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EUROPEAN SOCIAL CHARTER

18th National Report on the implementation
of the European Social Charter

submitted by

THE GOVERNMENT OF LITHUANIA

Articles 3, 11, 12, 14 and 14 of the European Social Charter
for the period 01/01/2016 – 31/12/2019

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CYCLE 2021



EIGHTEENTH REPORT OF THE REPUBLIC OF LITHUANIA

FOR THE ACCEPTED PROVISIONS CONCERNING
THE EUROPEAN SOCIAL CHARTER

THEMATIC GROUP “HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION”
ARTICLES 3, 11, 12, 13 AND 14

Reference period: 2016.01.01 - 2019.12.31

Appendix

Questions on Group 2 provisions

(Conclusions 2021)

Health, social security and social protection

to 31 December 2020 (and not 31 October which is the usual deadline).

Part I – 3. RESC All workers have the right to safe and healthy working conditions

Article 3 – The right to safe and healthy working conditions

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 working environment;

- a) *Please provide information about policy formulation processes and practical arrangements made to identify new or emerging situations, that represent a challenge to the right to safe and healthy working conditions; also provide information on the results of such processes and of intended future developments.*
- b) *With particular reference to COVID-19, provide specific information on the protection of frontline workers (health-care staff including ambulance crews and auxiliary staff; police and other first responders; police and military personnel involved in assistance and enforcement; staff in social-care facilities, for example for older people or children; prison and other custodial staff; mortuary services; and others involved in essential services, including transport and retail; etc.). Such information should include details of instructions and training, and also the quantity and adequacy of personal protective equipment provided to workers in different contexts. Please provide analytical information about the effectiveness of those measures of protection and statistical data on health outcomes.*
- c) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

Response by the Government

a) The identification of emergencies is regulated by the Resolution No 241 of 9 March 2006 of the Government of the Republic of Lithuania on the approval of the list of emergency criteria. The procedure for declaration and cancellation of emergency situations at the municipal and state levels is defined in the Description of procedure for declaration and cancellation of emergency situations approved by Resolution No 1243 of the Government of the Republic of Lithuania of 31 August 2010.

A decision to declare a state-level emergency situation is taken by the Government of the Republic of Lithuania. The Health Emergency Situations Centre, within their remit, implements the state policy in the field of management of health emergency situations: creates and develops

the national emergency management system, coordinates the preparation and activities of institutions of the National Health System of Lithuania in the cases of emergency situations.

In 2020, the Risk analysis of potential hazards and emergency situations of the Lithuanian National Health System was revised and updated.

In 2016–2020, the legal framework for ensuring the health of workers has been updated:

- *The Description of procedure approved by Order V-590 of the Minister of Health of the Republic of Lithuania of 17 May 2019 on the approval of the description of procedure for building competences of mental health workers is aimed at developing competences of workers of enterprises and their representatives (heads of divisions), the occupational safety and health professionals (occupational health specialists, occupational safety and health specialists), HR department heads and other enterprise workers (hereinafter – workers) necessary to reduce the negative impact of psychosocial risk factors on workers' health, improve the psychosocial environment in enterprises and strengthen their mental health.*

On 1 May 2019, Order No V-699/A1-241 of the Minister of Health of the Republic of Lithuania and the Minister of Social Security and Labour of the Republic of Lithuania of 24 August 2005 on the approval of the methodological guidance for the investigation of psychosocial occupational risk factors setting out the requirements and qualification standards for persons conducting this investigation was updated.

General Provisions for Assessing Occupational Risks, valid since 1 May 2018, establishes that the employer, which evaluated the occupational risk, shall revise and repeatedly perform evaluation of risk assessment subject to the terms and conditions set up in Paragraph 5. This Paragraph is amended by adding new conditions - when a person under the age of 18 (eighteen) is employed and upon submission of a certificate/note from a health care institution about employee's pregnancy, childbirth and breastfeeding to the employer.

The National Action Plan on Health and Safety at Work for 2017–2021 was approved by Minister of Social Security and Labour of the Republic of Lithuania and Minister of Health of the Republic of Lithuania by the order of 22 May 2017 No A1-256/V-584 'On the approval of the National Action Plan on Health and Safety at Work for 2017–2021' (the 'Action Plan') the purpose of which was to implement the health and safety at work (HSW) policies on a national level, promote interest in HSW as a component of good governance and a key factor of increasing production efficiency and competitiveness, and ensure HSW so that working conditions are improved.

Seeking to improve the implementation of HSW regulations at enterprises, in particular micro and small enterprises and, in particular, by strengthening their capacities for implementing efficient occupational risk prevention measures 8 online interactive risk assessment tools (OiRA) were developed for furniture production enterprises, for plastic articles production enterprises, for enterprises providing cleaning services, for enterprises providing sewing services, for quarry operating enterprises, for agricultural enterprises, for educational establishments, for workers in the field of social services.

In order to help enterprises improving the accidents at work prevention policy recommendations and to provide practical measures helping to ensure compliance with HSW regulations there were prepared guidances: Safety requirements for forestry works, Methodological guidance for health and safety at work for forestry works, interactive methodological guidance online for the prevention of accidents at work involving employees with less than one year service record with the employer, interactive methodological guidance online for the prevention of falls from a height in the construction sector, online interactive methodological guidance for heads of micro enterprises in the manufacturing industry sector for the implementation of HSW measures at enterprises, considering potential occupational risks, online interactive methodological guidance for heads of micro enterprises in the manufacturing industry sector for the implementation of HSW measures at enterprises, considering potential occupational risks, online interactive methodological guidance for heads of micro enterprises in the transport and warehousing sector for the implementation of HSW measures at enterprises,

considering potential occupational risks.

Awareness raising campaigns, training and exchange of best practices for enterprises were provided: round-table discussions/training for heads of enterprises and employees and providing consulting to them on matters of participation in management of the enterprise, HSW information/consulting activities aimed at farmers and farm workers, HSW information/consulting activities aimed at forestry sector workers and self-employed persons, an information campaign aimed at promoting responsible and safe behaviour of persons working at a height, a promotional campaign aimed at promoting responsible and safe behaviour of persons with a less than one year record of work with the employer.

The training for inspectors of the State Labour Inspectorate under the Ministry of Social Security and Labour (hereinafter – SLI) in order to build their capacities to effectively and efficiently carry out inspections of construction sites and the training in order to build their capacities to identify occupational risks at workplaces and to assess efficiency of risk elimination/reduction measures was organised. The system for the checking of HSW knowledge of employers and employers' representatives was developed at the SLI.

Also a consistent control over compliance with HSW regulations on construction sites at enterprises engaged in construction works and ensuring prevention of falls from a height (during site inspections, special questionnaires aimed at preventing falls from a height used and information to social partners provided) was conducted in 2018-2019 and foreseen in 2019-2021. The Action plan is foreseen also for the year 2020 and 2021. Training, discussions consultation of employers and workers, also training for inspectors of the State Labour Inspectorate, preparation of an online interactive guide on the implementation of HSW measures at enterprises, considering potential ergonomic occupational risks to which the workers are exposed, is foreseen.

b) The duty of the employer to create a safe and healthy work environment for employees in all aspects related to work is established in the Paragraph 1 of Article 11 of the Law on Safety and Health at Work. The obligations of employees to protect their health and life and other employees specified in Article 33 of the Law on Safety and Health at Work. The measures for the safety and health of employees are financed from the funds of the employer.

The Regulation on the provision of personal protective equipment for workers (hereinafter - the Regulations) were approved by the Minister of Social Security and Labor of the Republic of Lithuania on 26 November 2007 Order No. AI-331. This Regulation sets out the minimum requirements for the use of personal protective equipment at work and its provision. Also the definition of a personal protective equipment is provided and it means any device intended to be worn or worn by an employee in order to protect from risks that may endanger the safety and health of the employee, and any other measure or accessory (hereinafter - PPE).

Under the conditions and in accordance with the procedure established by the Regulations, the employer must provide the employees with PPE at their own expense and ensure that these PPE comply with the Regulation (EU) 2016/425 of the European Parliament and of the Council of 9 March 2016 on personal protective equipment and repealing Council Directive 89/686/EEC. Respiratory PPE (disposable medical masks, respirators) intended to protect against harmful biological agents (from the spread of COVID-19) is classified in category III (Annex 1 to Regulation (EU) 2016 / 425) that the PPE complies with the essential safety and health requirements of Regulation 2016/425 of the European Parliament and of the Council and is fit for use.

The calculation of the quantity of PPE shall be performed taking into account: the type of used PPE (disposable medical mask, respirator); the period of use of the PPE as specified by the manufacturer, such as a duration of use of a disposable medical mask is 4 hours; the number of PPE used by employees; the number of hours worked per day; the number of working days per month. For example, if disposable medical masks with a maximum duration of use of 4 hours are used, then working 8 hours per working day requires at least 2 medical masks. Depending on the number of working days per month, for example 20 working days, a minimum of 40 medical masks per employee should be required per 20 (twenty) working days per month.

The employer must also implement other organizational measures (management of numbers of the employees, visitors, third parties in the premises etc., organization of work remotely, etc.) and collective measures (ventilation, ventilation, cleaning, disinfection, etc.) and provide personal protective equipment and have a sufficient number of PPE to ensure safe work during the times of COVID-19 pandemic.

In 2020 in the light of COVID-19 pandemic, recommendations¹ for enterprises were provided in order to help coping with SARS-CoV-2 and the risk of developing COVID-19. The instructions were provided for various sectors of activities, with instructions on organizing the work and providing safety measures for workers. Training seminars and other educational events to employers on addressing the risk of SARS-CoV-2 at workplaces were also organized by SLI.

With a view to ensure the timely provision of medical institutions fighting with Covid-19 disease (coronavirus infection) with personal protective equipment, the provision of health care institutions with personal protective equipment and medical equipment is organised according to the need presented by the institutions. The following personal protective equipment is (was) provided: disposable gloves (non-sterile), respirators (FFP2), protective goggles, disposable cap, disposable gown (non-sterile), disposable overalls, disposable shoe covers, disposable face masks, protective aprons, disinfectant fluid. Medical equipment is also provided: mechanical lung ventilators, contactless thermometers, X-ray machines, pulse oximeters, vital signs monitors.

The employees of the Lithuanian Police (in total 9,455 employees) are provided with various personal protective equipment for preventive protection against Covid-19 virus. Recommendations approved by the order of the Police Commissioner General of the Lithuanian Police have been prepared on the use of this equipment in different everyday professional situations. The types of personal protective equipment have been selected taking into account the recommendations provided by the Ministry of Health of the Republic of Lithuania and the World Health Organization.

Following the Government regulations during the pandemic and as provided by the orders of Police Commissioner General measures ensuring safety are:

Instruction on safety. Law enforcement officers and employees have been familiarized with the orders and are instructed on safety issues by their institution as well as health and safety recommendations being disseminated to police agencies. Recommendations on personal protective equipment and disinfecting, contact restriction and safety measures have been introduced. Visual recommendations on wearing personal protective equipment have been prepared.

Limiting exposure for officers and the public. Alternative online formats for accepting residents' requests, complaints and reports have been set up avoiding and limiting personal contact where possible, while at the same time ensuring police functions and response to crime.

Physical distancing. Meetings, assemblies and training are carried out online to the maximum extent. Instructions are conducted online or outside in the open air with regard to distance between the officers. Physical distance between the employees at their work place as well as between the officers and the public is respected.

Remote work. According to the function performed by the officers and employees, remote work possibilities have been expanded where applicable.

Personal protection equipment. Face masks, disinfectants and other personal protective equipment is provided, the management in police agencies are responsible for monitoring of the supply of the equipment.

Hygiene. Information on hygiene is widely spread and posted in public places. General use items, equipment and vehicles are disinfected regularly.

Reserve of police officers is planned, different scenarios of operations are prepared in

¹ http://www.vdi.lt/Forms/Tekstas1.aspx?Tekstai_ID=2811

order to ensure safety and continuity of law enforcement functions.

The Police department provides information and organizes COVID-19 testing in the Medical centre of the Ministry of the Interior. Also, preventive testing using speed tests is performed at the centre.

By the order of the Public Security Service (hereinafter – PSS) Commander in January 2020 was released information circular with guidelines about the COVID-19 infection, earlier than in Lithuania was officially registered first case of positive testing for COVID-19. The guidelines informed PSS officers and employees about the infection and symptoms, how an officer must behave if he feels any of the symptoms, what preventive measures to take. Posters about hand washing or disinfection, physical distancing also the necessity to wear protective masks was hanged up in every PSS premise.

Every day the PSS premises are sanitized by applying disinfectants used in medical institutions for the prevention of infections. Alcohol based hand sanitizers are provided for officers and employees in multiple locations. Personal protective equipment, as masks and gloves, are provided to every officer and employee according to the need. Sanitizing procedures implemented for service's vehicles appointed to the PSS officers, also suspects or convicts convoy.

Enabled officers and employees to work from home if possible. For officers or employees, who could not work from home because of their work format, individual workstations have allowed them to maintain maximum social distancing wherever possible. Offices are assigned to an individual and not shared. Temperature screening before performance of duty was organized for officers. Ensured that any workers who had contacts with PSS officer or employee, whose test positive for COVID-19, being self-isolated.

At the beginning of the COVID-19 (coronavirus) pandemic, distance trainings on the use of self-protection (such as masks, gloves and etc.) equipment and personal hygiene requirements were organized for officers of State Border Guard Service (SBGS, Service). These trainings were provided by National Public Health Centre under the Ministry of Health. Certainly instructions and briefings are ongoing constantly regarding into epidemiological situation. All relevant information is provided for officers during briefings before the shift and as often as needed. Furthermore, significant and important disease prevention recommendations are constantly provided not only for officers but also to civilian staff as well.

All employees (including officers and civilians) are provided with personal protective equipment according to the need. Noting that long-term purchase and sale agreements on personal protective equipment have been concluded by logistical departments of Service. Also, SBGS has spent about 395,000 EUR on personal protective equipment from the beginning of pandemic.

Unfortunately, analytical research about the effectiveness of self-protection measures was not accomplished by SBGS.

The Fire and Rescue Department under the Ministry of the Interior (the FRD) has developed algorithms for actions to be performed during pandemic tasks, prepared memos for its staff on how to protect themselves from COVID-19 and what to do if they experience symptoms of a perceived illness, provided its employees with disposable personal protective equipment (used: 43,000 pcs of disposable masks and respirators, 1,500 pcs of disposable coveralls, 3,000 pairs of disposable gloves, 4,800 l of disinfectants) and purchased their supplies (34,000 pcs of disposable masks and respirators, 3,000 pcs. disposable overalls, 41,000 pairs of disposable gloves, 5,500 liters of disinfectant). It has been observed that COVID-19 is not transmitted during service but after work.

With particular preference to COVID-19 pandemic, State Labour Inspectorate prepared and published on its website 13 recommendations related to different sectors including health-care staff, staff in social-care facilities and for essential transport and retail services.

The recommendation for health care sector setting the minimum requirements. The main

attention paid to ensure the maximum possible health and safety at all levels; it means the importance to apply/use collective, technical, organizational and personal protective measures all together during routine procedures.

Technical protection measures are these: planning of routine medical procedures, separating rooms, ventilation (directional airflow, air circulation, negative pressure), filtration means (HEPA filter systems, exhaust air control) and sterilization measures (according to EN:1946 part 4).

Standard and additional isolation measures apply to a patient with COVID-19 or suspected of having COVID-19, the patient is admitted to a separate single room/ward or to a ward for patients having (based on clinical diagnosis) the same diagnosed infection; ward doors must be closed at all times. The contact with the patient should be limited to the necessary level for the medical care of the patient.

A manual of infection control procedures must be prepared in each health care facility, which must be continually revised, supervised, taking into account the quality of health care services provided, procedures performed, available (used) medical devices and cleaning, disinfection, sterilization measures and equipment and ensure a safe working environment.

Cleaning and disinfection of the surfaces (premises, objects, non-medical devices) must be carried out in accordance with an approved hygiene plan. Frequently touched surfaces of the environment (premises, objects, equipment are cleaned and disinfected several times a day. Regular cleaning and disinfection of the premises must be carried out in the following order: starting from the cleanest premises and ending in the dirtiest premises (toilets), cleaning and disinfecting furniture, equipment, surfaces of environmental objects, ending with the floor.

Health-care staff must be provided with personal protective equipment (PPE) in accordance with Decision No. V-754 "The use of personal protective equipment in health-care facilities according to safety levels" approved by the Minister of Health of the Republic of Lithuania – Head of State Operations for Emergency at the State Level on 7th April 2020.

Based on research data and recommendations from health care facilities and institutions, several higher risk groups of employees identified as having a higher risk of developing critical illness, hospitalization, severe complications or death with COVID-19 infection: chronic patients' diseases, the List of which is approved by the Minister of Health of the Republic of Lithuania on 23th 2020 Order No. V-483; pregnant women; persons over the age of 65.

If the health-care professionals belong to the high-risk groups mentioned above, they should work only with patients who have not diagnosed with COVID-19, and only in places (rooms, wards) where there are no COVID-19 patients. In addition, they transferred to work in other units of the health care facility or, if this is not possible, they offered to work remotely.

There are guarantees for the health-care staff, valid during the declared emergency and quarantine. If the health-care staff believes that personal protective equipment organized or/and issued by the employer do not ensure the safety and health and can harm, must immediately inform the person authorized by the employer about possible non-compliance of work with the requirements established in the legal acts regulating occupational safety and health and these recommendations. If the authorized persons do not take action to eliminate the violations and ensure that the safety and health of health-care staff or do not suspend the work, the employee shall submit a complaint to State Labor Inspectorate.

2. to issue safety and health regulations;

- a) Please provide detailed information on the regulatory responses adopted to improve occupational safety and health in connection with known and also evolving or new situations (including as regards stress and harassment at work; work-related substance use and employer responsibility; strictly limiting and regulating electronic monitoring of workers; mandatory digital disconnection from the work environment during rest periods
– also referred to as “digital detox”; health and safety in the digital and platform

economy; etc.) and about regulatory responses to newly recognised forms of professional injury or illness (such as work-related self-harm or suicide; burn-out; alcohol or other substance use disorders; post-traumatic stress disorders (PTSD); injury and disability in the sports entertainment industry, including in cases when such injury and disability can take years or even decades to become apparent, for example in cases of difficult to detect damage to the brain; etc.).

- b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Response by the Government

a) The amendments of the Law on Safety and Health at Work were adopted on 14 September 2016 in order to adjust the text and references, including the definitions of employer, worker, workers' representatives, with the changes in the Labour Code, to transfer the provisions on health checks of workers, on the work of persons under 18 years, on the work of pregnant or recently given birth or breastfeeding workers from Labour Code to the Law on Safety and Health at Work. The Law on Safety and Health at Work was complemented with requirements for the safety of temporary workers and workers working through distance (telework).

On 17 May 2018 the Law on Safety and Health at Work, the Law on State Labour Inspectorate and the Law Amending on Potentially Dangerous Equipment was amended with the purpose to harmonize the provisions of the Laws on the training and checking of persons knowledge in matters of safety and health at work and on the qualifications and competences of persons in the field of safety and health at work.

According to the new classification of chemical substances and mixtures in the European Union List of Hazardous Working Conditions and Hazards to Pregnant, those who have Recently Given Birth and Breastfeeding Workers and Description of the Procedure for Organizing the Recruitment, Work and Professional Training of Persons under 18 Years of Age and the Conditions for Child Employment were revised and approved by the Resolutions No 469 of the Government of the Republic of Lithuania of 21 June 2017 'On the approval of Description of Working Conditions of Pregnant, Recently Given Birth and Breastfeeding Workers' and the Resolution No 518 of the Government of the Republic of Lithuania of 28 June 2017 'On the approval of Description of the Procedure for Organizing the Recruitment, Work and Professional Training of Persons under 18 Years of Age and the Conditions for Child Employment'.

Implementing the Directive (EU) 2017/2398 of the European Parliament and of the Council amending Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work Regulations on Protection of Employees from Risks Related to Exposure to Carcinogens and Mutagens at Work were amended in 2018. Implementing the above said Directive and Commission Directive (EU) 2017/164 of 31 January 2017 establishing a fourth list of indicative occupational exposure limit values pursuant to Council Directive 98/24/EC, and amending Commission Directives 91/322/EEC, 2000/39/EC and 2009/161/EU Lithuanian Hygiene Norm HN 23: 2011 'Occupational Exposure Limits of Chemical Substances. General Requirements for Measurement and Effect Assessment' was amended. Implementing the Directive (EU) 2019/130 of the European Parliament and of the Council amending Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work Lithuanian Hygiene Norm HN 23: 2011 was amended.

17 October 2017 General Regulations on Occupational Risk Assessment were changed by order No A1-535/V-1192 of the Minister of Social Security of the Republic of Lithuania and Labour and the Minister of Health of the Republic of Lithuania with the objective to harmonise the provisions of the Regulations with the changes in other legislation, including the harmonisation of the definitions with the Law on Safety and Health at Work. Also the said Regulations were supplemented with the provisions that the assessment of occupational risk

should be renewed or revised when there are important changes of the working conditions or there is a negative effect on the worker's health, and when a person under 18 years or a disabled person is employed, or a worker presents a certificate from a health care institution about pregnancy, childbirth, breastfeeding.

Seeking to adjust the investigation process of the psychosocial risk factors to the changing working conditions and to simplify the provisions in order to help small and medium enterprises to investigate such risks Regulations on Investigation of Psychosocial Occupational Risks were changed by order No V-153/AI-77 of the Minister of Health of the Republic of Lithuania and the Minister of Social Security and Labour of the Republic of Lithuania on 5 February 2019.

Implementing the amended Law on Health and Safety at Work which came into force on 1 July 2017 new General Regulations of Training and Testing of Knowledge in Safety and Health at Work approved by order No AI-276 of the Minister of Social Security and Labour of the Republic of Lithuania of 5 June 2017. The SLI drafts programmes for training of employers, persons representing employers, health and safety specialists, and persons implementing duties of services of health and safety at work at enterprises and tests the knowledge in safety and health of these persons. The old Description of the Procedure for Mandatory Examination of Knowledge about Safety and Health at Work of Employers or Authorised Persons thereof and the List of Employers Exempt from Examination (Attestation) of Knowledge about Safety and Health at Work was repealed. Requirements for the Qualification or Special Knowledge and Skills of Employees Assigned to Perform Maintenance or Modernisation of Potentially Dangerous Equipment and Managers of Work with Potentially Dangerous Equipment were approved by order No AI-333 of the Minister of Social Security and Labour of the Republic of Lithuania of 29 June 2017.

The Regulations of Work with Asbestos were amended by specifying references to amended legal acts by Order No AI-481/V-1093 of the Minister of Social Security and Labour of the Republic of Lithuania and of the Minister of Health of the Republic of Lithuania of 15 September 2017.

In order to ensure better health care for those working on board ships, to ensure the proper implementation of the provisions of the EU directives and ILO conventions in the field of medical care on board ships and to harmonise the provisions of the Minimum Requirements for Health Activities on Board Vessels with the changed and newly adopted legal acts the said Requirements were amended by the order No V-1375/3-582/AI-590 of the Minister of Health of the Republic of Lithuania, the Minister of Transport and Communications of the Republic of Lithuania, and the Minister of Social Security and Labour of the Republic of Lithuania of 1 December.

Implementing the Commission Directive (EU) 2019/1833 amending Annexes I, III, V and VI to Directive 2000/54/EC of the European Parliament and of the Council as regards purely technical adjustments and the Commission Directive (EU) 2020/739 amending Annex III to Directive 2000/54/EC of the European Parliament and of the Council as regards the inclusion of SARS-CoV-2 in the list of biological agents known to infect humans and amending Commission Directive (EU) 2019/1833 the Regulations on the Protection of Workers from the Impact of Biological Substances at Work were amended by the order No AI-1138/V-2677 of the Minister of Social Security and Labour of the Republic of Lithuania and the Minister of Health of the Republic of Lithuania of 20 November 2020.

On 1 May 2019, the Minister of Health of the Republic of Lithuania signed Order No V-590 on the approval of the description of procedure for building competences of mental health workers. According to this Description of procedure, municipal public health offices organise training aimed at building competences of mental health workers. The purpose of such training is to improve the psychosocial environment in organisations, strengthen mental health of workers, and reduce the impact of psychosocial risk factors on workers' health. In 2019, these activities started and were carried out in all municipalities of Lithuania, and in 2019–2020, about 200 companies and over 3,000 employees were trained.

In 2020, the national mental health website 'Self-help' was launched to provide key

information on health disorders, their causes, possibilities of self-help and help to relatives, and all information on how to get professional help from mental health professionals. On this website, information on how to manage stress, anxiety and other negative emotional reactions is available for representatives of various occupations – medical specialists, social workers, teachers, and heads of various organizations.

On 19 October 2020, the Minister of Health of the Republic of Lithuania signed Order No V-2298 on the approval of the description of procedure for the organisation of suicide prevention trainers' activities and of basic suicide prevention training. In order to implement the provisions set out in this description of procedure, 36 employees of the municipal public health office were trained in 2020. According to this description of procedure, municipal public health offices will organise basic suicide prevention training for residents of the municipality.

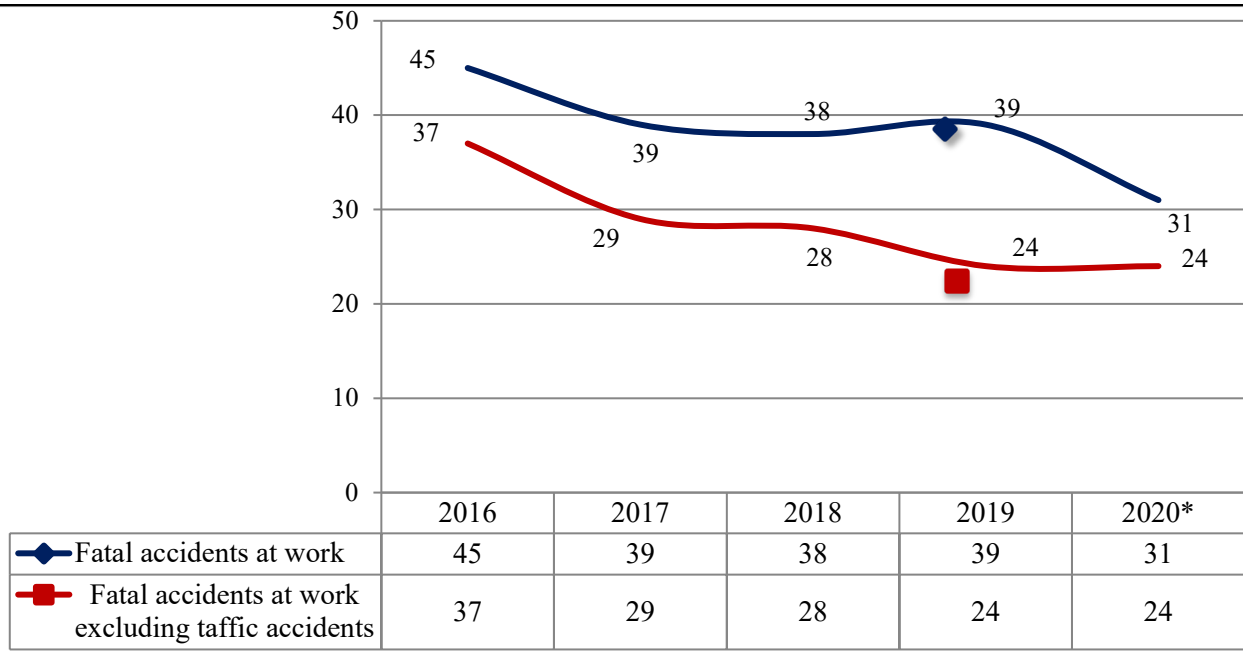
3. to provide for the enforcement of such regulations by measures of supervision;

- a) *Please provide statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high- stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.*
- b) *Please provide updated information on the organisation of the labour inspectorate, and on the trends in resources allocated to labour inspection services, including human resources. Information should also be provided on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections as well as on the number of breaches to health and safety regulations and the nature and type of sanctions.*
- c) *Please indicate whether Inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors. If certain workplaces are excluded, please indicate what arrangements are in place to ensure the supervision of health and safety regulations in such premises.*
- d) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

Response by the Government

a) During the time period from 2016-2019 decreasing dynamics of fatal accidents at work (the number and frequency) is observed. Such decreasing process is caused by consistent monitoring of the high-risk enterprises on how they implement the requirements of OSH legal acts.

From 2016 to 2019, the number of fatal accidents at work, excluding traffic accidents due to violations of road safety rules, decreased. During the specified period, the number of fatal accidents at work decreased from 37 cases in 2016 to 24 (35%) - in 2019 and is the lowest during the entire period of restored independence of the Republic of Lithuania.



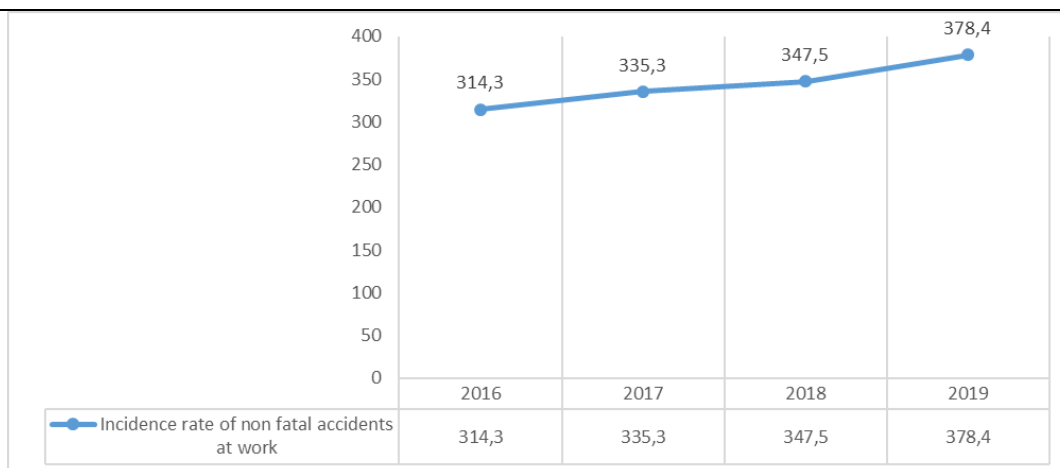
* statistic data on 21 of December 2020

Accidents at work statistic shows that fatal accident significantly decreased in the enterprises with between 50 and 249 employees as well as in the enterprises with more than 500 employees. Such dynamics of fatal accidents at work in medium and large enterprises allow to state about the increasing efficiency of implementation of OSH requirements in the mentioned groups of companies.

Number of all fatal accidents at work per 100,000 employees (incidence rate) in 2016 - 2019 decreased from 3.6 in 2016 to 3.0 in 2019, and if exclude the traffic accidents, incidence rate decreased from 3.0 to 1.9. The distribution of the indicators of the frequency of fatal accidents at work also allows to state that the most dangerous sectors still remain the enterprises of agriculture, water supply and sewage treatment, transport, storage, construction and manufacturing.

An analysis of the distribution of accidents at work by length of service shows that the highest risk group remains the employees with a length of service in the company of up to 1 year (36% of fatal accidents at work). However, the number of workers killed at the workplace during the first month of employment is steadily declining. In addition, the number of workers who experienced serious health injuries during the first month of work is also decreasing. It can be stated that such positive dynamics was caused by the active information, consulting and inspection activities of the State Labor Inspectorate started at the end of 2016, giving special attention to ensure the safe working conditions of employees with up to 1 year of service in the company.

During the time period from 2016-2019, the incidence rates of non-fatal accidents at work increased steadily from 314.3 to 378.4. Estimating that the average rate of non-fatal accidents at work in the EU member states is about 1557 and it should be note that the values of this indicator in Lithuania remain relatively small.



An active supervision of the construction companies in 2016-2019, as well as consistent educational, consulting SLI activities, especially focused on the selection and use of appropriate measures to protect workers from falls from a height during construction work, stabilize the number of fatal and non-fatal (severe) accidents at work due to workers falling from a height in the construction sector.

The same active educational measures are organized for the agriculture and forestry sectors. Reminder e-mails sent to the companies to provide reviews and suggestions for safer workplaces in response to the circumstances, causes the accidents at work and violations of occupational health and safety https://www.vdi.lt/Forms/Tekstas1.aspx?Tekstai_ID=744. SLI organized the seminars for targeted companies and promoted the Recommendations for safe work, as well as interactive guidelines https://www.vdi.lt/Forms/Tekstas1.aspx?Tekstai_ID=2163

Fatal accidents at work for alcohol intoxicated workers accounted for 22% (2016), 14% (2017 and 2018) and 11% (2019). To address the issue of employee's intoxication, employers are required to prohibit the intoxicated employees to work. In order to prevent traffic accidents in the transport sector, drivers must be tested for intoxication before each journey.

The SLI continue to focus on the reduction of the number of OSH violations, particularly while employers are organizing works at height, and will carry on an active supervision of the contraction companies. It assumed that these actions are important for improving the safety culture awareness in the mentioned economic activities sectors.

*Also, the SLI consistently implemented the scheduled activities in **National Occupational Safety and Health 2017-2020 Strategic Action Plan**.*

The statistics of the occupational diseases also show a decreasing tendency in the number of occupational diseases. The number of reported cases of occupational diseases was 461 in 2016, 536 in 2017, 415 in 2018 and 366 in 2019. During the time period from 2016-2019, the incidence rate for such diseases was 36.9 in 2016, 38.6 in 2017, 32.6 in 2018 and 28.3 in 2019.

The main diagnoses of reported occupational diseases are the musculoskeletal system and nervous system diseases caused by the handling of heavy loads and repetitive work; noise induced hearing loss in manufacturing, construction, transport and agriculture sectors.

It should be noted that in order to prevent the occurrence of psychological stress in the work environment, SLI consults employees, employers and their representatives by providing written consultations, resolving issues of concern to employees, employers and their representatives.

Most employees who experience psychological violence at work terminate their employment contract, even though they have been under psychological pressure for a long time, and apply to the SLI for illegal dismissal, unjustified dismissal, etc., without stating the main reason - psychological violence.

During the planned and unscheduled inspections carried out in 2017-2020, the SLI

found that in many inspected entities (about 80% of inspected entities in 2020) the organization of work takes into account the risk posed by psychosocial risk factors to the employee, moreover, this trend is improving every year. Most of the companies carry out psychosocial risk assessments, and about 60% of all inspected enterprises in the period of 2020 have provided preventive measures to ensure that employees do not experience degrading and abusive behavior at work, which may make them feel disrespectful and / or underestimated. The analysis provides a basis for believing that it is difficult for companies to anticipate and implement effective preventive measures to eliminate and / or reduce these risk factors.

It is likely that the situation will improve when companies realize the importance and benefits of human resource management, especially about the negative consequences of psychological violence on the individual and the organization, and then naturally there is a real need to prevent negative psychosocial risk factors in the organization.

The data of the survey conducted by Vilnius University have shown that job loss or financial crisis contribute to the risk of depression and alcohol consumption, which also leads to a higher risk of suicide. Data from the survey conducted in Lithuania show that suicidal thoughts of men are associated with subjective assessment of the financial situation. According to the survey performed by the Suicidology Investigation Centre, the most common causes of suicide cited by relatives of suicides are: mental illness (40 % of cases), character qualities (53 % of cases), relationship problems (67 % of cases) and work-related problems (38 % of cases).

<u>HI SIC information:</u>	016	017	018
Number of non-fatal accidents at work cases	,541	,977	,834
Number of fatal accident at work cases	4	3	7

Source: Statistics Lithuania

National research projects in occupational health

1. The assessment of counselling interventions reducing employees' cardiovascular risk factors. Project implementation period: 2015–2016

https://www.hi.lt/uploads/pdf/padaliniai/PSC_IS/THE%20ASSESSMENT%20OF%20COUNSELLING%20INTERVENTIONS%20REDUCING%20EMPLOYEES.pdf

2. The applicability study of management standards for work related stress used in Great Britain as a tool for stress management at Lithuanian companies. Project implementation period: 2015–2016.

<https://www.hi.lt/uploads/pdf/en/OHC/2.%20The%20applicability.pdf>

3. The study psychosocial work factors predicting professional burnout syndrome in nursing. Project implementation period: 2016–2017.

<https://www.hi.lt/uploads/pdf/en/OHC/THE%20STUDY%20OF%20PSYCHOSOCIAL%20WORK%20FACTORS%20PREDICTING%20PROFESSIONAL%20BURNOUT%20SYNDROME%20IN%20NURSING.pdf>

4. Impact of flexible work arrangements on psychological capital and work satisfaction Project implementation period: 2017–2018.

https://www.hi.lt/uploads/pdf/en/dmc/impact_of_flexible_work_.pdf

5. The accessibility of occupational health services in Lithuanian enterprises Project implementation period: 2019. https://www.hi.lt/uploads/pdf/en/dmc/BA_santrauka_angl_2020.pdf

6. Returning to work after cancer: subjective experience of employees Project implementation period: 2018–2019.

https://www.hi.lt/uploads/pdf/en/dmc/Research_project_returning_to_work_after_cancer=.pdf

6. Assessment of the school community's occupational well-being using the well-being at your work index. Project implementation period: 2020.

https://www.hi.lt/uploads/pdf/projektai/Tarptautiniai/Ivykdytos%20veiklos/PGI_santrauka_anglu_k.pdf

7. The features of ergonomics risk assessment in Lithuanian municipal institutions/enterprises
Project implementation period: 2019–2020.
https://www.hi.lt/uploads/pdf/en/dmc/2020/The_features_of_ergonomics_risk_assessment_results.pdf

8. The features of psychosocial risk assessment in Lithuanian municipal enterprises.
Project implementation period: 2020.
[https://www.hi.lt/uploads/pdf/tyrimai/Tyrimo_santrauka_Psichosoc_riz_vert_anglu k.=.pdf](https://www.hi.lt/uploads/pdf/tyrimai/Tyrimo_santrauka_Psichosoc_riz_vert_anglu_k.=.pdf)

9. Factors of a longer working life and retention in the labor market among older adults.
Project implementation period: 2020–2021.
https://www.hi.lt/uploads/pdf/2020/dmc/Factor_of_a_longer_working_life_2020-2021.pdf

b) The information, consulting and inspection activities of SLI.

During the last 5 years, the SLI has carried-out an activity oriented towards providing help to all size entities by giving out consultations and informing them on the questions of labor law and the safety and health of the employees. Moreover, one of the SLI priorities of activity remains the education and consultation of small, medium and first year acting entities.

In 2019, there has been an increase of SLI seminars and consultations on the safety and health of the employees and labour law. For example, if in 2018 there were 283 consultation-educational events, then in 2019 there were 504 various consultation-educational events, i.e. 1.7 times higher.

When organizing and conducting consultation and education activity, the risk of economic activity and the danger of the carried-out works of the entities are evaluated as well. Small, medium and first year acting entities take priority, as well as the consultation and education of the high-risk entities (construction, agriculture, forestry and logging, woodworking, including furniture, transportation and storage, whole and retail sale economic activities). For example, in the 2019 activity plan of the SLI, which was approved on 12 April 2019, it is envisaged that consultation events for the riskiest construction (especially to prevent falling from height), forestry, logging and woodworking economic activities of entities in 2019 must take-up every 3 month (quarter) for employers, employees and organizations representing them.

The active information, consulting and inspection activities of the SLI started at the end of 2016, paying special attention to ensuring the working conditions of employees with up to 1 year of work in the company gave very positive dynamics in accident at work rate (decreasing). In the When planning and organizing SLI consulting activities in the coming years, in all cases SLI will strive to achieve maximum accessibility of the target groups for whom this information intended.

However, in order to implement one of the main activities - consultation of the employers, employees and their representatives, the SLI expanded the human resources in the Labour Law Division. In order to optimize the planned activities of SLI, from 1 May 2019 these structural changes have been implemented: - instead of 10 territorial divisions left 5 (Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys). In addition, to reduce SLI operation costs the number of contracted staff decreased and some functions, especially public procurement, has been transferred to the Central Administration.

According to the SLI information, the number of the inspected entities remains the same during last years as well as the total number of the labour inspectors. It must be mentioned that the number of OSH inspectors decreased from 89 in 2016 to 79 in 2019 and the number of labour inspectors' increased from 50 in 2016 to 56 in 2019. As it shown in the table below the number of OSH violations slightly increased to 2467 in 2019 with lower number of OSH inspectors.

Year	Number of inspected entities (by the number of the employees)					Total number of inspected entities	Total number of the entities with violations found	Number of entities with violations found (by the number of the employees)					Number of Labour inspectors		
	0-9	10-49	50-249	250-499	more than 500			0-9	10-49	50-249	250-499	more than 500	Total	Inspectors -Lawyers	OSH inspectors
2016	5769	2391	1116	180	216	9668	1503	652	478	271	42	60	139	50	89
2017	6275	2278	1331	224	290	10398	1114	335	399	270	47	63	138	52	86
2018	5875	1937	1135	200	304	9450	1217	350	433	303	56	75	136	46	90
2019	6053	2065	1063	148	231	9560	1327	434	505	280	44	64	135	56	79

Year	Total number of violations found	Number of OSH violations specified in issued R1 requirements	Number of OSH inspectors	Number of labour law violations specified in issued R1 requirements	Number of inspectors -lawyers
2016	3424	2216	89	1208	50
2017	2676	2073	86	603	52
2018	2849	2240	90	609	46
2019	3177	2467	79	710	56

The enforcement activities according to entities' size.

In 2019, there were 312.6 thousand entities operating in the Republic of Lithuania, of which: 107.4 thousand - enterprises, institutions, organizations and other organizational structures, 205.1 thousand - farmers' farms and individual (self-employed) persons. The number of employed persons in the country in 2019 amounted to 1.487 million persons, of which: 1221.7 thousand employees were employed in enterprises (including individual ones), 114.2 thousand persons worked at farms and 151.5 thousand persons engaged in individual (independent) activities.

In the period of 2016-2019, the number of enterprises consistently increased: from 104.1 thousand in 2016 to 107.4 thousand in 2019. The number of employees also increased - from 1196 thousand in 2016 to 1222 thousand in 2019.

In the year of 2019, out of all entities acting in Lithuania those with 9 employees (micro companies) comprised about 82.3 (88.407 companies); small companies (10-49 employees) accounted for 13.5%, medium-sized enterprises (50-249 employees) - 3.6%, large enterprises (250 and more employees) - 0.5% of all enterprises operating in the country.

There are no special or significant changes in the distribution of operating companies by company size in the period 2016-2019. According to Lithuanian statistics data, in 2019, wholesale and retail trade, motor vehicle repair companies dominated in the country by type of economic activity of enterprises (23.0% of all enterprises) and, compared to 2018 remained almost unchanged (23.5% in 2018). Scientific and technical enterprises accounted for 10.6%, service enterprises -10.6%, construction companies - 8.4%, transport and storage - 8.0%, and manufacturing enterprises - 7.5% of all operating enterprises. In 2019, compared to 2018, the number of construction companies increased by 600 (from 8 420 to 9 020), thus the number of companies with the highest risk of both accidents at work and the occurrence of illegal work increased.

In total 4 024 inspections for compliance with the requirements of occupational safety and health (hereinafter - OSH) legislation and 8 358 inspections for compliance with labor law were carried out in 2019. In 2019, the most frequently entities with 9 employees were inspected for compliance with the requirements of OSH (1763 enterprises or 43.8% of the total number of all inspected entities) and entities with 10 to 49 employees (1312 or 32.6%), also the companies with

50 to 249 employees (720 or 17.8%) and the companies with more than 250 employees (229 or 5.8%).

The company's size by the number of the employees	Number of the companies (%)	Number of the inspections (%)
>9	82,3	43,8
10-49	13,5	32,6
50-249	3,6	17,8
>250	0,5	5,8

During these inspections, 2467 violations of OSH regulations found (77.6% of all violations found by the SLI) and 710 violations of labor law (22.4%). The number of found OSH violations in micro entities (no more than 9 employees inclusively) consisted of 34,13%; small (no more than 49 employees) – 41,18 % of all OSH violation found in 2019. The tendency of SLI inspections during the last 5 years remains the same. In this way, the SLI inspections covered companies of all sizes and proportionally are distribute according to the number of employees in companies.

In the 2019, the largest number of labor law violations found in small entities, which accounted for about 38% of all labor law violations and compared to 2018, - increased by 2%. It should be noted that the inspections of SLI on labor law enforcement issues in this segment of the entities in 2019, compared to 2018, also increased by -2%. Meanwhile, in 2016, the largest number of violations of labor laws were found in micro entities, which accounted for 52% of the total number of violations of labor laws found in 2016, but the number of such violations found in these entities decreased to 28% in 2019. Of course, the changes in violations of labour laws directly related to the changes in the number and structure of SLI inspections on enforcement issues, as well as the issues inspected during these inspections. However, the changes in these violations in 2015-2019 statistics show that micro and small enterprises, with up to 49 employees, are the most likely to violate the requirements of the labour law, including cases of undeclared work. Such enterprises share the largest number of violations found during 2015-2019 years (- 82% in 2015, -66% in 2018, - 64% in 2019).the decrease during 2018-2019 years is more related to the simplified labour law requirements established in the new Labour Code of the Republic of Lithuania.

In 2019, the highest number of inspections to determine compliance with OSH legislation were carried out in the construction sector (1752 or 43.5% of all OSH inspections), manufacturing (629 (199 - woodworking) or 15.6 %) and wholesale and retail trade (535 or 13.2%) entities.

In 2019, the largest number of violations of OSH legislation found in construction (702 or 28.4%) and manufacturing (650 or 26.3%, (304 or 12.3% in woodworking)) enterprises. The construction sector remains one of the highest risk of accidents at work in the period of 2015-2019 confirmed by the number of found OSH violations, which remains similar for the last 5 years.

The largest number of violations (24.1% of all OSH violations) in 2019 found due to the organization of occupational risk assessment, primarily in manufacturing (130 violations), transport and storage, wholesale retail and construction sectors. The second type of violations related to the installation of workplaces (20.7%), then violations of OSH training and testing (11.7%), and compliance of work equipment and its safe use (9.3%) of all OSH violations found in 2019.

It should be noted that the highest number of violations due to risk assessment found in small companies. The stabilization of these violations in small companies has observed in the last 3 years (42.6% in 2019, 42.8% in 2018 and 41.6% in 2017).

Practically in most of the cases after the inspections of micro and small entities, the

Recommendations are prepared and handed-over to the employers regarding the elimination of established discrepancies in the safety and health of the employees and statutes of labor law requirements. In those recommendations, attention is emphasised to the formation of the safety and health of the employees and labor law policy in the company.

Means of impact (demands to eliminate the discrepancies and administrative penalties) apply only in extreme cases when it is not possible to achieve the purposes of the entities supervision with other measures (by consulting or educating the entity). The data on SLI suspended works decreased every year (26 suspended works in 2016; 23 - 2017; 11-2018; 9 – 2019).

The SLI continues to prepare and promote methodical recommendations for the safe fulfilment of the riskiest economic activities and the most dangerous work, which are published on the SLI website in the topic “Methodical recommendations”. For example, Repair and demolition of buildings and installations containing asbestos; Safe and unsafe work in excavations; Recommendations for employees to improve psychosocial conditions; Recommendations for the prevention of psychological violence at work and the improvement of psychosocial conditions and so on. In total, there is almost 200 various methodical recommendations, guides and so on.

Following the provisions of the Law on social insurance of Accidents at Work and Occupational Diseases of the Republic of Lithuania and seeking to encourage employees to actively employ preventive measures against accidents at work, a Methodology for Appointing Insurers for Social Insurance Tariff Groups Regarding Accidents at Work and Occupational Diseases, which states that insurers (employers), who must make payments for social insurance against accidents at work for their insured, are included into the social insurance tariff group regarding accidents at work according to the safety and health indices of their employees, namely: Violations of staff safety and health legislation, determined by the SLI; the severity of accidents at work (severe and fatal), the number of victims of severe and fatal accidents at work, and the number of the insured, who are victims of acute occupational diseases.

According to Code of Administrative Offences of the Republic of Lithuania, heads of legal entities and other responsible persons, who violate staff safety and health legislation, will be subjected to fines from 240 to 880 Eur. It was also established that in cases, when unimplemented staff safety and health legislation requirements could have resulted in an accident at work, an accident or other severe consequences, heads of legal entities or other responsible persons will be subject to a fine, ranging from five hundred to two thousand Eur. It should be noted that Criminal Code of the Republic of Lithuania states that upon violating staff safety and health requirements, which resulted in an accident at work, an accident or other severe consequences, the employer or his representative person is subject to a punishment of up to eight years in prison.

The further development of OIRA tools in Lithuania.

With the possibility to perform risk assessment using interactive online risk assessment OiRA tools (OiRA - Online Interactive Risk Assessment), the number of companies that have performed occupational risk assessment with OiRA tools is growing every year (552 performed assessments in 2016; 718 – in 2017; 1 117 - in 2018; 2 025 - in 2019).

The main reason for this significant increase is the increasing number of OiRA tools for different economic activities and promoting activities. Currently, the companies can use 19 OiRA tools for risk assessment, for the following economic activities: car repair; office work; wood processing; wholesale and retail trade in non-food products; mining and quarrying; cleaning of the premises; sewing services; production of plastic products; furniture production; laundry services; hotel and restaurant services; agriculture; educational institutions; hairdressers and beauty salons; bakery; social services; COVID-19; warehousing and earth works.

Furthermore, OiRA tools not only help micro and small entities to evaluate their own safety at the workplace and to conduct the evaluation of occupational risk, but learn more about the legal requirements for health and safety at the different workplaces. In addition, there are plans with the help of EU-OSHA to expand the areas and to create for Lithuania more OiRA tools every year.

c) *The Law on State Labour Inspectorate of the Republic of Lithuania defines the competence of SLI. The competence of the SLI includes the prevention of accidents at work, occupational diseases, occupational safety and health, violations of normative labour legislation and control of the Labour Code of the Republic of Lithuania, laws and other normative legal acts regulating occupational safety and health in enterprises, institutions, organizations or in other organizational structures, regardless of their form of ownership, type, nature of activity, as well as in cases where the employer is a natural person (hereinafter - employers). It means, the inspectors have right to inspect all workplaces even if the employer (with employees) is natural person and acting in residential premises.*

d) *The analysis of fatal accidents at work in 2016-2020 shows a tendency of declining indices. The number of fatal accidents at work has decreased from 45 to 31 cases. The number of fatal accidents at work excluding the number of accidents at work, which were caused by the violations of traffic rules in 2016-2020 reduced from 37 to 24 (or 35%) cases.*

The number and incidence rate indices for non-fatal accidents at work have been consistently increasing. However, keeping in mind that the average frequency index of non-fatal accidents at work in EU member states in 2016 was 1699.02, it should be noted that the index values in the Republic of Lithuania remain relatively very low (4-5 times lower than the EU average) and such an increase in the index of accidents at work should be regarded positively, showing a steady downward trend in the latency of non-fatal accidents at work.

The analysis of accidents at work enables to state that construction, transport and storage, production, forestry and agriculture companies are traditionally the most prone to fatal accidents at work.

In order to ensure consistent implementation of staff safety and health requirements at companies, implementing construction works and construction site control, as of 2013 SLI, applying efficient, proportionate and dissuasive sanctions, has been conducting exceptional monitoring of the activity at these companies (more than 30 % of all SLI planned inspections take place at companies, working in the construction sector) and it could be stated that namely this control was critically significant to the declining tendencies in fatal accidents at work at construction companies. The number of fatal accidents at work excluding the number of accidents at work, in 2016-2020 in construction sector reduced from 8 to 5 cases.

Considering the specifics of agricultural and forestry companies (a wide dispersion of the companies' activity in terms of territory and difficulties in identifying specific work locations), SLI has been consistently engaged in informative-educational campaigns for the heads and responsible persons of these companies. The analysis of fatal accidents at work enables to state that the informative-educational and monitoring activity has relatively stabilised the number of fatal accidents at work.

An analysis of the distribution of accidents at work by length of service shows that the highest risk group remains the employees with a length of service in the company of up to 1 year (36% of fatal accidents at work). However, the number of workers killed at the workplace during the first month of employment is steadily declining. In addition, the number of workers who experienced serious health injuries during the first month of work is also decreasing. It can be stated that such positive dynamics was caused by the active information, consulting and inspection activities of the State Labor Inspectorate started at the end of 2016, giving special attention to ensure the safe working conditions of employees with up to 1 year of service in the company.

On the 22 of May 2017 the National Employee Safety and Health Action Plan for 2017-2021 has been approved, which provides measures for improving the legal base of the employee safety and health, improving the prevention of employment-related diseases, ensuring the competence of the SLI inspectors and vocational health care experts, and improving the process of checking the knowledge of employers and employees. One of the goals of this plan is to implement the policy and initiatives of preventing accidents at work, to improve work-related disease prevention, eliminate the current, new or emerging vocational risks (aside from else, psycho-social risk and the risk, related to the use of new technology and materials), to consider the gender aspect and

work-related diseases, particularly vocational cancer, other diseases, related to the use of chemicals, prevention of musculoskeletal disorders.

The general procedures for Vocational risk assessment were specified in 2017. It was established that vocational risk assessment is updated or renewed upon making important changes, which may render previous assessment as unrealistic, or when an employee's health check shows that the vocational risk factor (factors) had a negative impact on the employee's health. In order to ensure healthy and safe working conditions, particularly for employees, who belong to sensitive risk groups, it was determined that a vocational risk assessment must be renewed or conducted anew upon hiring a person under eighteen years of age, a disabled person, when an employee submits a note of pregnancy, childbirth or nursing from a health care institution. The major prerequisite of accident and occupational disease prevention is appropriate vocational risk assessment at the companies. The assessment of vocational risk at companies is conducted according to LOSH and the General Provisions of Vocational Risk Assessment. Upon determining tolerable vocational risk, employers must take measures to eliminate or reduce it. Upon determining an unacceptable vocational risk, working in such work places is forbidden. SLI is constantly monitoring vocational risk assessment at companies, ensuring employee safety and health. Together with social partners, SLI participates at OiRA online interactive risk assessment project.

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

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Response by the Government

The Law on Safety and Health at Work establishes the right of every employee to compulsory health care at the workplace, which must be provided by the employer. According Article 21 - the employer shall approve the list of workers for whom the health surveillance is compulsory as well as the health surveillance schedule, control the implementation of such schedule. In the event the worker does not receive the compulsory health check at the time fixed in the schedule not due to the reasons depending on him, the worker shall have the right to refuse to work because of a possible danger to his health. A compulsory medical examination shall be carry out before the worker start to work and periodically. The workers who have experienced a negative effect of work or working environment on the health shall have the right to receive health checks at the other time than fixed in the schedule. The employer must provide sufficient time for workers to undergo health checks. The employer shall pay the workers their average salary for the time spent receiving health checks and to cover the costs of it.

The health checks are performed according to the Order No 301 of the Minister of Health of the Republic of Lithuania of 31 May 2000 'On Preventive Health Examinations in Health Care Institutions'. The purpose of the compulsory preventive health examination is to protect the health of employed persons and workers against the possible effects of occupational risk factors in order to prevent injuries or other damage to the health of workers; to assess the effectiveness of the measures taken to eliminate and reduce occupational risks; to assess whether employed persons and employees can perform a specific job in specific conditions of potential occupational risk; to seek to prevent or diagnose occupational diseases as early as possible.

The Law on Safety and Health at Work Article 12 sets that every employer has to establish a Safety and Health at Work Service at the enterprise or hire safety and health at work specialist (specialists) or perform the functions of such service himself or entrust his worker to provide such service or make an agreement with an private or legal person from outside the enterprise for the fulfilment of such servises. The procedure and the functions of the said services are set in the Model Regulation of Safety and Health at Work Services in Enterprises approved by the Order

No. AI-266/V-575 of the Minister of Social Security and Labour of the Republic of Lithuania and the Minister of Health of the Republic of Lithuania of 2 June 2011. The Model Regulation set binding functions for all enterprises including small and micro enterprises and binding functions for big enterprises (the smaller enterprises can voluntarily make an agreement with a private or legal person from outside the enterprise for the fulfilment of the latter functions). The binding functions for all enterprises (the functions of health and safety specialists) are to consult the employer and employees on the issues of occupational safety and health and to submit proposals to improve the condition of occupational safety and health; to instruct employees on safety and health matters; to organize training of employees on occupational safety and health issues and first aid training; to compile lists of employees who are subject to compulsory health examinations, analyze the conclusions and recommendations of compulsory health examinations and organize the implementation of these recommendations; to organize, perform and coordinate the assessment of occupational risks in the enterprise; to prepare normative legal acts on the safety and health at the enterprise or organizes the preparation thereof; to participate in the investigation of accidents at work, incidents, accidents and occupational diseases, to analyze the circumstances and causes of accidents at work, occupational diseases, incidents and accidents, to register accidents at work, occupational diseases and incidents in the enterprise, to collect other data related to occupational safety and health at work; to prepare measures for the prevention of accidents at work and occupational diseases or to organize their preparation and to control the implementation of preventive measures; to control compliance with the requirements of regulatory enactments on occupational safety and health in the company; to provide information to the employer, employees, the company's occupational safety and health committee on the state of occupational safety and health and compliance with the requirements of regulatory enactments on occupational safety and health in the enterprise; to participate in the activities of the company's occupational safety and health committee; to organize information and education of employees on issues of occupational safety and health; to fulfil other functions assigned by the employer. The binding additional functions (the functions of occupational health specialists) for the big enterprises which have enough potential and assets to organize and pay for such functions are to monitor the health status of employees, taking into account the work process; to advise on the protection of employees' health, adaptation of work processes to the opportunities of employees and the use of personal protective equipment; and to organize healthy lifestyle training, to prepare employee health promotion programs and to organize their implementation.

Thus every worker has an access to his health checks binding and voluntary and consultation about his health, and the consultation about his working conditions and prevention measures of occupational risks.

During the inspection of the companies, the SLI controls how employers organize the health care of employees, as well as controls whether employers follow the instructions of occupational health specialists regarding additional measures to protect the health of employees.

The SLI also controls the establishment of occupational safety and health services (OSH) in enterprises, separately assessing the compliance of the number of occupational health specialists with the requirements of the legislation, taking into account the type of economic activity of the enterprise, the number of employees and occupational risks.

In order to ensure OSH in an enterprise, the employer may appoint one or more OSH specialists or establish an OSH service. The employer may conclude contract with a natural or legal person concerning the performance of the OSH service functions or part of such functions. According to SLI in 2019, 21.5% of economic entities recruited occupational health specialists. One third of the country's companies have concluded agreements on the performance of the occupational health part of occupational safety and health service functions with an external legal entity. The remaining companies purchase employee health care services from health care facilities.

Part I – 11. RESC Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable.

Article 11 – The right to protection of health

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

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

- a) *Please provide overall and disaggregated statistical data on life expectancy across the country and different population groups (urban; rural; distinct ethnic groups and minorities; longer term homeless or unemployed; etc.) identifying anomalous situation (e.g. particular areas in the community; specific professions or jobs; proximity to active or decommissioned industrial or highly contaminated sites or mines; etc.) and on prevalence of particular diseases among relevant groups (e.g. cancer) or blood borne infectious diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison; etc.).*
- b) *Please also provide information about sexual and reproductive health-care services for women and girls (including access to abortion services) and include statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. Provide also information on policies designed to remove as far as possible the causes for the anomalies observed (premature death; preventable infection by blood borne diseases; etc.).*
- c) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

Response by the Government

a) Life expectancy at birth by sex in urban and rural areas

		2019
Total	Total	76,43
	Urban areas	77,31
	Rural areas	74,83
Males	Total	71,53
	Urban areas	72,24
	Rural areas	70,35
Females	Total	81,04
	Urban areas	81,64
	Rural areas	79,94

Source: Statistics Lithuania

b) In Lithuania, reproductive health services are integrated into the healthcare system. All persons who are covered by the Compulsory Health Insurance and are eligible to personal health care services financed from the Compulsory Health Insurance Fund budget can benefit from all services necessary for them provided that such services meet the requirements for the provision of services approved by the Minister of Health and the personal health care institution has

concluded an agreement with the Territorial Health Insurance Fund regarding the provision of these services.

In Lithuania, the performance of abortion surgery procedures is regulated by Order No 50 of the Minister of Health of the Republic of Lithuania of 28 January 1994 on the procedure for the performance of pregnancy termination surgery procedure. Personal health care services are provided by a doctor obstetrician-gynaecologist who has competences specified in the Lithuanian Medical Standard MN 64:2018 'Doctor obstetrician-gynaecologist' approved by Order No V-170 of the Minister of Health of the Republic of Lithuania of 4 March 2008 on the approval of the Lithuanian Medical Standard MN 64:2018 'Doctor obstetrician-gynaecologist'. Upon voluntarily termination of pregnancy, personal health care services are not financed from the Compulsory Health Insurance Fund (hereinafter – the CHIF). Contraindicated surgical abortions are financed from the CHIF budget. In all cases, the woman's (and, preferably, her spouses) consent is required to terminate the pregnancy. Pursuant to Article 17(2) of the Law of the Republic of Lithuania on the Rights of Patients and Compensation of Damage to Health, prior to performing the surgery, invasive and/or interventional procedure, the patient's informed consent must be obtained to undergo a specific surgical, invasive and/or interventional procedure. Such consent, except where the integrity of tissues and/or organs is not affected during the invasive and/or interventional procedure and that procedure may pose only a minor undesirable temporary effect on the patient's health, must be given in writing by signing a form that meets the requirements approved by the Minister of Health.

Prenatal, postnatal and neonatal services are provided in accordance with the Description of procedure for the health care of women in pregnancy, in childbirth and of newborns approved by Order No V-900 of the Minister of Health of the Republic of Lithuania of 23 September 2013 on the approval of the procedure for prenatal, postnatal and neonatal health care (as subsequently amended), which establishes the prenatal health screening requirements, the procedure of the provision of urgent counselling prenatal, postnatal and neonatal health care, the quality indicators of personal health care institutions providing services (number of C-section surgeries, number of childbirths per year); regulates training of health professionals providing prenatal, postnatal and neonatal services, and the requirement to establish the obstetric and/or neonatology service quality consultant's position).

Live births by mother age

	Live births persons			
	2016	2017	2018	2019
Total by mother's age	30623	28696	28149	27393
12	0	0	1	0
13	0	0	1	0
14	6	4	2	3
15	29	22	18	11
16	67	57	53	33
17	186	144	107	100

Source: Statistics Lithuania

Infant and maternal mortality rates

	2016	2017	2018	2019
Number of live births	30623	28696	28149	27393
Infant deaths – total	139	85	96	90
Per 1000 live births	4.52	2.93	3.41	3.29
Early neonatal (0-6 days) infant deaths	50	39	38	36
Per 1000 live births	1.63	1.35	1.35	1.31

Late neonatal (7-27 days) infant deaths	26	11	25	23
Per 1000 live births	0.85	0.38	0.89	0.84
Postneonatal infant deaths	63	35	33	31
Per 1000 live births	2.05	1.21	1.17	1.13
Stillbirths	130	102	115	113
Per 1000 births	4.23	3.54	4.07	4.11
Perinatal deaths	180	141	153	149
Per 1000 births	5.85	4.9	5.41	5.42
Maternal mortality	2	2	4	3
per 100000 live births	6.5	7	14.2	11
<i>Source: Statistics Lithuania and Institute of Hygiene</i>				

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

- a) *Please provide information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community (life-long or ongoing) and in schools. Please also provide information about awareness and education in respect of sexual orientation and gender identity (SOGI) and gender violence.*
- b) *Provide information on measures to ensure informed consent to health-related interventions or treatment and on specific measures to combat pseudoscience in respect of health issues.*
- c) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

Response by the Government

a) *Schools are implementing the general Programme for health and sexuality education and preparation for family life (hereinafter – PHSEPFL) approved by Order No V-941 of the Minister of Education and Science of the Republic of Lithuania of 25 October 2016 with a view to:*

- *stimulate activities formal and non-formal education institutions, their communities and youth organisations in the protection and strengthening of health of schoolchildren;*
- *increase motivation of schoolchildren to protect their health and develop healthy lifestyle skills;*
- *develop activities of health promotion and prevention of harmful habits in interesting and attractive forms for schoolchildren through disseminating of good practice examples;*
- *promote the creativity of teachers and schoolchildren;*
- *integrate health education into school life by organising and carrying out various health promotion activities; and*
- *encourage the communication and cooperation between community members.*

The PHSEPFL covers a wide range of areas of human interest (e.g., self-awareness, gender identity, etc.) as well as topical societal issues (e.g., bullying, social-emotional state of a child,

etc.), and, therefore, the entire school community should work in concert to contribute to the child's spiritual, physical, mental, social well-being and successful functioning in the fields of work, interpersonal relationships and family.

One of the Programme's aims is sexual development: perception of one's natural sexual identity, responsible sexual behaviour meaning the ability to choose the safest (in physical and mental terms) sexual behaviour for oneself and another person which includes self-respect and respect for another person, and understanding the consequences of risky sexual behaviour. As part of the Programme, schoolchildren also acquire the following knowledge of puberty:

In Forms 7–8, schoolchildren are taught that individuals may be heterosexual, homosexual, bisexual; learn to understand that this is part of the diversity of human sexuality, and are able to describe psychological and social consequences of sexual orientation;

In Forms 9–10, schoolchildren learn to justify why each person should be respected and considered valuable regardless of his (her) sexual orientation; consider emotional experiences of individuals with different sexual orientations;

In Forms 11–12, schoolchildren learn to acknowledge the unique value of each person, regardless of sexual orientation; get the understanding of experiences of people with different sexual orientations in their personal and social contexts, to recognise possible signs of discrimination against them and to resist the increase of exclusion.

During the reporting period, various health promotion activities of schoolchildren were carried out, with the following being the most notable:

- Games of schools of Lithuania – to create through sport the conditions for schoolchildren to develop, make new friends, and learn to achieve their goals. Around 700 schools take part in the Games each year competing in 24 sport branches; there are more than 450 events involving around 200,000 schoolchildren;

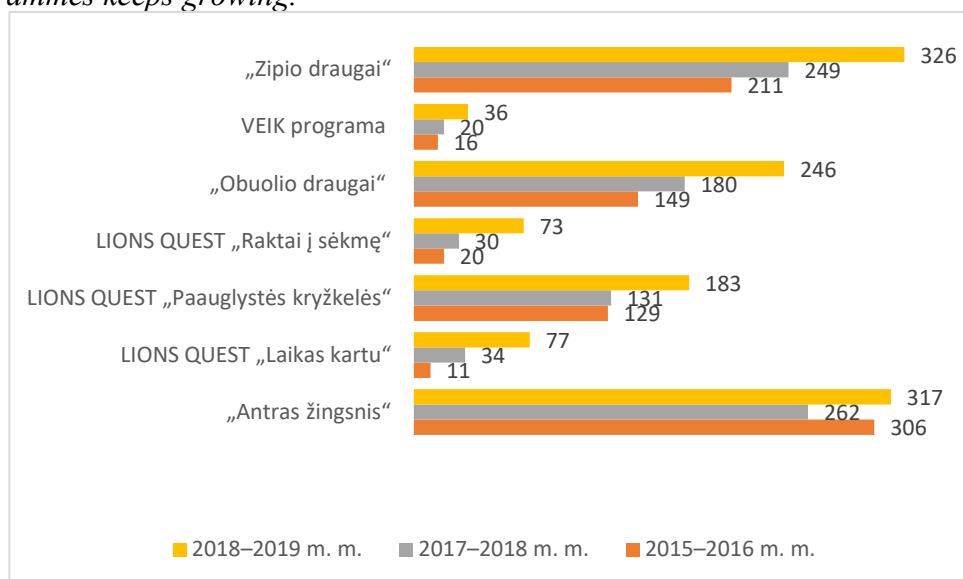
- The project 'Learn to swim and behave safely in water' offers an exceptional opportunity for children to learn to swim and behave in water in a specially tailored environment. Around 3,500 children of primary schools participate each year;

- The project 'Development of non-formal children's education services' – the implementation of physical training and physical activity development educational programmes for schoolchildren in which 250 schools participated and descriptions of non-formal children's education initiatives (physical activity, healthy lifestyle education, creation of a safe environment) were prepared.

In 2016 – 2017, the Institute of Hygiene conducted a study, which was aimed to identify health promotion activities and factors enabling their development in vocational education training (VET) institutions. Health promotion activities in VET institutions include formal and non – formal education. The programs of the Minister of Education, Science and Sport are being partially implemented (Prevention programs for the use of alcohol, tobacco and other psychoactive substances, family preparation and sexual education and etc). The following topics are considered to be the most important and relevant in VET institutions: sexual education, healthy eating, promotion of physical activity, smoking, use of psychoactive substances, prevention of bullying. Research has revealed that topics are integrated into variety of subjects (biology, physical education, moral education and etc). Various educational methods are used to implement these activities: individual and teamwork methods, discussions, practical tasks, joint work of students and teachers, life examples are given, health specialist in the relevant field are invited to the schools.

Amendments to the Law of the Republic of Lithuania on Education adopted in 2016 provided for legal preconditions for creating a healthy and safe environment that prevents

harmful habits, i.e. from 1 September 2017, a school must ensure that every child participates in at least one preventive program. Schools have a strong responsibility to identify their most pressing problems and to select one or more preventive programmes from the list of preventive programmes recommended for implementation in schools by the Ministry of Education, Science and Sport (hereinafter – the Ministry of Education), comprising 22 programmes (List of recommended preventive programmes: <https://www.smm.lt/uploads/documents/svietimas/PREVCINI%C5%B2%20PROGRAM%C5%B2%20S%C4%84RA%C5%A0AS%202018%2005%2009.pdf>). According to the Education Management Information System (hereinafter – the EMIS), comparison of 2015–2016, 2017–2018 and 2018–2019 school year shows that the number of schools implementing preventive programmes keeps growing.



Implementation of social and emotional skills development programmes by number of schools

In order for professionals to be prepared to implement preventative programmes with children as their main target group, it is important to invest in teachers and professionals involved in the preventive activities, providing them with the necessary knowledge and skills, and choosing the appropriate methods of work with children and their parents. Accordingly, in order to achieve these objectives and emphasise the importance of a common concept of the quality of prevention activities the Drug, Tobacco and Alcohol Control Department has started to introduce the European quality standards for the prevention of the use of psychoactive substances and to organise training for practitioners at national level since 2016. In 2016–2020, a total of 768 specialists were trained.

There are public health specialists working in schools. One of their aims is to strengthen and enhance school’s community health. Every year they prepare annual public health action plan for the particular school. There they include the most important topics for the school community which will be implemented within a year via various activities (e.g. trainings, discussions, lessons, etc.). The online survey conducted in 2020 revealed that public health specialists in their last annual action plans included the following relevant to this question topics: “eating disorders” (32 percent), alcohol and tobacco use (46 percent), drug use (41 percent), suicide and its prevention (23 percent), violence (19 percent). There is also Health and Sexuality Education and Family Training Programme, approved by the Ministry of Education, Science and Sport of the Republic of Lithuania. It is implemented by teachers.

Ministry of Health of the Republic of Lithuania in 2019 adopted the Legal Act by which the mental health competence trainings for school employees are organised. The aim is to increase school employees knowledge about children and adolescents’ mental health and to

strengthen school employees skills in applying this knowledge in practice when dealing with complex situations working with children and students. The trainings have been implemented since 2019 and almost 2000 teachers from 190 schools have already participated. In addition, since 1 st January 2021, in www.pagalbasau.lt (national website to provide information about mental health) will be available the 8 hours in-length online training aiming to increase teacher's mental health literacy, enable them to early detect children and adolescents' mental health difficulties and risk factors and provide knowledge on how to properly react and provide necessary support for strengtheni will be available.

Ministry of Health of the Republic of Lithuania in 2020 adopted the Legal Act by which Public Health Bureaus started to provide psychological wellbeing and mental health promotion services for the inhabitants in each municipality of the Republic of Lithuania. Individual and group consultations might be organised. Among the participants there might be students and services can be also provided in school upon the need. In these activities participants mostly learn how to cope with stress and become more psychologically resistant to various mental health risk factors.

The concept of the 'Health' Programme of the European Economic Area (EEA) financial mechanism 2014–2021 was approved providing for measures to strengthen mental health, with a particular focus on the well-being of children, young people and their families. 'Health' is one of eight programmes funded by the EEA financial mechanism 2014–2021, a contribution from Iceland, Liechtenstein and Norway, reducing economic and social disparities and strengthening bilateral relations. The implementation of the five measures initiated by the Ministry of Health (hereinafter – the MH), which were selected through a public consultation, will receive **more than EUR 9 million by 2024**. The measures are very diverse, wide-ranging, and organisations working with target groups in municipalities will find appropriate activities for them. This programme focuses on services for **children and young people**, one of the most vulnerable and sensitive groups in society.

The first measure aims to help **prenatal and postnatal women**. Specially trained nursing and obstetric specialists will visit women at their homes and advise on issues related to pregnancy and the period of the child's first two years of life during their visits.

The second measure aims to develop in municipalities the '**Youth-friendly healthcare service model**' created during the previous period. Young people will have better access to free confidential services to help them deal with social, psychological or other health problems.

The third measure aims to help children with behavioural problems and their parents. Together with the Ministry of Social Security and Labour (hereinafter – the MSSL), the implementation of one of the most effective early intervention programmes in Lithuania '**Incredible Years**' has been launched.

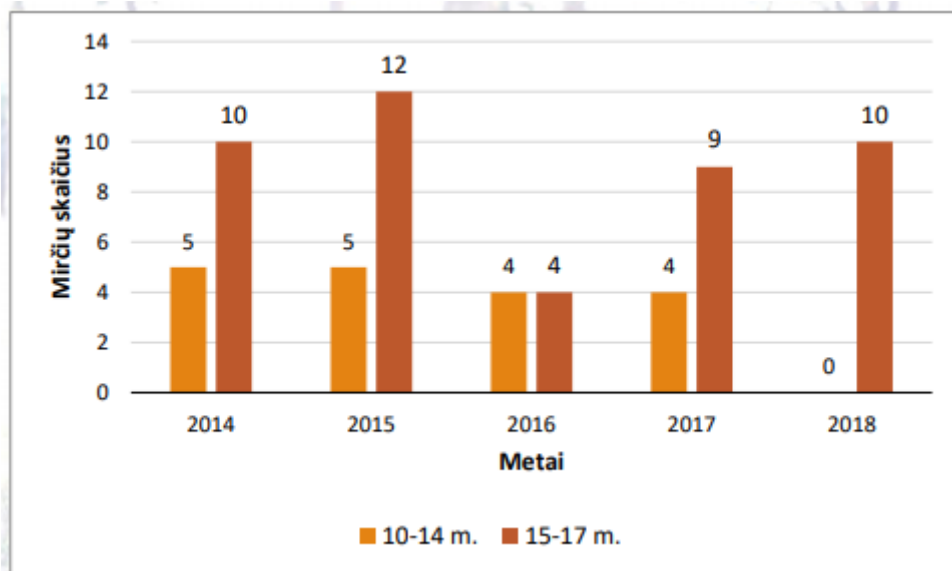
The fourth measure aims to supply **health rooms** in schools and pre-school education institutions with methodological tools for the provision of preventive health services to children and young people.

The fifth measure is the development and implementation of the **Model for Welfare Consultants** aimed at developing the effective emotional counselling services for people facing the first signs of depression and anxiety. Increased availability of services will not only prevent emotional problems from becoming permanent, but will also reduce stigma in seeking help in the face of them.

- Since 2017, the following suicide prevention training programmes were adapted and launched in Lithuania: the programme 'SAFETALK' is aimed at teaching how to recognize the signs of suicide risk, appropriately respond to them and refer for help, and the programme 'ASIST' – how to recognize the signs of suicide risk and provide first psychological assistance. Since 2017, 12,779 people have been trained under 'SAFETALK' and 4,491 people – under 'ASIST' programme.
- On 19 October 2020, the Minister of Health of the Republic of Lithuania signed Order No V-2298 on the approval of the description of procedure for the suicide prevention trainers' activities and the basic suicide prevention training organisation activities. In 2020, 33 employees of the municipal public health office were trained according to the

provisions of the description of procedure. According to this description of procedure, municipal public health offices will organise basic suicide prevention training for residents of the municipality.

- The Ministry of Education, Science and Sport runs suicide prevention programmes in schools.
- Suicide deaths by age groups (2014–2018)



Number of deaths Year 10–14 years 15–17 years

On the basis of the Description of procedure for the implementation of the Early Intervention (hereinafter – the EI) programme approved by Order No V-60/V-39 of the Minister of Health of the Republic of Lithuania and the Minister of Education and Science of the Republic of Lithuania of 18 January 2018 a uniform algorithm for the implementation of the programme was developed. This programme is an example of the good practice of the international project ‘Fred goes net’. The programme is one of the aid measures for young people aged 14 to 21 who have experience in experimenting with alcohol and/or drugs (except tobacco) or consuming them on an irregular basis. The programme aims to motivate young people to give up alcohol and/or drugs before developing addictions. In 2019, public health offices or pedagogical-psychological (educational assistance) services in all municipalities were prepared to provide the Early Intervention assistance. In 2019, compared to 2018, the number of young people attending classes of the Early Intervention programme has also increased. In 2019, 661 young people started attending the Early Intervention Programme classes (in 2018 – 193) https://ntakd.lrv.lt/uploads/ntakd/documents/files/PREVENCIJA/1/AI%20%20ATASKAITA%202019_2020-06-03.pdf.

Since 2019, the Drug, Tobacco and Alcohol Control Department have been maintaining the website www.askritiskas.lt for young people from the age of 14. Its content aims to raise awareness of young people by providing them with knowledge of psychoactive substances, their effects and risks. In addition, it encourages being open to communication, to act, not to be afraid of challenges and responsibilities, and, above all, to live a healthy and interesting life, be self-confident. The website has Facebook and Instagram accounts to post messages related to adding the useful information to the website rubrics. In 2019, the website had 30.3 thousand and in 2020 – almost 12 thousand of visitors. In 2020, 110 messages on psychoactive substances were created in www.askritiskas.lt social networks, reaching 325,788 people, and 10 competitions were organised.

In accordance with the recommendations and scientific evidence from other countries, in 2017, the Department also launched a new educational initiative ‘Be Safe Lab’ in Lithuania,

applying prevention and harm reduction measures at music festivals. The aim of the educational initiative is to protect the music festivals' visitors, who experiment with psychoactive substances, and to help them understand the risk of using psychoactive substances, which can prevent irresponsible consumption, protect their own health or health of other people surrounding them and sometimes even their lives. The 'Be Safe Lab' initiative is built on a non-moralising and non-reprehensible approach, seeks to communicate openly and encourage festivals' visitors to take care of their own and others' health. It is important to note that the educational initiative involves qualified specialists working in the field of prevention of the use of psychoactive substances who provide two types of services at music festivals:

- educational information provided to visitors of festivals on the effects and risks of psychoactive substances, sexually transmitted diseases, driving under the influence, as well as the possibility for visitors to check their alcohol sobriety with alcohol meters and do a rapid HIV test;*
- psychological support – round-the-clock professional psychological support for persons abusing psychoactive substances.*

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

- a) Please describe the measure taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.*
- b) Please provide a general overview health care services in places of detention, in particular prisons (under whose responsibility they operate/which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).*
- c) Please provide information on the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. Please provide statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion, the unemployed (especially long-term unemployed). Provide also information on proactive measures adopted to ensure that persons in need of mental health care are not neglected. Please also provide information from prison health-care services on the proportion of inmates who are deemed as having mental health problems and who, according to health-care professionals, do not belong in the prison system or would have possibly been spared of such a situation should suitable mental health services been available to them in the community or in specialised establishments.*
- d) Please also provide information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. Provide an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the "available, accessible, acceptable and sufficient quality" criteria (WHO's 3AQ) are respected, subject always to the exigency of informed consent, which rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on*

insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

- e) *Please provide information on measures taken to prevent exposure to air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment, nuclear sites, mines, as well as measures taken to address health problems of the populations affected. Please provide also information about measures taken to inform the public, including pupils and students, about general and local environmental problems.*
- f) *In the context of the COVID-19 crisis, please evaluate the adequacy of measures taken to limit the spread of virus in the population (testing and tracing, physical distancing and self- isolation, provision of surgical masks, disinfectant, etc.) as well as the measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel while ensuring that their working conditions are healthy and safe – an issue addressed under Article 3 above). Please indicate the measures taken or foreseen as a result of this evaluation.*
- g) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

Response by the Government

a) In May 2020 the Government has approved of the allocation of at least EUR 100 000 for the development of a COVID-19 vaccine and ensuring universal access to it. Alongside the previously donated EUR 100 000 to the International Federation of Red Cross and Red Crescent Societies, Lithuania is thereby contributing to the fundraising initiative by President of the European Commission Ursula von der Leyen and several global organizations in response to COVID-19, donating funds to the Coalition for Epidemic Preparedness Innovations (CEPI).

The European Commission and international partners expect to raise more than EUR 7.5 billion by 23 May for the development of and universal access to the coronavirus vaccine.

Lithuania had previously been actively involved in the fight against COVID-19 and had allocated funds for research in this area. The Research Council of Lithuania and the Agency for Science, Innovation and Technology have launched national calls for development of research and innovative solutions in the field of COVID-19 (worth EUR 2.7 million). The measures funded are expected to contribute to the common EU response to COVID-19.

Senior officials from 43 countries, heads of international organisations and financial institutions as well as foundation, industry and other field representatives attended the event held on 4 May 2020. This year, Lithuania has provided support to Italy, Spain, China (through the Red Cross Organization), Armenia, Ukraine, Georgia and Moldova to combat the COVID-19 epidemic.

b) By Order No V-169/IR-48 of the Minister of Health of the Republic of Lithuania and the Minister of Justice of the Republic of Lithuania of 14 February 2020, a new description of procedure for organising and providing personal health care services to prisoners was approved. Personal health care services for imprisoned patients are provided in health care units (if any) of prison facilities, in a hospital of prison facilities and, in accordance with the procedure laid down by the Description of procedure, in other state or municipal personal health care institutions authorised to provide the necessary personal health care services. Health care units may be established in prison facilities if, in accordance with the principle of economic rationality, it facilitates in organising the provision of personal health care services to imprisoned patients.

The necessary medical assistance for patients in and outside prison facilities is provided in

accordance with the procedure established by the Minister of Health ensuring the patient's protection. In the event of an acute life-threatening illness or accident, the first medical aid to the patient is provided by prison staff within the limits of their competence.

Health care institutions of the penal system do not provide personal health care services to convicts held in open colonies, pregnant women and mothers with children accommodated outside the prison facility, as well as to convicts held in special units of prison facilities (halfway homes). Persons referred to in this paragraph are provided with the necessary personal health care services in other institutions of personal health care.

c) In Lithuania, the Ministry of Social Security and Labor in 2014 February 14 approved an action plan „For the transition from institutional care to family and community services for disabled people and children without parental care“. One of two main target groups in deinstitutionalization processes are people with disabilities.

Services for people with disabilities implementing the DI:

- Development of community-based services infrastructure in all regions of Lithuania. In Lithuania there are already 28 group living houses, where lives 201 adults with disability and 27 children with disability. From 2021 to 2023 it is planned:

- to reorganize 5 stationary social care institutions for adults with disabilities;
- to establish community-related services related to accommodation (independent and group living houses and sheltered housing) – 79;
- to establish community services related to day employment – 39.

- Development and provision of non-institutional and community-based services needed to ensure further implementation of the DI (e.g. case management, supporting decision making, development of preventive family services (temporary respite, integration of children with disabilities into day care centers, etc.), training for parents and social work professionals on working with children with autism spectrum disorder, integral help, development of innovative technologies, personal assistant, development of social workshops).

Implementing the project “Creating conditions of a sustainable transition from institutional care to the system of services provided in family and community based in Lithuania”, temporary respite services were granted for 244 children and adults with mental disabilities, their family members, parents and caregivers. Personal assistant services for 53 people, employment with assistance for 26 persons with disability.

In implementing deinstitutionalization Individual needs were assessed and individual plans for the social care were prepared for 2395 people. 1739 workers motivation for transition and professional competence were evaluated as well. Important to mention, that several trainings were provided for staff members:

- 149 case managers;
- 253 personal assistants;
- 800 workers working with disable people and their families;
- 464 workers who are working with families that includes a person with mental disability and/or child with behavioural and emotional disorders;
- 66 workers who work with children with autism spectrum disorders

From 2020 we already have a new project “From Care to Opportunity: Developing Community Services” the main aim of this project is development of community-based services for people of working age with mental / intellectual disabilities, to enable them to live in the community according to their needs by providing community-based sheltered housing, social workshops, assisted employment, decision support services. The ultimate goal of providing each service is the maximum independence of the disabled person.

In 2020, 22 inpatient departments of the PHCIs concluded agreements with the National Health Insurance Fund for inpatient psychiatric services. In Lithuania, psychiatric services are mainly of a communal nature: Lithuania has over 110 primary mental health care centres spread evenly across the country. There are also 38 centres providing psychosocial rehabilitation

services, and 57 day inpatient departments.

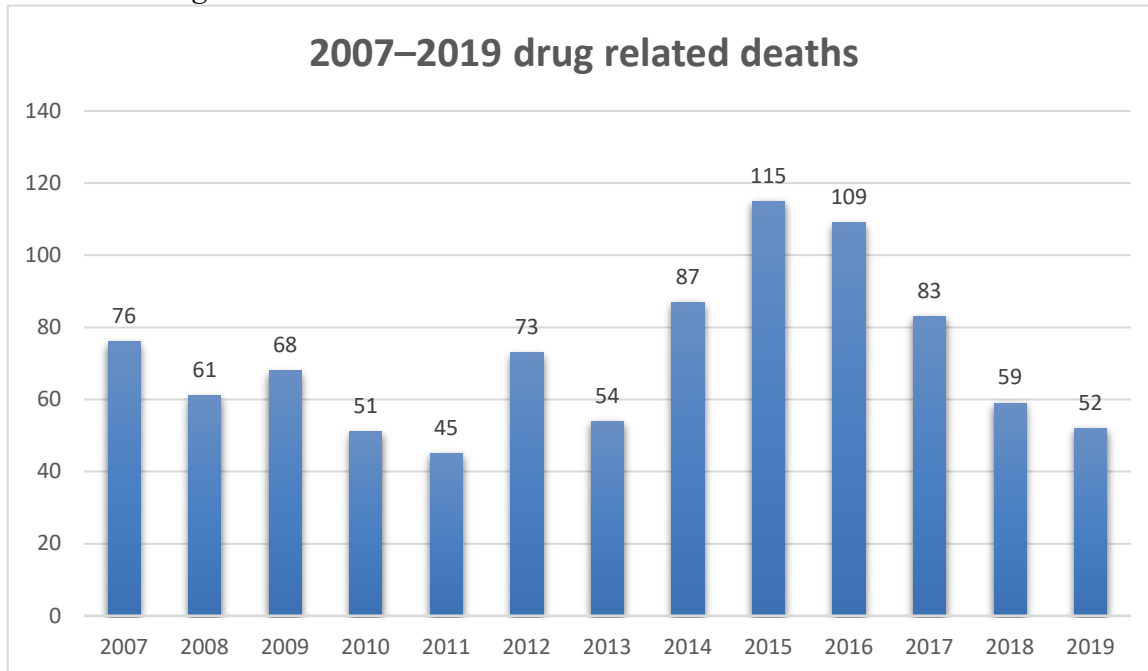
As part of the implementation of the action plan for 2020 to address long-term negative effects on mental health during the COVID-19 pandemic the measure has been provided aimed at training labour exchange staff, who work directly with unemployed individuals, to recognise depression, anxiety and other mental health problems and to refer them for assistance.

In Lithuania, there is one specialized institution, Rokiškis Psychiatric Hospital, where persons who have committed serious crimes recognised as irresponsible by the court are treated. The hospital has 380 places for specialised forensic treatment.

d) Since 2010, data on drug-induced deaths have been submitted by the General Mortality Register (GMR) of the Institute of Hygiene. Drug-induced deaths are those lethal cases where the direct cause of death recorded on the death certificate is the use of narcotic and psychotropic substances. The national focal point receives full data from the GMR and is able to extract and report data according to EMCDDA definitions and recommendations. Since 2017 the Toxicology Laboratory of the State Forensic Medicine Service under the Ministry of Health of the Republic of Lithuania provides toxicological information on drug related death cases to GMR. GMR is verifying if death certificates meet death cause.

In 2019 in Lithuania the number of drug related death (DRD) is decreasing - from 83 in 2017 to 52 in 2019. Since 2016 was some decrease of DRD which lasted during 2017, 2018 and 2019. A continuing increase started from 2013 (54 cases) to 2015 (115 cases), and in 2007 and 2011 a decreasing trend in deaths was registered (76 and 45 cases respectively). The drug-induced mortality rate among adults decreased (aged 15–64) from 59 deaths per million in 2015 comparing to 29 deaths per million in 2019.

Picture 1. Drug related deaths cases in 2007-2019



Most of the DRD cases in 2019 were males - 44 and 8 females. The average age of DRD cases slightly increased – 37 years. Data shows that death cases moved into older age groups. In 2019 the biggest part of DRD cases were in the older age group – 25-44, and accounted for 52 perc. (27 cases) of all DRD cases. In Vilnius, capital of Lithuania, occurs half of DRD cases (23 cases in 2019) during the observed period of recent years.

2007-2019 deaths due to drug and psychotropic substance use by age groups.²

²<https://ntakd.lrv.lt/uploads/ntakd/documents/files/46791%20NTAKD%20metinis%20pranesimas>

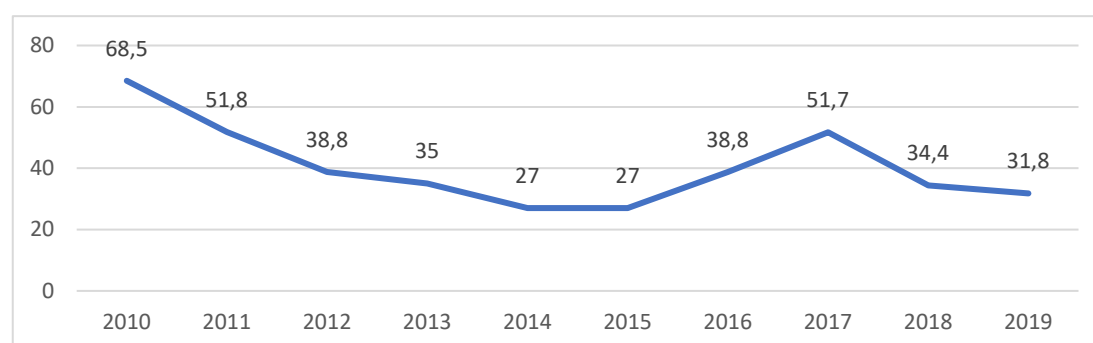
Age group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Up to 15 years	1	0	0	1	0	0	0	0	0	0	0	0	0
15–19 years	4	1	0	0	1	1	4	1	2	2	0	1	3
20–24 years	12	10	6	12	6	10	3	8	4	2	3	4	2
25–29 years	25	22	24	9	14	23	13	15	26	18	10	7	9
30–34 years	20	7	16	10	10	16	16	24	26	27	25	12	7
35–39 years	4	11	10	11	6	8	14	21	31	28	23	16	9
40 years and more	10	10	12	8	8	15	5	18	26	32	22	19	22
In total	76	61	68	51	45	73	54	87	115	109	83	59	52

Data of the Lithuanian Department of Statistics (until 2010) and the Institute of Hygiene (since 2010)

In Lithuania, the Centre for Communicable Diseases and AIDS at the Ministry of Health (hereinafter - CCDA) collects aggregated national diagnostic data on human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), acute hepatitis B virus (HBV) and hepatitis C virus (HCV) infections. Analysis of the number of persons infected with HIV from illicit use of injecting narcotic and psychotropic substances shows a declining tendency during 2010–2015, following by sequential increase in 2016 and 2017, whereas in 2018-2019 numbers have dropped again.

In 2019, according to data of CCDA, the number of newly reported HIV positive cases decreased to 151 (160 cases in 2018, 263 cases in 2017). Out of the total number, 48 persons (32 percent) in 2019 were injecting drug users (IDUs) (55 persons in 2018, 136 in 2017 and 88 persons - in 2016) and still is one of the main mode of transmission. In 2019, injecting drug use (hereinafter - IDU) as the mode of HIV transmission among newly infected persons compounded 31,8 percent (48 cases) of the total (picture 2). Sexual route of HIV transmission is yet prevailing mode of transmissions comparing with other known forms.

Percentage of new HIV diagnoses which mode of transmission is IDU (2010 – 2019)



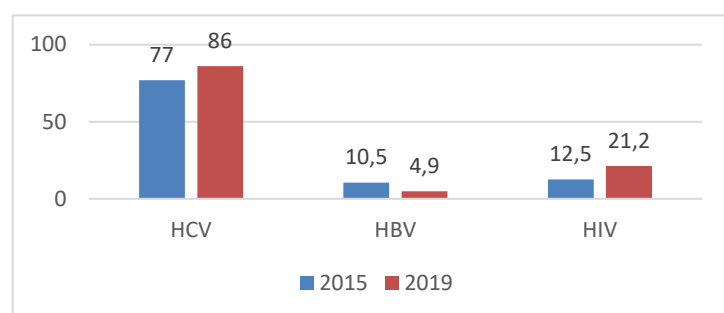
In 2019, according to data of the CCDA, 14 people (in 2018 – 13 and in 2017 – 14) with

acute HBV were registered, and no cases out of these were linked to injecting drug use (in 2018 – 3 and in 2017 – 1). 21 people with acute HCV were registered in 2019 and 1 case of all known were because of injecting drug use (in 2018 there were 25 acute cases and 2 out of which were IDU). However, for both HBV and HCV the transmission route for a significant proportion of cases remained unknown. Due to the high proportion of cases with unknown causality, the surveillance data (notifications) on HBV and HCV transmission among IDUs in Lithuania should be treated with caution.

Two recent ad-hoc studies of low threshold facilities were conducted in Lithuania in 2015 and 2019. Both studies kept the sequence of methodology provided by EMCDDA for bio-behavioral studies. In 2019 in total the study comprised 369 active IDUs who visited Low Threshold Centres (LTC) in 5 different cities.

Biological rapid tests showed that 86 % of all respondents were HCV infected, 21 % - HIV infected and 5 % were HBV infected (picture 3).

Bio-behavioral study of LTF clients (2015 and 2019). Rapid test results of HIV, HBV and HCV.



Substitution treatment in 2019 was provided by 22 specialised mental healthcare institutions across the country, including 5 regional public specialised Centres for Addictive Disorders (now working under the Republic center for addictive disorders). Geographical spread of OST units is rather limited, because 7 of 22 OST provision institutions are in country capital Vilnius and OST units existed only in 11 municipalities (out of 60). Patients, who need OST treatment could contact and receive services at the closest OST provision institution in the event that this institution is in another municipality.

In Lithuania, there are 3.45 substitution treatment providers per 1,000 injecting drug users and they are very unevenly distributed geographically and concentrated in Vilnius City. According to the recommendations of the Technical Guidelines of the WHO, UNODC, United Nations Programme on HIV/AIDS (UNAIDS) such indicator reflects low coverage of services. The situation is particularly precarious due to newly registered HIV cases in prison facilities of Lithuania where the number of newly infected persons has more than quadrupled in several years (from 23 cases in 2015 to 97 cases in 2017).

By Order No V-194 of the Director of the Prison Department of 25 April 2018 the description of procedure for ensuring continuity of substitution treatment of opioid dependence in prison was approved. According to the description of procedure, 11 persons in remand prisons, who received methadone substitution therapy outside, were provided with the continued substitution therapy during the period of imprisonment in 2018. During various periods of 2019, a total of 44 imprisoned persons were provided with the continued opioid dependence substitution therapy which was continued when they were taken into custody or already after placement in correction houses. Taking into account the drug use problems and extent, the high prevalence of HIV in Lithuania's prison facilities (hereinafter – PFs), the substitution treatment should be provided to all inmates of PFs who seek such treatment.

As of 31 December 2019, 6,138 people were held in PFs. According to the Prison

Department, the number of persons diagnosed with mental and behavioural disorders due to drug use remains relatively stable, averaging around 13 % in 2013–2019. The majority of persons in PFs are dependent on opioids (40.7 %) and several drugs (34.9 %).

The survey on prevalence of use of drugs and psychotropic substances in prisons conducted in 2017 has shown that 27.8 % of respondents answered positively to the question whether they had ever injected drugs and 18.1 % of respondents said they injected drugs in PFs. 62 % of respondents shared used needles or syringes in PFs. During outbreak of HIV in 2017, 97 new HIV cases were detected in PFs. The results of the survey on the prevalence of infectious diseases among injecting drug users conducted in 2019 showed that 76 % of the respondents had imprisonment experience.

Measures:

1. In Lithuania, the implementation of syringe/needle exchange programmes for injecting drug users was started a decade ago. The legal basis for these programmes was established by Resolution No V-584, of July 5, 2006, of the Minister of Health of the Republic of Lithuania On the Approval of Profile of the Implementation Procedures for Drug and Psychotropic Substance Drug Reduction Programmes. This legislation establishes the mandatory package of services for injecting drug users: syringe/needle exchange, distribution of disinfecting tools, distribution of condoms, health education to reduce risk behaviour, providing of information and counseling. The legislation seeks for attraction of drug users and their partners to institutions and organisations providing health and social services, services of adequate quality and qualification, and their integration into the society. The legislation is expected to facilitate the development of harm reduction services in Lithuania.

2. The new State Drug, tobacco and alcohol control and prevention program (2018-2028) was confirmed by the Parliament Republic of Lithuania in the 13th of December 2018. The strategic goal of this programme is human-centred, integral, contextual, scientific policy development based on validated factual data and coordinated solutions that create prerequisites and enable people to address the health, rights, education, social and other issues related to the use of psychoactive substances by them or their close ones. The programme emphasised that a system of accreditation of preventive programmes has been developed and implemented at the national level, as well as legalised and implemented common standards of preventive action quality, improving the competences of education, social and health care institutions, representatives of NGOs. Quality of the health care and social services will be realised throughout the aid system, the science-based, accredited and cost-effective methods and tools are applied to enable professionals in diverse areas to identify persons who are harmfully using and/or dependent on psychoactive substances as early as possible and to help receive the necessary assistance and/or treatment; accessible, high-quality, cost-effective, accredited treatment, rehabilitation and reintegration services tailored to personal needs.

3. Inpatient personal health care services were provided to addicts. In 2018, a total of 4,399 addicts were treated in the inpatient departments of the Republican Centre for Addictive Disorders (hereinafter – the RCAD) (by 128 patients more than in 2017); in 2019 – 4,456 patients (by 57 more than in 2018); in 2018 – 15,300 (by 29 more than in 2017); and in 2019, 17,814 patients were treated in outpatient units of the RPLC (by 2,514 patients more than in 2018).

4. In 2019, the Department of Social Affairs and Health of Vilnius City Administration signed the trilateral agreement with Vilnius branch of the RPLC and polyclinics of Vilnius on the methadone substitution treatment implementation programme in Vilnius. The purpose of the agreement is to increase the availability of pharmacotherapy services with opioid medicinal products (methadone) at Vilnius branch of the RPLC for persons referred by police officers who were not covered by the compulsory health insurance and/or had no referral of a physician psychiatrist from the primary level. A total of 24 persons were referred in 2019. All 24 persons were admitted to pharmacotherapy with opioid medicinal products (methadone) financed from the funds committed under the cooperation agreement. A total of 45 participants per year (48 persons

participated several months) regularly participated in the pharmacotherapy with opioid medicinal products financed under the cooperation agreement.

5. The RPLC in collaboration with NGO Demetra also conducted rapid HIV testing in low-threshold service offices. In 2019, 4,101 rapid-detection HIV tests were conducted (by 305 tests less than in 2018).

6. The pharmacotherapy with opioid medicinal products (methadone) was provided. A total of 671 persons took part in pharmacotherapy with methadone in 2019 (by 27 persons more than in 2018). In 2019, 213 new individuals were admitted to pharmacotherapy with methadone (by 15 more than in 2018). In 2019, 197 persons were deregistered (by 31 persons more than in 2018). The RPLC organised the implementation of the opioid overdose-related deaths measure. The RPLC branch offices hosted workshops of at least 0.5 hours each week on opioid overdose symptoms and the risk of death due to reduced tolerance, first aid overdose actions, naloxone effects and use. At the end of the patient's treatment episode, the doctor, at the patient's request, issued to the person's relatives and carers a prescription for naloxon ampoules and explained how to use them. In the absence of relatives or carers, a naloxone kit (consisting of a brochure, 2 ampoules Sol. Naloksonum 0.4 mg 1.0 ml and one 1 ml. syringe) prescribed by the doctor was given to the patient personally. During 2019, in total over 2,000 naloxone kits were distributed.

7. The RPLC is involved in the work package under the EC project 'Joint Action on integrating prevention, testing and link to care strategies across HIV, Viral Hepatitis, TB & STIs in Europe (INTEGRATE)' which aims to expand the integrated testing of HIV and hepatitis C in addiction centres. The project brings together 29 partners from 16 countries (Denmark, Estonia, Greece, Spain, Italy, United Kingdom, Croatia, Poland, Lithuania, Malta, Romania, Serbia, Slovakia, Slovenia, and Hungary).

e) Air pollution prevention and control measures

A number of measures have been implemented in Lithuania to prevent exposure to air, water or other forms of environmental pollution from industrial sites: pollution prevention measures which involve pollution forecast along with planning of pollution reduction or avoidance measures (environmental impact assessment, public health impact assessment, supervision of industrial site territory planning and construction design, implementation of sanitary protection zone (distance from pollution sources to residential or public buildings), pollution permits and pollution integrated prevention and control permits), control of the implementation of pollution prevention measures, control of emissions, monitoring of air pollution, surface and groundwaters, soil and underground (carried out by state and municipal institutions, industrial facilities). Most of them are carried out by the competent authorities (Environment Protection Agency, Geological Survey under the Ministry of Environment of the Republic of Lithuania, Environmental Protection Department under the Ministry of Environment, municipalities).

Proximity from certain pollution sources to the residential or public areas is regulated by the Article 50 of the Law of the Republic of Lithuania on Special Land Use Conditions (adopted in 2019) (hereinafter – the Law) which establishes sanitary protection zones (distances) from production facilities (facilities where production activities related to the production of goods and products are carried out); communal facilities (facilities where activities are related to the management of sewage and waste, burial and cremation of human remains are carried out); buildings housing livestock, with or without manure and slurry storage facilities. The list of the size of the sanitary protection zone of specific category of facilities is provided in Annexes 2, 3 and 4 of the Law. Article 51 of the Law allows the size of the sanitary protection zones to be determined by public health impact assessment or by environmental impact assessment instead of the application of the sizes listed in the Law. Sanitary protection zones shall be established around stationary sources of ambient air pollution, sources of odours, noise or other physical factors. Environmental pollution from ambient air pollutants, odours, noise and other physical factors shall not exceed the limit values outside the sanitary protection zone. According to the article 53 of the Law activities involving building of residential or public buildings, planning of

territories for recreation activities are prohibited within the sanitary protection zone. These zones apply to active or decommissioned industrial sites which continue to be registered as such in the Real Estate Cadastre and (or) the Real Estate Register.

Before the enactment of the Law similar requirements were set by the Decree of the Government of the Republic of Lithuania No. 343 of May 12, 1992 On the approval of the Special Conditions of Land and Forest Use and the Law on Public Health Care of the Republic of Lithuania of the Republic of Lithuania.

National Public Health Center under the Ministry of Health of the Republic of Lithuania (hereinafter – the Center) is responsible for the approval of public health impact assessment which provides the size of the sanitary protection zone when it is determined by the public health impact assessment or within environment impact assessment procedure. In accordance with article 15 of the Law on Public Health Care the Centre is entitled to control establishment of the sanitary protection zone and supervises the implementation of the requirements for the land use within the zone.

The Centre is authorized to investigate public complaints related to the pollution of the place of residence. Conformity to the threshold levels set in hygiene norms for indoor air, odours, soil, recreational waters pollution is analysed within such investigations. In case threshold levels are exceeded the Center informs competent authorities (Environment Protection Agency, Geological Survey under the Ministry of Environment, Environmental Protection Department under the Ministry of Environment, Municipalities) and undertakes administrative misconduct proceedings within its competence.

The Center provides information to public on health impacts of environment pollution on the web site of the Centre as well as through the media outlets while urgent warnings are broadcasted. Warnings to public and children's care centres are broadcasted in cases air pollution levels exceed threshold levels.

The Center is implementing assessment of the impact of ambient air pollution on public health in accordance with the National Air Pollution Reduction Plan. The Center has introduced the WHO AirQ + tool for estimations of burden of disease of ambient air pollution in major Lithuanian cities and urban areas with dense network of industrial facilities. The results of these assessments are delivered to state institutions, municipalities and published on the web site of the Centre.

According to Article 50 of the Law of the Republic of Lithuania on Special Land Use Conditions taking into account the planned and / or ongoing economic activity, the sanitary protection zones for nuclear facilities are established. According to Article 52 the size of sanitary protection zones of nuclear facilities due to the potential negative impact of ionizing radiation on human health and the environment is determined and adjusted based on the received or projected exposure doses to the public, which are assessed during the public health impact assessment processes. Article 53 of this Law restricts enlisted activities in the sanitary protection zones of nuclear facilities.

Lithuanian Hygiene Standard HN 73:2018 „Basic Radiation Protection Standards“, approved by Order No. 663 of the Minister of Health on 21st of December, 2001 (new version of the hygiene standard approved in 2018) sets various measures for the control of the discharges to the environment (air and water) in order to protect member of the public.

For the control of the exposure dose constraints (annual effective doses) for the member of the public due to release of radioactive materials to the environment directly from the source and directly from nuclear facility are being set respectively 0,3 mSv and 0,2 mSv.

Also, Lithuanian Hygiene Standard HN 73:2018 obliges the undertaking planning to carry out practice for which a license is required or a license holder planning to expand his activities (using new sources, manufacture of the sources, etc.), taking into account the nature of the practice, sources and their potential ionizing radiation exposure and possible discharges of radioactive material to the environment, to prepare and submit for approval a plan for discharges of radioactive materials to the environment in accordance with the procedure established by the Minister of Health except discharges of radionuclides from nuclear installations. The preparation

and approval of the plan for discharges of radioactive materials to the environment from nuclear installations is performed in accordance with the procedure established in The Law on Nuclear Safety.

Moreover, according to the requirements set in Lithuanian Hygiene Standard HN 73:2018 the undertaking planning to carry out practice for which a license is required or license holder planning to expand his activities (use of new radionuclides, to increase activity of radionuclides used in practice, to change the pathways of discharge of radioactive materials to the environment, etc.) causing the radioactive effluents to be discharged to the environment and taking into account the potential ionizing radiation exposure shall:

1. assess the doses of the members of the public received due to practice. The exposure of the members of the public shall be assessed on the basis of the exposure dose (s) calculated for the representative person(s). The assessment of doses received by the members of the public shall be carried out in accordance with the procedure established by the Minister of Health and, in the case of nuclear facility, according to The Law on Nuclear Safety;

2. carry out monitoring of radioactive effluents discharged to the environment and report to the regulatory body in accordance with the procedure established by the Minister of Health and, in the case of nuclear facility, according to The Law on Nuclear Safety;

3. ensure that the dose constrains for the members of the public are not exceeded;

4. accept into service adequate equipment and procedures for measuring and assessing exposure of members of the public and radioactive contamination of the environment;

5. ensure that the equipment referred to in para. 142.4 is calibrated, used and checked in accordance with the manufacturer's operating instructions and technical maintenance requirements;

6. consult with a radiation protection expert on the implementation of the requirements 1-5.

Requirements on the decommissioning of the facilities are set in:

1. for the facilities carrying out practice with sources of ionizing radiation, except for practices with sources of ionizing radiation in the nuclear energy field – Order of the Minister of Health approved on 5th of December, 2003, No. V-712 On Rules On the Decommissioning of the facilities using sources of ionizing radiation (new version of the Rules approved in 2020);

2. for the facilities carrying out practices with sources of ionizing radiation in the nuclear energy field – Nuclear Safety Requirements BSR-1.5.1-2019 „Decommissioning of Nuclear Facilities“ approved by order No. 22.3-216 of the Head of State Nuclear Power Safety Inspectorate on 30th of November, 2015 (last amendment in 2020).

According to the legal acts authorized person must prepare Decommissioning plan and ensure that during implementation of the decommissioning actions discharges to the environment (air and water) are monitored and controlled.

According article 34 of The Law on Radiation Protection Radiation Protection Centre and the State Nuclear Power Safety Inspectorate are obliged at least once a year to publish information on the assurance of radiation and physical protection and the results of supervision of the practices carried out by undertakings. Also, Radiation Protection Centre and the State Nuclear Power Safety Inspectorate, shall respond to the inquiries regarding the status of radiation and physical protection received from the state and municipal authorities and bodies, public and other parties concerned, including persons in the vicinity of the undertaking, or hold meetings on these issues.

The Lithuanian air pollution and air quality management policy is formulated with account of the objectives and tasks laid down in the 1979 UNECE Convention on Long-Range Transboundary Air Pollution (hereinafter, 'the CLRTAP') and its protocols ratified by the Parliament of the Republic of Lithuania, EU strategic documents and legal acts, with a view to protecting ambient air against pollution and reducing the harm to human health and the environment.

The National Environmental Protection Strategy³ aims to ensure that the environment of Lithuania is healthy, clean and safe which would also serve the needs of the society, environmental protection and economy in a sustainable way. The National Environmental Protection Strategy has ascribed one of the four priority environmental protection areas – environmental quality improvement – to ambient air. The National Environmental Protection Strategy sets the objective in the field of air quality protection to ensure that emissions of air pollutants in Lithuania do not exceed the limits stated in international and EU legislation and that air pollutant levels in the air do not exceed the level of ambient air pollution safe for human health and the environment.

To achieve that objective and in accordance with the air pollution emission ceilings for 2010 set for Lithuania in the Directive 2001/81/EC⁴; the 2020 air pollution reduction targets set for Lithuania in the Gothenburg Protocol⁵ to the CLRTAP⁶ and the 2030 pollution reduction targets set for Lithuania in the NEC Directive⁷, the key policy implementing directions established in the National Environmental Protection Strategy set the objectives to reduce emissions of certain pollutants to ambient air for 2010, 2020 and 2030 and indicate the main areas in which actions are to be taken to achieve the indicated objectives.

Air pollution emission reduction targets set for Lithuania.

Pollutant	National emission ceilings, kilotonnes*	National emission reduction commitments (targets), compared with 2005, %	
	For any year from 2010 to 2019	For any year from 2020 to 2029	For any year from 2030
NO_x	110	48	51
NMVOG	92	32	47
SO₂	145	55	60
PM_{2,5}	-	20	36
NH₃	84	10	10

** Lithuania shall limit their annual national emissions of the pollutants to amounts not greater than the emission ceilings.*

The legal framework existing in Lithuania provides conditions for relevant air pollution and air quality management. National Measures for the reduction of pollution from stationary and mobile sources and ambient air quality management are implemented according to the Law on Environmental Protection⁸, the Law on Ambient Air Protection⁹ and the Law on EIA¹⁰. State

³ The National Environmental Protection Strategy, approved by Resolution No XII-1626 of the Parliament of the Republic of Lithuania on 16 April 2015, as last amended on 19-05-2016. <https://www.e-tar.lt/portal/lt/legalAct/a3b8f760ea5711e4a4809231b4b55019/asr>

⁴ Directive 2001/81/EC of the European Parliament and of the Council of 23 October 2001 on national emission ceilings for certain atmospheric pollutants. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:02001L0081-20180701&qid=1596103468386&from=LT>

⁵ 1999 Protocol to Abate Acidification, Eutrophication and Ground-level Ozone to the Convention on Long-range Transboundary Air Pollution, as amended on 4 May 2012 (amended Gothenburg Protocol). http://www.unece.org/env/lrtap/status/lrtap_s.html

⁶ 1979 Convention on Long-Range Transboundary Air Pollution. <https://www.unece.org/environmental-policy/conventions/envlrtapwelcome/the-air-convention-and-its-protocols/the-convention-and-its-achievements.html>

⁷ Directive (EU) 2016/2284 of the European Parliament and of the Council of 14 December 2016 on the reduction of national emissions of certain atmospheric pollutants, amending Directive 2003/35/EC and repealing Directive 2001/81/EC. The emission reduction commitments for 2020 to 2029 under the NEC Directive correspond to the emission reduction commitments for 2020 and onwards taken by the EU and its Member States under the Gothenburg Protocol to the CLRTAP. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016L2284&qid=1593517782594&from=LT>

⁸ The Law on Environmental Protection of the Republic of Lithuania No I-2223, approved by the Parliament of the Republic of Lithuania on 21-01-1992, as last amended on 28-01-2020. <https://www.e-tar.lt/portal/lt/legalAct/TAR.E2780B68DE62/asr>

⁹ The Law on Ambient Air Protection of the Republic of Lithuania No VIII-1392, approved by the Parliament of the

control, state and economic entities monitoring performed as provided in the Law on Environmental Protection State Control¹¹ and the Law on Environmental Monitoring¹². The above laws provide legal prerequisites and lay down implementation mechanisms for achieving the objectives set out in the environmental policy documents, in particular the National Environmental Protection Strategy¹³.

The Law on Environmental Protection regulates public relations in the field of environmental protection, establishes the principal rights and duties of legal and natural persons in preserving the biodiversity, ecological systems and landscape characteristic of the Republic of Lithuania, ensuring a healthy and clean environment, rational utilisation of natural resources in the Republic of Lithuania. The Law sets the principles of environmental protection, one of which is that the environmental protection policy and its practice must direct public and private interests towards the improvement of the quality of the environment, encourage the users of natural resources to seek the ways and means to avoid or reduce adverse effects on the environment, and to make production ecologically safe. The Law sets the principles and measures for a system for regulating economic activities, monitoring the status of the environment and limiting negative impacts on the environment, economic environmental measures and a system of state environmental inspection and legal liability. This is the main act that is followed in adopting other laws on environmental protection.

The Law on Ambient Air Protection establish the rights of persons to clean air, the duties to protect ambient air against pollution relating to human activities and reduce the damage caused by it to human health and the environment; establish the measures restricting pollution of ambient air and minimizing its adverse effects on human health and the environment; regulate public relations in the fields of ambient air protection and quality management; lays down priorities¹⁴ on the basis of which the system for ambient air protection should be built.

The main environmental impact assessment (EIA) objectives set in the Law on EIA are to identify, describe and assess the likely effect of the proposed economic activity on the environment, identify measures to be taken in order to avoid or minimise the significant adverse effect on the environment, and assess whether the proposed economic activity may be allowed in the selected location. In planning economic activity, assessment of the impact of the proposed activity on air is carried out using a dispersion calculation model for pollutants chosen by the assessor and the background air pollution and meteorological data at location. Documents on the environmental impact assessment of a proposed economic activity are examined and decisions are taken by the Environmental Protection Agency (hereinafter, 'EPA').

Republic of Lithuania on 04-11-1999, as last amended on 01-01-2020. <https://www.e-tar.lt/portal/lt/legalAct/TAR.9A844F180551/asr>

¹⁰ The Law on Environmental Impact Assessment of the Proposed Economic Activity of the Republic of Lithuania No I-1495, approved by the Parliament of the Republic of Lithuania on 15-08-1996, as last amended on 26-06-2020. <https://www.e-tar.lt/portal/lt/legalAct/TAR.0539E2FEB29E/asr>

¹¹ The Law on Environmental Protection State Control of the Republic of Lithuania No IX-1005, approved by the Parliament of the Republic of Lithuania on 01-07-2002, as last amended on 26-06-2020. <https://www.e-tar.lt/portal/lt/legalAct/TAR.CB941ADCC055/asr>

¹² The Law on Environmental Monitoring of the Republic of Lithuania No VIII-529, approved by the Parliament of the Republic of Lithuania on 20-11-1997, as last amended on 28-01-2020. <https://www.e-tar.lt/portal/lt/legalAct/TAR.1A98CE535B1C/asr>

¹³ The National Environmental Protection Strategy, approved by Resolution No XII-1626 of the Parliament of the Republic of Lithuania on 16 April 2015, as last amended on 19-05-2016. <https://www.e-tar.lt/portal/lt/legalAct/a3b8f760ea5711e4a4809231b4b55019/asr>

¹⁴ The priorities of ambient air protection: 1) improving energy efficiency and reducing pollution resulting from combustion plants used for thermal energy production by strengthening the requirements for solid fuel consumption and operation of combustion plants; developing district heating systems; using legal and financial instruments by ensuring the supply of new heat consumers with centrally supplied heat or using clean production technologies (electricity, solar or geothermal energy) for heat production; 2) reduction pollution caused by vehicles by reducing the use of internal combustion engine-driven vehicles and increasing the use of electric vehicles; 3) introducing best available techniques and technologies and best techniques and technologies for the organization of sustainable mobility services.

In accordance with the Law on Environmental Protection, economic activities at a large scale may only be carried out when holding an Integrated Pollution Prevention and Control (hereinafter, 'the IPPC') Permit issued in accordance with the Rules for IPPC permits¹⁵ (complies with the IPPC Directive¹⁶) or a Pollution Permit issued in accordance with the Rules for PP permits¹⁷. In certain installations using organic solvents, activities may only be conducted upon registration of the installations under the Rules for VOCs¹⁸. The permits are granted in order to ensure that installations of certain types of economic activities are operating in compliance with the established environmental quality standards, emission standards and other requirements for stationary sources. Decisions on the granting or updating of IPPC and Pollution Permits (including registration of the installations) are taken by the EPA, and control of compliance with the conditions set out in these permits is carried out by the Environmental Protection Departments (hereinafter, 'the EPD').

Consequently, the air pollution from stationary sources is limited through the implementation of the Pollution permit, the IPPC permit, or registration of installations and activities using organic solvents. IPPC permit conditions are determined according to the best available techniques (BAT) and include all measures necessary to achieve a high level of protection of the environment. The conditions related to air pollution are defined in the permits on the basis of the quantities of pollutants determined through the emissions accounting. Emission standards and specific provisions for the permitting of stationary installations are established in the Requirements for LCP¹⁹, the Norms for MCP²⁰, the Requirements for Waste Incineration²¹ and the Rules for VOCs. Emission limit values are set according to the type and capacity of activity, the fuel type, plant installation year and rated thermal input. The permit shall set emission limit values to ensure that emissions under normal operating conditions do not exceed the emissions limit values set in the national legal acts (if any) and in the BAT conclusions (in case of the IPPC permit). Emissions of ambient air (including background emissions) shall not exceed the ambient air quality standard²².

¹⁵ The Rules on the granting, updating and revocation of integrated pollution prevention and control permits, approved by Order No D1-528 of the Minister for the Environment of the Republic of Lithuania on 15-07-2013, as last amended on 16-07-2020. <https://www.e-tar.lt/portal/lt/legalAct/TAR.8F44C64C509B/asr>

¹⁶ The Directive 2010/75/EU of the European Parliament and of the Council of 24 November 2010 on industrial emissions (integrated pollution prevention and control). <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:02010L0075-20110106&qid=1597522042853&from=LT>

¹⁷ The Rules on the granting, updating and revocation of pollution permits, approved by Order No D1-259 of the Minister for the Environment of the Republic of Lithuania on 06-03-2014, as last amended on 16-07-2020. <https://www.e-tar.lt/portal/lt/legalAct/afd3d660a9d911e38e1082d04585b3dd/asr>

¹⁸ The Rules for limitation of emissions of volatile organic compounds due to the use of solvents in installations of certain activities and registration of installations, approved by Order No 620 of the Minister for the Environment of the Republic of Lithuania on 05-12-2002, as last amended on 26-11-2018. <https://www.e-tar.lt/portal/lt/legalAct/TAR.3449AA78250D/asr>

¹⁹ The Special requirements for large combustion plants, approved by Order No 486 of the Minister for the Environment of the Republic of Lithuania on 28-09-2001, as last amended on 12-06-2018. <https://www.e-tar.lt/portal/lt/legalAct/TAR.1F45AA1FF2D0/asr>

²⁰ The Emission norms for medium combustion plants, approved by order No D1-778 of the Minister for the Environment of the Republic of Lithuania on 18-09-2017, as last amended on 22-07-2020. <https://www.e-tar.lt/portal/lt/legalAct/df291a809e9811e79127a823199cc174/asr>

²¹ The Environmental requirements for waste incineration, approved by Order No 699 of the Minister for the Environment of the Republic of Lithuania on 31-12-2002, as last amended on 04-02-2019. <https://www.e-tar.lt/portal/lt/legalAct/TAR.A6BE5BE0C398/asr>

²² The Norms for ambient air pollution by sulphur dioxide, nitrogen dioxide, nitrogen oxides, benzene, carbon monoxide, lead, particulate matter (PM10 and PM2,5) and ozone, approved by Order No 591/640 of the Minister of Environment of the Republic of Lithuania and of the Minister of Health of the Republic of Lithuania on 11-12-2001, as last amended on 04-07-2017) (hereinafter, 'the Ambient Air Quality Standards 1'), <https://www.e-tar.lt/portal/lt/legalAct/TAR.ED13284EBC72/asr>;

The target values for the concentration of arsenic, cadmium, nickel and benzo(a)pyrene in ambient air, approved by Order No D1-153/V-246 of the Minister of Environment of the Republic of Lithuania and of the Minister of Health of the Republic of Lithuania on 03-04-2006, (hereinafter, 'the Ambient Air Quality Standards 2'), <https://www.e-tar.lt/portal/lt/legalAct/TAR.837355C9D0F1>;

The List of pollutants emissions limited in ambient air according to national criteria and limit values for ambient air

In order to ensure law compliance and enforcement in the field of environmental protection, Lithuania carries out state environmental inspection. In accordance with the Law on the State Environmental Control, the EPD organise and carry out preventive activities and control aimed at making natural and legal persons comply with legal requirements on environmental protection. The EPA is responsible for the IPPC and Pollution permits, environmental impact assessment, state environmental monitoring and preparation of the air pollutants emissions inventory. The State Consumer Rights Protection Authority controls the quality of fuel and supervises placing on the market energy-related products. The State Energy Inspectorate under the Ministry of Energy controls compliance of energy installations with the technical requirements, efficiency of energy resources and energy. The Lithuanian transport safety administration, under the Ministry of Transport and Communications, assesses the conformity of vehicles and their components and issues type-approval certificates.

Air quality levels and trends.

Lithuania does not have relatively high levels of air pollution and is slowly improving its air quality²³. In the period 2016–2019, average annual concentrations of the PM₁₀, PM_{2.5}, NO₂, benzene, heavy metals in Lithuania did not exceed their limit or target values, but benzo[a]pyrene annual mean concentration (caused mostly by residential combustion of solid fuel) sometimes exceeded target value. Data from Lithuanian air quality surveys show that in 2019 air quality in many Lithuanian cities, especially in Vilnius and Klaipėda, was better than in 2018 – decreased average annual concentrations of PM₁₀ and PM_{2.5} and nitrogen dioxide (NO₂), as well as a max of 8 hours carbon monoxide (CO) concentration. However, as every year, in 2019 the average daily concentration of PM₁₀ exceeded the limit value (50 µg/m³)²⁴ at all air quality monitoring stations on individual days or periods²⁵.

Specific actions are being taken to reduce air pollution and improve air quality. During the EU financing period 2014–2020, the municipalities of Lithuania's five major cities (Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys) are received funding for reducing air pollution by particulate matter and for improving urban air quality via investment support. (Support is provided for implementation of air quality related projects: 1) public information on the society's involvement in reducing air pollution and improving air quality (including information about the production of heat in households, fuel choice and its effect on the environment, the population's possibilities to contribute to the reduction of air pollution from household heating equipment, the improvement of air quality) and information about consequences of irresponsible actions (e.g. burning); 2) the development of air quality management plans; 3) acquisition of street maintenance and cleaning equipment.).

To raise public awareness and improve urban air quality, the Ministry of Environment annually spreads information through media concerning environmental hazards from the incineration of the materials, used as fuel for household heating. State environmental protection inspectors organise an annual campaign 'Kaminukas' ('Chimney') to control fuels used in households and medium-sized combustion installations. According to the Law on Territorial Planning²⁶ municipalities regulate fuels used in decentralized heating areas by implementing special municipal heat supply plans.

pollution, approved by Order No 471/582 of the Minister of Environment of the Republic of Lithuania and of the Minister of Health of the Republic of Lithuania on 30-10-2000, as last amended on 19-11-2018 (hereinafter, 'the National Ambient Air Quality Standards'), <https://www.e-tar.lt/portal/lt/legalAct/TAR.86576F007C26/asr>.

²³ Lithuania report air quality data as it is required by AQ Directive 2008/50/EC. See The EEA/Eionet Air Quality Portal and the related Central Data Repository, <https://aqportal.discomap.eea.europa.eu/>.

²⁴ According to legal requirements, the average daily concentration of PM₁₀ must not exceed the limit value for more than 35 days per year. During 2016–2019 period PM₁₀ daily mean limit value was exceeded (3 cases out of 28) more than 35 days per year in the biggest cities.

²⁵ The highest number of exceedances of the daily limit value of PM₁₀ concentration was detected in all stations in April, when in addition to the usual sources of pollution (transport, road dust resuspension), poor air quality could be affected by transboundary air pollution.

²⁶ The Law on Territorial Planning of the Republic of Lithuania No I-1120, approved by the Parliament of the

Water pollution prevention and control measures.

Concerning regulatory instruments, the National Environmental Protection Strategy²⁷ (No XII-1626) requires that emissions of pollutants do not exceed the volumes and concentrations stated in the international and national legislation, and that pollutant levels in the water do not exceed the level of water pollution safe for human health and the environment.

European Commissions Water Framework Directive²⁸ (2000/60/EC) sets requirements for the management of surface and groundwater waterbodies. National requirements and those implementing EC legislation are set in the Law on Water²⁹ (No VIII-474) and its implementing legislation.

Main strategic documents that set policy objectives and targets are Water Sector Development for 2017–2023 Programme and its Implementation Plan³⁰.

Lithuania applies taxes, fees and charges on pollutants discharged into water bodies and a tax on water abstraction that contributes to the achievement of a good status of water bodies and enhancement of the sustainable use of water resources.

Waste management

The main objectives and targets of circular economy, waste prevention and management are placed into National Progress program for 2021-2030. This is the national strategic document which sets out the main goals for Lithuanian development in all areas.

Development and implementation of the Comprehensive Waste Management Policy is ensured by the National Waste Management Plan for 2014–2020 and the National Waste Prevention Programme, which are prepared in accordance with the Law on Waste Management. The Plan and the Programme foresee priority areas, long-term goals, tasks and concrete measures for waste prevention and management, taking into account the design, manufacture and use of products as well as the reclamation and disposal of waste.

Food waste prevention. During 2019, from all competent authorities and others institutions and associations (governmental, NGOs, charities etc.) main measures for food waste prevention, which are already in force, have been collected. Measures are related to:

- Legal regulation (amended legislation allowing safe and fit for human consumption food, fresh fruit and vegetables which do not meet market standards to be donated for charity; waste collection and treatment requirements);

- Social responsibility (information booklet for companies where they can donate excess food; Swedish table principle implementation in kindergartens, schools; promoting food collection and redistribution, etc);

- Public awareness raising (presented and published information about “best before...” and “use by” definitions, promoting responsible consumption, waste prevention, separate collection of biodegradable waste, etc).

In general, we are focusing on EU Circular economy directives and the targets and objectives set out therein and nation targets based on the directives requirements:

Waste (Target set in National Progress Plan)

- reduce amount of waste per unit of gross domestic product (GDP) – by 2025 – 110 tonnes of waste / mln. EUR; by 2030 - 90 tonnes of waste / mln EUR.

Targets for 2030 are set in renewed National Progress Programme for 2021–2030. Targets regarding waste management could be found in Annex 1 – target 6.8 “Reduce generation of waste and promote effective management of waste)

²⁷ <https://www.e-tar.lt/portal/lt/legalAct/a3b8f760ea5711e4a4809231b4b55019/asr>

²⁸ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32000L0060>

²⁹ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.45987/asr>

³⁰ <https://www.e-tar.lt/portal/lt/legalAct/0caec8b033c311e78397ae072f58c508/asr>

- till 2030 reduce amount of generated waste per GDP to 90 tonne/mln. euros;
- generation of municipal waste per capita should not overcome EU average rate;
- till 2030 amount of landfilled waste should not exceed 5 %;
- till 2030 60 % of municipal waste has to be prepared for reuse or recycled;

Targets regarding industry reorientation towards circular economy and promotion of advanced technologies and innovations could be found in Annex 1 – target 1.4. For instance, till 2030 we seek to increase “recovered material rate” to 10,6 % (in 2017 the rate was only 4,8%).

Media.

A number of measures have been implemented in Lithuania to raise public awareness on various environmental issues and to inform the public, including pupils and students, about global and local environmental problems.

The Ministry of Environment has carried out two major public awareness projects on the environmental problems in 2016–2019. The projects were funded by the European Regional Development Fund with the total budget of 4 332 045 euros. The aim of these projects was to increase public awareness about environmental problems, to influence change in public thinking and consumption culture and to promote a responsible and sustainable use of resources. While implementing the projects the public was reached through various means. Information was disseminated on 3 national television channels by creating and broadcasting TV shows and current affair reports; social advertising was created and shown on television, transport, outdoors and in cinemas; informal lessons were organized on key environmental issues for children of primary school age (165 lessons / 50 thousand direct contacts); more than 300 social campaigns and seminars on pollution and waste management took place in local communities and country wide. Many of these measures, as well as educational initiatives, can be viewed in the electronic book library www.gamtosknyga.lt. Additionally, actions were taken to ensure that the public could easily and conveniently access the newest information on the state of the environment in the country, such as air pollution, ecological or chemical status of surface waters and the Baltic Sea, quality of wastewater discharges, radiation background. This is achieved through the website and social networks of the Environmental Protection Agency.

Part I – 12. RESC All workers and their dependants have the right to social security.

Article 12 – The right to social security

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;

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Response by the Government

In 2019, 99% of the total population was insured for healthcare; out of an active population of 1 470 380, the percentage of persons insured was 97% as regards unemployment, 98% as regards sickness, 99% as regards old-age, 99% as regards invalidity, 98% as regards maternity and 92% as regards accident at work and occupational diseases.

The percentage of persons insured for different social insurance risks out of the total active population.

	2016	2017	2018	2019
Unemployment	92%	97%	96%	97%
Sickness	93%	98%	97%	98%
Old-age	94%	98%	98%	99%
Invalidity	94%	98%	98%	99%
Maternity	93%	98%	97%	98%
Accidents at work and occupational diseases	89%	91%	91%	92%
Labour force (thousands)	1477,55	1457,925	1464,75	1470,38

Sickness benefits.

In June 2016, the Parliament of the Republic of Lithuania adopted amendments to the Law on Sickness and Maternity Social Insurance which came into force on 1 January 2017. That was the date when the major social insurance system reform has started. Taking into account this reform, the minimum level of sickness benefit was linked to 15 percent of the national average monthly salary, which was in the quarter proceeding the month in which the incapacity for work occurred. Recalculation of salaries due to personal income taxation reform, as of 1 January 2019 employers have been required to recalculate gross salaries of their employees multiplying them by 1.289, due to this the minimum level of sickness benefit was reduced to 11.64 percent of the national average monthly salary. The main idea of the reform was to increase the lowest sickness benefits by recalculating it four times a year.

At the end of 2019, the Sickness Social Insurance Benefit could not be lower than 11.64 percent of the national average monthly salary (€148.76), but it could not exceed two times the national average monthly salary (€1586.25 per month). At the end of 2020, the Sickness Social Insurance Benefit cannot be lower than 11.64 percent of State's average monthly salary (€161.52), but it cannot exceed two times the national average monthly salary (€1722.29 per month) in the economy (which is published every quarter by the Department of Statistics).

The minimum level of Sickness Social Insurance Benefits per month, in Euros.

	2019				2020			
	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter	1 st quarter	2 nd quarter	3 rd quarter	4 th quarter
The amount in Eur	139,21	144,29	145,72	148,76	152,05	156,76	159,49	161,52

Please note that the minimum level of Sickness Social Insurance Benefit is guaranteed to employees whose have part-time job and earns very low salaries or do not have insured income over the three consecutive calendar months before the calendar month preceding the month during which the temporary incapacity for work was established at all. Employees whose receive at least minimum monthly salary per month are able to receive sickness benefit much higher than the prescribed minimum amount. Taking into account a person who earns Eur 607 per month (Minimum Monthly Salary in 2020) in case of temporary incapacity for work he will receive the sickness benefit of Eur374.95 (gross) per month.

Unemployment benefit.

In June 2016, the Parliament of the Republic of Lithuania adopted amendments to the Law on Unemployment Social Insurance which comes into force on 1 July 2017. The main purpose of

the amendments to the Law on Unemployment Social Insurance was to boost motivation of people of working age to integrate into the labour market as soon as possible and to reduce a risk of losing his/her previous skills. Unemployment social insurance benefit is paid for 9 months and appropriate reduction of amount of benefit is carried out every 3 months. Thus, a person is provided with protection in case of unemployment within 9 months – the reasonable period of time to integrate into the labour market and not to lose acquired skills. Seeking to increase the number of the insured with a right to the unemployment social insurance benefit, the entitlement to the unemployment insurance payment is subject to a 12-month unemployment insurance record in the last 30 months, instead of the former 18-month unemployment insurance record in the last 36 months before registering at the Employment Service. There is an exception for those who have completed the mandatory 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. These unemployed shall be entitled to unemployment insurance benefit when they register at Employment Service not later than within 6 calendar months after the discharge from the mandatory initial military service or the alternative national defence service.

Seeking to ensure adequate unemployment social insurance payments, a new formula for calculating unemployment social insurance payments, this consists of fixed and variable components. The fixed part of the unemployment social insurance benefit is equal to 23.27% of the Minimum Monthly Salary. Since the unemployment social insurance benefit replaces the lost salary/wages, it is partially associated with the Minimum Monthly Salary rather than with the amount of the current year's insured income as it was before the reform. The variable part of the unemployment social insurance benefit is calculated as follows: from the 1st to the 3rd months of payment it equals 38.79 % of the average monthly insured income of unemployed person; from the 4th to the 6th months – 31.03 %; from the 7th to the 9th months – 23.27 %. An average monthly insured income includes all incomes of an individual from which the unemployment insurance contributions were paid or had to be paid (including unemployment insurance and partial work benefits, sickness, maternity, paternity, and child care benefits and benefit for illness resulting from an occupational accident or an occupational disease). The average monthly insured income is calculated taking into account the amount of the actual insured income of an unemployed for every month during the previous 30 months (including months with zero income) starting two months preceding to the date of the unemployed registration at Employment Service. The unemployment insurance benefit paid in each of the periods cannot exceed 58.18% of the average monthly salary (valid two quarters preceding to the date of the unemployed registration at Employment Service) in the national economy (which is published every quarter by the Department of Statistics).

Fixed part of the benefit is Eur141.25 in 2020 (Eur129.15 in 2019) and it should not be treated as the minimum amount of Unemployment Social Insurance Benefit. It should be noted that unemployment insurance benefit is based on social insurance and not social assistance. Unemployment social insurance benefit is paid to persons, who have unemployment insurance, when the insured event occurs, i.e. upon loss of employment. Employees whose receive at least minimum monthly salary per month are able to receive unemployment benefit much higher than the prescribed minimum amount. Taking into account a person who earns Eur 607 per month (Minimum Monthly Salary in 2020) in case of lost job he will receive the unemployment benefit of Eur376.71 (gross) per month for the first three months.

In 2019 Unemployment Social Insurance Benefit cannot be lower than 23.27 percent of Minimum Monthly Salary established by Government (€129.15), but it cannot exceed €743.54 per month. In 2020 Unemployment Social Insurance Benefit cannot be lower than 23.27 percent of Minimum Monthly Salary established by Government (€141.25), but it cannot exceed €807.31 per month.

Old age benefits.

A new version of the Law on Social Insurance Pensions came into force on 1 January 2018. The pension system was reformed by changing the pension structure, introducing pension points

and setting the indexation rules. A social insurance pension consists of the general and individual parts.

The general part of pension is replacing the basic part of pension and the bonus for the length of record. The individual part of pension is replacing the supplementary part of pension. Starting from 2018, the obligatory pension social insurance record requirement is increasing. In 2018 the mandatory record is 30 years and 6 months and it will increase in every subsequent year until it reaches 35 years in 2027.

A system of pension points for the determination of the individual part of pension was introduced on 1 January 2018. Each insured person will receive a certain number of pension points for the amount of pension social insurance contributions paid during the year. If the amount of pension social insurance contributions deducted from the person's pay during the year for the individual part of pension is equal to the amount of the annual pension contribution determined on the basis of the average pay during the year, the person will acquire one pension point. A larger or a smaller amount paid will result, accordingly, in a larger or smaller number of pension points, however, the total number of pension points acquired during one year may not exceed 5. The pension points acquired will be summed up and multiplied by the pension point value. In this way the individual part of pension will be determined.

The old-age pension is equal to the sum of the general and the individual parts of pension.

The general part of pension is calculated according to the formula $\beta \times B$, where:

- β is the ratio of the insurance record of the person and the obligatory insurance record effective in the year of the pension entitlement;
- B is the basic pension (in euros).

The individual part of pension is calculated according to the formula $V \times p$, where:

- V is the number of pension points accumulated by the person;
- p is the pension point value (in euros).

The work incapacity pension is equal to the sum of the general and the individual parts of pension.

The general part of the pension for work incapacity formula calculated according to the formula $d \times \beta \times B$, where:

- B is the basic pension amount;
- d is the multiplier of the work incapacity level specified in Annex 3 to the Law on Social Insurance Pensions;
- β is the multiplier of the ratio between the person's record and the obligatory insurance record, to be determined as follows:
 - where at a certain time a person becomes entitled to a work incapacity pension, the insurance record of the person is not longer than the obligatory insurance record for an old-age pension effective at that time (Paragraph 2 of Article 57 of the Law on Social Insurance Pensions; Annex 5 to the Law on Social Insurance Pensions), the multiplier β shall be equal to the ratio of the insurance record acquired by the person and the obligatory insurance record for a work incapacity pension for that person, but not more than one;
 - where at a certain time a person becomes entitled to a work incapacity pension, the insurance record of the person is longer than the obligatory insurance record for an old-age pension effective at that time (Paragraph 2 of Article 57 of the Law on Social Insurance Pensions; Annex 5 to the Law on Social Insurance Pensions), the multiplier β shall be equal to the ratio of the insurance record acquired by the person and the obligatory insurance record for entitlement to an old-age pension.

The general part of the pension for work incapacity for work calculated according to the formula $N \times p \times d$, where:

- N is the number of a person's points applicable to a work incapacity pension calculated as the sum of the pension points acquired by the person, work incapacity pension points, and temporal pension points;

- *p* is the pension points value;
- *d* is the multiplier of work capacity level specified in Annex 3 to the Law on Social Insurance Pensions.

Starting from 1 January 2018 every year, the values of the basic pension and the value of pension point as well as the basic amount of widows/widowers pensions, used for the granting and determining social insurance pensions, is indexed based on the average 7-year wage fund growth rate.

The indexing coefficient (IC) is calculated on the basis of the change in the wage fund during the past three years, the year for which the IC is being calculated, and three prospective years.

The IC is applied provided that, upon its application, the pension social insurance costs in the year of indexation do not exceed social insurance revenues and provided that the projected pension social insurance costs for the next year do not start exceeding the social insurance revenues projected.

If, without indexation, the pension social insurance revenues in the year of indexation exceed the pension social insurance costs, the IC is calculated in such a way that the pension social insurance expenses for pension indexing would not exceed 75 % of the pension social insurance contribution surplus planned for the year of indexation in case if no indexation is performed.

Indexation will not be performed if the determined IC is smaller than 1.01 and/or if the change in the gross domestic product at comparative prices and/or in the wage funds, expressed in percentage terms, is negative in the year for which the IC is being calculated and/or for next calendar year. If no indexation is performed, the values of December of previous year are applied.

Upon indexation of the basic pension amount and the pension point value, old-age and work incapacity pensions are calculated on the basis of the new values.

Year	2016	2017	2018	2019	2020 July
Base pension (yearly amount)	112 €	120/130 €	152.92 €	164,59 €	180,95 €
Insured income (yearly amount)	445 €	476 €	-	-	-
Average old age pension	225.44 €	287.09 €	319,35€	344,39 €	377,02 €
Average old age pension with mandatory years of contribution	266.66 €	301.89 €	337,55€	364,97 €	400,14 €
Average work incapacity pension (till 2005 –Invalidity pension)	176.02 €	198.22 €	211,89€	225,36 €	244,87 €
Average work incapacity pension (till 2005 – Invalidity pension) with mandatory years of contribution	186.07 €	209.86 €	225,61 €	241,56 €	262,86 €

Value of pension point	-	-	3,27 €	3,52 €	3,81 €
Indexing coefficient	-	-	1,0694	1,0763	1,0811/ 1,0994*

* From 2020 the amount of the basic pension may be increased by more than the indexing coefficient calculated by Paragraph 2 of Article 8 of the Law on Social Insurance Pensions. The indexing coefficient for amount of the basic pension depends on financial capacity of the state budget and the budget of the State Social Insurance Fund. Indexing coefficient for the pension points is determined by Paragraph 2 of Article 8 of the Law on Social Insurance Pensions.

2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. to endeavour to raise progressively the system of social security to a higher level;

- a) Please provide information on social security coverage and its modalities provided to persons employed or whose work is managed through digital platforms (e.g. cycle delivery services).
- b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.
- c) Please provide information on any impact of the COVID-19 crisis on social security coverage and on any specific measures taken to compensate or alleviate possible negative impact.

Response by the Government

In view of the fundamental changes taking place on the labour market, Lithuanian social security system in particular ensures access for all workers and self-employed persons to adequate social protection; it ensures transferability and transparency of social security rights as well. Therefore, Lithuania faces a number of challenges in ensuring that self-employed persons could at least voluntarily take out accidents at work or unemployment social insurance guarantees and become part of the state social insurance system. In line with the emergence of new forms of work, Lithuanian social protection system is being modernised by including all different groups of platform workers (e.g. cycle delivery services) into self-employed persons group, which led to expand their coverage and improve social insurance benefits adequacy. Social protection should be ensured to all those in need, irrespective of their working status. It is important to mention, that from beginning of 2017, the major social insurance system reform has started. Different types of self-employed persons were included into social security system and received ability to ensure themselves for maternity and sickness social security rights.

There were 155.4 thousand of self-employed persons in Lithuania in 2016, of which 96.4 thousand were self-employed men and 58.9 thousand self-employed women. Self-employed persons accounted for 11.4% of the entire active population. Self-employed men accounted for 14.6 percent of all working men, women - 8.4 percent of all working women. To sum up, 83.1 percent (or 129.2 thousand) of self-employed persons worked full-time, 16.9 percent (or 26.2 thousand) worked part-time.

c) *The additional information about the temporary benefits for self-employed, jobseeker's, pensioner's in order to mitigate the impact of the COVID-19 crisis on social security coverage and to compensate possible negative impact for those who are insured for sickness social insurance.*

Benefits for self-employed. *A person entitle to self-employed person benefit if individual activities have been registered for a period of at least 3 months during a period of 12 months and have not been deregistered before the day of declaration of the state of emergency and quarantine by the Government of the Republic of Lithuania; if he/she works under an employment contract, the remuneration accrued to him or her under an employment contract or legal relations equivalent to an employment relationship shall not exceed the Minimum Monthly Salary approved by the Government of the Republic of Lithuania; in case of a legal person, it does not have a status of company under liquidation or bankruptcy. The monthly benefit is equal to the minimum consumption requirement for the current year, which is Eur257 per month. The benefit is available through the Employment Service and is paid to a self-employed person on a monthly basis for the previous calendar month. One benefit is granted and paid to one self-employed person, regardless of the number of self-employed activities. Benefit is granted when the Government declares the state of extreme situation and quarantine and 2 months after. 97 977 persons have already received self-employed person benefit. Total amount paid Eur113,769 million (from April till 16th of December).*

Support for self-employed whose are willing to change their economic activity. *This Support for the self-employed is paid for applicants who's submitted applications and meet these requirements: 1) A self-employed person, who has benefited from the benefit for the self-employed (Eur257); 2) is willing to change his economic activity. The amount of the benefit is Eur6980.50. Please note 1602 persons have already received this support. Total amount paid Eur10,365 million (from July till 16th of December).*

Jobseekers benefit. *The person who has a status of an unemployed and does not participate in active labour market policy measures can be granted jobseekers benefit. The unemployed, who do not receive unemployment benefit can get 33 percent Minimum Monthly Salary (Eur200) benefit; the unemployed, who receive unemployment benefit can get 7 percent Minimum Monthly Salary (Eur42), for 6 months, but not longer than until December 31st, 2020. 302 004 persons have already received jobseeker's benefit. The total amount (from July till 16th of December) is paid Eur13.05 million.*

The lump-sum pension benefit. *The lump-sum pension benefit is paid to pension recipients residing in the Republic of Lithuania who have declared their place of residence in Lithuania. The amount of lump-sum benefit is Eur200. The lump-sum was paid in August, 2020. If a person starts receiving one of the pension benefits in September or later in 2020, the lump- sum benefit shall be paid in the same month as the person's pension benefit, but not later than in December, 2020. There are 866 608 persons who have already received the lump-sum pension benefit. Total amount paid Eur173.321 million (from August till 16th of December).*

The expanded coverage for sickness benefits. *If health care professionals, officials or other employees are infected with the illness for which the emergency is declared (COVID-19), they are offered a maximum sickness benefit of 100 percent from pay (net) (or 77.58 percent from pay (gross)).*

Following the declaration of an emergency and the suspension of a day care centre for elderly people, people with disabilities, sickness benefit is provided to those employees needing to care for an elderly or a disabled person if that person has previously attended a day care centre. Incapacity will be granted until the end of the emergency and the infectious disease control regime is lifted. When day care centres are shut down because of an emergency, and day care centres were providing short-term social care to a retired person, his or her loved one will be able to obtain a certificate of incapacity for work and sickness benefit. It stands at 65.94 percent of the beneficiary's compensatory wage.

If an insured person suffers from a serious chronic illness listed on a list approved by the Minister of Health and has no access to remote work or idle time, he or she would be able to

receive sickness benefit during an emergency situation. The benefit will be 62.06 percent of the beneficiary's compensatory wage.

If the introduction of both emergency and quarantine in educational establishments leads to universal distance learning, adults caring for children under the fourth grade inclusive or under general as well as special education programs for children with disabilities under the age of 21 may receive incapacity for work and sickness benefit. Sickness benefit for childcare can be paid to the child's parents, guardians, or guardians on duty, or working grandparents. It is important to emphasize that after the introduction of quarantine, there must be a clear instruction of the Government of the Republic of Lithuania to educate young children or children with disabilities remotely. In the absence of such an instruction, it means that children under the fourth grade or children with disabilities under the age of 21 are brought up through contact, incapacity for care and sickness benefits are not paid unless the director of the municipal administration introduces a restraint regime. Incapacity for work is initially issued for 60 calendar days, but no longer than the end of quarantine or emergency. If quarantine and emergency last longer and distance learning persists, then incapacity for work is extended. The amount of sickness benefit is 65.94 percent of the beneficiary's compensatory wage.

If a child under the fourth grade inclusive or in a special education or general education program with a disability under the age of 21 has visited a COVID-19- affected country or has been in contact with a COVID-19 infected person, then he or she may be placed in compulsory isolation and supervised. Incapacity for work and sickness benefit for childcare after leaving a country affected by COVID-19 are granted if the child has visited it without parents or guardians. When a child moves to a COVID-19-affected country with their parents or guardians, incapacity for work is granted and sickness benefit is paid for the isolation of the adult and not for the care of the child. Incapacity for work may be granted for a period of compulsory isolation, but not longer than 14 calendar days from the date of arrival in Lithuania or from the last day of contact with the infected person according to the certificate of the National Center for Public Health, and if the contact was with a cohabiting and infected family member registered with the same primary health care institution - then 14 calendar days from the last day of contact with the family member. Compulsory isolation is usually provided by the National Center for Public Health, which issues a certificate to a personal health care facility. However, a certificate from the National Center for Public Health will no longer be required for the care of a child who has had incapacity for contact in his or her family, but only if the family member with whom the child has had contact lives and is registered with the same primary personal health care institution. The amount of sickness benefit is 65.94 percent of the beneficiary's compensatory wage.

If, due to the risk of the spread of COVID-19, an educational institution declares a regime restricting the spread of infections and this requires the supervision of a child under the fourth grade inclusive or a special and general education child with a disability under the age of 21, then parents, guardians or working grandparents may receive incapacity for work and sickness benefit for childcare. Incapacity for work is granted until the mode of limiting the spread of infections is revoked. Initially, the certificate of incapacity for work is issued for up to 28 calendar days, and can be renewed after 14 calendar days. When a restraint regime is announced for another illness, such as the flu, the benefit is paid for the care of children in pre-school, pre-school or primary education and for a maximum of 14 calendar days. The amount of sickness benefit will be 65.94 percent of the beneficiary's compensatory wage. Information on educational institutions where a regime restricting the spread of infections has been established is published on the website of The Ministry of Education, Science and Sports of the Republic of Lithuania, in the section "List of educational institutions where a regime restricting the spread of infections (or quarantine) has been introduced".

If an adult worker has visited a COVID-19 affected country or has been in contact with a COVID-19 infected person, he or she may be subject to compulsory isolation, a certificate of incapacity for work and sickness benefit. Sickness benefit is payable if the National Center for Public Health (NCPH) assigns compulsory isolation to an adult and he or she does not have the opportunity to work remotely during the period of compulsory isolation and has not been declared

idle. However, an NCPH certificate is no longer required for the issuance of incapacity for work to a person who has had contact with their family, but only if the family member with whom the person has had contact lives together and is registered with the same primary personal health care institution. Incapacity for work is not issued and sickness benefit is not paid if compulsory isolation is granted after a visit to a foreign country that was already on the COVID-19 list of affected countries at the time of departure. The exception applies - that is, incapacity for work is granted and sickness benefit is paid - if the travel to the affected country is for professional, service or work purposes. When an adult is subject to compulsory isolation but a certificate of incapacity for work cannot be issued, he or she may be issued with a medical certificate justifying absence from work, but sickness benefits are not paid in such cases. If a person has a compulsory isolation incapacity and sickness certificate is issued and the benefit is paid for 14 calendar days from the date of the last contact with a sick person. The amount of sickness benefit is 62.06 percent of the beneficiary's compensatory wage.

From March till 16th of December 494 324 certificates of incapacity for work and sickness for COVID-19 infection (isolation, illness, child care, and family member care) were issued. From them 194 894 certificates of incapacity for work and sickness for person (isolation, illness) were issued and 299 433 certificates of incapacity for work and sickness for child care were issued. Total amount paid Eur173.941 million (from March till 16th of December).

In August, 2020 there were paid single payments of 200 Euros for beneficiaries of social security pensions and social assistance pensions to compensate or alleviate possible negative impact of the COVID-19 crisis.

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 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 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 Parties.

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Response by the Government

a) In the Republic of Lithuania, nationals of other Parties who legally reside and work in Lithuania enjoy the same status as Lithuanian nationals with respect to the payment of state social insurance contributions which should be paid by employed or self-employed persons. Persons employed under employment contracts within the territory of the Republic of Lithuania (including persons posted to the Republic of Lithuania for a period of more than one year) or outside of the territory of the Republic of Lithuania but under employment contracts concluded with insurers registered in the Republic of Lithuania, unless otherwise provided for in international treaties of the Republic of Lithuania or European Union legislation, are compulsory covered by social insurance of pensions, sickness, maternity, unemployment, accidents at work and occupational diseases.

Payment of state social insurance benefits are not based on residence in Lithuania.

For instance, Law on Sickness and Maternity Social Insurance Article 3(1) stipulates that the insured person means a natural person paying the state social insurance contributions for

himself and for whom the state social insurance contributions are paid or had to be paid under the law in compliance with the procedure established by the Law on State Social Insurance. In other words, the recipient of the benefit does not have to meet the nationality requirement. What is important that the person seeking to obtain a maternity, paternity or childcare benefit should satisfy the overall requirements set for a recipient of a specific benefit, i.e. he or she should have sickness or maternity social insurance, should have the required minimum social insurance period of sickness or maternity social insurance and should have been granted a pregnancy and child-birth leave and, respectively, paternity and child-care leave by his or her workplace.

For entitlement to benefits for accidents at work and occupational diseases no minimum social insurance period is required. The person should satisfy the condition that he or she has been insured by accidents at work and occupational diseases insurance at the time of the accident.

The entitlement to state social insurance pension is not related to nationality. The pension is paid to person who lives in Lithuania and satisfies requirements for the relevant type of the pension (e.g. minimum period of insurance, age, incapacity for work). To other Parties pension can be exported if the recipient has acquired minimum 15 years of pension social insurance working in Lithuania. This condition of minimum insurance period is not applicable when pension is exported to EU and EEA Member States and Switzerland according of the provisions of EU social security coordination regulations and also according to the provision of bilateral social security agreements.

Social security rights of persons moving within EU and EEA Member States and Switzerland are regulated by EU social security coordination regulations (Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009). These regulation is also applicable to non-ES citizens if they are legally residing in the territory of the EU Member State and their status with respect to many aspects which are not limited to one Member State. One of the key principles laid down in the mentioned EU coordination regulations is prohibition of discrimination on nationality. Regulation (EC) No. 883/2004 Article 4 stipulates that persons to whom this Regulation applies shall enjoy the same benefits and be subject to the same obligations under the legislation of any Member State as the nationals thereof. The regulations cover all key areas of social security, including the following: sickness and maternity benefits; disability (lost capacity for work) pensions; old-age pensions; survivors' benefits; benefits for accidents at work and occupational diseases; death grants; unemployment benefits; family benefits. EU social security coordination regulations are applied directly and therefore there is no need to transpose them into the national legislation: they have supremacy with respect to the national legislation.

Lithuania has transported to its national legislation EU directives regulating the conditions of entry and residence of third-country nationals to the EU Member States (i.e. Directive 2011/98/EU on a single application procedure for a single permit for third-country nationals to reside and work in the territory of a Member State and on a common set of rights for third-country workers legally residing in a Member State; Directive 2009/50/EC on the conditions of entry and residence of third-country nationals for the purposes of highly qualified employment; Directive 2014/36/EU on the conditions of entry and stay of third-country nationals for the purpose of employment as seasonal workers; Directive (EU) 2016/801 on the conditions of entry and residence of third-country nationals for the purposes of research, studies, training, voluntary service, pupil exchange schemes or educational projects and au pairing and Directive 2014/66/EU on the conditions of entry and residence of third-country nationals in the framework of an intracorporate transfer). All these directives include provisions regarding equal treatment with nationals of the host Member State regarding branches of social security as defined in Regulation (EC) No 883/2004 with some possible derogation mentioned in the directives. There are also provisions regulating export of pensions.

Payment of family benefits and deaths grants are based on residence. These benefits can be exported to other EU and EEA Member States and Switzerland according EU legislation or bilateral agreement. The same conditions apply to Lithuanian nationals and national of other Parties.

b) *As regards bilateral agreements, Lithuania has concluded agreements with countries with which there are a significant migration flow and a mutual interest in concluding such agreement (Canada, Moldova, the Russian Federation, USA, Belarus, Ukraine).*

In 2016-2017 Lithuania sent Notes by diplomatic channels to Georgia and Armenia for the initiation of the bilateral agreements on social security. Georgia informed that they will be ready to start negotiations after changes in pension system. Lithuania has not received an official reply from Armenia.

In 2020 Lithuania has opened negotiations with India and Turkey. In 2021 Lithuania will further analyse the need of other bilateral agreements.

Part I – 13. RESC Anyone without adequate resources has the right to social and medical assistance.

Article 13 – The right to social and medical assistance

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;

a) *Please describe any reforms to the general legal framework. 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.*

b) *Please indicate any specific measures taken to ensure social and medical assistance for persons without resources in the context of a pandemic such as the COVID-19 crisis. Please also provide information on the extent and modalities in which social and medical assistance was provided to people without a residence or other status allowing them to reside lawfully in your country's territory.*

c) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

Response by the Government

Poverty rate in Lithuania.

20.6 per cent of the country's population received the equivalised disposable income in cash below the at-risk-of-poverty threshold. In 2019, at-risk-of-poverty rate in urban and rural areas stood at 17.1 and 27.9 per cent respectively. In 2019, the at-risk-of-poverty threshold was EUR 379 per month for a person living alone, EUR 797 – for a family composed of two adults and two children aged under 14. Compared to 2018, due to an increase in disposable income of population, the at-risk-of-poverty threshold grew by 10 per cent.

Compared to 2018, overall at-risk-of-poverty rate decreased by 2.3 percentage points: in five major cities – increased by 0.2 percentage points, in other cities and towns – decreased by

4.9 percentage points, in rural areas – decreased by 3.4 percentage points.

In 2019, in the households with children, the at-risk-of-poverty rate stood at 18.4 per cent, and compared to 2018, it decreased by 0.4 percentage points. In the households without children, the at-risk-of-poverty rate over a year decreased by 4.5 percentage points and stood at 22.5 per cent in 2019. In terms of household composition, persons living in households composed of one adult with dependent children and in one-person households were those at the largest risk of poverty (the at-risk-of-poverty rate – 45.4 and 46.3 per cent respectively).

7.9 per cent of employed persons, 54.4 per cent of unemployed persons and 35.1 per cent of retired persons were living below the at-risk-of-poverty threshold. Compared to 2018, the at-risk-of-poverty rate of employed persons decreased by 0.2, that of unemployed – 7.9, that of retired persons – 6.6 percentage points.

Working on a minimum wage did not preclude the risk of poverty: with the deduction of income tax and social-security contributions from the minimum wage, the disposable income, with no other source of income, would be below the at-risk-of-poverty threshold.

The decrease in the at-risk-of-poverty rate of the retired persons was determined by an increase in old-age pensions. In the survey period (2018), the average old-age pension amounted to EUR 311.5 and accounted for 82.2 per cent of the at-risk-of-poverty threshold. The average old-age pension has been below the at-risk-of-poverty threshold for several consecutive years; however, during the survey period, this difference decreased: the average old-age pension increased more than the at-risk-of-poverty threshold.³¹

N.B. Poverty risk threshold value is defined as 60% of the median equivalised income.

Minimum consumption needs basket. Since 2017, every year the Ministry of Social Security and Labour is estimating the size of the minimum consumption needs basket (MVPD). The size of this basket consists of two parts: food and non-food part and is calculated for one person and for the other family members (first person gets 100 percent of MVPD, second – 80 percent and for the third and subsequent person – 70 percent). The MVPD amount shows what is the minimum amount needed for person (family) to meet basic food and non-food needs. Other benefits and their base amounts are connected with MVPD size³². For instance, basic social allowance can not be less than 16 percent of previous year MVPD size, state supported income can not be less than 50 percent of previous year MVPD size, assistance pension base can not be less than 56 percent of previous year MVPD size.

The table 1 below shows the size of MVPD in 2017-2021.

The size of MVPD for one person and for the family (consisting of two adults and two children) (EUR)

	2017	2018	2019	2020	2021
First member (100 percent of MVPD)	238	245	251	257	260
Second (80 percent of MVPD)	190.68	196	201	206	208
Third and subsequent (70 percent of MVPD)	166,85	172	176	180	182

Since the amount of minimum consumptions needs was estimated, in Lithuania we have not

³¹ <https://osp.stat.gov.lt/en/lietuvos-gyventoju-pajamos-ir-gyvenimo-salygos-2020/skurdo-rizika/skurdo-rizikos-lygis>

³² Republic of Lithuania law on determining reference indicators of social assistance benefits and basic amounts (Consolidated version from 2020-01-01): <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.324889/asr>

only relative at-risk-of-poverty rate, but also absolute poverty rate. Absolute poverty line is before mentioned MVPD size for the current year. Table below (see table 2) show absolute poverty dynamic in Lithuania in 2016-2019.

Absolute poverty rate in Lithuania in 2016-2019. Source: Statistics Lithuania

	2016	2017	2018	2019
Absolute poverty rate, %	15.8	13.8	11.1	7.7

In addition to this, since 2019 MVPD is used for small pension bonus calculation. This pension bonus is given for those who has a right to old-age social insurance pension or to disability pension. In 2019 this bonus maximum amount was 95 percent of MVPD, but in 2020 it was increased to 100 percent of the current year MVPD size. This means, that those who gets old-age social insurance pension or disability pension which is lower than MVPD size, gets a bonus to make those pensions equal to MVPD size.

Social assistance pension

In the period of 2017 – 2019 social assistance pension rules were changed. In 2017 social assistance pension amount was detached from social insurance basic pension amount, which was replaced with Social assistance pension base (112 Euros). The social assistance invalidity pension amount was linked to percentage of incapacity for work.

In 2018 Social assistance pension amount was linked to amount of minimum consumption needs (it was determined that Social assistance base may not be less than 54 percent of amount of minimum consumption needs). Amount of minimum consumption needs means an indicator indicating the amount of personal expenses in euro required to meet the minimum needs of a person's food and non-food (goods and services) per month. Social assistance pension base was increased from 112 Euros to 130 Euros, resulting increase of Social assistance pension benefits from 9 to 40,5 Euros depending on the type of payment and the category of beneficiaries.

In 2019 Social assistance pension base was increased from 130 Euros to 132 Euros. The floor of social assistance old age pension was increased from 0,9 to 1 social assistance pension base. Social assistance old age pensions increased for about 6000 persons.

b) Social assistance for residents without resources.

There are several types of assistance to the residents in Lithuania which can be combined: support in municipalities, social insurance benefits paid by “Sodra” in the event of loss of employment as well as temporary support due to a pandemic.

Due to the coronavirus pandemic and the economic difficulties it has caused, the support granted in municipalities has been increased and the conditions for granting it have been facilitated, but most of the changes will be permanent. We invite you to find out what assistance residents can apply for if they lack income or lose their job.

Types of financial assistance for low-income people:

- Social benefit.
- Additional social benefit after employment.
- Compensation of heating costs.
- Compensation of hot water costs.
- Compensation of drinking water costs.
- Child benefit.
- A lump-sum children's benefit to reduce the effect of COVID-19
- Social assistance for pupil.
- Social housing.
- Compensation of housing rent costs.

❖ **Cash Social Assistance for poor residents** (The Law on Cash Social Assistance for Poor

Residents)

When a person faces financial difficulties, he/she can apply to local municipality for cash social assistance: social benefit, additional social benefit after employment, compensation of heating, hot and drinking water costs, and if the housing of a low-income person is renovated under a modernisation programme, credit and interest payments are also reimbursed. This assistance has been increased and the conditions for obtaining it have been facilitated during the quarantine and emergency situation, but most of the new provisions will remain in force.

Social Benefit.

On 7 May 2020 the main amendments to the Law on Cash Social Assistance for Poor Residents were adopted - from the 1st of June 2020 the benefit is available if the average monthly income per person does not exceed 1.1 SSI (EUR 137.5). When calculating the average income, the child benefit and 20-40 percent of the salary (depending on the composition of the family and the number of children) are not included as well as 20-40 percent of unemployment or temporary jobseeker's allowance paid to the unemployed are excluded.

Estimated income will also exclude the one-off benefit of 200 euros which the elderly and people with disabilities will receive in August. These solutions aim to enable more people to receive support.

Another novelty that will expand the circle of people who can receive cash social assistance is that the applicant's property will not be valued for 6 months after the cancellation of emergency situation and quarantine. Until now, the procedure was that if a person has property in excess of a certain threshold, he/she might not be entitled to the assistance.

At the end of this half-year, a permanent provision will enter into force according to which the property will not be valued for 3 months for those people who apply for the social benefit for the first time or 2 years after receiving the last support. The aim is to help people facing financial challenges more quickly and effectively.

What benefit a person or family receives in each specific case depends on the income they receive, the composition of the family and the applied amount of state-subsidised income.

From June 2020 the amount of social benefit has been increased and differentiated depending on the duration of payment:

- *For a single person:*

- *amount of social benefit is the difference between the amount of 1.4 SSI (EUR 175) per person per month and the actual income of a single person when social benefit is paid for up to 6 months;*
- *the difference between the amount of 1.2 SSI (EUR 150) per person per month and the actual income of a single person when social benefit is paid for up to 6-12 months;*
- *the difference between the amount of 1.1 SSI (EUR 137.5) per person per month and the actual income of a single person when social benefit is paid more than 12 months.*

The amount of social benefits for single persons will change every six months: initially they will receive more, then less. This encourages the person to take the initiative in the long run and earn an income himself/herself.

- *For a family:*

- *for the first family member amount of social benefit is the difference between the amount of 1.1 SSI (EUR 137.5) per person per month and the actual income of the family member;*
- *for the second family member - 90 percent of the difference between the amount of 1,1 SSI (EUR 123.75) per person per month and the actual income of the family member;*
- *for the third and subsequent family member - 70 percent of the difference between the amount of 1,1 SSI (EUR 96.25) per person per month and the actual income of the family member.*

From 2016 to 2020 the average of the amount of social benefit increased more than 53 per cent (from EUR 57.6 to EUR 88.2 per month).

Additional social benefit after employment.

From 1 June 2020 created more favourable conditions to receive additional social benefit after employment. The amount of additional social benefit after employment has been increased

and differentiated depending on the duration of payment:

- for 1–3 months of payment - the amount of additional social benefit is equal 100 per cent of the average amount of the social benefit paid during the last 6 months prior to employment;

- for 4–6 months of payment - 80 per cent of the average amount of the social benefit paid during the last 6 months prior to employment;

- for 7–12 months of payment - 50 per cent of the average amount of the social benefit paid during the last 6 months prior to employment.

In I half 2019 2.9 per cent of social benefit recipients registered at Employment Services were additionally granted social benefit after employment (in I half 2018 – 2.8 per cent).

Compensation of heating, hot and drinking water costs.

When assessing whether a person or family is entitled to compensation of heating and water costs, the property owned was previously taken into account. However, for 6 months after the cancelation of the emergency situation and quarantine, the property will no longer be valued, and at the end of this period, if compensation is applied for the first time (or after a 2-year gap), the property will not be valued for the first 3 months.

Compensation is also available to people in debt for heating and water; however, it is important that the agreement is concluded with the suppliers regarding the payment of part of the debt or that the court orders the debt to be paid.

Compensation of heating costs.

Such compensation can be obtained by calculating how much a family or person spends on heating per month. For example, if the income of a single person is EUR 300 per month, he/she did not have to pay more than EUR 17.5 (10 per cent of the difference between the received income and the 1 SSI (EUR 125) provided to a person) for heating until now. Any costs in excess of this amount are reimbursed.

From June 2020 a larger part of heating costs will be compensated for a single person. A single person shall pay for the heating of the accommodation not more than 10 per cent of the difference between the received income and the 1.5 SSI (EUR 187,5) provided to a single person. From now on the same abovementioned person would not have to pay more than EUR 11.25 – the remaining part of the costs is reimbursed.

If the person's income is less than 187.5 euros, all actual costs for housing heating are reimbursed, provided that the housing is not very large or does not require a disproportionate amount of fuel for heating.

The following standards for the useful floor area of housing are used to calculate the compensation for housing heating:

- 50 square meters if the person lives alone.
- 38 square meters for the first cohabiting person.
- 12 square meters for a second cohabiting person.
- 10 square meters for a third and each subsequent cohabiting person.

For example, for a low-income family of 4, heating is compensated for a useful area of up to 70 square meters.

Compensation of drinking water costs.

These compensations can be obtained when the costs for cold water and wastewater exceed 2% of personal or family income. For example, a single person with a monthly income of 300 euros would have to pay a maximum of 6 euros for drinking water and the remaining amount should be reimbursed.

The amount of water consumed is also taken into account; it should be, depending on the number of cohabitants and the way the hot water is prepared, as follows:

When district heating is used to prepare hot water:

- 2 cubic meters for the first cohabiting person or a single person per month.
- 1.5 cubic meters for a second cohabiting person per month.

- 1 cubic meter for a third and each subsequent cohabiting person per month.

When other forms of energy or fuel, such as electricity, firewood, are used to prepare hot water:

- 3.5 cubic meters for the first cohabiting person or a single person per month.
- 2.5 cubic meters for a second cohabiting person per month.
- 1.5 cubic meters for a third and each subsequent cohabiting person per month.

If there are 6 people living together and district heating is used to prepare the water, they will be compensated for 7.5 cubic meters of drinking water.

Compensation of hot water costs.

These compensations can be obtained when the costs for hot water and its preparation exceed 5% of personal or family income. In the case of a person receiving an income of 300 euros, costs in excess of 15 euros would be reimbursed.

Compensation for:

- 1.5 cubic meters for the first cohabiting person or a single person per month.
- 1 cubic meter for a second cohabiting person per month.
- 0.5 cubic meters for a third and each subsequent cohabiting person per month.

State support in case the housing is renovated.

If a multi-apartment house is renovated or is being renovated according to a multi-apartment house renovation (modernisation) project, and there are people living in it that are entitled to receive compensation for heating, the owner of the housing is paid credit and interest payments.

The Law on Cash Social Assistance for Poor Residents covers the following categories of persons:

- citizens of Lithuania;
- aliens with a long-term permit to reside in Lithuania or in the European Union;
- citizens excluding workers of a Member State of the EU or EFTA or a family member with right of residence in Lithuania who has been residing there for at least three months;
- aliens who have been granted protection in Lithuania, apart from those who during the integration period receive support from the funds for integration;
- a foreign citizen who is granted asylum in the Republic of Lithuania or temporary protection.

Persons are entitled to cash social assistance are not necessarily that they have to be permanent residents in the Republic of Lithuania.

It should be noted that, in accordance with the existing legal regulation, persons who are temporarily residing in the Republic of Lithuania and don't have right to get cash social assistance accordance to the Law are not left without any support. Municipal administrations have the right to allocate cash social assistance from their budgetary resources to persons lawfully residing in the Republic of Lithuania.

❖ Child Benefit (The Law on Benefits to Children)

In order to support families raising children and reduce child poverty on 5 December 2017 the main amendments to the Law on Benefits to Children were adopted – from 1 January 2018 “universal” child benefit (amounting to EUR 30.02) paid to each child was introduced.

According to the amendments to the Law on Benefits to Children that were adopted on 17 December 2019 from 1 January 2020 the amount of “universal” child benefit was increased from EUR 50.16 to EUR 60.06 (from 2021 to EUR 70) and the amount of additional child benefit was increased from EUR 20.14 to EUR 40.17. An additional child benefit may be paid for children with disabilities, children from low-income families raising 1 or 2 children and for children from large families.

A low-income family is considered to be one in which the average monthly income per family member does not exceed 250 euros, excluding the child benefit and part of the salary, unemployment or temporary jobseeker's allowance paid to the unemployed. Until now, when estimating family income for higher child benefit, the amount received during the last 12 months has been taken into account.

However, since the financial situation of some families deteriorated rapidly during the quarantine period, it has been decided that until the 1st of July 2020 the income received from the 1st of April will be assessed, and from July the income of the previous 3 months will be assessed and the child benefit will be granted for three months.

This means that if a family applies for an additional child benefit in July, their income in April, May and June is assessed. The income of these months will already reflect the financial challenges the family faced during the quarantine.

Such facilitation will be valid for a further period of 6 months after the cancelation of the emergency situation and quarantine.

In 2020 518 thous. children (in 2019 – 516.5 thous.) were paid “universal” child benefit. Additional child benefit was granted to 143.5 thous. children (in 2019 – 123.6 thous.).

Consistent increase in child benefit is one of the measures enabling to reduce children poverty and social exclusion. It has been forecasted that upon increasing the “universal” child benefit and additional child benefit, as well as the limit of assessed income, the poverty risk would decline in the country by approximately 0.6 percentage points, and the poverty level of children under 18 years of age – by 2.5 percentage points.

❖ ***A lump-sum children's benefit to reduce the effect of COVID-19 (The Law on a Lump-sum Children's Benefit to Reduce the Effect of Covid-19 (Coronavirus Infection) Pandemic)***

From 12 June 2020 for every child who is granted child benefit without regard to a family income according to the Law on Benefits for Children should be paid a lump-sum children's benefit amounting to EUR 120.

For low income families raising one or two children, families raising three or more children and disabled children who are granted additional child benefit according to the Law on Benefits for Children a lump-sum children's benefit amounting to EUR 80 should be paid additionally.

In III quarter 2020 522.7 thous. children were granted the lump-sum children's benefit.

❖ ***Social assistance for pupils (The Law on Social Assistance for Pupils)***

Schoolchildren, depending a family's income, have the right to:

- free lunch if the monthly income per family member is less than Eur 187.5 (1,5 amount of the SSI);

- free breakfast may be granted in exceptional cases, having evaluated the living conditions of a family;

- provision with learning aids amounting to 2 BSB (Eur 78) if the monthly income per family member is less than Eur 187.5 (1,5 amount of the SSI).

Since 1 September 2020 schoolchildren who study according to pre-primary curricula or according to primary curricula 1 grade have the right to free lunch without regard to a family's income.

In September 2020 90.4 thous. schoolchildren received free lunch at schools (40 per cent of schoolchildren from poor families and 60 percent without regard to a family's income).

❖ ***State Support Income***

Cash social assistance (social benefit, compensations for heating, drinking and hot water expenses, social support for pupils, etc.) rates depend on one of the social security benefits indicators, i.e. Government of the Republic of Lithuania approved State Supported Income. From 2018 in order to increase the adequacy of the social safety, the amount of State Supported Income (which as well establishes the person's right to assistance, including cash social assistance,

support for housing rental and etc.) by the Resolution No. 756 of the Government of the Republic of Lithuania of 20 September 2017 has been increased 19.6 per cent (from EUR 102 to EUR 122). Cash social assistance benefit also has to be coordinated with other social security benefits as to avoid the demotivation of the unemployed persons in joining the labour market (the minimal monthly wage, average wage and applied tax exceptions are taken into consideration).

By the order of the Minister of Social Security and Labour in May 2017 the methodology for the calculation of the amount of minimum consumption needs was approved. Following this methodology the amount is calculated annually by taking into account food and non-food costs. In 2020 the calculated amount is EUR 257 (In 2019- EUR 251, in 2018 – EUR 245).

By the amendments of the Law on Determination of Social Security Benefits Indicators and Basic Amount of Punishments and Penalties, from 2019 basic social indicators are linked with the amount of minimum consumption needs. It has been determined that the Basic social benefit can not be less than 16 per cent, the Social assistance pension Base not less than 54 per cent (from 2020 - 56 per cent), the Targeted compensation base not less than 47 per cent and the State supported income not less than 50 percent of the amount of minimum consumption needs.

Linking of social indicators would affect changes in adequacy of social benefits because, e.g. with the prices of food and commodities rising, the amounts of the support would grow accordingly.

From 2016 to 2020 the average of the amount of social benefit increased more than 53 per cent (from EUR 57.6 to EUR 88.2 per month).

❖ **Support for housing rental**

Social housing

Until now, the law has not stipulated how long a low-income person or family can wait in line for social housing. This situation does not encourage municipalities to increase the amount of social housing, and people have been waiting for years. About 15.6 percent of persons or families have been waiting for the rent of social housing for more than 5 years, and the average period is 7.7 years.

In order for the social housing to be rent to people faster, specific waiting terms are introduced: from 2024 – up to 5 years, from 2026 – up to 3 years. Municipalities must already take measures and ensure that the waiting period is reduced in line with the new requirements when developing the social housing fund.

If the municipality does not provide social housing after the deadline, then it will be obliged to compensate actual rent of the housing where the family lives while waiting for social housing. The compensation will be paid for up to 14 square meters of useful floor area per person.

The family will not receive rent compensation in case they have expressed specific requirements when applying for social housing, which may take some time; for example, the family is applying for housing in a specific location of the municipality or on a specific floor of a house.

For persons left without parental care, ~~such as the disabled,~~ who have left a social care home, a group life home or an independent life home (if they do not have other housing in Lithuania), social housing will be provided without following the order of priority.

Compensation of housing rent costs.

Low-income people also have the opportunity to receive compensation to cover part of the costs for the usual rent or lease of suitable housing. Until now, determining the amount of compensation depended directly on the value of real estate in that area. Sometimes, especially when a person lives alone, this amount is very small. From the 1st of July 2020, when calculating these compensations, the coefficient will be determined on the basis of average housing rental market prices and will be differentiated according to the number of family members. In addition, the minimum basic amount of compensation for the part of housing or the lease payment is set – from 23 to 32 euros per month, when the useful area of the housing per person is 10–14 square

meters.

2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Citizens of Lithuania and nationals of other States Parties must comply with the same requirements stated by the Law on Cash Social Assistance for Poor Residents. The Law does not contain provisions stipulating that cash social assistance may be reduced due to the reason that a recipient is an alien or a stateless person. Persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights.

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;

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised

4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised

Citizens of Lithuania and nationals of other States Parties must comply with the same requirements stated by the Law on Cash Social Assistance for Poor Residents. Poor residents shall be paid social benefit and compensations for heating, hot and drinking water expenses. This assistance is provided having evaluated owned property and earnings.

Part I – 14. RESC Everyone has the right to benefit from social welfare services.

Article 14 – The right to benefit from social welfare services

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;

a) *Please explain how and to what extent the operation of social services has been*

maintained during the COVID-19 crisis and whether specific measures have been taken in view of possible future such crises.

- b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

Response by the Government

a) During the COVID-19 crisis social services were provided remotely, except provision of vital services for example, as services as food supply, because we can assume that it was more necessary than ever before, also cases of crisis in the family, when the provision of remote services becomes inefficient, home help services and so on. Providing home help services were recommended to thin the visits according to the possibility, for example, by buying more food. When providing vital services, it was necessary to observe personal hygiene, use protective equipment (disposable gloves, disposable masks, etc.). Recommended that services for families at social risk should be provided more intensively than usual due to the fact that children spend more time at home after the closure of kindergartens and schools. However, as mentioned social services should be provided at a distance. Restrictions on the provision of services were not applied to independent living homes and accommodation for the homeless. In care institutions entry for new residents from the community were stopped. For people from health institutions it was available only with negative COVID-19 test.

Important to mention, that social services institutions were provided with necessary personal protective equipment. For working in life-threatening conditions employees were awarded with bonuses.

Now, from 17th of November 2020, the Minister of health of the Republic of Lithuania as State-level emergency situations head of state operations approved the decision Nr. V-2508 „On the necessary conditions on the activities of social services institutions“ which determine how social service institutions should operate during quarantine.

2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

a) Please provide information on user involvement in social services (“co-production”), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels and in the design and practical realisation of services. Co-production is here understood as social services working together with persons who use the services on the basis of key principles, such as equality, diversity, access and reciprocity.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised

a) It is worth to mark that services to a person are provided only after assessing the person's needs, assessing the person's expectations to receive one or another social service. This happens when the employee discusses with the person about all the expectations and fears, the problems that arise and the ways to solve them. And all the decisions are made together with the person. For example we can speak about case management, which clearly provides family involvement in the provision of social services, it's mean that not only social, health, education systems specialists and other services providers take responsibilities for family, but the family also defines their responsibilities very clearly in implementing the decisions made in the case management process. Social services cannot be provided in a coercive way. If the aim is to provide effective services for person or family, there must be full human involvement in order to

empower the individual to solve his own problems.

b) Law on Social Services does not give priority to any legal status of institution, all legal entities whose field of activity is the provision of social services may provide social services. Municipal social service institutions are needed only at the time when there are no other service providers, or the services they provide do not meet the needs.

In 2020, the Department of Supervision of Social Services acting in observance of Order No A1-494 of the Minister of Social Security and Labour of the Republic of Lithuania of 3 June 2020 on the approval of the description of the measure for providing assistance to non-governmental organisations affected by COVID-19 invited NGOs to submit applications for subsidies.

The support measure is aimed at supporting NGOs that provide social services and help non-governmental organisations affected by consequences of COVID-19 to ensure the continuity of services provided to the public in accordance with the criteria set out in the description of the financial support measure (hereinafter – the Description) by funding unplanned costs incurred by NGOs as a result of COVID-19 consequences.

Potential applicants are NGOs that provide social services which meet at least one criterion referred to in point 9.1 or 9.2 and at least one criterion referred to in point 9.3 of the Description.

Available subsidy amount

For the NGO whose previous year's budget:

- exceeds EUR 1,000, but is not larger than EUR 30,000, a minimum available subsidy is EUR 500, and a maximum available subsidy – EUR 1,000.*
- exceeds EUR 30,000, a minimum available subsidy is EUR 1,001, and a maximum available subsidy – EUR 5,000.*
- The amount to be allocated from the State Budget for the support measure – EUR 2,000 000 of the State Budget funds.*
- The subsidy's draw term – until 31 December 2020.*

Spheres of activities eligible to funding (compensation) with the support measure:

- Compensating NGOs for unforeseen costs that were and/or are incurred due to the COVID-19 pandemic (purchase of disinfectant fluid, personal protective equipment and other indispensable items related to protection against COVID-19);*
- Covering the wage supplement paid to the employee for additional work under increased risk conditions;*
- Compensating for costs that were and/or are incurred by volunteers or the costs of organising volunteering activities or volunteer or staff training (e.g., training on how to provide social services safely during a pandemic);*
- Covering the part of the downtime payment to the employee at the employer's expense;*
- Adapting the workplace for remote provision of social services.*

520 NGOs received additional funding. One organisation may apply for support from EUR 500 to EUR 5,000, depending on its budget in 2019. A total of EUR 2 million were allocated to support NGOs.

In municipalities, the amount allocated for social services ranges from around 100 million (2017) to 170 million (2020), of which the percentage allocated to NGOs (or other non-subordinate bodies) ranges from 5 % (in 2017) to 14 % (in 2020).

Amounts allocated for social services in municipalities:

<i>Year</i>	<i>2015</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>2020</i>
<i>Municipal budgetary</i>			<i>€ 89.105.89</i>	<i>€ 108.829.5</i>	<i>€ 126.055.1</i>	<i>€ 144.056.5</i>

<i>institutions</i>			9,00	40,00	70,00	69,00
<i>Percentage from social services to subordinate bodies</i>			95,06%	92,14%	85,46%	86,20%
NGOs			€ 4.632.317, 00	€ 9.289.071, 00	€ 21.446.76 2,00	€ 23.056.47 6,00
<i>Percentage from social services to non-subordinate bodies</i>			4,94%	7,86%	14,54%	13,80%
<i>Sum total for services (I + II)</i>			€ 93.738.21 6,00	€ 118.118.6 11,00	€ 147.501.9 32,00	€ 167.113.0 45,00
<i>Percentage for social sphere from total for all services*</i>			6,66%	7,88%	8,86%	9,22%

* including spheres of education, culture, sport (excluding administrative services or management costs)

Amounts allocated for social services of the Ministry of Social Security and Labour:

<i>Year</i>	2015	2016	2017	2018	2019	2020
<i>Ministerial budgetary institutions</i>	€ 54.905.8 42,00	€ 58.448.00 0,00	€ 58.316.00 0,00	€ 57.821.00 0,00		
<i>Percentage from social services to subordinate bodies</i>	83,78%	68,49%	56,44%	58,70%		
NGOs	€ 10.630.2 13,00	€ 26.894.00 0,00	€ 45.005.00 0,00	€ 40.663.00 0,00		
<i>Percentage from social services to non-subordinate bodies</i>	16,22%	31,51%	43,56%	41,30%		
<i>Sum total for services (I + II)</i>	€ 65.536.0 55,00	€ 85.342.00 0,00	€ 103.321.0 00,00	€ 98.484.00 0,00		
<i>Percentage for services from total budget of the MSSL *</i>	6,65%	7,71%	8,50%	6,87%		
<i>Total amount of the MSSL</i>	€ 985.671.	€ 1.106.603.	€ 1.216.504.	€ 1.432.986.	€ 3.141.457.	€ 3.596.506.

<i>budget*</i>	<i>598,00</i>	<i>000,00</i>	<i>000,00</i>	<i>000,00</i>	<i>000,00</i>	<i>000,00</i>
<i>* including costs for management, administration and benefits, pensions, allocation of allowances</i>						