968), yet only when they do not coincide with the period of employment in the Republic of Lithuania. Thus, both the citizens of the Republic of Lithuania and foreign nationals legally resident and working in Lithuania and not having the required insurance period due to the fact that before that they worked in other EU member states or foreign states which have concluded a bilateral agreement on social security with Lithuania, are subject to the same conditions applied to awarding of social insurance benefits.

PENSIONS

State social insurance pensions pursuant to the Law on State Social Insurance Pensions are awarded to permanent residents of the Republic of Lithuania. When a pensioner transfers his permanent residence to a foreign state, the payment of the pension awarded is continued provided a person has accrued at least a minimum pension insurance period working in enterprises, offices or organisations, located in Lithuania or provided the pensioner concerned is a rehabilitated political prisoner or deportee who has accumulated a part of the insurance period during the imprisonment or

deportation. In other cases a pension is paid for six month ahead and thereafter its payment is discontinued.

Permanent residents of other states which are not subject to the EU regulations and have not concluded any international agreements with Lithuania are not awarded pensions pursuant to the Law on State Social Insurance pensions.

CHILD BENEFITS

The Law on Benefits to Children of the Republic of Lithuania (*Official Gazette*, 1994, No 89-1706; 2004, No 88-3208) is applicable to permanent residents of the Republic of Lithuania and aliens residing in the Republic of Lithuania who in compliance with the procedure established by the legislation are appointed as guardians (caretakers) of a child, being a citizen of the Republic of Lithuania, and to children being aliens and residing in the Republic of Lithuania who in compliance with the procedure established by the legislation are placed under guardianship (foster care) in the Republic of Lithuania or the execution of whose guardianship (foster care) is taken over by a competent institution of the Republic of Lithuania. Under this Law persons permanently residing in the Republic of Lithuania mean citizens of the Republic of Lithuania whose data on the place of residence in the Republic of Lithuania or data on the municipality in which they live if they have no place of residence have been entered into the Register of Residents of the Republic of Lithuania or aliens and stateless persons permanently resident in the Republic of Lithuania.

Thus, the Law on Benefits to Children, in effect since 1 July 2004, stipulates that the system of child benefits includes all residents of the Republic of Lithuania, i.e. the requirement of having the nationality of the Republic of Lithuania is not applied. Child benefits are awarded with respect to the permanent resident status, i.e. the citizens of the Republic of Lithuania, aliens and stateless persons permanently resident in Lithuania are equally entitled to child benefits under this Law. The Law does not contain provisions stipulating that child benefits may be reduced due to the reason that a recipient is an alien or a stateless person.

Therefore, the citizens of the states Parties to the Charter are eligible for benefits provided they hold a document proving that they are entitled to reside permanently in the Republic of Lithuania.

The citizens of the member states of the European Union moving within the territory of the Community are paid child benefits pursuant to the regulations of the European Union. Nationals of other foreign states are paid benefits in accordance with international agreements.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

On 9 December 2005 the Agreement between the Ministry of Social Security and Labour of the Republic of Lithuania and the Ministry of Labour and Social Policy of Ukraine on the Agreement between the Republic of Lithuania and Ukraine on the Implementation Procedure of Social Security. The Agreement was drawn up in order to fulfil the requirements laid down in the Agreement between the Republic of Lithuania and Ukraine on Social Security concluded on 13 April 2001. Thus, competent establishments for awarding and paying benefits were appointed, the procedure for issuance of necessary certificates and for filing personal applications was established, administrative assistance was agreed upon by this Agreement. Where appropriate, a possibility of concluding agreements between competent establishments of the Contracting Parties, e.g. the State Social Insurance Fund Board and the Pension Fund of Ukraine was foreseen. This will further

facilitate the implementation of the Agreement and will help to quickly resolve the problems arising from the application of the provisions of the Agreement.

3) Please provide pertinent figures or any other relevant information, Please, indicate also the length of residence requirements when applicable.

The data for the period 2005-2007 provided by the Department of Statistics under the Government of the Republic of Lithuania indicate that the migration of the population within the member states of the Council of Europe where the EU regulations are not applicable was small-scale in comparison to general immigrant and emigrant flows.

Table 12.4.1: Immigrants and emigrants by the place (state)[1] of former or future residence

The place (state) of former or future residence	Immigrants			Emigrants		
	2005	2006	2007	2005	2006	2007
Total	**6789**	**7745**	**8609**	**15571**	**12602**	**13853**
Albania	4	5	3	2	4	8
Armenia	-	20	26	-	17	14
Azerbaijan	-	18	19	-	16	12
Georgia	20	13	40	17	24	17
Croatia	4	-	-	4	1	4
Moldova	26	40	93	13	9	15
Turkey	14	38	37	22	32	41

[1] According to the data of the declaration of the place of residence

ARTICLE 13§1

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

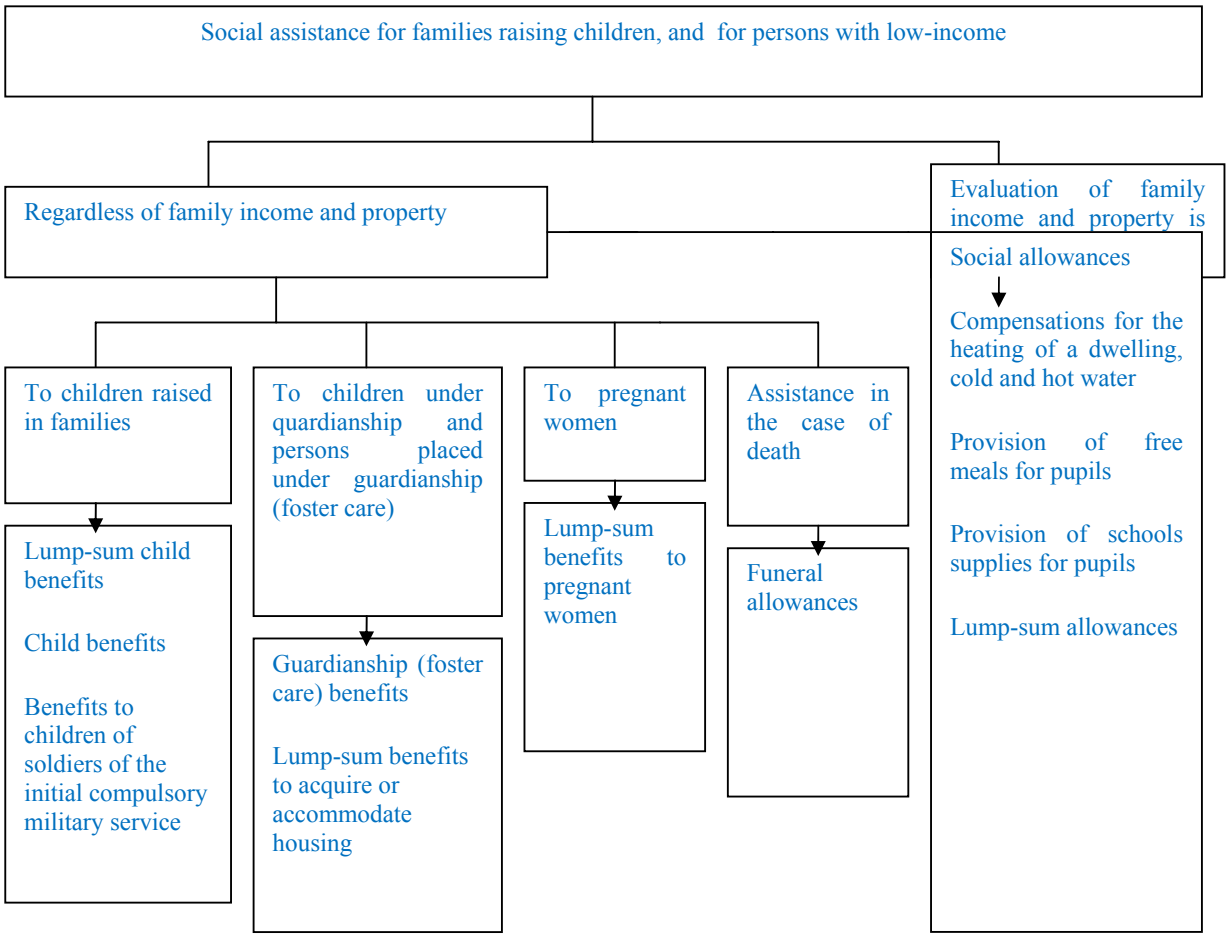
1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

SOCIAL ASSISTANCE TO FAMILIES RAISING CHILDREN AND LOW-INCOME PERSONS

In Lithuania the system of social assistance for families raising children and low-income persons consists of assistance provided to families with children regardless of their income and property, and assistance provided to persons with low income after the evaluation of their income and property.

Figure 13.1.1: Classification of social assistance for families raising children and low-income persons and types of assistance



Since 1 July 2004 **the Law on Benefits to Children** (*Official Gazette*, 1994, No 89-1706; 2004, No 88-3208) improving the system of social assistance for families raising children has been in effect. The provisions of this Law regulate social relations associated with state aid to families raising children and children deprived of parental care, determine the types of child benefits, their amounts, the categories of persons entitled to benefits and also regulates the conditions, procedure and financing of awarding and payment of these benefits. Pursuant to this Law the Regulations on Awarding and Payment of Benefits to Children (*Official Gazette*, 2004, No. 100-3724) were approved.

In the same year the amendments to the aforementioned Law were adopted by which a lump-sum child benefit for every child born was increased from 6 minimum standards of living (hereinafter referred to as the "MSL") to 8 MSL, the procedure of benefit calculation and a family concept were specified with more precision.

Upon the adoption of the amendments to the Law on Benefits to Children in 2006, the state aid to families raising children became more targeted, i.e. financial support to families who have adopted a child was started to encourage adoption, families were entitled to receive a lump-sum child benefit despite the fact that a child is dead at the moment of applying, the payment of guardianship (foster care) benefits was regulated in the case of parents' temporary departure from Lithuania, the possibilities of using and clearing the benefits to acquire or accommodate housing were extended, the amount of funds required for the administration of benefits (up to 4 per cent of the funds allocated to the payment of benefits) was determined, other provisions of the Law were refined to ensure that the state aid to families and children is efficient and targeted.

To create a single system of cash social assistance awarded to low-income families and single residents on the basis of evaluation of their income and property as well as to solve the problem of family poverty **the Law on Cash Social Assistance for Low-Income Families (Single Residents)** (*Official Gazette*, 2003, No 73-3352; 2006, No 130-4889) took effect on 1 April 2004. It ensured that families with children or persons residing alone who due to apparent reasons are without adequate resources for a living or paying for the main utilities receive cash social assistance, i.e. social allowances, compensations for the heating of a dwelling, cold and hot water.

With a view to make cash social assistance more targeted so that this state aid could be accessible to all low-income persons **the Law amending the Law on Cash Social Assistance for Low-Income Families and Single Residents** (*Official Gazette*, 2006, No 130-4889) took effect on 1 December 2006. The said Law was recast, its title was refined, it validated the provisions ensuring assistance to a wider circle of persons and created more favourable conditions for receiving compensations for the heating of a dwelling to the families who due to increased income were no longer entitled to compensations, municipal administrations were authorised to grant cash social assistance from targeted subsidies to municipal budgets by municipal decision to persons in difficult financial situation provided assistance is necessary to them, the provisions regulating awarding of non-cash social assistance to families at social risk or dysfunctional families were refined, compensations for heating were increased and their calculation was simplified, organisation, administration and financing of cash social assistance was regulated more precisely.

In June 2008 the amendment to the said Law was adopted which refined the provisions on the calculation of family income, created more favourable conditions for families and socially vulnerable residents to receive cash social assistance, as income of social nature: compensations for transportation expenses to the disabled, compensations to donors, child benefits, social grants, assistance in cash paid pursuant the to the Law on Social Services (*Official Gazette*, 2006, No 17-

589), as well as work-related income of pupils are deducted from the income of a family in determining the amount of cash social assistance.

To implement the provisions of the Law on Cash Social Assistance for Low-Income Families and Single Residents a single system of cash social assistance based on income and property evaluation is applied in Lithuania. Cash social assistance is aimed at assisting low-income families or persons so that every resident of the country had adequate resources to subsist. Thus, to assist low-income families raising children or single residents who due to apparent reasons are unable to secure adequate resources for a living or paying for the main utilities and to reduce the exclusion of individual social groups social allowances are paid, compensations for hot and cold water are awarded pursuant to the procedure established by the legislation. Social allowances and compensations are paid to residents by municipalities from targeted subsidies allocated to them from the national budget. Besides, municipalities may grant cash social assistance from the funds of municipal budgets in other cases not established by the Law.

Families and single residents are entitled to cash social assistance provided they are unable to secure adequate resources by their own effort. The state enters into an obligation to provide social assistance to families or single residents whose family members over 18 years of age wishing to receive social assistance have used up every possibility of receiving income, i.e. those applying for social assistance are required that, first of all, a family or a single resident made every effort they can to receive all possible income, e.g. to receive the benefits and pensions they are entitled to, employable family members have to actively look for a job in territorial job centres, when raising a child the paternity of a child of unmarried persons has to be ascertained or established, their maintenance as well as the maintenance of the children of divorced parents has to be established by a court-approved contract or ordered by court, etc.

Cash social assistance is granted upon evaluation both the income received (work-related income, pension, etc.) and the value of the property possessed. Pursuant to the said Law families or single residents are entitled to cash social assistance provided the value of the property possessed by a family or a person by the right of ownership does not exceed the norm of property value. A norm is a basic indicator on the basis of which eligibility for assistance is determined and to which the value of the property actually possessed by a person is compared. The norm of property value is calculated by adding up the norms of the values of movable property, immovable property, cash resources, securities and investment units. When a family or a single resident applies for cash social assistance, the value of the property possessed by all family members (registered residential and non-residential buildings, summer houses, land plots) which is determined from the data provided by the Centre of Registers is added up. In determining the value of all the property possessed by a family or a person, the low-value property possessed is not taken into account provided it does not exceed the values set in the Law. When a family or a single resident does not possess a certain type of property, they remain entitled to assistance even if the value of another type of property is higher yet does not exceed the total norm set.

Cash social assistance is granted taking into consideration the reasons due to which a family or a single resident have no adequate resources for a living. Employed persons, full-time pupils or students of educational institutions, pensioners, the disabled or persons nursing them, one of the parents raising young children are entitled to assistance provided they comply with the conditions, etc., set out in the Law. The families of the unemployed are granted the aforementioned assistance provided the family members over 18 years of age receive unemployment social insurance benefits or education grants, or perform community service or works supported by the Employment Fund, or have been registered with the job centre for at least six months. Persons having served their

sentence and registered with the territorial job centres within six months after their release from the place of imprisonment are also granted cash social assistance, whereas granting of assistance during the period of imprisonment is regulated by the legislation regulating the enforcement of sentences. Pursuant to the provisions of the Law persons registered with the territorial job centres who have not more than five years left until the retirement age as well as persons who are of the retirement age or receive any type of pension, pension benefit and/or social assistance benefit, except for pensions awarded for the loss of 45–55 per cent of working capacity (pensions awarded to persons recognised as having Group III disability prior to July 2005) as well as surviving spouse's or orphan's pensions are also entitled to cash social assistance.

Social allowances are paid to permanent residents of the Republic of Lithuania whose income per capita are below the level of the state-supported income (hereinafter referred to as the "SSI") established by the Government, i.e. LTL 285 per family member per month (at the beginning of 2008). The majority of such allowances are paid to incomplete families (one-parent families), large families, families at social risk, families of the unemployed, etc.

The amount of social allowance equals to 90 per cent of the difference between the amount of the SSI per family or single resident and the average monthly income per family or single resident. Thus, at the beginning of 2008 when the SSI amounted to LTL 285 per month, a single resident possessing no property exceeding the norms set and not receiving any income was entitled to a social allowance equalling to 90 per cent of the amount of the SSI, i.e. LTL 256.5. (more precise numbers and information are presented in the response to the third question in the form of report of this paragraph of the Charter Article).

In addition to social allowances low-income families and single residents are entitled to compensations for heating, cold and hot water.

By 1 December 2006 families or single residents paid for the heating of a dwelling up to 25 per cent of the difference between their income received and 90 per cent of the SSI per family or single resident. On 1 December 2006 the Law Amending the Law on Cash Social Assistance for Low-Income Families and Single Residents took effect and pursuant to it families or single residents pay for heating not more than 20 per cent of the difference between their income received and 100 per cent of the SSI per family or single resident. The rest of the expenses related to heating are compensated from the funds of the national budget. Such a principle of calculating compensations protects residents against the increase in expenses related to the heating of a dwelling as the prices for energy and utilities go up.

Families or single residents are compensated for the heating of a dwelling where they have declared their place of residence. One family member or a single resident is compensated for the heating of 38 square meters of a dwelling; every other family member is compensated for the heating of 12 square meters. These compensations established ensure assistance for low-income persons residing in middle-sized dwellings.

Compensations are also paid for expenses related to the norm of hot and cold water as well as sewage. Each low-income person is ensured assistance for 1.5 cubic meters of hot water consumed and 2 cubic meters of cold water consumed per month. The portion of the expenses for cold water exceeding 2 per cent of the income of a family or a single resident and the portion of the expenses for hot water exceeding 5 per cent are compensated.

Besides, the Law on Cash Social Assistance for Low-Income Families and Single Residents stipulates that in order to solve individual problems of residents municipalities may grant cash social assistance to families or single residents from the funds of municipal budgets in other cases not established in the Law, e.g. award a lump-sum allowance, social allowance, compensate for the expenses related to the maintenance of a dwelling not specified in the Law, compensate for the expenses related to the heating of a larger useful floor space of a dwelling than the norms established in this Law, pay off a debt for a dwelling, etc. pursuant to their own procedure. Depending on their budget, municipalities determine the procedure of payment and the amounts of lump-sum allowances (paid due to poverty, homelessness, illness, disability, natural disaster, etc.) awarded from municipal budgets for those residing in their territory.

Likewise, since 1 December 2006 pursuant to the Law municipalities have been entitled to use the funds of the national budget by using up to 2 per cent of the funds allocated to social assistance to assist residents in a difficult financial situation on the basis of their decisions.

Families at social risk are granted alternative forms of social assistance: food products, clothes and other goods, vouchers for buying food products, etc., pursuant to the procedure established by the municipality.

In addition to social allowances and compensations for heating, cold and hot water, children from low-income families are granted other types of assistance. In view of the fact that low-income families are in need of assistance in preparing their children for school before the beginning of a new school year and to ensure that children from such families are educated regardless of the social and financial situation of their parents, the state grants assistance for the children from the families who are most in need to get ready for school. On 1 January 2007 **the Law on Social Assistance to Pupils** established two types of social assistance for pupils: free meals for pupils and provision of school supplies for pupils before the beginning of a new school year (as of 1 July 2008 the following types of social assistance for pupils have been established: free meals for pupils and assistance for acquisition of school supplies). Taking into consideration the income received by a family all children from low-income families who study according to pre-school or comprehensive education (primary, basic, secondary or special education) curricula not only in comprehensive schools but also in vocational schools, pre-school education schools and other places suitable for educating children are entitled to social assistance by this Law.

On 1 July 2008 when the amendments to the said Law took effect it was established that all pupils studying according to pre-school or primary education curricula are entitled to a free lunch. The eligibility of other pupils for free meals is determined taking into consideration the income received by a family:

- Pupils studying according to basic, secondary or special education curricula are entitled to a free lunch provided the average monthly income per family member is lower than the amount of 1.5 SSI;

- Pupils studying according to pre-school or comprehensive education (primary, basic, secondary or special education) curricula are entitled to a free breakfast provided the average monthly income per family member is lower than the amount of 1 SSI;

- Pupils studying according to pre-school or comprehensive education (primary, basic, secondary or special education) curricula are entitled to the assistance for acquisition of school

supplies provided the average monthly income per family member is lower than the amount of 1.5 SSI.

Social assistance to pupils may be granted in other cases established by municipalities (e.g. in case of an illness, an accident, loss of a breadwinner, a pupil from a family raising three or more children or whose parents are disabled, etc.) depending on the income received by a family. Such pupils from low-income families may be also granted free meals at summer day camps of recreation organised in schools.

Pursuant to **the Law on Social Assistance in Case of Death** (*Official Gazette*, 1993, No 73-1371) funeral allowances are paid.

Organisation and Administration of Social Assistance

In Lithuania cash social assistance is awarded via municipal Social Assistance Divisions present in each Lithuanian municipality.

Municipal Social Assistance Divisions organise the implementation of the legislation establishing benefits to children as well as assistance to low-income residents (social allowances and compensations for heating, cold and hot water) in their respective territories.

Up to 1 January 2007 funds for the benefits specified in the Law on Benefits to Children were awarded from special targeted subsidies of the national budget to municipal budgets and as of 1 January 2007 they are awarded from the funds of the national budget.

The funds for cash social assistance (social allowances and compensations for heating, cold and hot water) are granted from the national budget by transferring them to municipalities as special targeted subsidies. It is notable that cash social assistance may be awarded in other cases not established by the Law (a lump-sum allowance may be awarded; indebtedness for a dwelling may be covered; expenses for a larger quantity of hot and cold water consumed than the norm set in the Law may be compensated; expenses for the maintenance of a dwelling not specified in the Law may be compensated, etc.) pursuant to the procedure established by municipal councils. In this case social assistance is financed from the funds of municipal budgets.

Up to 4 per cent of the funds intended for social assistance are allocated to municipalities for the administration of these functions imposed by the state.

Municipalities are entitled to award cash social assistance to low-income residents only after having assessed the data on the income received and property possessed provided by applicant families or single residents and in exceptional cases having examined their living conditions.

Social assistance to pupils is financed from special targeted subsidies of the national budget to municipal budgets, from general appropriations allocated from the national budget to administrations of county governors and the Ministry of Education and Science, funds from municipal budgets, fund s allocated by founders of non-state schools and other funds received in compliance with the procedure established by the legislation.

Administrations of county governors and the Ministry of Education and Science administer the provision of free meals for pupils in state schools and municipal administrations administer the provision of free meals for pupils in schools founded by municipalities and in non-state schools

founded in the territory of the municipality. Municipal administrations also administer the provision of school supplies for pupils who have declared their place of residence or who live in the territory of the municipality.

Funeral allowances are paid from targeted funds allocated to municipal budgets while calculating their financial indicators.

The system of social assistance for families raising children and low-income residents Lithuania is in the process of a constant improvement in order to achieve the highest possible standards.

ALIENS ISSUES

Cash Social Assistance for Low- Income Families and Single Residents

The Law on Cash Social Assistance for Low-Income Families and Single Residents of the Republic of Lithuania (*Official Gazette*, 2003, No 73-3352; 2006, No 130-4889) establishes that the said Law is applied to permanent residents of the Republic of Lithuania, i.e. the citizens of the Republic of Lithuania, aliens and stateless persons permanently resident in the Republic of Lithuania are equally entitled to cash social assistance pursuant to this Law. Thus, the requirement of having the nationality of the Republic of Lithuania is not applied, and cash social assistance is granted taking into consideration the permanent resident status.

Social Assistance for Pupils

The Law on Social Assistance for Pupils of the Republic of Lithuania (*Official Gazette*, 2006, No 73-2755; 2008, No 63-2382) regulating social assistance for pupils does not contain any provisions discriminating against aliens vis-à-vis the citizens of the Republic of Lithuania, i.e. each pupil studying at school is entitled to assistance established by the Law.

Pursuant to **the Law on Social Services** (*Official Gazette*, 2006, No 17-589) the citizens of the Republic of Lithuania, aliens, including stateless persons, holding a permit to permanently or temporarily reside in the Republic of Lithuania and other persons in the cases provided in the international treaties, concluded by the Republic of Lithuania, are entitled to social services.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

In view of demographic changes – the decrease in population and birth rate, changes in migration, family instability, the decline in the number of marriages and the increase in the divorce rate, the rapid ageing of the population, as well as the priorities in the areas of the social and family welfare policies set out in the Programme of the Government of the Republic of Lithuania for 2006–2008, on 28 October 2004 the National Strategy on the Demographic (Population) Policy was approved by Resolution No 1350 of the Government of the Republic of Lithuania on the Approval of the National Strategy on the Demographic (Population) Policy (*Official Gazette*, 2004, No 159-5795). The Strategy analyses demographic problems, establishes major goals of individual components of the demographic (population) policy (family welfare, public health and population migration), outlines the vision, the mission of the state and the course of actions for the period up to 2015 and regulates the implementation of the Strategy. The said Strategy addresses all aspects of family life: employment, ensuring of gender equality, family stability, child security, solidarity between

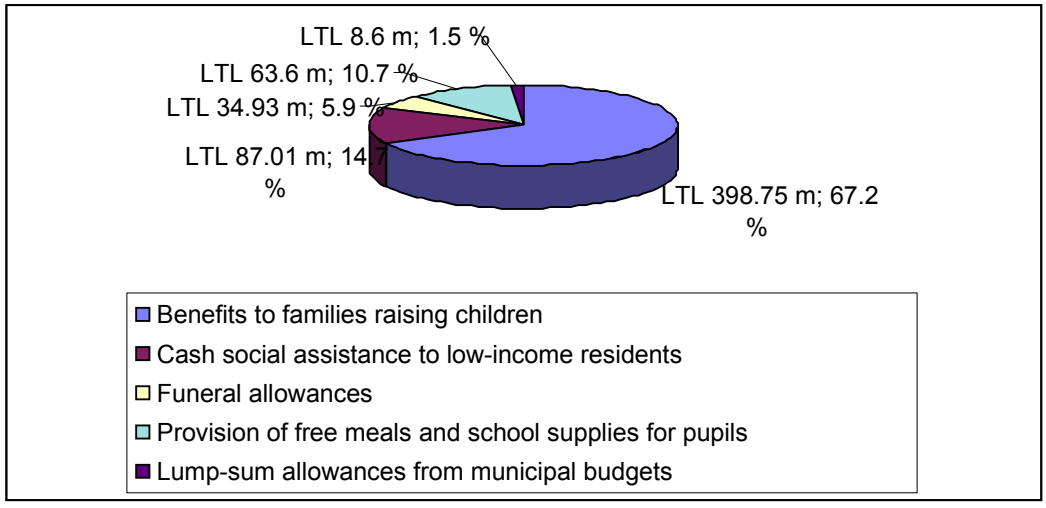
generations, child care, education, family planning and reproductive health, the provision of housing as well as social guarantees.

With a view of implementing this Strategy the Government of the Republic of Lithuania by its Resolution No. 572 (*Official Gazette*, 2005, No 66-2367)of 23 May 2005 approved the implementation measures for the National Strategy on the Demographic (Population) Policy for 2005–2007 aimed at strengthening and supporting families with children, creating more favourable conditions for young people to create families and raise children, promoting a healthy lifestyle and behaviour, addressing the legal status of aliens, the issues of labour migration, etc.

Proceeding with the implementation of the Strategy on the National Demographic (Population) Policy the Government of the Republic of Lithuania by its Resolution No 948 of 5 September 2007 (*Official Gazette*, 2007, No 98-3977) approved the Action Plan for the implementation of Family Welfare Measures of the Strategy on the National Demographic (Population) Policy for 2008–2010. Having assessed the experience of foreign countries and the possibilities of the country, Lithuania is aiming at implementing a complex and integral family policy combining the measures related to labour market, child care and ensuring of gender equality. Thus, by implementing this action plan, the goals to curb the negative tendencies in family development, to strengthen the family as an establishment and a positive attitude towards the family, to create a more favourable environment for families and upbringing of children, to ensure a better quality of life for families, etc. are further pursued.

3) Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.

Figure 13.1.2: The distribution of the expenditure on social assistance in 2007



In 2007 the major part of the expenditure on social assistance (67.2 per cent) comprised the expenses associated with the benefits paid to families with children regardless of their income, i.e. the expenses as benefits to families raising children amounted to LTL 398.75 million. The expenditure on cash social assistance (social allowances and compensations for heating, hot and

cold water) awarded after having evaluated the income and property of families or single residents accounted for 14.7 per cent of all the expenditure allocated to social assistance.
In 2007 the overall amount of assistance awarded to families raising children and persons with low income pursuant to the legislation amounted to LTL 592.89 million. This type of assistance increased almost by LTL 50 million compared to 2006.

Social Allowances

Be reminded that families and single residents permanently residing in the Republic of Lithuania whose income per capita are below the level of the state-supported income (SSI) set by the Government are entitled to social allowances amounting to 90 per cent of the difference between the SSI per family or single resident and monthly income of a family or a single resident.

It is notable that in addition to social allowances low-income families and single residents are entitled to compensations for heating, hot and cold water which also cut the expenses of low-income families and single residents.

It is worth noting that in order to reduce the social exclusion and the risk of poverty of low-income families as well as to increase social assistance in the period 2005–2008 the amount of the SSI was increased. It is a basic value used in calculating cash social assistance for low-income persons and in determining the eligibility of pupils from low-income families for free meals in schools and the provision of school supplies at the beginning of a new school year, in determining eligibility for free legal advice as well as in calculating unemployment insurance benefits for the unemployed registered with the job centres. From 1 October 2005 the amount of the SSI was increased by LTL 20 – from LTL 135 to LTL 155 per capita per month, from 1 February 2006 the amount of the SSI was increased by LTL 10 – to LTL 165 per capita per month, and from 1 October 2006 the amount of the SSI was increased by LTL 20 – to LTL 185 per capita per month. From 1 January 2007 the amount of the SSI was increased by LTL 20 – to LTL 205, and from 1 October 2007 by other LTL 20 – to LTL 235 per capita per month. From 1 January 2008 the amount of the SSI approved by the Government of the Republic of Lithuania was increased up to LTL 285, i.e. more than twofold compared to the beginning of 2005 when it amounted to LTL 135. Besides, as of 1 August 2008 the amount of the SSI already makes up for LTL 350 per capita per month.

It is noteworthy that as of 2009 the amount of the SSI will be indexed pursuant to the provisions of the Law of the Republic of Lithuania on the Indexation of the Amounts of Minimum Wage, Social Security Benefits and Basic Penalties and Fines (*Official Gazette*, 2008, No 83-3294). Every year taking into consideration the growth of consumer prices the Government will make the decision on the indexation of the SSI provided during the accounting period the average annual growth of consumer prices exceeds 3 per cent.

Table 13.1.3: The number of social allowance recipients, the expenditure on social allowances and at-risk-of-poverty rate indicators

Indicators	**2005**	**2006**
The number of social allowance recipients, thousand (on average per month)	54.1	37.8
The percentage of social allowance recipients of the overall population	1.6	1.1
Expenditure on social allowances, million LTL	52.8	43.8
At-risk-of-poverty rate, per cent		
All persons	20.5	20.0
Households with children	22.6	20.5
Two adults with two children	18.0	15.4

The level of adequacy of social allowance may be assessed by comparing the amount of the allowance with the absolute or relative poverty threshold.

The Ministry of Social Security and Labour calculates the value of minimum consumer basket (the absolute poverty threshold) every quarter on the basis of the data from the Household Budget Survey provided by of the Department of Statistics. A minimum level of satisfaction of consumer needs is guaranteed by this value of consumer basket. In 2005 the value of minimum consumer basket per capita was LTL 215.21. The amount of social allowance in the case of a person with no income made up LTL 126 per month in 2005. The amount of social allowance accounted for 59 per cent of the value of minimum consumer basket. Basically, the level of social allowance was slightly higher than the value of food products in the minimum consumer basket which amounted to LTL 107.61 in 2005.

In 2005 the absolute poverty threshold for a four-member family amounted to LTL 451.94. Families with no income were granted a social allowance amounting to LTL 504 per month. Thus, **the amount of social allowance granted to a four-member family was 12 per cent larger than the absolute poverty threshold.**

In 2005 the relative at-risk-of-poverty threshold was calculated by equalling it to 50 per cent of the median equalised disposable income and using the modified OECD equivalent scale where the following weights were attributed: the first person was equivalent to 1 adult, the second – to 0.5 adults and a child aged under 14 – to 0.3 adults. In 2005 the relative poverty threshold for a single person amounted to LTL 295.83 and the at-risk-of-poverty gap for a single person living just on a social allowance accounted for 43 per cent, i.e. his/her income were 57 per cent lower than the at-risk-of-poverty threshold.

In 2005 the relative at-risk-of-poverty threshold for a four-member family amounted to LTL 621.25 and a social allowance for a four-member family with no income and property exceeding the norms set made up LTL 504 per month. The at-risk-of-poverty gap for a four-member family accounted for 81 per cent, i.e. a social allowance was 19 per cent smaller than the relative at-risk-of-poverty threshold in 2005 which, as it has been mentioned, is determined by equalling it to 50 per cent of the median equalised disposable income.

In 2006 the absolute poverty threshold per capita amounted to LTL 238.06 and the absolute poverty threshold for a four-member family was LTL 499.93 whereas the amount of social allowance for a person with no income amounted to LTL 152.25 per month. A social allowance for a single person accounted only for 64 per cent of the value of minimum consumer basket. **A social allowance granted to a four-member family with no income amounted to LTL 609 and was 22 per cent larger than the absolute poverty threshold.**

In 2006 the relative at-risk-of-poverty threshold calculated by equalling it to 50 per cent of the median equalised disposable income amounted to LTL 364. The at-risk-of-poverty gap for a single person living only on a social allowance accounted for 42 per cent, i.e. the amount of social allowance for a single person was 58 per cent smaller than the at-risk-of-poverty threshold. The at-risk-of-poverty gap for a four-member family accounted for 80 per cent, i.e. the amount of social allowance was 20 per cent smaller than the relative at-risk-of-poverty threshold in 2006 amounting to LTL 765.

In 2007 the absolute poverty threshold per capita was LTL 282.57 and the absolute poverty threshold for a four-member family comprised LTL 593.4 whereas the amount of social allowance

for a person with no income amounted to LTL 191.25 per month. A social allowance for single person accounted for 68 per cent of the value of minimum consumer basket, i.e. the social allowance for a single person was 32 per cent smaller than the absolute poverty threshold. The absolute at-risk-of-poverty gap for a single person reduced by 9 percentage points compared to the situation in 2005. **The social allowance granted to a four-member family with no income amounted to LTL 765 and was 29 per cent larger than the absolute poverty threshold.**

There is no data available on the relative poverty threshold for 2007; therefore, it is not possible to assess the adequacy of social allowance by comparing it to the relative at-risk-of-poverty threshold in 2007.

Table 13.1.4: The absolute and relative poverty thresholds and the amounts of social allowances

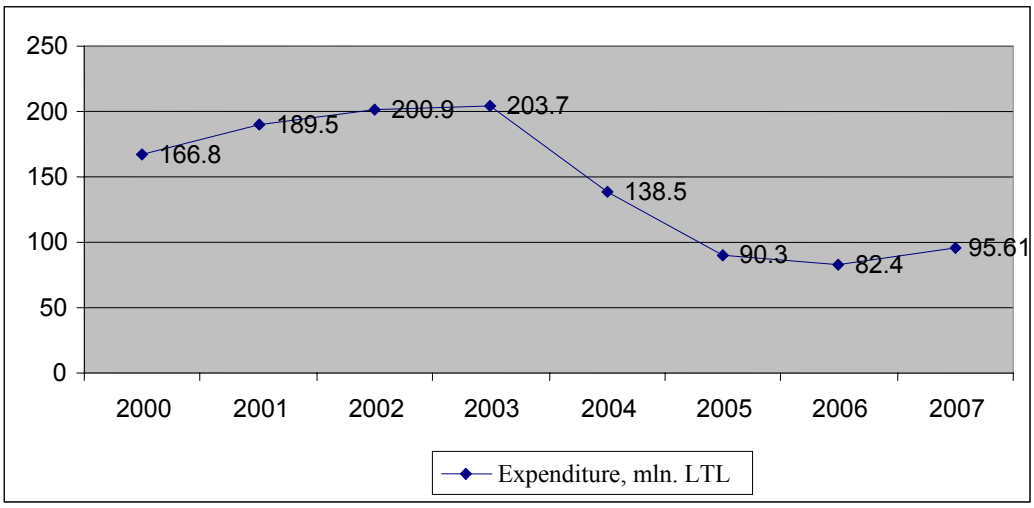
Indicators	2005	2006	2007
The absolute at-risk-of-poverty threshold per capita, LTL	215.21	238.06	282.57
The absolute poverty threshold for a four-member family, LTL	451.94	499.93	593.4
The at-risk-of-poverty threshold calculated by equalling it to 50 per cent of the median equalised income, for a single person, LTL	295.83	364.0	
The at-risk-of-poverty threshold calculated by equalling it to 50 per cent of the median equalised income, for a four-member family, LTL	621.25	765.0	
The amount of social allowance for a single person with no income, LTL	126.0	152.25	191.25
The amount of social allowance for a four-member family with no income, LTL	504.0	609.0	765.0

Thus, the reduction of poverty was influenced by significantly increased SSI which determine the amount of cash social assistance and the amounts of other social allowances granted to the residents who due to apparent reasons live on low income, i.e. consequently cash social assistance for low-income residents (from 1 January 2008 the amount of social allowance for a person with no income increased more than twofold compared to 1 January 2005) and the number of recipients as well as unemployment insurance benefits for the unemployed registered with the job centres increased and more pupils became entitled to free meals.

Besides, with the view of reducing social exclusion and enhancing the system of cash social assistance, in 2008 the provisions on the calculation of family income were refined by creating more favourable conditions for receiving social allowances, compensations for heating, cold and hot water. The principle of granting cash social assistance is based on property and income testing. As of 1 July 2008 while granting cash social assistance for families, work-related income of pupils studying at full-time comprehensive schools or vocational schools according to comprehensive curricula and/or according to vocational curricula to acquire basic qualifications are deducted from family income and as of 1 October 2008 target bonuses for nursing or attendance (assistance) expenses, benefits to children paid pursuant to the Law on Benefits to Children, social grants as well as assistance money paid in compliance with the Law on Social Services are deducted from family income as well. The deduction of the aforementioned income of social nature from family income increases cash social assistance for low-income families raising children and the most vulnerable groups of residents. Thus, a greater assistance will granted to lone parents (mother or father), large families, moreover, more families and single residents, who were unable to receive cash social assistance because the aforementioned income were included into family income, will become entitled to social allowances. These provisions are aimed at reducing poverty and social exclusion as well as encouraging families with employed family members.

What is more, by further enhancing the system of cash social assistance and with the view of compensating residents for the expenses of the maintenance of a dwelling in a more rational way, it is intended to reform the system of compensations for the maintenance of a dwelling so that not only expenses for heating, hot and cold water but also other essential expenses related to the maintenance of a dwelling were compensated.

Figure 13.1.5: Cash social assistance for low-income persons



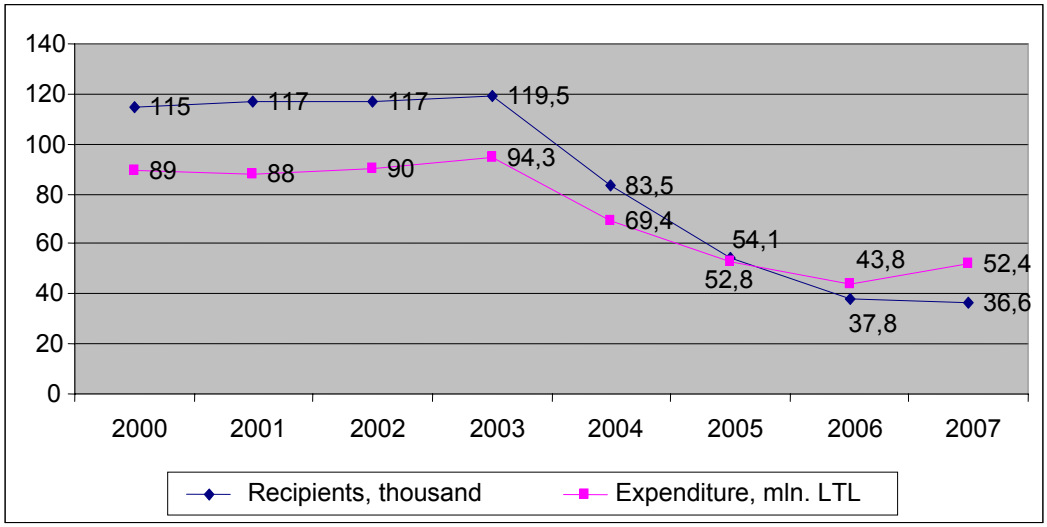
In 2006 cash social assistance for low-income families and single residents reduced compared to 2005, yet in 2007 increased again. In 2005 the expenditure on cash social assistance for low-income residents amounted to LTL 90.3 million, in 2006 it made up LTL 82.4 million and in 2007 it was LTL 95.61 million.

The expenditure on compensations (for heating, cold and hot water) increased marginally, i.e. from 31 million in 2005 to 33.7 million in 2007.

In 2007 the expenditure on social allowances did not change compared to 2005, i.e. in 2005 the expenditure on social allowances amounted to LTL 52.8 million, in 2007 it made up LTL 52.41 million. However, in 2007 the number of social allowance recipients decreased by 32.3 per cent compared to 2005, i.e. in 2005 the average monthly number of social allowance recipients was 54.1 thousand, whereas in 2007 this number amounted to 36.6 thousand people.

In 2007 one family member was paid a monthly social allowance amounting to LTL 119 on average.

Figure 13.1.6: Social allowance recipients and the variation of expenditure in the period 2000–2007



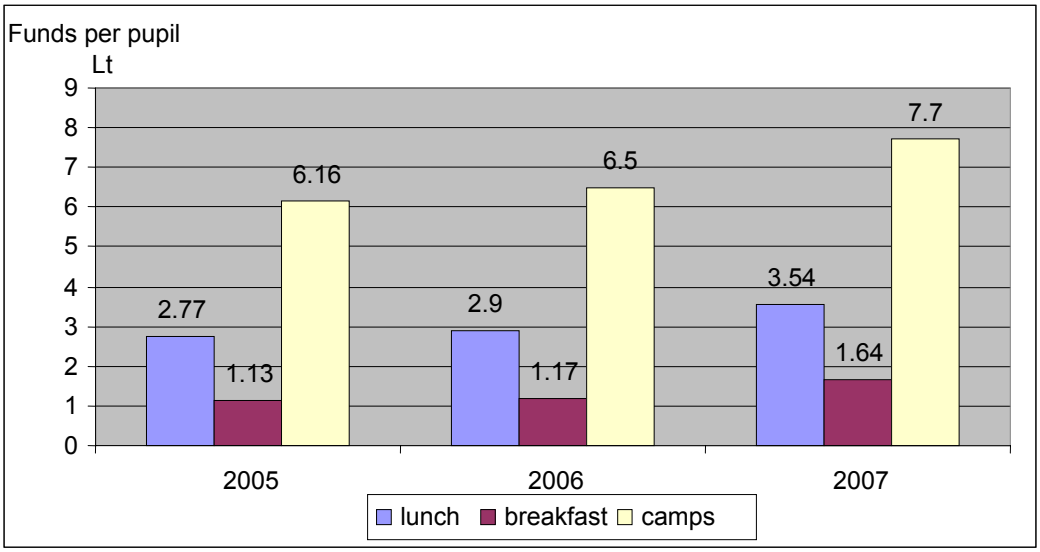
The change in the number of cash social assistance was caused by a considerable growth in income of residents (in 2007 the average monthly wage increased by 42 per cent, average old age pension by 42 per cent, minimum monthly wage by 40 per cent compared to 2005), the reduction of unemployment (in 2007 the unemployment level reduced by 48 per cent compared to 2005), population migration, more targeted cash assistance granted upon evaluation of both income and property of families. In the light of the fact that the minimum monthly wage and pension are growing more rapidly than SSI, the number of social allowance recipients and the amount of related expenditure are decreasing.

In 2007 the amount of lump-sum allowances paid from municipal budgets increased by 32 per cent compared to 2005, i.e. from LTL 6.5 million in 2005 to LTL 8.6 million in 2007. The number of the recipients of lump-sum allowances paid from municipal budgets reduced by 32 per cent, i.e. from 49.86 thousand people in 2005 to 33.7 thousand people in 2007.

As on 1 December 2006 the provision setting forth that up to 2 per cent of the funds allocated to social allowances and compensations may be used for cash social assistance took effect, in 2007 the related expenditure amounted LTL 0.9 million.

To ensure that child nutrition complied with physiological standards and to improve people's health and quality of life larger amounts of social assistance for pupils were allocated than till 1 January 2007. In 2007 while establishing daily prices of free meals provided to pupils the amount allocated to the acquisition of food products for lunch was increased by 28 per cent (LTL 3.54), the amount for breakfast by 45 per cent (LTL 1.64), the amount for meals in summer day camps of recreation organised in schools by 25 per cent (LTL 7.7) compared to 2005.

Figure 13.1.7: The daily amounts of funds per pupil allocated from the national budget for free meals provided to pupils in the period 2005–2007



Pupils were provided with school supplies individually depending on the number of pupils in a family and the school supplies they already have or in the form of vouchers so that parents themselves could acquire school supplies in the shopping centres. Assistance amounting up to LTL 156 was granted for the acquisition of school supplies per pupil.

Table 13.1.8: The number of the recipients of social assistance for pupils and the related expenditure in the period 2005–2007

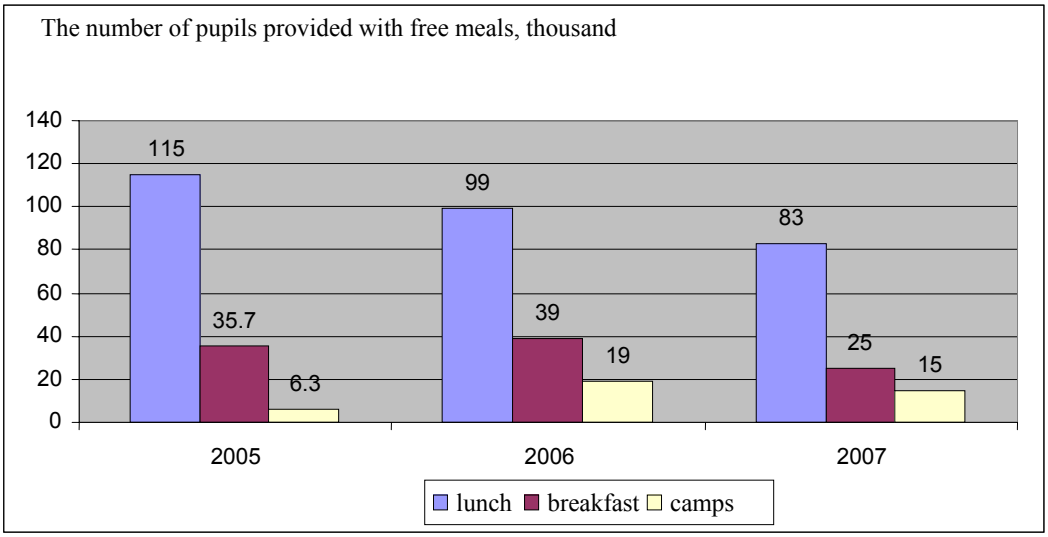
Benefits	Number of recipients, thousand			Expenditure, m LTL		
	2005	2006	2007	2005	2006	2007
1. Social assistance for pupils:				**62.70**	**69.10**	**63.60**
1.1. Free meals for pupils from low-income families*	115.00	99.00	83.00	60.68	61.06	54.70
1.2. Provision of school supplies for pupils from low-income families	56.00	79.00	57.00	2.00	8.00	8.90

* – an average number of recipients per month is presented

In 2005 and 2006 the expenditure on free meals for pupils in comprehensive schools amounted to around LTL 61 million each year and in 2007 it made up LTL 54.7 million. In 2007 due to an increase in the income of residents, the number of pupils entitled to free meals in schools reduced by 27.8 per cent compared to 2005. In 2005 on average around 115 thousand pupils per month (22 per cent of all pupils in comprehensive schools) were provided with free lunch, in 2006 this number amounted to 99 thousand pupils (19 per cent of all pupils in comprehensive schools), in 2007 it was 83 thousand pupils (17 per cent of all pupils in comprehensive schools). In 2005 on average around 22 thousand pupils per month were provided with free breakfast, in 2006 this number amounted to 39 thousand pupils, and in 2007 it was 25 thousand pupils. In 2005 during summer holiday schools organised summer day camps of recreation in which 11.5 thousand pupils were provided with free

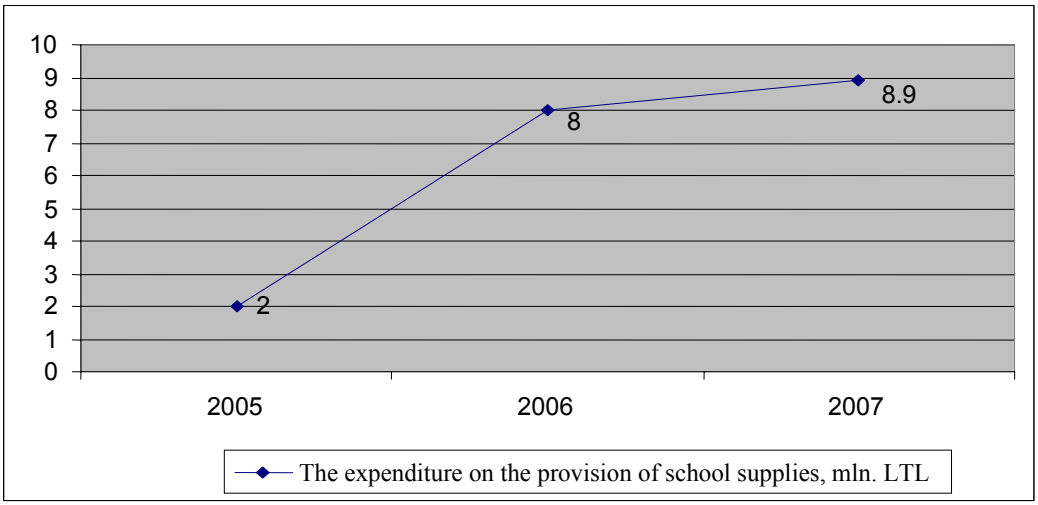
meals, in 2006 this number amounted to around 19 thousand pupils, and in 2007 it was 15 thousand pupils.

Figure 13.1.9: The number of pupils provided with free meals in the period 2005–2007



In 2005 the expenditure on the provision of school supplies for pupils from low-income families at the beginning of a new school year amounted to LTL 2 million, i.e. twice as much as in 2004, yet this amount was four times smaller than in 2006 (in 2006 the expenditure made up LTL 8 million). In 2007 the expenditure on the provision of school supplies for pupils from low-income families amounted to LTL 8.9 million.

Figure 13.1.10: The expenditure on the provision of school supplies in the period 2005–2007



In 2005 assistance to get ready for the new school year was granted to approximately 56 thousand pupils (10.5 per cent of all pupils in comprehensive schools), in 2006 this number amounted to 79 thousand pupils (15 per cent of all pupils in comprehensive schools) and in 2007 it was 57 thousand pupils (11 per cent of all pupils in comprehensive schools), state awarded assistance per pupil during this period increased almost fourfold on average, however, i.e. from LTL 40 in 2005 to LTL 156 in 2007. Assistance was awarded in the form of gift vouchers for acquiring school supplies in a

specified shopping centre; by individually composing school supply sets; by granting lump-sum allowances for the goods chosen by pupils themselves in the shop.

HEALTH CARE

When carrying out the prevention of diseases, forming the attitude to healthy life style and behaviour choice in the society and protecting the health of the residents from detrimental impact of environmental factors, new health programmes were prepared and approved in 2003, and follow-up programmes were continued:

National HIV/AIDS Prevention and Control Programme for 2003–2008, for the implementation of which in 2003 LTL 100 thousand were allocated, in 2004 – LTL 200 thousand, in 2005 – LTL 450 thousand, in 2006- LTL – 287 thousand, and in 2007 – LTL 1529 thousand.

In 2005, Lithuanian AIDS Centre provided 493 consultations to individuals infected with HIV, while 39 people infected with HIV were provided antiretroviral treatment; in 2006, 499 consultations were provided and 45 persons infected with HIV received antiretroviral treatment; in 2007, 563 consultations were provided and 19 persons received antiretroviral treatment.

When implementing the HIV/AIDS prevention measures among persons using intravenous drugs and improving their knowledge, a course of lectures was prepared and read, intended for HIV/AIDS prevention; methodical material was published and distributed: books of 10 titles ("HIV infection, AIDS, drug addiction and sexually transmitted diseases" – a run of 5 thousand copies, "HIV infection, AIDS and public health" – a run of 4 thousand copies, etc.), two periodical publications and 14 articles. Outfitting of the gynaecological consulting room was completed for sex workers, working in the streets (in 2004, the services were used by 100 workers of commercial sex, in 2005 – 111, in 2006 – 72, in 2007 – 110), a group of volunteers was prepared and trained (in 2004 - 7 women, in 2005 – 10 women, in 2006 - 7 women, in 2007 – 8 women), the members of which were providing assistance on the streets following the principle "equal to equal"; in 2004, preventive activities were expanded in the Roma camping-ground (individuals using drugs are being registered; they were tested in Damage Reduction Consulting-Office of Lithuanian AIDS Centre for HIV, hepatitis B and C and syphilis). Damage Reduction Consulting-Office of Lithuanian AIDS Centre in 2005 had registered 34 residents of the Roma camping-ground (22 men and 12 women), in 2006- 36 (24 men and 12 women), in 2007 – 41 (28 men and 13 women).

Division of Addiction Diseases of the Lithuanian AIDS Centre has started providing consulting to families of persons addicted to drugs (in 2004, 258 consultations were provided, out of them 228 were given by telephone, 30 – during individual conversations; in 2005, 231 consultations were provided, out of which, 212- by telephone, 19 - during individual conversations; in 2006, 242 consultations were provided, out of them, 220 – by telephone, 22 – during individual consultations; in 2007, 257 consultations were provided, out of them, 223- by telephone, 34 – during individual conversations). Via the free assistance line, Lithuanian AIDS Centre is providing information about HIV/AIDS, sexually transmitted infections, drug addiction, services and tests provided by the Centre, and consultations to HIV infected persons. Lithuanian AIDS Centre has organized and implemented drug addiction prevention measures in juvenile remand and correctional institutions: a sociological research of juvenile' knowledge, behaviour and approach to drug addiction and HIV/AIDS was conducted; meetings - conversations were organized for the juveniles with persons who ceased using drugs in order to enhance the motivation not to use drugs. The convicted juveniles were informed about forms of assistance; booklet "In short about HIV and AIDS" was prepared as well as a selection of documentaries and theatrical films about HIV/AIDS.

Statistic and factual information pertaining to social services was provided under question 3 of Article 13, paragraph 3 of the Charter.

Response to the question of the European Committee of Social Rights:

The Committee therefore asks for the next report to indicate:

- **the conditions that must be met by the job offer and the grounds for refusal authorised;**
- whether support measures with a view to finding a lasting solution to the individual's difficulties are provided for;
- whether means of subsistence are maintained for the period of the penalty;
- the extent and frequency of penalties.

The mentioned support is allocated to the families of the unemployed, when adult members of the family get social insurance benefit for unemployment or study scholarship, or are engaged in public works or works, supported by the Occupation Foundation or have been registered with the Labour Exchange for at least 6 months. (Information about the unemployment benefit was provided when replying to questions of Article 12, paragraph 1 of the Charter.)
Individuals who have served the sentence and registered with the territorial labour exchange within 6 months from return from the place of imprisonment are also allocated financial social support, whereas the allocation of support while serving the sentence is regulated by legislative acts, regulating execution of sentences.

Response to the question of the European Committee of Social Rights:

Noting that Lithuania has not accepted Article 23 of the Revised Charter (the right of elderly persons to social protection), the Committee examines the income guarantee for elderly persons in the light of Article 13 §1. The social assistance benefits concerned are those provided for by Law No. I-675 on cash social assistance, of 29 November 1994. These benefits are intended for specific population groups which, for objective reasons, are not entitled to social insurance benefits and do not have adequate resources. The groups concerned are mothers who have reached retirement age having borne at least five children and raised them to at least the age of eight, and parents, foster parents and guardians who have reached retirement age having looked after children with disabilities for at least 15 years in their home. The Committee asks what assistance persons who do not fall into these categories are entitled to when they have reached retirement age and do not have adequate resources.

While implementing the provisions of the Law on Monetary Social Support to Families and People Living Alone in Need during the reporting period, in Lithuania a uniform system of monetary social support, based on income and property assessment, is being applied and thus the circle of persons entitled to social support was substantially expanded.

Elderly people

In line with the provisions of the law, persons who have registered with the territorial labour exchange and who have not more than 5 years left to retirement age as well as persons who have reached retirement age and receive a pension of any kind, pension benefits and (or) social assistance allowances, except pensions, assigned due to the loss of 45–55 per cent of working ability (pensions assigned to individuals who have been acknowledged invalids of group III before 1 July 2005) as well as survivor's or orphan's pensions, are also entitled to financial social assistance (more information is provided when replying to question 1 of Article 14, paragraph 1 of the report).

Social assistance pensions

In order to ensure minimal funds for living for persons who are acknowledged as unable to work or partially able to work and for persons who have reached retirement pension age, payment of social assistance pensions from state budget has been started (Law on Social Assistance Pensions, 19-05-2005 No X-210). From 01-07-2005, social assistance pensions are being allocated to persons who have lost 60-100 per cent of working ability (before 01-07-2005 – to invalids of groups I and II). Rates of these persons are set as follows: to persons who have lost 60-70 per cent of working ability (invalids of group II) it comprises 0.9 of basic pension of the state social insurance, to persons who have lost 75-100 per cent of working ability (invalids of group I) – 1 basic pension of the state social insurance. From 01-01-2006, payment of social assistance pensions was started to individuals who have reached retirement age. Social assistance pension to persons who have reached retirement age comprises 0.9 of basic pension of the state social insurance. Social assistance pensions are payable provided that the person has not acquired the right to another pension of the same rate or higher, or an allowance of pension type. If the listed persons acquire the right to be paid a lower pension or an allowance of pension type, they are disbursed a difference between the social assistance pension and the assigned pension.

Response to the question of the European Committee of Social Rights:

Right of appeal and legal aid

The Committee made a detailed examination in its previous conclusion of the procedure for appeals against unfavourable decisions on social assistance matters.

The Committee asks for the next report to indicate:

– whether an appeal may be made to the administrative courts against refusal or suspension as a penalty for refusing employment or training (Conclusions XIII-2, Denmark, p. 124-126; Conclusions XIV-1, France, p. 271-273);

Decision of the municipality regarding allocation of social assistance, as provided for in the Law on Monetary Social Support to Families and People Living Alone in Need (Official Gazette., 2003, No 73-3352; 2006, No 130-4889), may be appealed against in accordance with the procedure, established by the Law on Administrative Proceedings of the Republic of Lithuania. Pursuant to this law, a person's complaint about individual administrative acts adopted or actions undertaken by the undertakings of the municipality may be submitted to the commission of administrative disputes of the municipality or the county. Furthermore, individuals are entitled to apply to the county court regarding validity of acts adopted or actions undertaken by the administration undertakings of the municipality, legitimacy or validity of refusal to carry out the actions within their competence or procrastination to carry out the actions.

In view of the provisions of Resolution No 875 of the Government of the Republic of Lithuania regarding approval of the rules for examination of individuals' applications and their servicing in public administration institutions, establishments and other undertakings of public administration of 22 August 2007, an individual who disagrees to the response of the institution to their application, is entitled to submit a complaint in accordance with the procedure, established in the third section "Administrative Procedure" of the Law on Administrative Proceedings of the Republic of Lithuania, in accordance with the procedure established in the Law on Commissions of Administrative Disputes of the Republic of Lithuania (Official Gazette, 1999, No 13-310), to the Administrative Disputes Commission; in accordance with the procedure, established in the Law on Administrative Proceedings of the Republic of Lithuania (Official Gazette, 1999, No 13-308; 2000, No 85-2566) - to the Administrative Court.

Individuals are entitled to submit complaints regarding abuse by the officials, bureaucracy or other violations of human rights and freedoms in the area of public administration to the Seimas

Ombudsman of the Republic of Lithuania in line with the procedure established in the Law on the Seimas Ombudsmen (Official Gazette, 1998, No 110-3024; 2004, No 170-6238).

– whether the administrative courts have jurisdiction to rule on points of law as well as on the merits of the case (Interpretative statement of Article 13, General Introduction to Conclusions XIII-4, pp. 55-56; Conclusions XVIII-1, Hungary).

Yes, they perform these functions when hearing in the court the cases pertaining to validity of acts adopted or actions undertaken by the administration undertakings of the municipality as well as legitimacy and validity of refusal to carry out the actions within their competence or procrastination to carry out such actions.

It also asks whether provision is made for free legal aid so as to guarantee applicants the effective exercise of their right of appeal (Conclusions XVI-1, Ireland, pp. 356-358).

In Lithuania, free legal aid guaranteed by the state is being provided since 2001 to citizens of the Republic of Lithuania and other member states of the European Union as well as to other individuals, residing rightfully in Lithuania and other member states of the European Union. Legal aid provided free of charge gives an opportunity to the individuals to properly defend the violated or contested rights and interests protected by the law, and aims at ensuring the application of the legislative acts of the European Union (Directive of the Council No 2003/8/EC of 27 January 2003).

Primary and secondary legal aid is being provided. Primary legal aid (legal information, legal consulting and preparation of documents of legal nature, intended for state and municipal institutions, etc.) is being organized and provided by municipal bodies. In order to receive primary legal aid, it is not necessary to declare one's income and property. Primary legal aid has to be provided immediately when the person applies to the executive body of the municipality. If there is no possibility to provide the primary legal aid at once, the applicant is notified of the admission time, which cannot be later than 5 days from the application date. Should it become obvious in the course of primary legal aid provision that the applicant will need secondary legal aid, the official providing primary legal aid helps the applicant to write the application for secondary legal aid or writes it.

Secondary legal aid (preparation of documents, defence and representation in cases, including the process of enforcement, etc.) is provided to individuals, when their property and annual income do not exceed the levels of property and income, established by the Government of the Republic of Lithuania, in order to be eligible for legal aid pursuant to this law. As a matter of fact, the law stipulates persons who are provided secondary legal aid regardless of their income and property. E. g., the aggrieved in cases for compensation of damages occurring due to offences; persons entitled to social allowance or persons who are supported by the state in residential care institutions and certain others. State-guaranteed legal aid is provided free of charge in criminal as well as in civil and administrative cases.

ARTICLE 13§2

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Law on Benefits for Children, Law on Monetary Social Support to Families and People Living Alone in Need, Law on Social Assistance for Pupils and Law on Assistance in Case of Death do not contain any provisions, directly or indirectly restricting political rights of persons receiving social assistance.

In line with the Law on Social Services, the objective of social services is to enable the individual (family) to develop and enhance the abilities and opportunities for independent resolution of their problems, to maintain social relationships with the society and help overcome the social exclusion. Social services are managed, allocated and provided following the principles of cooperation, participation, complexity, accessibility, social justice, relevance, efficiency and comprehensiveness. When pursuing the objectives of social services, persons (families) cannot be restricted their political or social rights.

Other laws do not contain such provisions either.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

ARTICLE 13§3

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

In their territories, municipalities organize the implementation of the laws, which provide for benefits for children and support to residents in need (social allowances, compensations of housing heating expenses and expenses of cold and hot water), deal with the issues of persons in need of social assistance, provide information and consultations about social assistance available to families raising children and residents in need.

Information about social services is presented when replying to questions of Article 14 paragraph 1 of the Charter.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Statistic information about provision of social services to separate social groups and those engaged in social work during the reporting period:

Social services to elderly people

Ageing of the society demands for increasing attention to assistance for elderly people. The need for long-term residential care is not diminishing. Each year, new old people's homes appear. According to the information of the Department of Statistics, in 2005 there were 97 old people's homes, in 2006 – 100, whereas in 2007 – 101. Each year, increasingly more applications of those wanting residential care are granted. For comparison, in 2005, 62 per cent of all applications were granted, whereas in 2007 – as many as 85 per cent of all applications for residential care in old people's homes.

More than 1 thousand new residents arrive to old people's homes annually (in 2006 – 1162; in 2007 – 1165). Over 7 thousand elderly people are provided social assistance and social care in their own homes.

In Lithuania, establishment of social care day centres for elderly people is just starting. According to the information of the Ministry of Social Security and Labour, in 2008 there were 4 social care day centres for elderly people operating. Moreover, social services are also provided to elderly people in community centres, totalling in Lithuania more than 90, and in day centres for the disabled (about 90).

Table 13.3.1: care institutions for elderly people (at the end of the year)

	2004	2007
Care institutions for elderly people, in total	95	101
total number of residents	4780	4971
County care homes	7	8
total number of residents	1627	1723
Municipal care homes	55	55
total number of residents	2089	2169
Other care institutions [1]	3	3
total number of residents	326	222
Non-governmental care institutions	30	35
total number of residents	738	857

[1] Veisiejai Residential Care Home, care home "Tremtinių namai", Centre of Gerontology and Rehabilitation - 2004, care home "Tremtinių namai", Centre of Gerontology and Rehabilitation, Marijampolė Special Care Home – 2007.

Social services to the disabled

Social services are being provided to the disabled adults by 30 residential social care institutions, 4 care homes for the disabled children and youth, 58 social care day centres, 30 social attendance day centres for the disabled and about 70 community institutions.

The number of persons receiving social services in day centres for the disabled is increasing. In 2007, such services were provided to 38.9 thousand (in 2005 – to 34.6 thousand) disabled adults and 2.7 thousand children (in 2005 – 1.7 thousand). Social assistance and care at home in 2007 was provided to approximately 700 disabled adults and 150 disabled children.

Social services to children deprived of parental care

According to the data of the Department of Statistics, in 2007, there were 2.6 thousand children living in 33 county foster homes, whereas in 2006 there were 2.8 thousand children. The number of children living in foster homes under municipalities and NGO increased: in 2007, the number of children living in foster homes under municipalities and NGO went up by 145 in comparison to 2006. This can be linked with implementation of the new Law on Social Services, according to which long-term (short-term) social care for children temporarily deprived of parental care has to be organized in the place of residence of the children and their families.

About 1700 children are settled in children foster homes yearly; the majority of them (about 70 per cent) are taken to foster homes from their parents' homes. The main reasons, why children become the charges of foster institutions, include limitation of parental authority, neglect of children, inappropriate upbringing and parents' death.

Social services to families

Social services to families, which take care of their disabled, elderly members and children are paid special attention in the new Law on Social Services as well. When implementing the mentioned law, such social services as complex social care provided at home, social care in day centres, short-term "respite" care by settling the disabled adult or child or elderly person in residential care institution, are being reinforced. Through these services it is aimed to help the persons who take care of disabled, elderly people in their homes, to combine the family and job obligations.

According to the data of the Department of Statistics, in the country there are 42 family assistance centres and authorities operating, each year providing services to approximately 13.5 thousand disabled children, children at social risk, families, etc.

Social skills' development services are provided at home to 4.3 thousand individuals and families (out of them – 2.6 thousand children and families with social problems; 1.6 thousand individuals and families from risk groups). The number of these services is growing. For instance, during 2006, the number of such services provided exceeded that of 2005 by 2.4 times.

Day centres are attended by approximately 7.6 thousand children from families at social risk. Moreover, social, psychological and other assistance is provided to 13.9 thousand individuals and families at social risk.

In the country, there are 18 crisis centres and temporary lodging institutions for mothers and children operating. Services are provided to 4.9 thousand families yearly.

Response to the question of the European Committee of Social Rights:

The Committee was unable to assess whether all the services covered by Article 13§3 were provided free of charge to persons in need (see Observation on the interpretation of Article 14§1, Conclusions XVII-2 and 2005). In practice, it noted that, while advice was given free of charge, a charge may be made for home help, at a rate depending on income, number of family members, state of health of the beneficiary, type and duration of the service, etc. The Committee therefore asks for the next report to state whether the supply of services for specific purposes providing assistance and counselling for persons lacking, or at risk of lacking, sufficient resources is free of charge.

Social services are being provided to persons regardless of their financial capabilities to pay for them. The rate of the fee for social services received is differentiated subject to income received by the person, a part of it – from the property owned as well. All information and consultation social services are provided free of charge. Recipients of services provided by municipalities, who earn low income, may be either exempted from payment for assistance services at home or the rate of payment may be reduced for them. Municipalities provide other services free of charge, too: organize catering, provide with the necessities, organize personal hygiene (bathhouse) services, etc.

Response to the question of the European Committee of Social Rights:

The Committee points out that, in pursuance of Article 13§3 of the Revised Charter, any person lawfully resident on the territory of a State Party must have access to social services on the same footing as nationals. The definition of "residence" is left to national law, and a period of residence may be a condition, provided that this is not manifestly excessive (see *mutatis mutandis* Conclusions XVII-2, Poland, Article 14§1; Bulgaria, Conclusions 2006, Article 13§1). The Committee notes that, in this case, the application of the aforementioned rules makes the grant of social assistance to foreigners conditional on a continuous period of presence on national territory of five years. It again considers that this period is manifestly excessive and that the situation is not in conformity with Article 133.

Situation pertaining to provision of social services to foreigners has changed. In line with the **Law on Social Services** (Official Gazette, 2006, No 17-589), the right to social services has been granted to citizens of the Republic of Lithuania, foreigners including individuals without nationality, having the temporary or permanent permit to reside in the Republic of Lithuania as well as other persons in cases provided for in international treaties of the Republic of Lithuania.

ARTICLE 14§1

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

SOCIAL SERVICES

Social services refer to services, whereby assistance is provided to a person (family) who due to age, disability or social problems partially or altogether do not possess any, did not acquire or lost their abilities or possibilities to take care of personal (family) life independently and to participate in social life. The objective of social services is to enable the individual (family) to develop and enhance the abilities and opportunities for independent resolution of their problems, to maintain social relationships with the society and help overcome the social exclusion. Social services are being provided in order to prevent the social problems of individuals, families and the community from arising as well as to ensure social security of the society.

Social work is being carried out by social workers and assistant social worker, employed in social service institutions. Social work means activity, helping individuals or families to solve their social problems in line with their possibilities and with their involvement, without impinging on the human dignity and while increasing their responsibility, based on cooperation between the individual, family and the society.

In 2004, in Lithuania there were about 600 institutions of different subordination (county, municipal, non-governmental organizations, etc.), providing social services; out of them, about 40 per cent comprised residential care institutions. In 2007, the number of social services' providers reached 700, in which residential care institutions constitutes about 34 per cent.

As the number of non-residential social service providers grew and new institutions providing social services appeared over the last 5 years, the number of non-residential social service recipients underwent a substantial increase: in 2004, day centres were attended by more than 50 thousand elderly, disabled people or children at social risk, while in 2007 – almost by 75 thousand; in 2004, in 15 crisis centres social services were provided to about 1.7 thousand women and children, who experienced violence, whereas in 2007, 21 crisis centre provided assistance to 5.8 thousand women and children, who experienced violence; each of 22 lodging houses provided shelter to almost 2 thousand homeless. All municipalities provided social services at home: they have been used by almost 10 thousand residents.

In 2004, the total number of social service recipients (including the recipients of other social services of general interest, organized by municipalities) comprised about 230 thousand, in 2007 - about 260 thousand.

Types of social services

Social services can be divided into two types: services of general interest and special services. Social services of general interest include individual services, which are provided without permanent assistance of the specialists: information, consulting, intermediation and representation, socio-cultural services, organization of transportation, provision with the most basic clothing, footwear and other services.

Special social services are provided to individuals (families), when general social services are not sufficient. Special services include social attendance and social care.

Social attendance means the totality of the services aimed at providing to a person (family) complex assistance not requiring permanent attendance by specialists. Social attendance includes assistance at home, development and maintenance of social skills, temporary lodging as well as other services. Social care means the totality of the services aimed at providing to a person (family) complex assistance requiring permanent attendance by specialists. Social care is divided into day, short-term and long-term care.

Entitlement to social services, conditions and procedure of their provision

Pursuant to the Law on Social Services, the right to social services has been granted to citizens of the Republic of Lithuania, foreigners including individuals without nationality, having the temporary or permanent permit to reside in the Republic of Lithuania as well as other persons in cases provided for in international treaties of the Republic of Lithuania.

A person (one of the adult members of the family) or his guardian, custodian applies for granting of social services to the municipality of his place of residence (neighbourhood, social support division or social service centre), where a social worker provides them all the necessary information about social services (what are the possibilities to be granted them; what documents have to be submitted; which social service institutions can provide the services, what is the payment rate for social services) and helps to fill the application for granting of social services of the established form. In exceptional cases, when a person (family) suffers physical or psychological abuse or a threat is posed to his physical or emotional security, the person (one of the adult members of the family) or his guardian (custodian) may apply for the granting of social services of general interest and social attendance to a municipality other than that of his place of residence.

Social services are assigned to the person according to the assessment by the municipality's social worker of the person's need for social services. The need is assessed by taking into account the person's dependence, age, state of health, special needs and the family's ability to take care of him.

Pursuant to the Law on Social Services, the right to social services is implemented, when a decision is adopted regarding granting of the special services to a person (family) in accordance with the procedure, established by the municipal institution at the proposition of the social worker, who has determined the person's (family's) need for social services. The need for social services is determined not later than within 7 workdays from the application receipt date (the need for social care – within 30 and more calendar days).

The decision regarding granting of social services is adopted within 14 calendar days (regarding social care – within 30 calendar days). A copy of the decision is given to the person (family) within 5 workdays from its adoption date.

Provision of social services, providers of social services

General provisions for rendering of social services to persons (families) are defined in article 18 of the Law on Social Services. Based on these provisions, social services to persons (families) are provided subject to individual needs and interests of persons (families), while assessing the efficiency of the social services provided in respect of development or compensation for the person's (family's) possibilities and abilities to care for his private (family) life or to participate in the society. Separate groups of social service recipients are applied different provisions for social services provision, e. g., when providing social services to the disabled children, social services are organized while coordinating them with education and development, personal health care and special measures of assistance; to adults at social risk – by coordinating them with education and development, health care measures, participation in the labour market, etc. When providing social services to families at social risk, provision of social services also to the children has to be ensured.

Social services are being provided by social service institutions. These are companies (joint stock companies, closed joint stock companies, individual enterprises), enterprises (public enterprises, budget enterprises), organizations (associations, charity and support foundations, religious communities or associations (centres), social families.

The main responsibility for provision of social services is borne by municipalities.

Social work

Social work is carried out by the social workers and assistant social workers working at social service institutions. The role of those engaged in social work is very important to the society, seeing as they help the individuals and families to deal with social problems according to their possibilities and with their involvement, without impinging on the human dignity and while increasing their responsibility. Professional training of these workers is of particular importance, because only qualified workers are able to help the individuals and families properly, on time and in a qualitative manner.

Qualification improvement of social workers is a guarantee of social services' quality assurance. The function of organization and implementation of qualification improvement has been entrusted to the Social Workers' Training Centre of the Lithuanian Labour Market Training Authority.

According to the information of the Department of Statistics, in Lithuania in 2007 social work was being carried out by 7694 workers (3076 social workers and 4618 assistant social workers) in social service institutions of different subordination. Furthermore, other 260 workers were engaged in administrative tasks in social assistance divisions of municipalities; 210 social workers were employed in educational institutions. In health care institutions in 2007 there were 440 social employees.

Financing of social services

After the new procedure for payment for social services came into force, in line with the methodology for financing of social services and calculation of funds, from 1 January 2007 application of the new procedure for financing of social services was commenced. All social services to persons, who started receiving them from 2007, were financed from the budget of municipality, special target subsidies of the state budget (hereinafter – state subsidies) to the budgets of municipalities and funds collected from persons for payment for social services, regardless of jurisdiction of the social service institution. Thus, formation of the mixed market of social services was started, which enabled the competition among social service institution with regard to quality, accessibility, supply, price and other aspects of social services.

Regarding foreigners

Pursuant to the **Law on Social Services** (Official Gazette, 2006, No 17-589), the right to social services has been granted to the citizens of the Republic of Lithuania, foreigners including individuals without nationality, having the temporary or permanent permit to reside in the Republic of Lithuania as well as other persons in cases provided for in international treaties of the Republic of Lithuania.

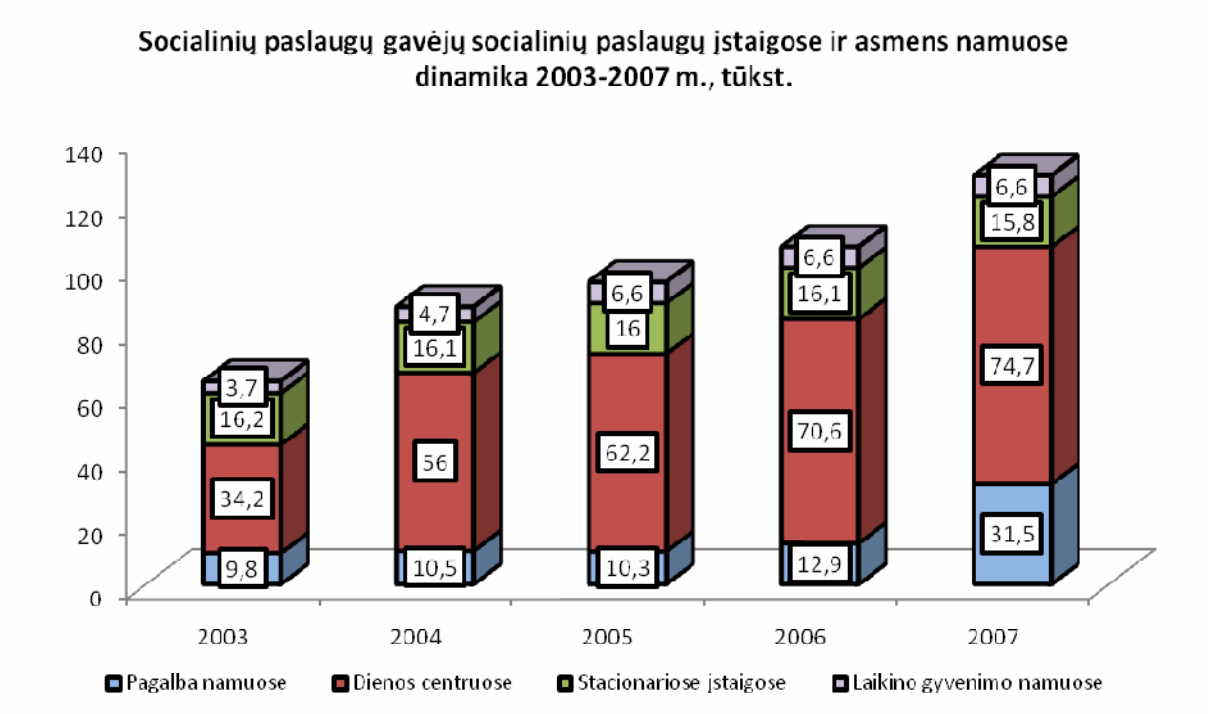
2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3) Please provide pertinent figures, statistics or any other relevant information to demonstrate the effective access to social services (beneficiaries in total and per category of social welfare services, number and geographical distribution of services, staff number and qualifications).

Throughout the period of 2004–2007 social services were being further developed; the numbers of institutions, service recipients and social workers increased. Legislative acts were being improved, and new ones were being prepared; programmes related to expansion of social services and improvement of qualification of social workers were being pursued.

Dynamics of social service recipients

According to the information of the Department of Statistics, in 2007 in Lithuania social services in social service institutions and homes of recipients of social services were provided to 128.6 thousand people (Figure 14.1.1). Like in the previous year, in 2007 social services were provided to approximately 8 thousand people. After establishing new positions of social workers for working with families at social risk in 2007, the number of persons who received the service of social skills' development and maintenance at home increased significantly: in 2006 such services have been provided to 4.3 thousand people, whereas in 2007 – to 23 thousand people. **Figure 14.1.1:**



2007 m. pagalba namuose kartu su socialinių įgūdžių ugdymu ir palaikymu asmens namuose

Dynamics of social service recipients in social service institutions and at home in 2003-2007, in thousand.

Assistance at home

In day centres

In residential care institutions

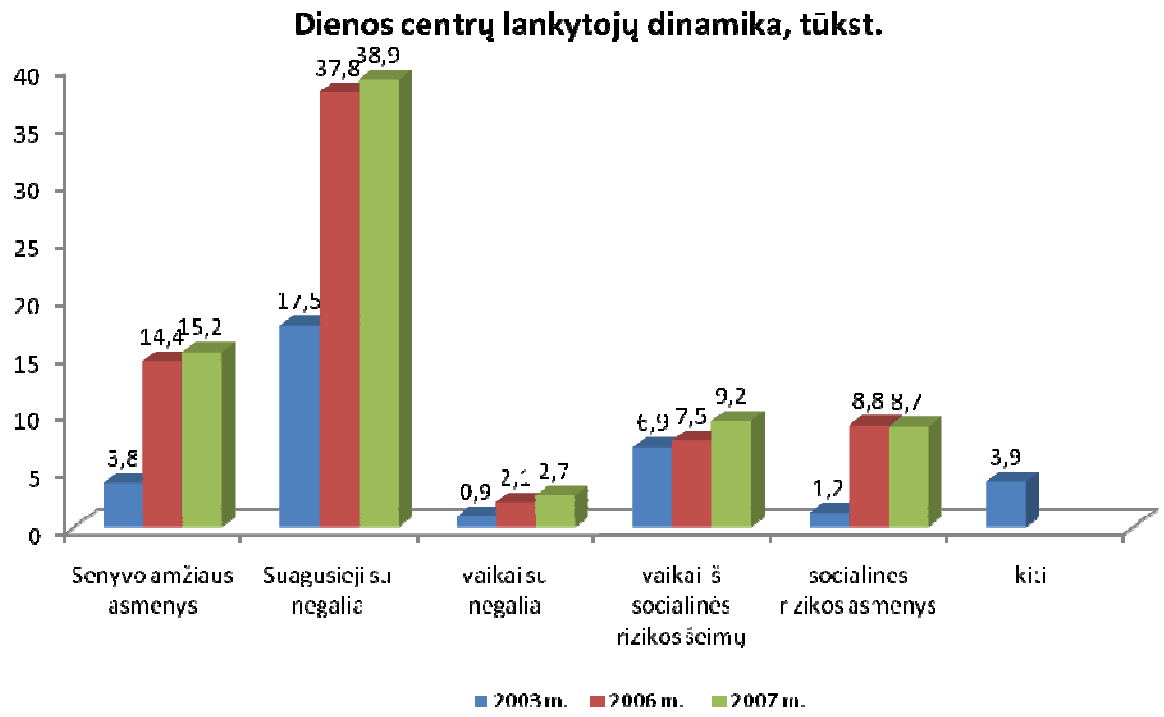
In temporary residence homes

Assistance at home in conjunction with development and maintenance of social skills in person's home in 2007

Approximately other 130 thousand residents were provided other social services of general interest, organized by municipalities – free catering, provision with food products and necessities, organization of personal hygiene and transportation services.

The number of social service recipients in residential social service institutions is gradually decreasing. Increasingly more people are being provided social services at their homes, day centres or other establishments of temporary residence. In 2002, the majority of social service recipients (57 per cent) were using the services provided by residential social service institutions, whereas in 2006-2007, as the number of recipients of services provided by day centres grew, the number of recipients of social services provided in residential social service institutions decreased to 12 per cent. Over this period, the number of day centre visitors went up by more than 2 times and in 2007 comprised almost 75 thousand (Figure 14.1.2).

Figure 14.1.2:

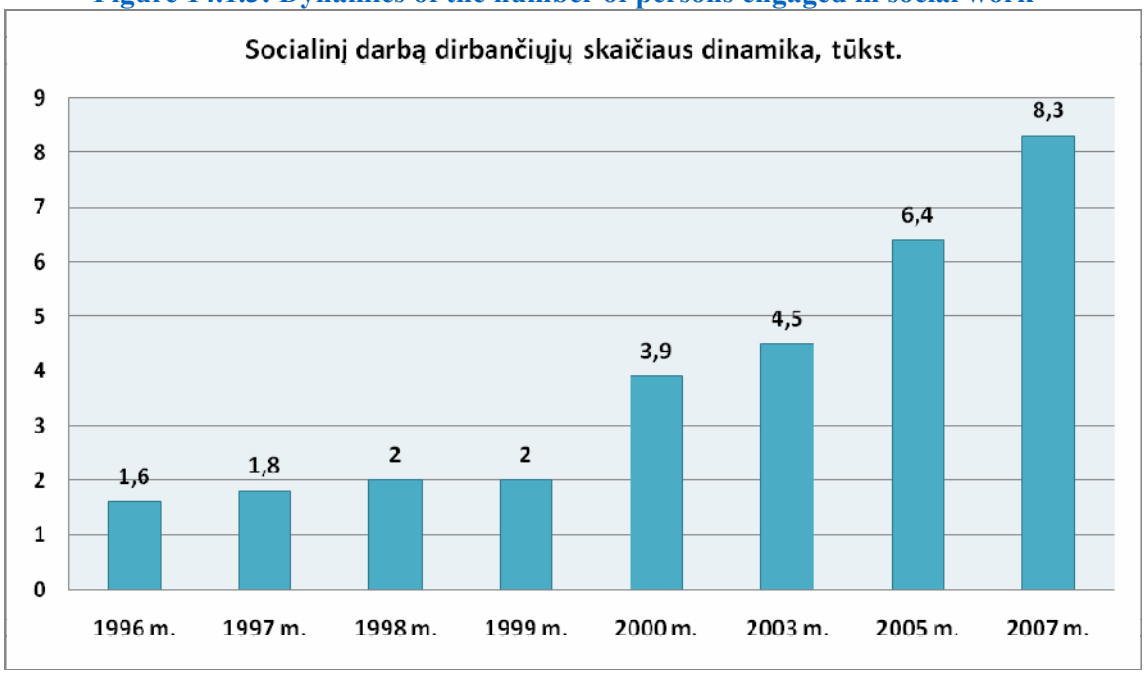


Dynamics of the number of day centre visitors, in thousand
Elderly people (3,8 in 2003; 14,4 in 2006; 15,2 in 2007)
Disabled adults (17,5 in 2003; 37,8 in 2006; 38,9 in 2007)
Disabled children (0,9 in 2003; 2,1 in 2006; 2,7 in 2007)
Children from families at social risk (6,9 in 2003; 7,5 in 2006; 9,2 in 2007)
Individuals at social risk (1,2 in 2003; 8,8 in 2006; 8,7 in 2007)

Others (3,9 in 2003)

Like in the previous years, the majority of day centre visitors is comprised by disabled adults (52 %) and elderly people (20 %); the number of children from families at social risk and disabled children, receiving social services, is increasing.

Figure 14.1.3: Dynamics of the number of persons engaged in social work



Dynamics of the number of persons engaged in social work, in thousand

According to the information of the Department of Statistics, in 2007 in Lithuania social work was being carried out by 7694 workers (3076 social workers and 4618 assistant social workers) in social service institutions of different jurisdictions. Furthermore, other 260 workers were engaged in administrative tasks in social assistance divisions of municipalities; 210 social workers were employed in educational institutions. In health care institutions in 2007 there were 440 social employees

Care institutions under counties employ 2.3 thousand social workers and assistant social workers, municipal institutions – 4.5 thousand, establishments of NGOs – about 0.8 thousand social workers and assistant social workers.

When improving the qualification improvement possibilities for social workers, programmes for improvement of qualification of social workers were selected and approved as well as methodical centres of social work. There are 33 methodical centres.

Financing of social services

After the new procedure for payment for social services, came into force, in line with the methodology for financing of social services and calculation of funds[7], from 1 January 2007 application of the new procedure for financing of social services was commenced. All social

[7] Resolution No 978 of 10 October 2006 of the Government of the Republic of Lithuania regarding financing of social services and approval of methodology for calculation of funds (Official Gazette, 2006, No 110-4163,

services to persons, who started receiving them from 2007, were financed from the budget of municipality, special target subsidies of the state budget (hereinafter – state subsidies) to the budgets of municipalities and funds collected from persons for payment for social services, regardless of jurisdiction of the social service institution. Thus, formation of the mixed market of social services was started, which enabled the competition among social service institution with regard to quality, accessibility, supply, price and other aspects of social services

In all the country assignment of state subsidies started from 1 January 2007 for assurance of social care of different nature of persons with severe disability, for attendance of families at social risk; moreover, funds are allocated for organization of social care for children deprived of parental care (child benefit of 4 MLL).

In 2007, budgets of municipalities were allocated LTL 13.484 million of state subsidies for assurance of social care of persons with severe disability. In 2008, these funds almost doubled to LTL 24.411 million.

When pursuing the provisions of the Law on Social Services in 2007, provision of social long-term (short-term) and day care was started in municipalities to almost 4 thousand people, out of whom almost a half (45 per cent) comprised children deprived of parental care and children at social risk, 33 per cent – elderly people, 19 per cent - disabled adults and 3 per cent – disabled children. Out of all the elderly people, disabled adults and children, for whom provision of social care was started in 2007, 36 per cent had severe disabilities and their social care, therefore, was financed from the funds of state subsidies. In total, social care was financed to 1.6 thousand people from the funds of state subsidies in 2007.

The majority of all persons who started receiving social care in 2007 (89 per cent) were settled into residential care institutions, 11 per cent started receiving social care in day social care institutions or at their homes.

Social workers dealing with families at social risk

In order to enhance the social work with families at social risk, in 2007, 556 positions of social workers were established in municipalities, financed from the funds of the state budget. In 2008, additional 56.5 positions were established.

Social employees work in social support divisions of municipalities, social service centres, family assistance authorities, neighbourhoods and institutions operating under municipalities. The vast majority of employed social workers work in rural areas.

The positions have been established in order to ensure the quality and effectiveness of social attendance services, by bringing them closer to the persons' place of residence. The workers inform and consult the families at social risk on issues of social support, assess the need of families at social risk for social services, compile individual plans of assistance and assess the course and effectiveness of social attendance provided. Should no improvement be attained in social situation of the family, they submit proposals regarding further work with the family; after attaining the planned results of the work with the family, they propose to delete the family from the register of families at social risk.

When working with families at social risk, social and psychological assistance is provided; it is aimed to help those families to function successfully, to solve the arising problems constructively and to improve the parenthood skills. Assistance encompasses identification of families at social

risk, assessment of situations they are in, compilation and implementation of assistance plans, assessment of results and follow-up planning.

Information about social services to other groups at risk was submitted when replying to question 3 of Article 13, paragraph 3 of the report form. The need for settlement in residential social care institutions increases yearly, however, with each year, less applications remain not granted. E. g., in 2007, 1408 applications for settlement in old people's homes were received, 85 per cent of them were granted (including alternative services provided), in 2006, 1590 applications were received, 86 per cent were granted. At the time when a person is included in the waitlist, possibilities are searched to ensure provision of services at the person's home.

Information about programmes pursued:

From 1998, the Ministry of Social Security and Labour in association with municipalities has been implementing the Programme for Development of Social Services' Infrastructure8. During 2005-2007, 125 projects of infrastructure improvement in social service institutions were financed from the funds allocated to finance the Programme in municipalities, totalling to LTL 13.87 million.

Response to the question of the European Committee of Social Rights:

The Committee recalls that in its previous conclusions under Articles 12§4 and 13§3 (Conclusions 2004, p. 369 and 376), it found that, pursuant to Section 22 of the law on the Legal Status of Aliens (1998), in order to become entitled to social services which are based on permanent residence status, a foreign national must have been living in Lithuania without interruption for the past five years. It considers a period of five years of residence to be too long and therefore contrary to the Revised Charter.

The Law on Social Services (Official Gazette, 2006, No 17-589), states that the right to social services has been granted also to foreigners including individuals without nationality, having the temporary or permanent permit to reside in the Republic of Lithuania as well as other persons in cases provided for in international treaties of the Republic of Lithuania. Pursuant to this provision, the requirement for a foreigner to have lived in the Republic of Lithuania for 5 years without interruption in order to receive social services is not applied.

Response to the question of the European Committee of Social Rights:

Whether this applies to all social services and if free access is available for those persons lacking adequate financial resources in the meaning of Article 13§1.

Social services are being provided to persons regardless of their financial capabilities to pay for them. The rate of the fee for social services received is differentiated subject to income received by the person, a part of it – from the property owned as well. **All information and consultation social services are provided free of charge**. (The fourth report of the Republic of Lithuania contained an erroneous statement that a fee is charged for these services). At the proposal of municipalities, recipients of services with little income may be either exempted from payment for assistance services at home or the rate of payment may be reduced for them. Municipalities provide other services of general interest free of charge, too: organize catering, provide with the necessities, organize personal hygiene (bathhouse) services, etc.

8 Resolution No 1178 of 2003 of the Government of the Republic of Lithuania regarding approval of the Programme for Development of Social Services' Infrastructure for 2004-2006 (Official Gazette, 2003, No 90-4075), Resolution No 1000 of the Government of the Republic of Lithuania regarding approval of the Programme for Development of Social Services' Infrastructure for 2007-2009 (Official Gazette, 2006, No 111-4213)

Infrastructure of social services in all municipalities is not yet adequately developed; however, in all municipalities accessibility of social services of general interest is ensured (services of free catering and provision with the necessities are organized, home assistance services are operating, many municipalities have social service centres established by them or NGOs (financed by municipalities), day centres, family assistance authorities).
Old people's homes, established by municipalities or NGOs, are in 50 out of 60 (83 per cent) municipalities, children foster homes – in 44 (73 per cent) municipalities.

Response to the question of the European Committee of Social Rights:

Figures on municipalities expenditures for social services and their share of the total expenditure.

According to the information submitted by municipalities, in 2007 municipalities allocated LTL 139.4 million to social services, representing about 2.39 per cent of their total budget.

Table 14.1.4: Distribution of funds of municipalities' budgets, allocated to social services, in 2007

Purpose	Share, in per cent
Maintenance of institutions established by municipalities	83.1
Procurement of services from NGOs or other institutions	10.7
Financing of social service programs	6.2
In total	100

Response to the question of the European Committee of Social Rights:

Details on what are the conditions which must be met by providers and what are the supervisory procedures in place to ensure that the conditions are met in practice.

In accordance with the procedure established by the municipal institution, conclusions of appointed social workers regarding the person's (family's) need to be granted social services can be contested by the person (one of the adult members of the family) or his guardian or custodian or other interested persons to the administration director of the municipality. After contesting the conclusions regarding establishment of the person's (family's) need to be granted social services, a commission has to be formed by the decision of the administration director, which would assess the person's (family's) need for social services anew Conclusions pertaining to determination of the person's (family's) need for social services, financed from special target subsidies of the state to budgets of municipalities or assessment of the person's (family's) financial possibilities to pay for these services as well as decisions regarding granting of these services can be appealed against by the person (one of the adult members of family), his custodian or guardian as well as other interested persons to the Department of Supervision of Social Services.

Norms of social care, approved in 2007 by the order of the Minister of Social Security and Labour, regulate the right of residents of care institutions to apply with various issues to the administration or founder of the institution, control institutions as well as other institutions and establishments; they stipulate that conditions must be provided for functioning of the council of residents.
In line with Article 4, paragraph 1 of the Law on the Seimas Ombudsmen, complaints of the citizens regarding abuse and bureaucracy of officials of governmental, governance, municipal, military and equated institutions are examined by the Seimas Ombudsmen. Pursuant to the provisions of the mentioned law, every citizen is entitled to submit a complaint to the Seimas Ombudsman regarding abuse or bureaucracy of the official of the state or municipal institution, prescribed to the Ombudsman's competence.

ARTICLE 14§2

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

When implementing the National Programme for Development of Social Services' Infrastructure, it is aimed to promote the initiative of municipalities and non-governmental organizations to develop the system of social services in Lithuania. Expenses of reconstruction, major repairs, current repairs and acquisition of equipment are financed from the funds, allocated for implementation of the programme. During 2005–2007, 125 projects of social services' development were financed. Among all projects, financed during 2005–2007, those submitted by NGOs constituted about 40 per cent.

3) Please provide pertinent figures, statistics or any other relevant information to demonstrate the participation of the voluntary sector to the provision of social services, as well as the effective access of individuals to these services.

Table 14.2.1: number of volunteers in social service institutions

	2005	2006	2007
In home aid	141	250	178
In day centres	1922	1712	2429
In children foster homes	143	85	130
In care institutions for elderly people and the disabled	81	75	60
In total	**2287**	**2122**	**2797**

Response to the question of the European Committee of Social Rights:

The Committee asks that the next report contain information on the procedure that NGOs or other non-state providers must undergo and the conditions they have to fulfil to become service providers, and on how their activities are monitored.

NGOs, providing social services, should obey the Law on Social Services and its' subordinate legislation. Authorised divisions in municipalities control the quality of social services in the territory of the respective municipality. Any institution providing social services (nevertheless its' founder) has to comply with the provisions of social custody, approved by Order No. A1-46 of the Minister of Social Security and Labour of 20 February 2007. From 1 January 2010 institutions of social custody will have to obtain the licenses. Conformity of social services of those institutions to the provisions of social custody will be evaluated in procedure of their licensing.