Lithuania

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Lithuania. For a category and indicator-level summary, please see the Country Profile for Lithuania.

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 2

Lithuania has a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens. Lithuania has an action plan on the prevention of the spread of microorganisms resistant to antimicrobial substances for 2017-2021, approved in July 2017, which includes the measures of implementation of the action plan and documents establishing and describing the monitoring, data management and reporting procedure concerning important AMR pathogens approved in 2013 and 2015 respectively. [1, 2, 3, 4, 5] The aim is to identify indicators for the use of antimicrobial drugs, to monitor trends in consumption and inequalities in the country and in individual healthcare facilities, to participate in comparative studies, and to provide aggregated country data to the European Monitoring Center for Disease Prevention and Control at European Center for the Conservation of Antimicrobials (ESAC-Net network). The documents list 13 bacteria, the resistance of which is to be monitored. The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, notes that the AMR action plan was developed in collaboration with other sectors and covers the main EU and WHO objectives. [6]

1.1.1b
Is there a national laboratory/laboratory system which tests for priority AMR pathogens?
All 7 + 1 priority pathogens = 2 , Yes, but not all 7+1 pathogens = 1 , No = 0
Current Year Score: 1

Lithuanian laboratories test for some, but not all, priority AMR pathogens. There is mandatory data provision for all Lithuanian microbiological laboratories concerning AMR bacteria. [1] [2] A 2013 order of the Minister for Health (On the approval of the monitoring of the resistance of clinically and epidemiologically important microorganisms to antimicrobial medicines and the description of the procedure of collection, accumulation, analysis and information provision of data on the resistance of microorganisms to antimicrobial medicines) regulates the procedures for monitoring the resistance of clinically and epidemiologically important pathogens [1]. These pathogens are listed in the order’s annex and include E. coli, K. pneumonia, S. aureus, S. pneumoniae (and the monitoring of Salmonella spp.) but does not include Shigella spp, N. gonorrhoeae and Mycobacterium tuberculosis. [1] One of the National Public Health Laboratory (NVSPL)'s key functions is monitoring antimicrobial resistance in Lithuania. In total, 19 Lithuanian microbiological laboratories, including NVSPL, participate in AMR monitoring (covering all of the pathogens listed in the ministerial order). [3] Bacterial cultures resistant to certain antimicrobials that have been isolated in microbiological laboratories are transferred to NVSPL to carry out confirmatory testing for the resistance of 6 bacteria to antimicrobials. The NVSPL is responsible for the automatization of the monitoring system of AMR in the health sector, the preparation of a general report on AMR and anti-microbial drug use data of human pathogens observed in human medicine. The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, praises the overall high coverage of AMR surveillance, but notes that improvement is needed in surveillance of AMR from clinical samples, including from outpatient settings. [4] The evaluation also states that Lithuania has a good laboratory system for public health surveillance and clinical purposes. No further evidence of AMR testing has been found on the websites of the Ministry of Health, the Ministry of Agriculture, the National Public Health Laboratory and the Public Health Centre of the Ministry of Health. [5,6, 7, 8]

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Lithuania's government conducts detection or surveillance for antimicrobial residues. There is no evidence of such surveillance activity on the website of the Environmental Protection Agency (Aplinkosaugos agentūra), which conducts environmental monitoring. [1] Monitoring for bacteria generally (not AMR) in rivers, lakes and ponds was conducted in 2001 and 2002 but there is no data available on further analyses. [2, 3] Soil monitoring conducted by the Nature Research Center in 2012 does not include data on bacteriological analysis or antimicrobial residues specifically. [4] No evidence of such activities could be found in the national AMR plan for the surveillance, detection and reporting of priority AMR pathogens or on the website of the Ministry of Health. [5,6] The AMR plan explicitly states that there are currently no standards for systematic monitoring of bacterial resistance and antimicrobial agents in the environment for active substances and for the protection of the environment against the active substances of antibacterial drugs. [5] The World Health Organization's Joint External Evaluation for Lithuania, conducted in November 2018, praises the overall high coverage of AMR surveillance, but under the heading "Areas that need strengthening and challenges", the evaluation includes "Surveillance of environmental contamination with resistant pathogens [where relevant in proximity to keeping and handling animals]". [7] The evaluation also states that responsibilities for environmental issues related to AMR seem to be spread across different ministries.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?
Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 1

Prescriptions are required for human antibiotics, but there is evidence of gaps in enforcement. Although there is no evidence of a legislation explicitly requiring prescriptions for antibiotics on the websites of the Ministry of Health and the State Medicine Control Agency, antibiotics are listed as prescription drugs. [1, 2] According to the official list of medicinal products published on the website of the State Medicine Control Agency, the 5 most commonly used types of antibiotics (Penicillins, Beta-lactams, Macrolides and Lincosamides, Quinolones, Sulphonamides and Trimethoprimes) can only be obtained with prescription. [2, 3] There is some evidence that people can obtain antibiotics and use them without prescription as well, for example, there are media articles from 2005 and 2017 reporting that most pharmacies have long been in breach of the rules on the dispensing of medicines including antibiotics and did not ask patients for the prescription for certain medicines, although they were obliged to do so. [4, 5] The World Health Organization's Joint External Evaluation for Lithuania, conducted in November 2018, notes that antimicrobials are often sold over the counter without prescription in Lithuania’s border regions. [6] There is also evidence of government efforts to curb the sale of antibiotics without prescription, notably, on 1 November 2017, an amendment to article 63 of the Law of Pharmacy of the Lithuanian Republic came into force and states that "inspectors of good pharmacy practice" are authorized to perform "checks" of Lithuanian pharmacies and to display their service license only upon completion of the check. [7] In addition, the media prominently cited a statement by the Lithuanian Ministry of Health in which it was noted that from 1 November 2017, "secret shoppers" would be visiting pharmacies across Lithuania to check whether the purchase of antibiotics is possible without prescription. [8, 9] Furthermore, the Lithuanian Ministry of Health published a press release, outlining the guidelines of using, purchasing, and storing antibiotics in which it highlighted that "antibiotics should never be purchased without prescription". [10] Public attitudes toward antibiotics are also consistently examined by the academic community, most recently, Lithuania's Public Health journal published a study, concluding that "84.7 percent of respondents buy antibiotics with prescription" and that Lithuanian patients' attitude to antibiotic use in upper respiratory tract infections is quite responsible". [11]

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?
Yes = 2, Yes, but there is evidence of gaps in enforcement = 1, No = 0

Current Year Score: 2

Lithuania has legislation requiring prescriptions for antibiotic use for animals, and there is no evidence of gaps in enforcement. Veterinary prescription are always required for medicinal products that create danger of the development of resistance to antimicrobials according to article 213.2.8 of Order Nr. B1-540 of 23 October of the Director of the State Food and Veterinary Service "On the amendment of the requirements for production, registration and supply of veterinary medicines to the market of the Republic of Lithuania". According to the national AMR plan for the surveillance, detection and reporting of priority AMR pathogens, the Lithuanian State Food and Veterinary Service (VMVT) "works with associations uniting animal keepers to ensure the responsible use of antimicrobials". According to articles 34 and 37 of Order Nr. B1-201 of 12 March of the Director of the State Food and Veterinary Service "On the approval of the rules of the sale and accounting of veterinary medicinal products", companies and institutions that keep animals must keep a register accounting for the purchase and use of veterinary medicines. An officer of the VMVT has the right to conduct inspections of veterinary medicine prescriptions and registers. The owners of food-producing animals must also keep a register of veterinary medicinal products and medicated feed purchased under veterinary prescriptions and used for animal production. No other reference to antibiotics specifically could be found in the orders of the Director of the VMVT on the sale, accounting and the writing of prescriptions for veterinary medical products.

1.2 ZOONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1, No = 0

Current Year Score: 1

Lithuania has a strategy document on zoonotic diseases. The 2004 Order on the Approval of the Requirements for the Monitoring of Zoonoses implements Directive 2003/99/EC of the European Parliament and of the Council of 17 November 2003 on the Monitoring of Zoonoses and Zoonotic Agents. [1] According to the 2004 Order on the Approval of the Requirements for the Monitoring of Zoonoses, the purpose of the zoonosis monitoring requirements is to establish a procedure for the epidemiological investigation of zoonoses, zoonotic agents and their antimicrobial resistance and food poisoning, which will enable the collection of the information needed to identify the main trends and causes of their spread. The order outlines the following requirements: the monitoring of zoonoses and zoonotic agents; the monitoring of antimicrobial resistance; the epidemiological study of food poisoning outbreaks; the exchange of information on zoonoses and zoonotic agents. [1] As outlined in annex 1 of the 2004 Order on the Approval of the Requirements for the Monitoring of Zoonoses, the zoonoses and zoonotic agents to be monitored are: brucellosis; campylobacteriosis; echinococcosis; listeriosis and its causes; salmonellosis; trichinosis; Tuberculosis caused by Mycobacterium bovis; verotoxigenic Escherichia coli. Zoonoses and zoonotic agents to be monitored in the light of the epidemiological situation: viral zoonoses: calicivirosis, Hepatitis A caused by Hepatitis A virus, influenza, rabies, Arthropod arthropods viral diseases; bacterial zoonoses: botulism, leptospirosis, psitacosis, other tuberculosis, vibriosis and its causes, yersiniosis; parasitic zoonoses: anaziakia, cryptosporidiosis, cysticercosis, toxoplasmosis, other zoonoses and their agents. [1]

**1.2.1b**

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Lithuania has legislation or plans that include measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. The 2004 Order on the Approval of the Requirements of the Monitoring of Zoonoses establishes a procedure for the epidemiological investigation of zoonoses, zoonotic agents and their antimicrobial resistance and food poisoning. The Order outlines the procedure of conducting an epidemiological investigation into an outbreak of a food-borne zoonotic disease in humans. However, the Order does not specify Lithuanian efforts in managing future risks of zoonoses. [1] The Order applies to all zoonoses, defined as diseases and infections that can naturally be transmitted directly or indirectly between animals and humans, and lists the zoonoses and zoonotic agents to be monitored: brucellosis; campylobacteriosis; echinococcosis; listeriosis and its causes; salmonellosis; trichinosis; Tuberculosis caused by Mycobacterium bovis; verotoxigenic Escherichia coli. Zoonoses and zoonotic agents to be monitored in the light of the epidemiological situation: viral zoonoses: calcivirosis, Hepatitis A caused by Hepatitis A virus, influenza, rabies, Arthropod arthropods viral diseases; bacterial zoonoses: borelliosis, botulism, leptospirosis, psitacosis, other tuberculosis, vibriosis and its causes, yersiniosis; parasitic zoonoses: anaziakia, cryptosporidiosis, cysticercosis, toxoplasmosis, other zoonoses and their agents. [1] According to the Veterinary Law of Lithuania (adopted in 1991, amended in 2020), the State Food and Veterinary Service implements the eradication, prevention and protection measures relating to zoonotic disease. The Law also outlines the measures for the control and prevention of contagious animal diseases, as well as for the eradication of outbreaks of such disease. However, the Law has no information on how Lithuania is addressing spillover risks of zoonotic diseases from animals to humans. [2] Lithuania also collects and publishes statistical data on the number of cases of zoonotic disease in humans. [3] [4] There is no further evidence on the websites of the Ministry of Health or the Ministry of Agriculture. [5, 6]

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1, No = 0

Current Year Score: 1

There are guidelines and laws that account for the surveillance and control of multiple zoonotic pathogens of public health concern. The World Health Organization's Joint External Evaluation for Lithuania, conducted in November 2018, states that there is a legal basis for surveillance, control and prevention of zoonotic diseases in both human and animal sectors, though it does not name the legislation in question. [1] The evaluation notes that over 20 priority zoonoses are notifiable, which were identified jointly according to the epidemiological situation in the country and in accordance with European Union directive 2003/99/EC on the monitoring of zoonotic agents. [1] The surveillance of zoonoses is carried out in accordance with the zoonotic surveillance requirements approved by Order No. B1-390 of the director of the State Food and Veterinary Service (VMVT) of 28 April 2004 on the Approval of the Requirements of the Monitoring of Zoonoses. [2] The purpose of these requirements is to establish a procedure for the surveillance of zoonoses, zoonotic agents and their antimicrobial resistance and the epidemiological research of food poisoning, which would allow the collection of information necessary for determining the main trends and causes of their spread. [3] [4] The Order notes that the VMVT must ensure that data on cases of zoonoses, zoonotic agents and their antimicrobial resistance is collected, analyzed, and published without delay and in accordance with the requirements of the Order. [2] The Order applies to all zoonoses, defined as diseases and infections that can naturally be transmitted directly or indirectly between animals and humans, and lists the zoonoses and zoonotic agents to be monitored: brucellosis; campylobacteriosis; echinococcosis; listeriosis and its causes; salmonellosis; trichinosis; Tuberculosis caused by Mycobacterium bovis; verotoxigenic Escherichia coli. Zoonoses and zoonotic agents to be monitored in the light of the epidemiological situation: viral zoonoses: calicivirus, Hepatitis A caused by Hepatitis A virus, influenza, rabies, arthropod-borne viral diseases; bacterial zoonoses: borellosis, botulism, leptospirosis, psitacosis, other tuberculosis, virosis and its causes, yersiniosis; parasitic zoonoses: anaziakia, cryptocoridiosis, cysticercosis, toxoplasmosis, other zoonoses and their agents. [2] According to the Veterinary Law of Lithuania (adopted in 1991, amended in 2020), the State Food and Veterinary Service implements the eradication, prevention, and protection measures relating to zoonotic disease. The Law also outlines the measures for the control and prevention of contagious animal diseases, as well as for the eradication of outbreaks of such disease. Furthermore, the Law also stipulates that the State Food and Veterinary Service performs the epizootological and the epidemiological monitoring of zoonoses. [5]

1.2.1d
Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Lithuania has any unit dedicated to zoonotic diseases across ministries. Responsibilities related to zoonoses are carried out by the National Public Health Centre (NPHC), the Centre for Communicable Diseases and AIDS (ULAC) and the State Food and Veterinary Service (VMVT). [1] The VMVT is the main body responsible for monitoring and reporting zoonoses and is also responsible for investigating food poisoning outbreaks in collaboration with the competent authorities referred to in the Decision of the European Parliament and of the Council Article 1 of Regulation 2119/98 / EC. [2, 3, 4] ULAC’s Epidemiological Surveillance Department organizes the epidemiological surveillance of communicable diseases in Lithuania in order to prevent the emergence, introduction and spread of infectious diseases (including zoonoses), and ensures the management of these diseases in the country. [5] Surveillance is also conducted by the NPHC. [1] There is no evidence of a single unit dedicated to zoonoses on the websites of the Ministry of Health or the Ministry of Agriculture. [6, 7]


1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a
Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?
Yes = 1, No = 0

Current Year Score: 1

Lithuania has a mechanism for owners of livestock to report diseases to a central governmental agency. According to articles 14–15 of the Veterinary Law (adopted 1991, last amended 2020), in the event of a reasonable suspicion of a highly contagious animal disease, animal keepers must immediately inform the State Food and Veterinary Service (SFVS, a central government agency) or a private veterinarian of sudden or abnormal animal diseases and deaths. Animal keepers who suspect that their animals are infected with the disease must immediately inform the SFVS or a private veterinarian and take
the necessary measures to prevent the spread of the disease [1]. If the owner informs not the SFVS but a private veterinarian, the veterinarian informs the SFVS, although the precise procedure is not stipulated by the legislation [1]. Lithuania has a database called Register of Farm Animals (Ūkinių gyvūnų registras) which, among other things, contains data about the illnesses affecting livestock. The owners also supply data to this database. [2]


1.2.2b
Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?
Yes = 1, No = 0
Current Year Score: 1

There is evidence that the confidentiality of the data provided by the owners for the surveillance activities is safeguarded by Lithuanian law. According to article 9 of the Veterinary Law (adopted 1991, last amended 2020), the officers of the Lithuanian State Food and Veterinary Service have the duty to "ensure the confidentiality of the information received from the subjects regulated by this law if this information constitutes a commercial secret". [1] Furthermore, according to the order of the minister of agriculture of Lithuania No. 3D-451 of 10 October 2007 on the approval of the provisions of the Register of Farm Animals, the institution responsible for maintaining the register must ensure that "the individuals responsible for managing personal data must be obliged to ensure the confidentiality of personal data". [2] However, the 2018 Law on the Legal Protection of Personal Data does not have any specific reference to livestock owners or surveillance or property protection. [3] No additional evidence of data safeguarding was found on the websites of the Ministry of Agriculture and the Ministry of Health. [3, 4]


1.2.2c
Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

COUNTRY SCORE JUSTIFICATIONS AND REFERENCES www.ghsindex.org
Lithuania conducts surveillance of zoonotic disease in wildlife. The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, reports active surveillance of wild animal populations for brucellosis, trichinosis (wild boar) and rabies (foxes and raccoon dogs). [1] Furthermore, the National Food and Veterinary Risk Assessment Institute conducts state food and veterinary research programs, including the monitoring of residues of substances in game and the monitoring of the environment. [2] The Viral Research Laboratory of the Lithuanian University of Health Sciences researches the epidemiology of zoonoses, virus immunity and properties of isolated zoonotic pathogens, and has published a study on rabies in wild animals in Lithuania, which presents data on cases of rabies and vaccination among wild animals. [3] However, the 2004 Order of the director of the State Food and Veterinary Service on the Approval of the Requirements of the Monitoring of Zoonoses does not mention wildlife, only domestic animals. [4]


1.2.3 International reporting of animal disease outbreaks

1.2.3a
Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year? Yes = 1 , No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a
Number of veterinarians per 100,000 people

Input number

Current Year Score: 116.51

2018
OIE WAHIS database

**1.2.4b**

**Number of veterinary para-professionals per 100,000 people**

Input number

*Current Year Score:* -

No data available

OIE WAHIS database

**1.2.5 Private sector and zoonotic**

**1.2.5a**

**Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?**

*Yes = 1, No = 0*

*Current Year Score:* 0

There is insufficient evidence that Lithuanian legislation on zoonotic disease includes mechanisms for working with the private sector in controlling or responding to zoonoses. According to the 2004 Order on the Approval of the Requirements of the Monitoring of Zoonoses, the State Food and Veterinary Service (VMVT) must ensure that food business operators carry out monitoring of zoonoses and zoonotic agents, store the results of the research, store the data on the isolated zoonotic agent for the time period established by the VMVT as well as transfer the results of the tests or present zoonotic agents at the request of VMVT [1]. No other requirements involving the private sector could be found in the World Health Organization’s Joint External Evaluation, the homepage of the State Food and Veterinary Service, or the websites of the Ministries of Health, Agriculture and Environment. [1, 2, 3, 4, 5, 6]


1.3 BIOSECURITY

1.3.1 Whole-of-government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1, No = 0

Current Year Score: 0

In Lithuania there is no evidence of a record of the facilities in which especially dangerous pathogens and toxins are stored or processed. The 1998 Law on Civil Protection does not mention especially dangerous pathogens or objects dealing with such pathogens. [1] The Fire and Rescue Department under the Ministry of the Interior (PAGD) performs the functions of managing the Register of Objects of State Importance and Hazardous Objects. The orders concerning the registration of dangerous objects and objects of national significance do not mention facilities with especially dangerous pathogens and toxins. [2, 3] The list of hazardous objects available on the website of the Fire and Rescue Department does not mention facilities in which especially dangerous pathogens and toxins are stored or processed. [4] The websites of the National Public Health Laboratory, Ministries of Health, Agriculture, National Defense and Education, Science and Sport do not include information on the issue. [5, 6, 7, 8, 9] The 2019 and 2020 “Confidence Building Measures” reports for the Biological Weapons Convention and the Verification Research, Training and Information center (VERTIC) database do not include information on facilities where especially dangerous pathogens and toxins are stored or processed. [10, 11, 12] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, does not mention any record of the facilities in which especially dangerous pathogens and toxins are stored or processed. [13]

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of legislation or regulations regarding the operational requirements or the cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. The order on the provisions of the National Public Health Laboratory does not specify operational requirements for the institution. [1] According to the 2010 order on the criteria for economic subjects and other bodies who are responsible for the preparation, coordination and approval of emergency plans, the National Public Health Laboratory must assemble an emergency management plan (just like other health institutions). [2] The websites of the Ministries of Health, Agriculture, Defense and Education, Science and Sport as well as the National Public Health Laboratory do not include information on the issue. [3, 4, 5, 6, 7] The 2019 and 2020 “Confidence Building Measures” reports for the Biological Weapons Convention and the Verification Research, Training and Information center (VERTIC) database do not include information on requirements regarding facilities where especially dangerous pathogens and toxins are stored or processed. [8, 9, 10] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, does not mention any relevant legislation or regulations, and notes that overall biosecurity is underdeveloped in the country. [11]

1.3.1c
Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?
Yes = 1, No = 0

Current Year Score: 0

There is no established agency responsible for the enforcement of biosecurity legislation or regulations. The websites of the Ministries of Health, National Defense and Agriculture, the National Public Health Laboratory, the Hygiene Institute, the Fire and Rescue Department under the Ministry of the Interior (PAGD) that is responsible for civil protection have no relevant information on biosecurity. [1, 2, 3, 4, 5, 6] The order of the minister of health on unwanted events does not mention events related to biosecurity or biosafety either. [7] The World Health Organization's Joint External Evaluation for Lithuania, conducted in November 2018, the 2019 and 2020 "Confidence Building Measures" reports for the Biological Weapons Convention, and the Verification Research, Training and Information center (VERTIC) database do not include information on biosecurity legislation and regulations. [8, 9, 10, 11]

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Lithuania has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, explicitly notes the lack of efforts to consolidate highly dangerous pathogens and toxins in a minimum number of facilities. [1] The websites of the Ministries of Health, National Defense and Agriculture, the National Public Health Laboratory, the Hygiene Institute, the Fire and Rescue Department under the Ministry of the Interior (PAGD) and the Ministry of Defense have no relevant information. [2] [3] [4] [5] [6] [7] The 2019 and 2020 “Confidence Building Measures” reports for the Biological Weapons Convention and the Verification Research, Training and Information center (VERTIC) database do not include information on consolidating inventories of especially dangerous pathogens and toxins into a minimum number of facilities. [8] [9] [10]

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR) based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1, No = 0

Current Year Score: 1

Lithuania has in-country capacity to conduct polymerase chain reaction (PCR) tests for anthrax and ebola. According to its website, the National Public Health Laboratory’s Department of Molecular Biology Research has the capacity to conduct PCR-based diagnostics testing for a number of viruses and bacteria, including Anthrax and Ebola. [1, 2] The Laboratory’s website also offers press releases confirming that testing for Anthrax and Ebola, in addition to a number of other rare viruses and bacteria, is being conducted in Lithuania. [3, 4] The National Public Health Laboratory is a state institution that carries out microbiological, virological, parasitological, immunological, immuno-enzymatic, serological, haematological, chemical, toxicological, physical, molecular, co-clinical and other environmental and clinical diagnostic laboratory tests for personal and public health. [5, 6]


Biosecurity training and practices

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of standardized biosecurity training in Lithuania for personnel working in facilities dealing with especially dangerous pathogens. The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, notes that although biosecurity training is required, there is no standardization across facilities. [1] The Order on the Approval of the Provision of Protection of Employees from the Impact of Biological Substances at Work (issued by the Ministry of Health and the Ministry of Social Security and Labor in 2001) states that personnel working in facilities dealing with especially dangerous pathogens must be trained, instructed and informed about: the risk of illness, precautionary
measures taken to avoid exposure to biological agents, hygiene requirements, the use of personal protective equipment and
the wearing of protective clothing and employee actions in the event of incidents and to prevent such incidents. [2] This
training must be carried out before work with biological materials occurs, if there is a new or changed risk, and periodically if
necessary. However, these regulations cover only biosafety risks, not biosecurity. [2] The websites of the Ministries of Health,
National Defense, Agriculture and Education and Science do not include information on biosecurity training, neither the
National Public Health Laboratory or the 2017, 2018, 2019 or 2020 "Confidence Building Measures" reports for the Biological
Weapons Convention. [3, 4, 5, 6, 7, 8, 9, 10]

approval of the provision of protection of employees from the impact of biological substances at work ("Dėl darbuotojų
October 2020.
October 2020.
October 2020.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially
dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing,
background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject
to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no evidence of regulations or licensing conditions specifying that security or other personnel with access to
especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to drug testing,
background checks, or psychological/mental fitness checks. According to the Order on Protection from Biological Substances
at Work (issued 2001), when the risk assessment shows risks to the health and safety of workers, the health of workers is
checked in accordance with 2000's Order No. 301 on Preventive Health Inspections in Healthcare Institutions. [1, 2] The
employer must arrange the medical examinations for the staff in question before exposure to biological substances occurs,
regularly when workers are exposed to biological agents, and after exposure. Ministerial orders specify the mandatory health
inspection procedure for employees and the health problems that exclude workers to be employed in environments that
may contain professional risks (exposure to harmful factors and hazardous work). [2] According to the Law on Workplace
Health and Safety (issued in 2003, amended in 2019), employees whose workplace risk assessment results indicate that a risk to the health and safety of the employees is or could be present are obliged to pass medical checks upon being employed and on a regular basis in accordance to the regular health inspection schedule approved by the organization. [3] The Law has no other mention of other obligatory checks for personnel. [3] No information on further checks was found on the websites of the Ministries of Health, National Defense, Agriculture, and Education, Science and Sport, in the World Health Organization's 2018 Joint External Evaluation or in the 2019 or 2020 "Confidence Building Measures" reports for the Biological Weapons Convention. [4, 5, 6, 7, 8, 9, 10]


1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 1

Lithuania has publicly available information on national regulations on the safe and secure transport of infectious substances (Categories A and B). The country has implemented the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR), Annexes A and B of which cover Category A and Category B infectious substances. [1, 2] The ADR applies to and is followed for both domestic and international transport. [3] At the national level, the domestic transportation of dangerous goods within the country is regulated by the 2001 Law on the Transport of Dangerous Goods by Car, Railways and Inland Waterways. [4] This law does not explicitly mention infectious substances, but states in article 17 that requirements of physical protection of dangerous goods, preparation of appropriate physical security assurance plans, as well as provisions related to particularly dangerous goods are regulated by the international agreements of the Republic of
1.3.5 Cross-border transfer and end-user screening

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1, No = 0

Current Year Score: 1

Lithuania has legislation in place to oversee the cross-border transport and end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential. End-user screening is mandated by the European Union's Regulation No 428/2009 Setting up a Community Regime for the Control of Exports, Transfer, Brokering and Transit of Dual-Use Items. In its list of items covered by the term "dual-use", the regulation includes 91 pathogens and toxins: 32 human viruses, 17 animal viruses, 4 rickettsiae, 15 bacteria, 19 toxins, 2 fungi and 2 mycoplasmas [1]. Among others, this includes the pathogens and toxins associated with plague, cholera, encephalitis, ebola, dengue fever, anthrax, salmonellosis, brucellosis, shigellosis, yellow fever and botulism. However, the list omits pathogens and toxins associated with some major infectious diseases, such as influenza and tuberculosis. The regulation states that export authorization is subject to identification of the end-user and intended use [1]. It further states that dual-use items may not be exported when the exporter is informed by member state authorities that they are intended for the production of weapons of mass destruction, or for military use more broadly where the destination country is subject to an arms embargo imposed by the Organization for Security and Co-operation in Europe (OSCE) or United Nations Security Council [1]. Lithuania has notified the European Union that the authority empowered to grant export authorizations for dual use items is the Ministry of Economy and Innovation of the Republic of Lithuania. [2] There is no evidence of a separate national legislation or regulation for the cross-border transfer and end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential in Lithuania. The corresponding national law refers to the 1957 European Agreement Concerning the International Transport of Dangerous Goods (ADR), which does not cover end-user screening. [3, 4] The websites of the Ministry of Transport, the Ministry of Health, the Ministry of National Defense, the Fire and Rescue Department under the Ministry of the Interior (PAGD) contain no further information on the issue. [5, 6, 7, 8]


1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Lithuania has legislation or regulations in place regarding biosafety. The Order on the Protection from Biological Substances at Work (issued by the Ministry of Health the Ministry of Social Security and Labor in 2001) states that personnel working in facilities dealing with especially dangerous pathogens must be trained, instructed and informed about: the risk of illness, precautionary measures taken to avoid exposure to biological agents, hygiene requirements, the use of personal protective equipment and the wearing of protective clothing and employee actions in the event of incidents and to prevent such incidents. [1] This training must be carried out before work with biological materials occurs, if there is a new or changed risk, and periodically if necessary. [1] However, this document does not include any further provisions related to biosafety, beyond this training requirement. [1] According to a 2001 Order on the Approval of Provisions for the Protection of Workers from Exposure to Biological Agents at the Workplace, the Institute of Hygiene under the Ministry of Health is responsible for preparing the hygiene standard for the Limits of Biological Agents in the Workplace, as well as setting and assessing the general requirements for biological agents in the workplace. [2] However, there is no further information on the hygiene standard on the website of the Institute of Hygiene. [3] The 2019 and 2020 "Confidence Building Measures" reports for the Biological Weapons Convention and the Verification Research, Training and Information center (VERTIC) database do not give details on biosafety legislation or regulations. [4, 5, 6] There is no relevant information on the websites of the Ministries of Health, National Defense, Agriculture and Education, Science and Sport and the National Public Health Laboratory and the Public Health Center. [7, 8, 9, 10, 11, 12] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, does not mention any relevant legislation or regulations, and notes
that, overall, biosafety is underdeveloped in the country. [13]


1.4.1b
Is there an established agency responsible for the enforcement of biosafety legislation and regulations?
Yes = 1, No = 0

Current Year Score: 0

There is no public evidence of an agency responsible for the enforcement of biosafety legislation and regulations. According to the 2001 Order on the Protection of Employees from the Impact of Biological Materials at Work, the State Labor Inspectorate (Valstybinė darbo inspekcija, VDI) is entrusted with enforcing the regulation's provisions, while the Hygiene Institute of the Ministry of Health is entrusted with the task of preparing the Lithuanian Hygiene Norm Limits of Biological Substances in the Work Environment and the General Requirements for the Setting and Assessment of Biological Materials in the Work Environment. [1] However, the website of the Hygiene Institute does not contain these two documents, and indeed there is no evidence that they are publicly available. [2] The Order on the Protection of Employees from the Impact of Biological Materials at Work outlines requirements for biosafety training, but does not otherwise include provisions on biosafety. [1] The World Health Organization's Joint External Evaluation for Lithuania, conducted in November, the 2019 and 2020 "Confidence Building Measures" reports for the Biological Weapons Convention, and the Verification Research, Training and Information center (VERTIC) database do not include information on biosafety legislation and regulations. [3, 4, 5, 6] The websites of the Ministries of Health, National Defense, Agriculture and Education, Science and Sport and the National Public...
1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Lithuania has a standardized approach to biosafety training. The 2001 Order on the Protection of Employees from the Impact of Biological Materials at Work requires employers to inform employees of the risks that can cause disease and to train them in the following standard areas: precautionary measures to avoid exposure to biological agents; hygiene requirements; using personal protective equipment and wearing protective clothing; action in the event of incidents and to prevent such incidents. [1] This training must be carried out before work with biological materials occurs, if there is a new or changed risk, and periodically if necessary. The enforcement of biosafety regulations for employees working with biological substances is the responsibility of the State Labor Inspectorate of Lithuania. [1] Nonetheless, the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, suggests that there is no "standardized list of biosafety and biosecurity training topic requirements for laboratory facilities" and no "standardized biosafety and biosecurity training modules available to each laboratory facility". There is no evidence of such a standardized list of requirements or training modules on the websites of the Ministry of Health, Ministry of Agriculture, Ministry of Education, Science and Sport, or the National Public Health Laboratory. [3] [4] [5] [6] The 2019 and 2020 "Confidence Building Measures” reports for the Biological Weapons Convention and the Verification Research, Training and
Information center (VERTIC) database also do not include information on Lithuania having a standardized approach to biosafety training. [7] [8] [9]


1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Lithuania has conducted an assessment to determine whether there is ongoing research with especially dangerous pathogens, toxins, pathogens with pandemic potential. Neither the Ministry of National Defense nor the Ministry of Health or Ministry of Education, Science and Sport have relevant information on their websites. Similarly, there is no relevant information websites of the National Healthcare Laboratory, the National Public Health Institute or the National Food and Veterinary Risk Assessment Institute. [1, 2, 3, 4, 5] The World Health Organization's Joint External Evaluation for Lithuania, conducted in November 2018, the 2019 and 2020 "Confidence Building Measures" reports for the Biological Weapons Convention, and the Verification Research, Training and Information center (VERTIC) database do not contain information on this issue. [6, 7, 8, 9]
1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no clear evidence that Lithuania has national legislation or regulations requiring the oversight of dual use research. The country has ratified the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological and Toxin Weapons (1972) (BTWC) and has joined the initiative of Canada, Switzerland and the Czech Republic to submit voluntary reports on the implementation of the BTWC and has been providing these reports since 2014. [1] The homepage of the Centre for Extreme Situations at the Ministry of Health only lists the different pathogens that can be used as biological weapons and the three categories of biological agents (A, B, C) but does not contain any information on the oversight of dual use research. [2] The 2009 Law on Higher Education and Research contains no information about the oversight of dual research. [3] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, notes a lack of national oversight of research with highly dangerous pathogens and toxins. [4] No information on the issue was found on the websites of the Ministries of Health, National Defense, Agriculture and Education, Science and Sport and the National Public Health Laboratory. [5, 6, 7, 8, 9] The 2019 and 2020 "Confidence Building Measures” reports for the Biological Weapons Convention and the Verification Research, Training and Information Center (VERTIC) database do not contain information on dual use research, however they state that there is no national program to conduct biological defense research and development within Lithuania. [10, 11, 12]

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Lithuania has an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, or other dual use research. Neither the Ministry of National Defense nor the Ministry of Health and Ministry of Agriculture has relevant publicly available information. [1, 2] Human and animal health agencies do not provide relevant data. [3, 4] The issue is not within the scope of the Research Infrastructure (RI) Commission, a permanent commission of the Scientific Council of Lithuania. [5] The National Public Health Laboratory where research (testing) with group 4 pathogens is conducted is overseen by the deputy minister of health. [6, 7] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, the 2019 and 2020 ”Confidence Building Measures” reports for the Biological Weapons Convention, and the Verification Research, Training and Information center (VERTIC) database do not contain relevant information. [8, 9, 10, 11]

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Lithuania has national legislation, regulations, policies or other guidance requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold. The 2001 Law on Genetically Modified Organisms regulates the screening of genetically modified organisms (GMOs), including genetically modified viruses and other genetically modified microorganisms (as specified in article 8). [1] The law names the various institutions responsible for approving the use and sale of different types of GMO and GMO-derived products for different purposes, for example naming the Ministry of Health as responsible for approving GMO-derived medicines, but does not specify a body responsible for screening synthesized DNA. The law prescribes that assessment of GMOs before their sale or use should include evaluation of characteristics that may affect human health and the environment, but does not mention screening DNA against lists of known pathogens and toxins. There is no evidence of such a requirement on the websites of the Ministry of National Defense, the Ministry of Health, the Ministry of Agriculture, Ministry of Education, Science and Sport, or the Ministry of Transport. [2, 3, 4, 5, 6] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, the 2019 and 2020 “Confidence Building Measures” reports for the Biological Weapons Convention, and the Verification Research, Training and Information center (VERTIC) database do not contain relevant information. [7, 8, 9, 10]

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

**Immunization rate (measles/MCV2)**

Immunization rate (measles/MCV2), 95% or greater = 2, 80.94.9% = 1, Less than 80%, or no data = 0

**Current Year Score: 1**

2019

World Health Organization

1.6.1b

**Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?**

Yes = 1, No = 0

**Current Year Score: 1**

2020

OIE WAHIS database
Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a
Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 2

The Lithuanian laboratory system is capable of conducting all six core tests common across all countries. According to the website of the National Public Health Laboratory, the six common tests conducted are: polymerase chain reaction (PCR) testing for Influenza virus (flu); virus culture for poliovirus (polio); serology for HIV; microscopy for mycobacterium tuberculosis (tuberculosis); rapid diagnostic testing for plasmodium spp. (malaria); and bacterial culture for Salmonella enteritidis serotype Typhi (typhoid). [1] [2] [3] [4] [5] [6] [7] There is no evidence on the website of the Ministry of Health that Lithuania has defined its four country-specific tests. [8] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, states that Lithuania needs to revise the prioritized core-testing list, including the six mandatory core tests as specified in IHR, to align with the prioritized pathogens listings for the country. [10] The Lithuanian laboratory system is capable of conducting all six core tests common across all countries. According to the website of the National Public Health Laboratory, the six common tests conducted are: polymerase chain reaction (PCR) testing for Influenza virus (flu); virus culture for poliovirus (polio); serology for HIV; microscopy for mycobacterium tuberculosis (tuberculosis); rapid diagnostic testing for plasmodium spp. (malaria); and bacterial culture for Salmonella enteritidis serotype Typhi (typhoid). [1] [2] [3] [4] [5] [6] [7] There is no evidence on the website of the Ministry of Health that Lithuania has defined its four country-specific tests. [8] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, states that Lithuania needs to revise the prioritized core-testing list, including the six mandatory core tests as specified in IHR, to align with the prioritized pathogens listings for the country. [10]

[7] Center for Infectious Diseases and AIDS. 2006. ""Epidemiological Control and Supervision of Diseases spreading with food
and environment - Methodical Recommendations” (”’Maistu ir per aplinką plintančių infekcinių ligų epidemiologinė priežiūra ir kontrolė’”) Vilnius.

2.1.1b
Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?
Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 1

Lithuania has a national plan for conducting testing during a public health emergency, but it does not include considerations for testing for novel pathogens or scaling capacity. The Plan of Measures for the Implementation of the COVID-19 Management Strategy sets the following indicators in relations to COVID-19 testing: the share of preventive tests is to be at least 50% of all performed tests; no fewer than 100 laboratory tests for the COVID-19 disease are to be performed daily for every 100,000 residents of the Lithuanian Republic. [1] According to a 2013 Order on the Approval of the Provisions of the National Public Health Laboratory, the National Public Health Laboratory is the national reference laboratory (NRL) for human pathogens. [2, 3] The website of the National Public Health Center under the Ministry of Health notes that some 15 laboratories examine COVID-19 tests. [4] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, noted as a priority action for Lithuania to develop a national laboratory action plan outlining how core testing capabilities would be implemented. [5] No further evidence of a different plan for conducting testing during a public health emergency was found in the State Emergency Management Plan, Ministry of Health, Ministry of Agriculture, National Public Health Center under the Ministry of Health, and the National Public Health Laboratory [6, 7, 8, 9, 10]

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1, No = 0

Current Year Score: 1

Lithuania has a national laboratory that is accredited and serves as a reference facility. Lithuania’s National Public Health Laboratory (NVSPL), which serves as Lithuania’s reference facility for human sector laboratory testing, is accredited according to LST EN ISO 15189:2013 and LST EN ISO/IEC 17025:2018 standards. [1, 2] According to the Lithuanian National Accreditation Bureau, a total of four clinical laboratories in Lithuania are accredited according to the ISO 15189 standard. [3] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, states that accreditation of human laboratories is in accordance with the LST EN ISO 15189 standard (Medical laboratories. Quality and Competence Requirements) and the LST EN ISO/IEC 17025 standard (General requirements for the competence of testing and calibration laboratories). [4] The laboratory of the National Food and Veterinary Risk Assessment Institute holds LST EN ISO/IEC 17025:2018 certification, and is approved as a national reference laboratory for animal disease diagnostics and food safety research. [5]


2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1, No = 0
Lithuania has a national laboratory that serves as a reference facility and is subject to external quality assurance review. According to its website, all microbiological research methods used in the National Public Health Laboratory are certified and are "constantly involved in external quality assurance programs (EQA)".[1] The laboratory is a participant of the EQADeBa project (Establishment of Quality Assurances for Detection of Highly Pathogenic Bacteria of Potential Bioterrorism Risk) and took part in the 2014 EARS-Net external control program (NEQAS). [2, 3] The World Health Organization's (WHO) Joint External Evaluation (JEE) for Lithuania, conducted in November 2018, states that all of Lithuania’s human-sector laboratories participate in the WHO and European Centre for Disease Prevention and Control EQA programs and additional EQA tests are purchased from certified/accredited foreign suppliers and manufacturers: Quality Control for Molecular Diagnostics and Genomic Technologies (QCMD), INSTAND, Labquality, UK National External Quality Assessment Scheme for Microbiology (NEQAS), The Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP). [4] However, there is no publicly available evidence that the reference laboratory in the veterinary sector, National Food and Veterinary Risk Assessment Institute (NFVRAI) is subject to external quality assurance review. No such evidence is available in the JEE or on the websites of the NFVRAI, the Ministries of Health and Agriculture, and the Public Health Centre. [4, 5, 6, 7, 8]


2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1, No = 0

Current Year Score: 1

Lithuania has a nationwide specimen transport system. According to the World Health Organization's Joint External Evaluation for Lithuania, conducted in November 2018, there is a system in place to transport specimens between laboratories and all specimen transport activities can be carried out in under eight hours. [1] The National Public Health Laboratory's website has published a set of recommendations on the packaging and transportation of "group four" viral
hemoragic fever samples. These guidelines are technical and focus on how to collect and store the samples and in suitable containers for transportation. [2] The electronic portal for hematology, oncology and transfusion iHOT has published guidelines for the transportation of blood samples and frozen plasma. [3] The private company Medical Diagnostic and Treatment Center (Medicinos diagnostikos ir gydymo centras) has published guidelines on blood samples that specifies the transportation temperature for various types of analysis. [4] No further evidence of a nationwide specimen transport system has been found on either the website of the Ministry of Health or the website of the Ministry of Agriculture. [5, 6]


2.2.2 Laboratory cooperation and coordination

2.2.2a Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0  

Current Year Score: 0

There is no publicly available evidence that Lithuania has a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale up testing during an outbreak. The Center for Extreme Health Situations under the Ministry of Health has prepared a general methodology for healthcare institutions on how to act in extreme health in situations under MIMMS (major incident medical management and support) international standards for preparation and assistance that mentions pandemics as a potential case of extreme health situation, but this does not mention a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale up testing during an outbreak. [1] There is also no mention of such a plan in the 1998 Lithuanian Law on Civil Protection or in the country's 2020 COVID-19 Management Strategy [2, 3] The World Health Organization's Joint External Evaluation (JEE) for Lithuania, conducted in November 2018, does not specify whether Lithuania has a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system. [4] There is no evidence of a plan concerning scaling-up the testing capacity of laboratories on the websites of the National Public Health Laboratory, Ministry of Health, Ministry of Agriculture, National Public Health Center under the Ministry of Health, and the Ministry of Health Extreme Health Situation Center. [5, 6, 7, 8, 9]
2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,
Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0

Current Year Score: 2

In Lithuania ongoing daily event-based surveillance and analysis for infectious disease is conducted, and data as analyzed daily. According to the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, the National Public Health Centre (NVSC) provides 24/7 event-based surveillance, receiving and transferring information related to unusual cases or potential outbreaks, including from the public, other institutions and the media. [1] The NVSC conducts epidemiological analysis and produces statistical data on a daily basis. In addition to being published on the website of the NVSC, these data are used by the Lithuanian Portal of official statistics to inform the public about the daily spread of the Covid-19 pandemic in Lithuania. [2] [3] Furthermore, the Extreme Health Situation Centre under the Ministry of Health of the Republic of Lithuania is based in Vilnius and performs the following functions: preparation, management and coordination of the Lithuanian national health system for emergencies; collection and management of information on poisoning; collection and administration of state material resources reserve; implementation of the International Health Regulations of the World
Health Organization; cooperation with Lithuanian, international and non-governmental institutions responsible for the organization and coordination of healthcare in emergencies; participation in international projects. [4] The 2002 Law on Public Health Surveillance (Monitoring) defines the public health monitoring system as consisting of "public and municipal public health monitoring that collects and analyzes data on changes in the health status and health impacts of populations or individual groups at local, regional and national levels." [5] According to the Ministry of Health’s Order No. V-401 of 6 May 2010 on the List of Unwanted Events to be Registered and their Registration Procedure, institutions are obliged to notify the Lithuanian Institute of Hygiene about diagnosed nosocomial infections. [6] There is no further information about event-based surveillance on the websites of the Ministry of Health (Public Health Surveillance), National Public Health Laboratory, Institute of Hygiene, Fire and Rescue Department, Ministry of Agriculture (National Food and Veterinary Risk Assessment Institute), Ministry of National Defense [7] [8] [9] [10] [11] [12]


2.3.1b
Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?
Lithuania has not reported a potential public health emergency of international concern (PHEIC) to the World Health Organization (WHO) within the last two years. [1] [2] [3] [4] As for COVID-19, the WHO COVID-19 Dashboard indicates that Lithuania reported its first case of the virus in March 2020 and it has since been providing data on the daily count of new confirmed cases and deaths [5]. In addition, the WHO COVID-19 Health System Response Monitor contains the latest information on the policy measures that Lithuania has implemented in response to the spread of COVID-19. [6] The WHO country page also reflects on the measures that Lithuania is taking to respond to the COVID-19 pandemic. [7]


2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level? Yes = 1 , No = 0

Current Year Score: 1

Lithuania has a national electronic reporting surveillance system in place. Lithuania’s national electronic reporting surveillance system, called the State Information System for Communicable Diseases and Pathogens, is established and regulated by Order No. V-19 of 14 January 2008 on the State Information System for Communicable Diseases and Pathogens. [1] The deputy minister of health is entrusted with monitoring the system’s implementation, while the National Public Health Centre (NVSC) under the Ministry of Health controls and manages the system, as well as the personal data kept within it. The system operates both on the national and the municipal level. [1] The information system receives information electronically about identified cases of disease and their pathogenic agents; performs operative and retrospective epidemiological analysis and statistical calculations of information in the system; automates the collection, compilation, correction and management of data on disease prevention and health programs; publishes official, generalized information on the incidence of communicable diseases. [1] Primary data for the system are provided by healthcare institutions, the National Public Health Center, the National Laboratory for Public Health, the Ministry of Health, the Electronic Health Services and Cooperation Infrastructure Information System and the State Health Insurance Fund. [1] All bodies submit standardized statistical forms and reports containing information on cases to the National Public Health Center, and the Center’s data feed the system. [1]
2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the Lithuanian electronic reporting surveillance system collects ongoing or real-time laboratory data.

The State Information System for Communicable Diseases and Pathogens is an automatized electronic system that enables data collection from laboratories – according to the 2008 Order on the Approval of the Provisions the State Information System for Communicable Diseases and Pathogen, its data are provided in such content and form as are used in the Information System, and do not require any additional data processing. [1] The National Public Health Center under the Ministry of Health is the manager of both the system and the system’s data and is responsible for preparing reports on communicable diseases and pathogens based on the data submitted by national laboratories. (§7.1, 7.3, 8.3, 9.5). [1] Standardized statistical forms and reports containing information on the cases have to be filled and submitted to the National Public Health Center, which provides data to the system’s databases, meaning that data collection is not real-time.

There is no evidence of real-time surveillance in the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018. [2] There is also no evidence of real-time data submission to the system on the website of the National Public Health Laboratory. [3]

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 2
Electronic health records are commonly in use in Lithuania. The country has an electronic health records system, officially called the Electronic Health Services and Cooperation Infrastructure Information System (Elektroninės sveikatos paslaugų ir bendradarbiavimo infrastruktūros informacinė sistema), but more commonly known as eHealth (E.sveikata) or ESPBI. The system was launched in 2015 and provides all Lithuanian residents, healthcare institutions and pharmacies with single-access electronic health services and the possibility to share information on a rolling basis. The key functionalities of the portal are as follows: treatment information, research, postings, prescriptions, medical images, vaccine information and certificates. A patient’s electronic health records are only visible on the portal when they are transmitted electronically to ESPBI by healthcare and pharmaceutical services. [1, 2] According to Order V-427, issued by the minister of health in 2018, since 1 March 2018 it has been mandatory for all physical health information, including prescriptions, to be managed electronically through this system. [3] This has been mandatory for mental health information since 1 January 2020. [3] According to the statistics provided by the eHealth website, the number of signed electronic prescriptions in the first quarter of 2020 exceeded 3.8 million, whereas the number of submitted medical images and descriptions was in excess of 380,000, which, compared to the population of the country (2.8 million) indicates that the system is widely used. [4]


### 2.4.1b

**Does the national public health system have access to electronic health records of individuals in their country?**

**Yes = 1 , No = 0**

**Current Year Score: 0**

There is insufficient public evidence that the national public health system has access to electronic health records of individuals. The State Enterprise Center of Registers (Registrucentras) is the main manager of the Electronic Health Services and Cooperation Infrastructure Information System (Elektroninės sveikatos paslaugų ir bendradarbiavimo infrastruktūros informacinė sistema - ESPBI). In addition, health institutions also manage the ESPBI system. [1] The State Enterprise Center of Registers is Lithuania’s national registry office managing several state registers including the real estate cadasters and register, mortgage register, address register, populations register, register of contracts, legal entities, and others. [2] Lithuania has a single-payer compulsory health insurance system. The health system is mainly funded through the National Health Insurance Fund (Valstybinė ligoninių kasa prie Sveikatos apsaugos ministerijos), which virtually covers the entire resident population. The scheme is based on compulsory, largely employment-based contributions. [3]

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?
Yes = 1, No = 0  

Current Year Score: 1

There are standards ensuring data comparability. The country has an electronic health records system officially referred to as the Electronic Health Services and Cooperation Infrastructure Information System, more commonly known as eHealth (E.sveikata) or ESPBI. This system provides access and manages information relating to treatment, research and postings, prescriptions, medical images, vaccines, and certificates. [1, 2] The specification of ESPBI states that the system shall be implemented in accordance with ISO / HL7 DIS 10781 Electronic Health Record-System Functional Model, Release 2.0 or higher. It also states that the integration of the ESPBI with healthcare and other institutions' systems shall be performed in accordance with IHE requirements (Integrating the Healthcare Enterprise). IHE is an initiative led by international healthcare professionals and the healthcare industry to improve the quality of computer systems in the health sector and to ensure efficient data exchange in the healthcare sector. [2] No further information on data comparability standards can be found on the websites of the Ministry of Health, the National Public Health Centre under the Ministry of Health, the national public health institute, or the National Public Health Laboratory. [3, 4, 5]


2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?
Yes = 1, No = 0  

Current Year Score: 1

There is a mechanism in place for sharing animal, human and wildlife surveillance data between institutions. According to the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, there are agreements between the Center for Infectious Diseases and AIDS (ULAC), the State Food and Veterinary Service, the National Public Health Center under the Ministry of Health (NVSC), and the National Public Health Laboratory, ensuring the timely exchange of information. [1] These agreements, however, are not publicly available on the websites of the Ministry of Health, the State
Food and Veterinary Service, the ULAC, the NVSC, or the National Public Health Laboratory. [2] [3] [4] [5] The Minister of Health Order of 24 December 2002 on the Approval of the Description of the Procedure for the Mandatory Registration and Provision of Information of Objects of Epidemiological Registration outlines the provisions for exchanging information among institutions. [7] The Order stipulates that personal healthcare institutions must inform (via an approved form) the NVSC about suspected or diagnosed communicable diseases outlined in annex 1 of the Order, which lists 109 communicable diseases, including anthrax, salmonellosis, rabies, tick-borne viral encephalitis, trichinellosis, echinococcosis, and toxoplasmosis. The Order further stipulates that personal healthcare institutions must update the NVSC upon receipt of the results of laboratory testing. Meanwhile, the NVSC must pass the information that it receives from personal health care institutions about communicable diseases to the ULAC in accordance to the procedure specified with regard to each disease in Annex 1 of the Order. The Order stipulates that the ULAC is to inform the Ministry of Health in writing about a widespread outbreak no later than 10 am of the next working day [7]. The Deputy Minister of Health is responsible for the execution of the Order. [7]


2.4.3 Transparency of surveillance data

2.4.3a Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Lithuania makes de-identified health surveillance data on disease outbreaks publicly available on government websites at least on a weekly basis. Lithuania makes de-identified health surveillance data on disease outbreaks publicly available in the form of monthly reports disaggregated by district on the website of the National Public Health Centre (NVSC) under the Ministry of Health. [1] The NVSC was assigned this duty following a 25 February 2020 amendment to the order of the minister of health outlining how health surveillance data on disease outbreaks should be collected, managed, and published. [2] According to the updated ministerial order, the NVSC collects data on 103 infectious diseases and uses it to populate the State Information System for Communicable Diseases and their Pathogens. [2] Prior to the 2020 amendment, the Centre for Infectious Diseases and AIDS (ULAC) was legally obliged to publish monthly statistics for the cases of 82 infectious diseases. Previous year data remain available on the ULAC website. [3] The monthly reports for 2020 include data for the following diseases: other salmonellosis, shigellosis, other specified bacterial intestinal infections, escherichiosis, campylobacteriosis, yersiniosis, unspecified bacterial intestinal infections, tuberculosis, meningitis, Lyme disease, tick-borne encephalitis, viral hepatitis, acute hepatitis A, acute hepatitis B, acute hepatitis C, and trichinellosis. [1] For 2017, the annual
report prepared by the ULAC included data for diseases like influenza, Hepatitis B, C, tuberculosis, hospital infections, intestinal infections, other bacterial and viral infections ( legionellosis, listeriosis, tularemia, leptospirosis, dengue fever, Creutzfeldt-Jacob disease, scarlet fever), parasitic diseases, food-transmitted diseases, sexually transmitted diseases (siphilis, gonorrhea, chlamydiosis), tick-borne diseases, and vaccine-preventable diseases (polio, rubella, diphtheria, pertussis, mumps, tetanus, meningitis, and others.). [4] There is no evidence that Lithuania makes de-identified health surveillance data on disease outbreaks publicly available on either the Lithuanian Ministry of Health, the NVSC, or the National Public Health Laboratory. [5] [6] [7]


2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?
Yes = 1, No = 0

Current Year Score: 1

Lithuania makes daily de-identified COVID-19 surveillance data available via daily reports on government websites. Lithuania makes daily de-identified COVID-19 surveillance data available in the form of daily reports on the website of the National Public Health Centre (NVSC) under the Ministry of Health. [1] The following data are available on the NVSC website: number of confirmed cases, number of active cases, number of confirmed cases during the previous day, number of deaths caused by COVID-19, number of deaths of COVID-19 patients not caused by COVID-19, number of recovered patients, number of individuals in isolation. [1] In addition, the NVSC publishes the results of COVID-19 epidemiological research, including contact tracing, disaggregating by district and outlining the dates and locations that individuals infected with COVID-10 visited. [2] Lithuania collects this data with the help of the COVID-19 Monitoring Information System, which was established following a government decision issued in April 2020, which stipulates that the system's de-identified and aggregated COVID-19 surveillance data are public and shared among institutions. [3] The main manager of the information system is the Lithuanian Department of Statistics, but multiple other institutions also participate in managing the system, including the NVSC. [3]

2.4.4 Ethical considerations during surveillance

2.4.4a
Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1, No = 0

Current Year Score: 1

Lithuania has regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. Article 37 of Regulation (EU) 2016/679 (the General Data Protection Regulation, GDPR) requires that a data protection officer be designated by institutions that regularly and systematically monitor special categories of data (such as healthcare data). [1] According to a 2018 Order on the Exemplary Provisions of Information Systems for Public and State-funded Healthcare Institutions, healthcare institutions acting as managers of information systems should ensure the implementation of the rights of data subjects, in accordance with the 1996 Law on the Patients’ Rights and Compensation of Health Damage, the Law on the Legal Protection of Personal Data (adopted in 1996, amended in 2019), the Law on Health System of the Republic of Lithuania (adopted in 1994, amended in 2020), and the GDPR. [2] The 2018 Order on the Exemplary Provisions of Information Systems for Public and State-funded Healthcare Institutions explicitly mentions confidentiality of identifiable health information, referring to the GDPR as well as the Law on Legal Protection of Personal Data (adopted in 1996, amended in 2019), which forms the basis of collection, provision and reception of personal data. [2, 3]


2.4.4b
Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1, No = 0
Lithuania’s legislation safeguarding the confidentiality of identifiable health information includes mention of protection of individuals’ identifiable health information, such as that generated through health surveillance activities, from cyberattacks.

According to the 2018 Order of the Minister of Health on the Exemplary Provisions of Information Systems for Healthcare Institutions, the information system manages electronic medical information, which is defined as detailed data on the patient’s previous and current physical or mental health status in electronic form, collected by health institutions. [1] This ministerial order stipulates that the health information system must be managed in accordance with the 2014 Law on Cybersecurity. [1] The 2014 Law on Cybersecurity does not explicitly mention health information, but it does note that the State Data Protection Inspectorate is responsible for cooperating with the National Cyber Security Center when investigating cyber security incidents relating to personal data and breaches of privacy, and it further stipulates that the State Data Protection Inspectorate implements cybersecurity policy in the field of personal data protection and is responsible for implementing the European Union’s 2016 General Data Protection Regulation (GDPR). [2]

As a member of the European Union, Lithuania is subject to the GDPR, which has been effective since 2018. [3] This extensive regulation includes specific provisions to protect data against cyberattacks, including a requirement that data held by state authorities must be overseen by a dedicated data protection officer who is proficient in dealing with cyberattacks, and a requirement to inform all individuals affected by a data breach within 72 hours. [3]


2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease = 2, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 2

Lithuania has committed to sharing surveillance data for more than one disease during a public health emergency with other countries in the region. The Annex to Decision No 1082/2013/EU on Serious Cross-Border Threats to Health names numerous communicable diseases and related special health issues that European Union (EU) member states, including Lithuania, must notify to the European Centre for Disease Prevention and Control (ECDC). [1] Lithuania also participates in the EU’s Early Warning and Response System (EWRS), a web-based application that provides a centralized communication mechanism
between the European Commission and public health authorities in member states, allowing for the timely and secure exchange of information, consultation and coordination of responses at the European level in case of events caused by communicable diseases having the potential to endanger public health in the EU [2]. Lithuania also participates in the Epidemic Intelligence Information System (EPIS), which is a web-based communication platform that allows public health experts nominated by EU member states to exchange technical information to assess whether current and emerging public health threats have a potential impact in the EU. EPIS consists of several platforms: FWD (Food- and Waterborne Diseases and Zoonoses), STI (Sexually Transmitted Infections), ELDSNet (European Legionnaires’ Disease Surveillance Network), VPD (Vaccine Preventable Diseases), and AMR-HAI (Antimicrobial Resistance and Healthcare-associated Infections). EPIS aims to ensure transparent and timely information sharing among the participating public health authorities in order to detect public health threats at an early stage and facilitate their reporting. [3] The World Health Organization’s (WHO) Joint External Evaluation for Lithuania, conducted in November 2018, confirms that Lithuania has a multi-sectoral system in place to comply with the reporting requirements of the WHO and the World Organisation for Animal Health and also participates in the EWRS, the European Community Urgent Radiological Information Exchange (ECURIE) and the Rapid Alert System for Food and Feed (RASFF). [4]


2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no evidence that Lithuania has a national system in place to provide support at the sub-national level to conduct contact tracing in the event of an active or future public health emergency. The National Public Health Center (NVSC) under the Ministry of Health is responsible for the epidemiological supervision of infectious diseases. The NVSC collects, analyses, and aggregates epidemiological data and conducts research into cases of infectious disease. [1] The NVSC publishes the results of COVID-19 epidemiological research, disaggregating by district and outlining the dates and locations that individuals infected with COVID-10 visited. The NVSC collects this data by “conducting the epidemiological research into all COVID-19 cases”. This includes interviewing COVID-19 patients to trace their contacts and find out how they got infected. [2]
Furthermore, according to a ministerial order on the matter, the NVSC is the manager of Lithuania’s information system for the monitoring and control of communicable diseases, which has been established to "identify and warn" those who have been in contact with an infected individual. [3] There is evidence in the media that civil and military volunteers have offered their assistance to the NVSC to strengthen contact tracing capabilities. [4] However, the websites of the NVSC, the National Public Health Laboratory and the Centre for Infectious Diseases and AIDS provide no evidence of a national system of support at the sub-national level to conduct contact tracing in the event of a public health emergency. [5, 6, 7] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, does not mention any relevant contact tracing support mechanism either.


2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?
Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 2

Lithuania provides nationwide wraparound services, including economic support and medical attention, to enable infected people and their contacts to self-isolate or quarantine as recommended. Section 11 of the Law on Sickness and Maternity Social Insurance (adopted 2000, last amended 2020) stipulates that "in case of quarantine" declared as a result of an outbreak of a particularly serious communicable disease, or of an outbreak of a communicable disease of unknown origin, all persons unable to work will be granted sickness benefits. [1] According to section 9 of the same law, sickness benefits are granted from the third day of sickness until the day that the person is able to resume working. [1] According to the same law, during this period persons are paid an amount equal to 62.06% of their official pay, or 77.58% if the person became infected at work. [1] Furthermore, according to an order issued by the minister of health in 2020 on granting electronic sick-leave,
pregnancy, and maternity certificates, the following individuals may be remotely granted a sick-leave certificate: persons infected with COVID-19, persons who are potentially infected with COVID-19, and persons who have been in contact with an individual who has been infected with COVID-19. [2] According to a press release by the Ministry of Health, patients diagnosed with "a mild form" of the COVID-19 infection are allowed home treatment, but only if they have "suitable conditions for isolation" and if the patient is able to consult with his family doctor remotely for questions regarding the monitoring of the patient’s health. [3] Another press release by the Ministry of Health noted that a free-of-charge COVID-19 hotline was launched on 13 March 2020 to answer any questions related to the COVID-19 infection that the public may have. [4]


2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1, No = 0

Current Year Score: 1

Lithuania makes de-identified data on contact tracing efforts for COVID-19 available via daily reports on government websites. The daily reports, available on the website of the Ministry of Health provide information on the number of COVID-19 cases whose source of infection has been determined, indicate the number of ongoing tracking efforts, and specify the number of cases whose source of infection could not be determined. [1] Lithuania collects these data with the help of the COVID-19 Monitoring Information System, which was established following a Lithuanian government decision from 1 April 2020, which stipulates that the system’s de-identified and aggregated COVID-19 surveillance data are public and shared among institutions. [2] The main manager of the information system is the Lithuanian Department of Statistics, but multiple other institutions also participate in managing the system, including the NVSC. [2]

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no evidence of Lithuania having a joint plan between the public health system and border control authorities to monitor suspected and potential cases for international travelers for an active or future public health emergency. There is no such information on the websites of the State Border Guard Service at the Ministry of the Interior of the Republic of Lithuania, the Ministry of Health, the National Public Health Centre (NVSC) under the Ministry of Health or the National Public Health Laboratory. [1] [2] [3] [4] However, according to and order by the Minister of Health on the list of countries affected by COVID-19, when entering Lithuania, all international travelers who have visited one of the countries listed as affected by COVID-19 are obliged to complete an electronic form on the website of the NVSC, indicating their personal and contact information, the address of their current place of residence where the person can be reached and countries visited during the last 14 days before the arrival in Lithuania. [5] According to the NVSC, the personal details collected via the mandatory forms will be shared with "personal health care institutions, public health care institutions, municipal administrations, the Ministry of Health of the Republic of Lithuania, and other institutions" [6]

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?
- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is no evidence that applied epidemiology training programs are available in Lithuania, but the government provides funding for citizens to attend such programs abroad. Lithuanians are eligible to apply to the European Program for Intervention Epidemiology Training (EPIET) program and receive funding. [1] However, Lithuania is not mentioned as hosting an EPIET/EUPHEM training site on the website of the European Centre for Disease Prevention and Control. The websites of the Ministry of Health, the Center for Infectious Diseases and AIDS, and the National Public Health Center under the Ministry of Health do not mention any in-country applied epidemiology training programs, and do not contain any information on resources provided by the government to send citizens to another country to participate in EPIET/EUPHEM programs. [2, 3, 4] Lithuania has also several study programs (at the bachelor’s and master’s level) in the field of applied epidemiology. The Lithuanian University of Health Sciences offers training programs in public health, veterinary food safety and public health management. [5]


2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1, No = 0

Current Year Score: 1

There is no evidence that applied epidemiology training programs for animal health professionals are available in Lithuania, but the government provides funding for citizens to attend such programs abroad. Lithuanians are eligible to apply to the European Program for Intervention Epidemiology Training (EPIET) and receive funding. [1] However, Lithuania is not mentioned as an EPIET/EUPHEM training site on the website of the European Centre for Disease Prevention and Control. [1]
The websites of the Ministry of Health, the State Food and Veterinary Service, and the National Public Health Center under the Ministry of Health do not mention in-country applied epidemiology training programs, and have no information on resources provided by the government to send citizens to another country to participate in EPIET/EUPHEM applied epidemiology training programs. [2, 3] At the Lithuanian University of Health Sciences, there is a bachelor’s and master’s degree study program on veterinary and food safety. [4] Epidemiology studies are included in veterinary study programs. [5]


2.6.2 Epidemiology workforce capacity

2.6.2a
Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?
Yes = 1, No = 0

Current Year Score: 1

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a
Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?
Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 2
There is an overarching national public health emergency response plan in place in Lithuania, which addresses planning for multiple communicable diseases with pandemic potential. The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, reports the existence of a multi-sectoral State Emergency Management Plan, as well as specific plans for identified threats, such as those for radio-nuclear events and pandemic influenza. [1] The State Emergency Situation Management Plan (adopted in 2010, last amended in 2018) covers epidemics and specifies the tasks and functions to be performed by Lithuanian ministries and other state institutions in case of an epidemic. [2] The responsible authority is the Ministry of Health and the other supporting institutions are: Ministry of Environment, Ministry of National Defense, Ministry of Social Security and Labor, Ministry of Education, Science and Sport, Ministry of Agriculture, Ministry of Foreign Affairs, Ministry of Internal Affairs, State Food and Veterinary Service, as well as directors of municipal administrations. The measures to be taken, among others, include the protection of the boundaries of territories subject to quarantine, the rescue of people and property, the elimination of consequences in the infected territory; water, animal and non-animal food, laboratory testing of feed and risk assessment. [2]

The Center for Extreme Health Situations under the Ministry of Health has also prepared a general methodology for healthcare institutions on how to act in extreme health situations under MIMMS (major incident medical management and support) international standards for preparation and assistance. This document mentions pandemic as a potential case of extreme health situations, but does not mention specific communicable diseases (apart from influenza) and does not elaborate on pandemic-specific measures. The plan includes instructions for the preparation, management, support, and reconstruction activities in case of extreme health situations. [3]

In addition, Lithuania has a 2019–2023 Program for Preparation for Influenza Pandemics, as well as a total of 10 legal acts concerning influenza pandemics. [4] [5] Multiple decisions by the State Emergency Operations Manager on managing the outbreak of COVID-19 in Lithuania have also been passed into law. [6]


3.1.1b
If an overarching plan is in place, has it been updated in the last 3 years?
Yes = 1 , No /no plan in place= 0
Lithuania’s overarching national public health emergency response plan has been updated in the last 3 years. The State Extreme Situation Management Plan – which explicitly deals with epidemics, alongside other types of emergency, and specifies the tasks and functions to be performed by Lithuanian ministries and other state institutions in case of an epidemic – was adopted in 2010 and amended on 19 December 2018. This amendment only affected one article, relating to radioactive contamination. [1] [2] In addition, the Center for Extreme Health Situations under the Ministry of Health has published a general methodology for healthcare institutions on how to act in extreme health situations, but there is no evidence that this document has been updated since 2013. [3]


3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?
Yes = 1 , No /no plan in place= 0

There is no evidence that Lithuania’s overarching public health emergency response plan includes considerations for pediatric or other vulnerable populations. The State Emergency Situation Management Plan (adopted in 2010, amended in 2018) explicitly deals with epidemics, alongside other types of emergency, and specifies the tasks and functions to be performed by Lithuanian ministries and other state institutions in case of an epidemic. [1] The plan does not explicitly mention vulnerable populations, other than to say that education and training activities for evacuated children should be organized by the Ministry of Education, Science and Sport. [1] The Center for Extreme Health Situations under the Ministry of Health has also published a general methodology for healthcare institutions on how to act in extreme health situations. [2] This document states that the Emergency Management Committee should make plans for how to organize help for people with special requirements, which it specifically describes as including children, the elderly, people with disabilities and people with linguistic or cultural differences. It further states that healthcare institutions should include relevant measures in their emergency plans, preferably as annexes. [2] Public institutions listed in the State Emergency Situation Management Plan as a responsible for contributing to the management of state emergencies are required to have institutional-level plans on how emergency response is to be conducted. [3] There is no further relevant information in the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, or on the websites of the Ministry of Health, the National Public Health Center under the Ministry of Health, and the Fire and Rescue Department at the Ministry of Interior. [4] [5] [6] [7]
3.1.1d Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1, No = 0

Current Year Score: 1

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Lithuania has a specific mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. The Center for Extreme Health Situations under the Ministry of Health has prepared a general methodology for healthcare institutions on how to act in extreme health situations under MIMMS (major incident medical management and support) international standards for preparation and assistance that mentions pandemics as a potential case of an extreme health situation, but this document does not mention cooperation with the private sector. [1] The 1998 Law on Civil Protection establishes the legal and organizational guidelines for the organization and operation of the civil protection system, the competence of state and municipal institutions and bodies, the rights and duties of other institutions, economic entities, and residents in the field of civil protection. [2] This law uses the category "economic entity" ("ūkio subjektas"), which encompasses legal entities, including privately-owned entities, engaged in production, commercial, financial or other economic activities. It states that such entities are part of the civil protection system and must prepare for...
emergency situations, and lists their functions in implementing the tasks of the civil protection system. However, the law does not explicitly mention pandemics. [2] The State Extreme Situation Management Plan (adopted in 2010, updated in December 2018) explicitly deals with epidemics and specifies the tasks and functions the different ministries and other state institutions have to perform in case of an epidemic, but only deals with state entities. [3] There is no evidence of a specific mechanism for private sector engagement in the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, or on the websites of the Ministry of Health and the State Fire and Rescue Department. [4] [5] [6]


3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease = 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 2

Lithuania has an overarching policy in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic for more than one disease. The Law on the Prevention and Control of Human Infections (adopted 1996, amended 2020) outlines when mandatory counter-epidemic and public health protection measures, including NPIs, are implemented. The Law serves as an overarching policy guiding the implementation of measures in response to communicable diseases in general and does not specify any concrete diseases. [1] The law outlines specific measures for the prevention of communicable diseases that may be put in place, which include performing disinfection, disinsection, deratisation of objects or territories as required, introducing national and municipal quarantine measures, the epidemiological surveillance of communicable diseases, and other procedures. [1] On 10 June 2020, the Lithuanian government published its COVID-19 Management Strategy, in which it outlines the following goals: establishing an effective virus management control mechanism; ensuring readiness of the healthcare system; promoting the physical and psychological health of the Lithuanian society; applying quarantine in accordance with the country’s epidemiological situation; and adapting the country’s socio-
economic sectors to new conditions. In addition to the measures put in place by the Lithuanian Government Decision of 14 March 2020 on Declaring Quarantine within the Territory of the Republic of Lithuania, the Lithuanian minister of health, serving as the state emergency operations manager, approved multiple policies such as the 2020 Decision on the Approval of the COVID-19 (Coronavirus Infection) Management Measures in Childcare Institutions and the 2020 Decision on the Management of the COVID-19 (Coronavirus Infection) in Inpatient Social Care Institutions providing an extensive list of NPIs that ought to be implemented such as the use and availability of disinfectants in childcare institutions, the monitoring of health of children prior to attending group activities, the use of facemasks in childcare institutions. [3] [4] [5]


3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?
- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

In the past year, Lithuania has activated its national emergency response plan for an infectious disease outbreak, but there is no public evidence that the country has completed a national-level biological threat-focused exercise. In an effort to manage the spread of COVID-19, on 26 February 2020, the government of Lithuania activated the State Emergency Situation Management Plan as outlined in the 2010 Government Decision on the Approval of the State Emergency Situation Management Plan, by adopting the Decision on Declaring a National Level State of Emergency in accordance with Articles 9, 21, and 26 of the 1998 Law on Civil Protection. [1] [2] [3] A total of 164 Orders and Decisions by the State Emergency
Operations Manager have been passed into law since 26 February 2020, based on the 2010 Decision On the Approval of the State Emergency Situation Management Plan. [1] According to a press release issued by the Extreme Health Situation Centre under the Ministry of Health, the prime minister appointed the minister of Health as the state emergency operations manager. [4] In a further effort to contain the spread of COVID-19, the Lithuanian Government Decision of 14 March 2020 on Declaring Quarantine Within the Territory of the Republic of Lithuania introduced a national quarantine in the country, starting 15 March 2020 and ending 17 June 2020, based on the 1998 Law on Civil Protection of the Republic of Lithuania. [5] The national quarantine introduced restrictions on crossing the national border, and to conducting both private- and public-sector activities. The government decision also outlined measures relating to the functioning of healthcare and educational institutions. [5] However, the websites of the Ministry of Health, the Centre for Extreme Health Situations, and the State Fire and Rescue Service have no publicly-available evidence that Lithuania has completed a national-level biological threat-focused exercise. [6] [7] [8] There is only evidence in the Lithuanian media that the country held a four-day civil protection exercise aimed at testing how the authorities are ready to respond to a potential accident at a nuclear power plant in neighboring Belarus. [9] The World Health Organization’s website dedicated to simulation exercises does not contain information on Lithuania having conducted a biological threat-focused exercise. [10]

[4] Extreme Health Situation Centre under the Ministry of Health. 27 February 2020. “National level state of emergency has been declared as a result of the coronavirus threat” (“Paskelbta valstybės lygio ekstremalioji padetis del koronaviruso grėsmės”) [https://www.essc.sam.lt/lt/informacija_visuomenei_ir_specialistams/patarimai_visuomenei/biologines_kilmes_gresmes.html?backlink=%25252Flt%25252Fpaeieks%25252Fresults%25252Fp0.html]. Accessed 29 October 2020.
3.2.1b
Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?
Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 0

There is no public evidence that, in the past year, Lithuania has identified gaps and best practices in response to a public health emergency caused by an infectious disease or through a biological-threat focused exercise, or that the country has developed a plan to improve its response capabilities. The World Health Organization (WHO) webpage dedicated to after-action reviews (AAR) does not list Lithuania as either having conducted or planning to conduct an AAR. [1] No evidence of Lithuania having conducted a biological-threat focused exercise or having developed an AAR can be located on the WHO country or regional page. [2] [3] The Ministry of Health and the Fire and Rescue Department was also found to contain no evidence. [4] [5]


3.2.2 Private sector engagement in exercises

3.2.2a
Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?
Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that in the past year Lithuania has undergone a national-level biological threat-focused exercise that has included private-sector representatives. According to the website of the World Health Organization (WHO), Lithuania has not conducted a biological threat-focused IHR exercise or an after-action review (AAR) in the past year, and there is no indication that Lithuania is planning to conduct one. [1] [2] [3] [4] The latest available Biennial Collaborative Agreement between the Ministry of Health of Lithuania and the Regional Office for Europe of the World Health Organization 2018/2019, which outlines a practical framework for collaboration between Lithuanian health authorities and the Secretariat of the WHO Regional Office for Europe, does not include any reference to planned AAR or biological threat-focused IHR exercises [5]. The websites of the Ministry of Health, the Extreme Health Situation Centre under the Ministry of Health, the National Public Health Center under the Ministry of Health, and the National Public Health Laboratory have no evidence of such an exercise taking place or being planned in Lithuania. [6] [7] [8] [8]

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1, No = 0

Current Year Score: 1

Lithuania has an emergency operations center (EOC). Lithuania's EOC is called the Center for Extreme Health Situations under the Ministry of Health (Sveikatos apsaugos ministerijos ekstremalių sveikatai situacijų centras) and is responsible for the preparation, management, and coordination of Lithuania's national health system in emergencies. The Center performs the following functions: preparation, management and coordination of the Lithuanian national health system for emergencies; collection and management of information on poisoning; collection and administration of state material resources reserves; implementation of the International Health Regulations of the World Health Organization; cooperation with Lithuanian, international and non-governmental institutions responsible for the organization and coordination of healthcare in emergencies, and participation in international projects. [1] During a nationwide emergency, the state-level EOC of the civil protection forces can be activated to ensure multisectoral operational coordination. The coordinating role within the state-level EOC of the civil protection forces is assigned based on the risk according to the National Emergency Management Plan. For national emergencies, the operational coordination of response action is conducted by the state-level EOC of the forces of the civil protection system. In non-emergency periods, approximately 100 indicators are tracked by the competent sector and transmitted systematically by the state-level EOC for alert tracking and early warning. [2]

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

Current Year Score: 0

No evidence was found that Lithuania’s public health emergency operations center is required to conduct drills on an annual basis or that it actually conducts a drill on an annual basis. According to the Order of the Ministry of Health of the Republic of Lithuania on the Approval of the 2019–2023 Program for Preparation for Influenza Pandemics, the Center for Extreme Health Situations is required to "organize or participate in various exercises aimed at preparing for an influenza pandemic", but the document not specify how many of these exercises should be conducted or how often. [2] The most recent press release about the Center conducting a drill was published in November 2017, and no other information regarding drills was found on the Centre’s website. [1] There is no evidence of Lithuania’s public health emergency operations center conducting annual drills in the 1998 Law on Civil Protection or on the websites of the Ministry of Health and the Fire and Rescue Department. [4] [5] [6] According to the World Health Organization’s Joint External Evaluation (JEE) for Lithuania, conducted in November 2018, there is a three-year state-level exercise program covering 2018–2020 and a number of different types of exercises are planned. The JEE further states that recent tested events have included an aircraft accident, chemical intoxications and a radiological emergency the Center for Extreme Health Situations has participated in and led health sector exercises. [7]


3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0
There is no public evidence that the emergency operations center (EOC) can conduct, or has conducted within the last year, a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. There is no such information on the website of the EOC (the Center for Extreme Health Situations), the Fire and Rescue Department or the Ministry of Health. [1][2][3] The most recent press release about the Center conducting a drill was published in November 2017. [1] While the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, suggests that the EOC can be activated within 120 minutes, there is no evidence supporting this information in any of the above sources. [5]


3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?
- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is some public evidence that an exercise to respond to a potential deliberate biological event has been carried out by public health or national security authorities but no evidence of guidelines for cooperation between those authorities. An exercise was conducted that involved controlling a highly dangerous communicable disease that involved 14 institutions. As per the article "With the participation of foreign and Lithuanian experts, observing the Minister of Health of the Republic of Lithuania Aurelijus Veryga, during the exercise at Vilnius Airport, the situation that an aircraft with a potentially dangerous infectious disease is landing at the airport was simulated for five hours." [1] Further evidence of such exercises is absent from the websites of the Ministry of Health, the Center for Extreme Health Situations and the State Fire and Rescue Service. [2] [3] [4] No evidence of publicly available standard operating procedures, guidelines, MOUs or other agreements between the public health and security authorities to respond to a potential deliberate biological event was found on these websites either. [2] [3] [4] However, there is evidence in the Lithuania media that the country held a four-day civil protection exercise aimed at testing how the authorities are ready to respond to a potential accident at a nuclear power plant in neighboring Belarus in October 2019. [5] The World Health Organization’s Joint External Evaluation for Lithuania, conducted in November...
2018, mentions recent exercises simulating an aircraft accident, chemical intoxications and a radiological emergency, but does not mention any exercise simulating a deliberate biological event. [6]


3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 1

Lithuania has a risk communication plan for health emergencies that outlines how messages will reach populations and sectors with different communication needs, for covid-19. The World Health Organization’s Joint External Evaluation (JEE) for Lithuania, conducted in November 2018, mentions that risk communication is included in the State Emergency Management Plan. [1] The State Emergency Management Plan (adopted in 2010, amended in 2018) includes a detailed risk communication plan for nationwide emergencies. However, there is no evidence that this plan outlines how risks will be communicated to different types of populations with varied communication needs. The plan stipulates that a warning system is in place to warn the population, state and municipal institutions and establishments, as well as other institutions and economic entities about the emerging state of emergency in addition to Lithuanian radio and television broadcasts, the broadcasts of other Lithuanian broadcasters, as well as all other means of communication available and used by the public. [2] In addition, it notes that residents of areas from which the warning system is absent are informed via the use of other means of communication available to the local municipalities in question. [2] The General Methodology for Healthcare Institutions in Extreme Health Situations does not outline how messages will reach populations and sectors with different communications needs. [3] The COVID-19 Management Strategy prepared by the Lithuanian government on 6 May 2020 mentions that particular attention will be paid to communicating and informing the public in dealing with COVID-19, and notes that all available means of informing society will be exploited, including the use of the latest digital information and communication technologies. [4] The strategy also notes that published information will be tailored to meet the needs of individual target populations.
groups and their capacity to receive it. [4] No evidence of another plan or guidelines on communication to vulnerable populations could be found on the website of the Ministry of Health and the Fire and Rescue Department. [5] [6]


3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1, No = 0

Current Year Score: 1

Lithuania has a detailed risk communication plan for public health emergencies. The World Health Organization’s Joint External Evaluation (JEE) for Lithuania, conducted in November 2018, mentions that risk communication is included in the State Emergency Management Plan. [1] The JEE also positively assesses Lithuania’s overall risk communication capacity. However, the JEE does not mention any unified, standalone risk communication plan for public health emergencies and in fact highlights the need for detailed standard operating procedures for crisis communication for priority IHR hazards. [1] The State Emergency Management Plan (adopted in 2010, amended in 2018) includes a detailed risk communication plan for nationwide emergencies, including pandemics. The plan stipulates that the Lithuanian Fire and Rescue Department under the Ministry of Interior is responsible for warning the population, state and municipal institutions and establishments, as well as other institutions and economic entities about the emerging state of emergency. The risk communication plan also specifies the institutions involved in state of emergency communication as well as their roles. According to the plan, the following institutions are responsible for informing the public about the nationwide state of emergency: The Government Emergency Commission, the State Emergency Operations Manager, the State Emergency Operations Center, and the Fire Protection and Rescue Department. [2] Furthermore, the Center for Extreme Health Situations under the Ministry of Health has prepared a general methodology for healthcare institutions on how to act in extreme health in situations under MIMMS (major incident medical management and support) international standards for preparation and assistance. [3] The document emphasizes the significance of efficient communication for healthcare institutions and draws attention to potential communication problems. However, it does not include a detailed plan, offering only general guidelines, such as that communication procedures (e.g. staff support, call management, disaster management and communication between services) need to be
planned and tested, and that foreseeable failures (e.g. the hospital switch can withstand a high number of calls) should be identified before the plan is activated. [3] The COVID-19 Management Strategy prepared by the Lithuanian government on 6 May 2020 mentions that particular attention will be paid to communicating and informing the public in dealing with COVID-19. [2] It notes that all available means of informing society will be exploited, including the use of the latest digital information and communication technologies, and that published information will be tailored to meet the needs of individual target groups, but it does not provide any further details on how the specifics of communication are to be handled. [4]


3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

Lithuanian legislation does not designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. According to the Decision on the Approval of the State Emergency Management Plan (adopted in 2010, amended in 2018), the following institutions are responsible for informing the public during a public health emergency: the State Emergency Commission; the State Emergency Operations Manager; the State Emergency Operations Center; the Fire and Rescue Department. Aside from the outlined institutions, the Decision has no mention of designating a specific position within the government to serve as the primary spokesperson to the public. [1] The 1998 Law on Civil Protection states that, during a national state of emergency, the prime minister must appoint a member of the government to serve as the State Emergency Operations Manager. [2] According to a July 2020 Decision, the National State of Emergency Operations Center consists of multiple groups, including a Group for Informing the Public, which is responsible for the following tasks: preparing briefings to residents on the national level state of emergency situation, conducting press conferences during or immediately prior to a national level state of emergency, communicating with the press office of the Lithuanian government, collecting information about the national level state of emergency, and preparing press releases about the national level state of emergency. [3] According to a March 2020 government press release, during the COVID-19 pandemic the prime minister's advisor has been designated to head the Group for Informing the Public. [4] According to a February 2020 press release issued by the Extreme Health Situation Center under the Ministry of Health, during the COVID-19 pandemic, the prime minister appointed the minister of health as the State Emergency Operations Manager. [5] No evidence of other legislation, regulation or strategy document used to guide national public health response that would designate a specific position within the government to serve as the primary spokesperson to the public during a public health
emergency could be found on the website of the Ministry of Health and the Fire and Rescue Department. [6] [7] There is no mention of designating a primary spokesperson to the public during a public health emergency in the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018. [8]


3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 2

In Lithuania there is evidence that in the past year the public health system has actively shared messages via online media platforms to inform the public about ongoing public health concerns and to dispel rumors and misinformation. There is evidence that the National Public Health Center (NVSC) under the Ministry of Health and the Ministry of Health have been using their websites to inform the public via daily press releases providing latest information on COVID-19 statistical data (tests performed, confirmed cases, active cases, deaths, hospitalizations, updates on tracking efforts to detect sources of infection and contact persons) as well as sharing changes of the measures introduced to counter the pandemic, and other related news. [1] [2] There is also evidence that the two websites periodically publish information to inform the public about health concerns other than COVID-19, such as the 2020-2021 influenza. [1] [2] [3] The Lithuanian Ministry of Health also has
accounts on at least two social media platforms, including Facebook and Twitter. [4] [5] The Facebook page of the Ministry of Health is regularly maintained, is used to share information related to COVID-19, as well as other acute upper respiratory tract infections, multiple times each day, and has more than 50,000 followers. Posts shared by the Ministry’s Facebook page are varied, and include the following examples: information on testing for COVID-19, national vaccine purchases, availability of free vaccines, and outbreaks of influenza in Lithuania. [5] There is also some limited evidence of Lithuanian news media using Ministry of Health information, among other sources, to dispel myths about COVID-19. [6] Prior to the COVID-19 pandemic, the Ministry of Health paid particular attention in its press releases to dispelling myths surrounding vaccines. [7] The NVSC also has a Facebook page with some 2,500 followers, on which the institution shares information related COVID-19, as well as other health information of interest to the public, such as dispelling myths about whether the emergence of 5G technology will negatively impact public health and how equipment associated with this technology will be monitored to ensure that it poses no danger to public health. [8]


3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

No evidence was found that senior Lithuanian leaders have shared misinformation or disinformation on infectious diseases in the past two years. Neither recognized international news outlets, nor prominent Lithuanian media have published evidence of Lithuanian leaders taking part in spreading disinformation about infectious diseases. [1] [2] [3] [4] [5] [6]

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a
Percentage of households with Internet

Current Year Score: 81.58

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a
Mobile-cellular telephone subscriptions per 100 inhabitants

Current Year Score: 168.82

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a
Percentage point gap between males and females whose home has access to a mobile phone

Current Year Score: 0

2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a
Percentage point gap between males and females whose home has access to the Internet

Input number
3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 0

In the past year, Lithuania has issued a restriction on the export of medical goods due to an infectious disease outbreak without international/bilateral support. The Lithuanian Government Decision of 14 March 2020 on Declaring Quarantine within the Territory of the Republic of Lithuania, which introduces a nationwide state of quarantine, stipulated that certain medical goods (protective goggles and shields, face shields, mouth and nose protective gear, protective clothing, gloves) can only be exported to third countries upon receiving permission from the State Emergency Operations Manager. [1] The Lithuanian media reported widely on Lithuania’s decision to restrict the export of personal protective equipment, but cited the country’s prime minister as saying that the decision "only affects third countries" and that "no restrictions are applied to the European Union". [2] The decision on restricting the sale of personal protective equipment and the introduction of a nationwide state of quarantine in Lithuania expired 17 June 2020. [1]


3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 1

There is no public evidence that, in the past year, Lithuania has issued a restriction on the export or import of non-medical goods due to an infectious disease outbreak without an international/bilateral support. There is no such evidence on the websites of the State Tax Inspectorate under the Ministry of Finance, Customs, the Ministry of Health, the Ministry of Agriculture, the Ministry of Foreign Affairs, or in the local or international media. [1] [2] [3] [4] [5]
3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 0

In the past year, Lithuania has introduced a uniliteral ban on travelers arriving from a specific country or countries due to an infectious disease outbreak. In March 2020, the European Union (EU) introduced a coordinated temporary restriction on non-essential travel from third countries into the EU+ area, to which Lithuania has been adhering. [1] According to the 2020 Decision on Declaring a National Level State of Emergency, a ban was implemented on travelers who are not residents of Lithuania and arriving from countries other than those in the European Economic Area, Switzerland, Great Britain, Northern Ireland, Andorra, Monaco, San Marino, and the Vatican. [2] In a further effort to contain the spread of COVID-19, the Lithuanian Government Decision of 14 March 2020 on Declaring Quarantine within the Territory of the Republic of Lithuania introduced a national quarantine in the country starting 15 March 2020 and ending 17 June 2020, which prohibited all international travelers from entering Lithuania, except: drivers and crew members transporting commercial or international cargo, residents of Lithuania, immune persons, and diplomats. [3] Upon expiry of the state of quarantine in Lithuania, the Order by the Minister of Health on the List of Countries Affected by COVID-19 stipulated that all international travelers who have visited one of the countries listed as affected by COVID-19 or are arriving from them, are obliged to complete an electronic form on the website of the National Public Health Center under the Ministry of Health, and are also obliged to self-isolate or pass a COVID-19 test. [4]

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a Doctors per 100,000 people
Input number
Current Year Score: 635.28

2018

WHO; national sources

4.1.1b Nurses and midwives per 100,000 people
Input number
Current Year Score: 984.72

2018

WHO; national sources

4.1.1c Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?
Yes = 1, No = 0
Current Year Score: 1

Lithuania has a health workforce strategy in place to identify fields where there is an insufficient workforce and strategies to address these shortcomings. The minister of health’s Order on the Approval of the Provisions for the Medical Staff Demand Forecasting Model (adopted 2018, amended in 2020) establishes the procedure for planning the demand for doctors, dentists, nurses, midwives, and oral care specialists, as well as outlining the provisions for training the health workforce. [1]
The ministerial order stipulates that data sourced from the Government Strategic Analysis Center (STRATA) is used to monitor the size of the health workforce and to plan the demand for health workers. [1] In 2019, STRATA published its Medical Staff Demand Forecasting Model, which includes the analysis and forecasting of the supply and demand of the Lithuanian health workforce until 2028. The aim of the model is to forecast the labor market situation of medical staff in Lithuania and to improve the planning for the allocation of state-funded opportunities for medical students. [2] The World Health Organization’s Joint External Evaluation (JEE) for Lithuania, conducted in November 2018, states that, in the human health sector, strategic workforce planning has been carried out since 2003, including the following career paths: nursing, medicine, public health science (including epidemiology), odontology and rehabilitation. [3]


### 4.1.2 Facilities capacity

#### 4.1.2a

**Hospital beds per 100,000 people**

**Input number**

**Current Year Score: 643**

2018

WHO/World Bank; national sources

#### 4.1.2b

**Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?**

Yes = 1 , No = 0

**Current Year Score: 1**

Lithuania has the capacity to isolate patients with highly communicable diseases in a patient isolation facility. The Law On the Prevention and Control of Human Infections (adopted in 1996, amended in 2020) and the Ministerial Order on the Isolation of Patients with Infectious Diseases (adopted 2016) specify the terms and conditions of when patients need to be isolated in special premises, but do not describe the technical measures that are to be taken. The ministerial order on the hygiene standard in health care institutions, however, specifically requires patients with certain highly pathogenic diseases to be isolated in wards with negative pressure. [1] [2] [3] The websites of some of the biggest hospitals of the country (the Vilnius University Hospital Santarė Clinics and the National Siauliai Hospital) confirm that they have isolation wards, although the technical details of these premises are not disclosed. [4] [5] [6] According to a 11 November 2020 Ministry of Health press
release, there are five medical facilities in Lithuania for treating patients diagnosed with COVID-19. [7] The press release notes that these facilities meet the requirements for isolating and treating COVID-19 patients. The list of the five facilities is as follows: the Vilnius University Hospital Santara Clinics, the Lithuanian University of Health Sciences Hospital Kaunas Clinics, the Klaipėda University Hospital, the National Panevezys Hospital, and the National Siauliai Hospital. [7] The website of the Vilnius University Hospital Santara Clinics notes that each COVID-19 ward is isolated and consists of spaces for 1-2 patients, and that all wards are equipped with an oxygen supply system. [8] In addition, the media reported that the following measures were taken to isolate COVID-19 patients at the Klaipėda University Hospital: wards with separate toilets and shower were supplied with oxygen and means of communication; changing rooms were equipped to separate clean and dirty streams; patient and staff movement plans were drawn up in clean and dirty directions; and the departments were equipped with containers for infected waste and laundry. [9]

[2] Minister of Health of Lithuania. 2016. Order Nr. V-8 of 6 January 2016. "On the amendment of the order of the Minister of Health on the necessary hospitalization and / or necessary isolation of patients and persons suspected to have had contact with infectious diseases and carriers of pathogens" ("Dėl lietuvis respublikos sveikatos apsaugos ministro 2002 m. Birželio 6 d. Įsakymo nr. 258 "dėl ligonių, asmenų, įtariamų, kad serga užkrečiamosiomis ligomis, turėtų būti pristatytos į davimo įstigas ir sukėlėjų nešiojų būtinojo hospitalizavimo ir (ar) būtinojo izoliavimo organizavimo tvarkos patvirtinimo") [https://www.e-tar.lt/portal/lt/legalAct/83e53500b60011e5a6588fb5a3cc84b]. Accessed 31 October 2020.
4.1.2c

Does the country meet one of the following criteria?
- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?
- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

Current Year Score: 0

In the past two years, there is no public evidence that Lithuania has demonstrated capacity to expand isolation capabilities, or that it has developed, updated, or tested a plan to expand isolation capacity in response to an infectious disease outbreak. No evidence of expanding isolation capabilities or developing, updating, or testing a plan for doing so was found on the websites of the Ministry of Health or the National Public Health Center under the Ministry of Health. [1] [2] There is no relevant information on the website of the Extreme Health Situation Centre under the Ministry of Health or in the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018. [3] [4] There have also been no changes to the Law On the Prevention and Control of Human Infections (adopted in 1996, amended in 2020) or the ministerial order on the isolation of patients with infectious diseases relating to any changes of Lithuania’s isolation capacity [5] [6]


4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

[Country Score Justifications and References] www.ghsindex.org
Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 2

In Lithuania there is a national procurement protocol in place that can be used by the Ministries of Health and Agriculture for the acquisition of medical and laboratory supplies. The 1996 Law on Public Procurements of the Republic of Lithuania establishes national procurement protocols. [1] The Public Procurement Office facilitates all public procurements, including acquisitions for healthcare institutions and laboratory needs. [2] Lithuania’s procurement system’s webpage “Central Procurement Portal” (CVP IS) is used by all state and municipal institutions. Public procurement announcements, draft technical specifications, public procurement plans, procurement reports and information about the contracts concluded are published on the portal. [3] CVP IS has been designed to automate the procedures for the execution of public procurement. It administers and systematizes the data of contracting authorities, procurement organizations, implementing authorities and suppliers; receives, manages, stores, processes and publishes electronic public procurement data; creates, sends and stores internal and external system messages; collects, transmits and analyses information on expected and ongoing public procurement, procurement contracts and the performance of procurement contracts. The archive of the portal includes calls for the procurement of different products and services, including medical supplies. For example, there are procurements of medical supplies by the Hospital of Lithuanian University of Health Sciences Kaunas Clinics and medical supplies orders by the Central Purchasing Organization via the Central Procurement Portal. [4] Furthermore, there are procurements of computer tomography equipment by the Ministry of Health, as well as procurements of consulting services by the Ministry of Agriculture via the Central Procurement Portal. [5] In addition, the Public Procurement Office lists all public procurement contracts concluded for medical and laboratory supplies to manage the COVID-19 crisis, including COVID-19 tests and reagents, personal protective equipment, and disinfectants. [6]

4.2.2 Stockpiling for emergencies

4.2.2a
Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?
Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 2

Lithuania has a stockpile of medical supplies for national use during a public health emergency. According to the World Health Organization’s Joint External Evaluation (JEE) for Lithuania, conducted in November 2018, medical countermeasures such as influenza antivirals for up to 30% of the population, as well as other national resources for emergencies are accumulated in the State Reserve, the formation, accumulation, management and administration of which is regulated by the 2000 Law on State Reserve. The JEE elaborates that supplies stockpiled in the State Reserve include medical resources, financial resources, civil protection supplies, material inventory, agricultural products, food supplies and communications equipment. The JEE also explains that the State Reserve’s material medical resources are accumulated in a form of sets (e.g., a set of medicines, medical equipment and devices, laboratory equipment, communicable diseases liquidation and prevention), which are approved by the minister of health. [1] The 2000 Law on State Reserve states that the State Reserve consists of funds and reserves of material resources, medical reserves being part of the material resources intended for the provision of health care in emergency situations, civil protection exercises, providing host country support, mobilization and host country support for training exercises, mobilization and emergency or war situations and other cases established by law. [2] The law itself does not specify the content of the medical reserves, but the 2019 Order on the Management of Medical Supplies in the State Reserve includes the terms of storage for a list of medical supplies in the state reserve, including: personal protective equipment, laboratory equipment, medical aid kits, medical devices and equipment. [2][3] In addition, Lithuania has an agreement with Estonia and Latvia on the joint procurement and lending of medicinal products and medical devices. [4] The joint procurement procedure stipulates that the states jointly procure devices and products from manufacturers and distributors established in the procurement procedure, ensuring the rationalization of procurements and reducing the time and administrative resources required. [4]


4.2.2b
Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0
Lithuania has a stockpile of laboratory supplies for national use during a public health emergency. According to the World Health Organization’s Joint External Evaluation (JEE) for Lithuania, conducted in November 2018, emergency supplies are accumulated in the State Reserve, the formation, accumulation, management and administration of which is regulated by the 2000 Law on State Reserve. The JEE elaborates that supplies stockpiled in the State Reserve include medical resources, financial resources, civil protection supplies, material inventory, agricultural products, food supplies and communications equipment. The JEE also explains that the State Reserve’s material medical resources are accumulated in a form of sets (e.g., a set of medicines, medical equipment and devices, laboratory equipment, communicable diseases liquidation and prevention) which are approved by the minister of health. [1] The 2019 Order on the Management of Medical Supplies in the State Reserve includes the terms of storage for a list of medical supplies in the state reserve, including: personal protective equipment, laboratory equipment, medical aid kits, medical devices and equipment. The order stipulates that the laboratory equipment set should be stored for no longer than 15 years and that it consists of the following supplies: C-reactive protein analyzer, haematological analyzer, blood gas analyzer, urine analyzer. [2] As for the Law on the State Reserve, it states that the State Reserve consists of funds and reserves of material resources, medical reserves being part of the material resources intended for the provision of health care in emergency situations, civil protection exercises, providing host country support, mobilization and host country support for training exercises, mobilization and emergency or war situations and other cases established by law. [3] However, the Law does not specify the content of the medical reserves. [3] The Lithuanian media have reported that financial resources have been allocated from the State Reserve to purchase medical supplies, including laboratory reagents, to manage the spread of COVID-19. [4]


4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?
Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Lithuania conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. Lithuania’s national stockpile is regulated by the Law on State Reserve. Article 16 of the Law on State Reserve stipulates that the coordinator of the state reserve on an annual basis coordinates with the Lithuanian government the necessary budgetary financing for compiling, accumulating, and managing the state reserve. In addition, article 14 of the Law on State Reserve stipulates that the Lithuanian Government is responsible for making the decision on the order and schedule in which financial and material resources of the State Reserve are restored after being
previously used in accordance with the law. [1] However, there is no public evidence that the country conducts or requires an
annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. No public evidence of
such a review taking place was found on the websites of the Ministry of National Defense, Ministry of Health, or the Fire and
Rescue Department. [2] [3] [4] No evidence of a requirement for such a review is contained in the World Health
Organization's Joint External Evaluation for Lithuania, conducted in November 2018. [5]

2021.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g.
MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for
national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

Lithuania has an agreement in place to procure medical supplies for national use during a public health emergency, but there
is no public evidence of a plan or agreement to leverage domestic manufacturing capacity to produce medical supplies. There
is no evidence of a plan or agreement to leverage domestic manufacturing capacity on the websites of the Ministry of Health
or the Ministry of National Defense, nor is there stipulation of such plan in the 1998 Law on Civil Protection or in the 2020
Decision on Declaring a National Level State of Emergency. [1] [2] [3] [4] Since 1 December 2014, Lithuania has been part of
the European Union's Joint Procurement Agreement (JPA) on the procurement of medical countermeasures [5]. Countries
that have joined the JPA may engage in a joint procurement procedure with a view to purchase such medical
countermeasures as vaccines, antivirals, laboratory tests, diagnostic tools/kits to address serious cross-border threats to
health [6]. In the context of the COVID-19 pandemic, Lithuania introduced amendments to articles 46 and 72 of the 1996 Law
on Public Procurements, which outlines national procurement protocols. The amended article 46 stipulates that the
contracting authority may waive the grounds for excluding suppliers from the procurement procedure set out in the Law in
exceptional cases, including the protection of public health. The amended article 72 stipulates that in case of a simplified
procurement and cross-border procurement, the contracting authority may, in the course of unannounced negotiations,
award the contract without complying with requirements applied to the procurement procedure and the procurement
contract. The contracting authority may also not comply with these requirements in the case of international procurement by
conducting unannounced negotiations. [7] [8] In addition, the Public Procurement Office lists all public procurement
contracts concluded for medical and laboratory supplies to manage the COVID-19 crisis, including COVID-19 tests and
reagents, personal protective equipment, and disinfectants. [9] On 23 June 2020, the Public Procurement Office issued a COVID-19 procurement report, in which it stated that most of the procurements that were conducted during the COVID-19 pandemic in the January–May period were done so via an expedited procurement process of unpublished negotiations, whereby suppliers selected by the contracting authority were contacted directly. [10] Furthermore, Lithuania has introduced an incentive to increase domestic production of medical goods aimed at managing the spread of COVID-19. The Lithuanian Business Promotion Agency (LVPA) issued a grant call referred to as "Selection of COVID-19 products LT" offering support of up to EUR 1 million (USD 1.18 million) from a pool of EUR 31 million (USD 36.6 million) for Lithuanian companies committed to manufacture the following products necessary for managing the spread of COVID-19: relevant medicines (including vaccines) and treatments; medical devices, hospital and medical supplies; disinfectants; data collection or processing tools aimed at combating COVID-19. [11]


4.2.3b
Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0
There is no public evidence that Lithuania has a plan or agreement to leverage domestic manufacturing capacity to produce laboratory supplies, or a plan or mechanism to procure laboratory supplies for national use during a public health emergency. No evidence of either of the plans, agreements or mechanisms was found on the websites of the Ministry of Health or the Ministry of National Defense, nor is there stipulation of such plan in the 1998 Law on Civil Protection, in the 2020 Decision, on Declaring a National Level State of Emergency, or in the 1996 Law of Public Procurement (amended 2020). [1] [2] [3] [4] [5]


4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Lithuania has a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency. According to the World Health Organization’s Joint External Evaluation (JEE) for Lithuania, conducted in November 2018, "mobilization of material and human resources and their management in the event of an imminent or actual state level emergency is regulated by the State Emergency Management Plan. It outlines a system for sending and receiving material resources (including medical countermeasures) and serves as a framework for emergencies' management." [1] The plan, however, does not provide further details on how medical countermeasures are to reach individuals in need from regional points such as hospitals, clinics, etc. [2] The plan only regulates the supply of material resources in case of an emergency (it is managed by the municipal administration director and the State Emergency Operations Manager), involving economic entities and other institutions. [2] Detailed information on how medical countermeasures are to be dispensed to citizens in public health emergency is not available on the websites of either the Ministry of Health, the Ministry of National Defense, or the Fire and Rescue Department. [3] [4] [5]

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?  
Yes = 1 , No = 0

**Current Year Score: 1**

There is evidence that Lithuania has a public plan to receive healthcare personnel from other countries for response to a public health emergency. The 2011 Decision on the Approval of, the Application for, the Acceptance, and Provision of Civil Protection International Aid regulates the request and acceptance of assistance as well as offering assistance to foreign entities. While the Decision primarily outlines the procedures which Lithuania should follow to request or provide assistance, it also assigns responsibility for coordinating personnel’s arrival to the State Emergency Operations Centre. According to the Decision, request for assistance from foreign countries and international organizations can be initiated by the government and state institutions authorized by intergovernmental mutual assistance agreements. The government, having made a decision to apply for assistance to foreign states and/or international organizations, instructs the Fire and Rescue Department to forward a request for assistance to foreign states and/or the European Commission through the Monitoring and Information Centre to other international organizations. The Ministry of Foreign Affairs also distributes it through diplomatic channels. The decision also regulates what kind of information shall be provided to foreign states and international organizations, including information related to expert assistance and international assistance teams. The State Emergency Operations Centre is responsible for coordinating the assistance received, including organizing points of contact at points of arrival (border, airport, seaports), providing guidance to the international teams, establishing communications procedures, organizing logistics and providing translators as needed. [1] The existence of this plan is also confirmed by the World Health Organization’s Joint External Evaluation (JEE) for Lithuania, conducted in November 2018. [2] No further evidence is available on the websites of the Ministry of Health, the Ministry of National Defense, or the Fire and Rescue Department. [3] [4] [5]

2020.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a
Does the constitution explicitly guarantee citizens’ right to medical care?
Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 3

2020

World Policy Analysis Center

4.4.1b
Access to skilled birth attendants (% of population)

Current Year Score: 100

2014


4.4.1c
Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international $)

Current Year Score: 688.27

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a
Are workers guaranteed paid sick leave?
Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020


4.4.3 Healthcare worker access to healthcare

4.4.3a Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that prioritized healthcare services are provided to healthcare workers who become sick as a result of responding to a public health emergency. No such information is included in the General Methodology for Healthcare Institutions on How to Act in Extreme Health Situations, the Civil Protection Law, the State Emergency Management Plan, or on the websites of the Ministry of Health and the Extreme Health Situation Centre under the Ministry of Health. [1] [2] [3] [4] [5]


4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that there is a system in place for public health officials and healthcare workers to communicate during a public health emergency in Lithuania. The General Methodology for Healthcare Institutions on How to Act in Extreme Health Situations does not mention a specific system for communication, but it stipulates that personal healthcare

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institutions have multiple phone lines, fax, TV access and radio communication with ambulance dispatcher in the extreme situations management center. [1] It also specifies what means of communication should be used for internal (direct communication, mobile or landline telephone, radio, fax, e-mail, written notes) and for external (mobile or landline telephone, ambulance radio network, special landline telephone lines, media, fax, e-mail) communication. If necessary, it stipulates switching to separate emergency communication channel. It also mentions that radio communication is used most frequently, therefore those workers who usually do not use it must receive a training in radio communication. It does not define 'internal' and 'external' communication, however. There is no evidence of such a plan in the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, or on the websites of the Ministry of Health and the Extreme Health Situation Centre under the Ministry of Health. [2] [3] [4]


4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that there is a system in place for public health officials and healthcare workers in both the public and private sectors to communicate during a public health emergency in Lithuania. There is no evidence of such a plan in the World Health Organization’s Joint External Evaluation for Lithuania, conducted in November 2018, or on the websites of the Ministry of Health and the Extreme Health Situation Centre under the Ministry of Health. [1] [2] [3] The General Methodology for Healthcare Institutions on How to Act in Extreme Health Situations refers to "employees of personal healthcare institutions", thus not differentiating between workers of the public and private sectors. [4]

[4] Extreme Health Situation Centre under the Ministry of Health. "General methodology for health care institutions on how to act in extreme health situations under MIMMS (major incident medical management and support) international standards for preparation" ("Bendroji metodika – Kaip veikti ekstremaliųjų sveikatai situacijų atvejais sveikatos priežiūros įstaigoms pagal MIMMS (Major Incident Medical Management and Support) tarptautinio pasirengimo ir pagalbos teikimo standartus")
4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1, No = 0

Current Year Score: 1

Lithuania’s national public health system monitors for and tracks the number of healthcare-associated infections that take place in healthcare facilities. The Hygiene Institute that belongs to the Ministry of Health co-ordinates the epidemiological surveillance of nosocomial infections, including prevalence studies, surveillance in intensive care units, and surveillance of operative wound infections. Data are provided to the European Center for Disease Prevention and Control (ECDC). The Institute is involved in improving the prevention of nosocomial infections, training of infection control specialists and other medical practitioners. The surveillance means a systematic gathering, analysis, and dissemination of information on nosocomial infections in order to plan, implement and evaluate measures to reduce the incidence and spread of nosocomial infections. [1] [2]


4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1, No = 0

Current Year Score: 1

There is a national requirement for ethical review before beginning a clinical trial. According to the Pharmaceutical Law (adopted 2006, last amended 2020), clinical trials of medicinal products may be performed only with the approval of the Lithuanian Bioethics Committee and the permission of the State Medicines Control Agency. The minister of health shall establish the procedure for the approval of clinical trials and grant the authorization to conduct a clinical trial. [1] The ethical
requirements on biomedical research are detailed in the 2015 Law on the Ethics of Biomedical Research. According to the law, biomedical research may only be carried out under the following conditions: there is scientific and practical value of the biomedical research; biomedical research cannot be replaced by another study that does not involve people; protection of the research interests and confidentiality of his health information is ensured; the person's consent to participate in the investigation has been granted; if the person has not given his consent to participate in the investigation the person will not lose the right to receive adequate personal health care; detailed data from relevant non-clinical studies are provided; the risks and inconveniences that the subject may experience are not greater than the benefits of the biomedical research. [2]

The Lithuanian Bioethics Committee issues the permission to conduct biomedical research and the approval of clinical trials of the medicinal product if the conclusion of the group of experts of biomedical research of the Lithuanian Bioethics Committee is positive. Documents must be examined and a permit for biomedical research issued or issued with reasoned refusal no later than 45 calendar days after receipt of all duly completed documents. Documents must be examined and a permit for biomedical examination with a medical device issued or issued with a reasoned refusal no later than within 60 calendar days from the date of receipt of all duly completed documents. [2] [3]


4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?
Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. No such evidence is available in the 2006 Pharmaceutical Law, the 2015 Law on the Ethics of Biomedical Research, or on the website of the Lithuanian Bioethics Committee. [1] [2] [3] The Lithuanian Bioethics Committee shall express its approval or disagreement with the clinical trial no later than 60 days from the date of the application. The State Medicines Control Agency shall issue a permit for a clinical trial or a reasoned refusal to issue a clinical trial no later than 60 days after the date of acceptance of the application. The time limit may be extended to 30 days in the case of the following medicinal products: gene therapy, somatic cell therapy, GMO products. In certain cases, the deadline may be extended by further 90 days, up to a total of 180 days. The deadline for issuing a clinical trial for xenogeneic cell therapy is unlimited. [1] The websites of the Ministry of Health and the Ministry of Education, Science and Sport do not include evidence of such a process. [4] [5]

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a
Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?
Yes = 1, No = 0

Current Year Score: 1

There is a government agency responsible for approving new medical countermeasures (MCM) for humans. In Lithuania, the State Medicines Control Agency is responsible for approving new medicinal products. The Agency issues marketing and registration certificates of medicinal products, re-registers medicinal products, suspends the validity of certificates, revokes the suspension of certificates or revokes certificates and keeps the Register of Medicinal Products of the Republic of Lithuania in accordance with the procedure established by the minister of health. The Agency registers medicines (other than veterinary), radioactive drugs, homeopathic products, traditional medicine products, medical bioproducts (toxins, serums, diagnostic allergens, diagnostic antigens, diagnostic sera, vaccines), biotechnological products, blood products, therapeutic cosmetics and special food products. [1] [2]


4.7.2b
Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?
Yes = 1, No = 0

Current Year Score: 1

In Lithuania there is evidence of an expedited process for approving medical countermeasures for human use during public health emergencies. According to the Minister of Health’s Order on the Approval of Provisions of the Registration Rules for Medicinal Products (adopted 2013, amended 2020), an expedited process called the Zero-Day Registration Procedure for a Medicinal Product is in force in Lithuania and applies to medical countermeasures for human use for which the quality, safety and efficacy have been evaluated by experts from authorized bodies in at least two European Economic Area countries. [1, 2]

The expediated approval process consists of the following timeframes: 5 working days following the receipt of the relevant request by the State Medicines Control Agency (VVKT), for the confirmation on whether the Zero-Day Registration Procedure can be initiated; 14 working days for the VVKT to performs the initial examination of the received documents under the Zero-Day Registration Procedure; 20 working days for the VVKT to register the medicinal product. [1] There is no additional evidence of any other expedited process for approving medical countermeasures for human use on the websites of the Ministry of Health, the Ministry of Education, Science and Sport and the State Medicines Control Agency or in the 2006 Pharmaceutical Law. [3, 4, 5, 6]
Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1, No = 0

Current Year Score: 1

2020

World Health Organization
5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Lithuania has either an overall disaster risk reduction strategy or a standalone national disaster risk reduction strategy for epidemics and pandemics. The Ministry of Health website does not provide any evidence that a disaster risk reduction strategy for pandemics is in place [1]. The website of the Centre for Infectious Disease and AIDS and the website of the National Public Health Center under the Ministry of Health do not include any information on a plan dedicated to disaster risk reduction for pandemics or epidemics. [2] [3] The Law on Civil Protection (adopted in 1998, amended in 2020) and the 2014 Lithuanian Health Strategy 2014-2025 do not mention pandemics or epidemics. [4] [5] There is no relevant information on the website of the Extreme Health Situation Centre under the Ministry of Health or in the World Health Organization's Joint External Evaluation for Lithuania, conducted in November 2018. [6] [7]


5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0
Lithuania has cross-border agreements with neighboring countries with regard to public health emergencies, and there is no evidence of gaps in implementation. According to the Joint External Evaluation of IHR Core Capacities of the Republic of Lithuania conducted in 2018, there is a Partnership Agreement between the Ministry of Health of the Republic of Lithuania, the Ministry of Social Affairs of the Republic of Estonia and the Ministry of Health of the Republic of Latvia on Joint Procurements of Medicinal Products and Medical Devices and Lending of Medicinal Products and Medical Devices Procurable Centrally. [1] [2] In addition, Lithuania is a signatory to Joint Procurement Agreement to Procure Medical Countermeasures, which allows interested EU member states to jointly procure medical countermeasures against serious cross-border health threats. [1] Furthermore, Lithuania as an EU member is part of the EU Civil Protection Mechanism, which aims to improve prevention, preparedness and response to disasters. [3] Lithuania can also receive assistance from the European Centre for Disease Prevention and Control (ECDPC), which supports the response to infectious disease threats to EU; the country has been routinely sharing epidemiological data with the ECDPC. [4] [5] Within the EU, the Health Security Committee also provides a platform for the health ministries of member states to co-ordinate national responses to cross-border public health emergencies. [6] [7] There is also an Agreement with Estonia and Latvia on Mutual Assistance and Cooperation in the Field of Disaster Prevention, Preparedness, and Response (adopted 2018). [8] The Agreement deals with disasters, which it defines as situations that have a significant negative impact on people, the environment, or property, but it does not explicitly mention public health emergencies. [8] Lithuania also has cross-border agreements with Poland, Belarus, and Latvia with regard to emergencies, but they do not explicitly mention health emergencies. [9] [10] [11] No evidence of any gaps in the implementation of the aforementioned agreements was found on the websites of the State Fire and Rescue Department or the Ministry of Health. [12] [13]

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

Lithuania has cross-border agreements on to animal health emergencies as part of a regional group, and there is no evidence of gaps in implementation. As a member of the European Union (EU), Lithuania is entitled to request assistance from the Veterinary Emergency Team. [1] [2] The members of this team are experts in "veterinary sciences, virology, wildlife, laboratory testing, risk management and other relevant areas". [1] It was established by the European Commission and works in coordination with the EU’s Community Reference Laboratory. [2]

The Veterinary Emergency Team has carried out two emergency missions in Lithuania to combat classical swine fever (in July 2009 and July 2011) and four to combat African swine fever (in January 2014, March 2014, July/August 2014 and October 2014). [3] No evidence of any gaps in the implementation of the emergency missions carried out by the Veterinary Emergency Team was found on the websites of the State Fire and Rescue Department or the Ministry of Health. [4] [5]

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a
Does the country have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?
Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0
Current Year Score: 2

2021
Biological Weapons Convention

5.3.1b
Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?
Yes = 1 , No = 0
Current Year Score: 1

2021
Biological Weapons Convention

5.3.1c
Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?
Yes = 1 , No = 0
Current Year Score: 1

2021
Biological Weapons Convention

5.3.1d
Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:
Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0
Current Year Score: 4

2021
Biological Weapons Convention
5.3.2 Voluntary memberships

5.3.2a
Does the country meet at least 2 of the following criteria?
- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. Yes for five = 1, Yes for four = 1, Yes for three = 1, Yes for two = 1, Yes for one = 0, No for all = 0

Current Year Score: 1

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a
Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?
Yes = 1, No = 0

Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b
Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?
Yes = 1, No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda
5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a
Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?
Yes = 1, No = 0

Current Year Score: 0

2021
OIE PVS assessments

5.4.2b
Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?
Yes = 1, No = 0

Current Year Score: 0

2021
OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a
Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?
Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that, in the past three years, Lithuania has allocated national funds to improve its capacity to address epidemic threats. No such evidence was found on the websites of the Ministry of Health, National Public Health Center under the Ministry of Health, Centre for Infectious Diseases and AIDS, the Ministry of Agriculture, the Ministry of Finance, or that of the President's Office. [1] [2] [3] [4] [5] [6] No evidence of funds dedicated to improving the domestic capacity to address epidemic threats was found in the budgets of Lithuania for the years 2018, 2019, and 2020. [6] [7] [8]

With regard to the health sector, it was emphasized in the 2020 budget that additional funds, an increase of EUR 87.9 million (USD 103.8 million) compared to 2019, were only allocated to the Compulsory Health Insurance Fund. [10]

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a
Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?
Yes = 1, No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b
Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?
Yes = 1, No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments
5.5.3 Financing for emergency response

5.5.3a
Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1, No = 0

Current Year Score: 1

Lithuania has a publicly identified special emergency public financing mechanism and funds that it can access in the face of a public health emergency. According to the 1999 Order on the Approval of Provisions for the Reserve of Funds for the Prevention of Communicable Diseases and the Elimination of the Consequences of These Diseases and Other Emergencies, Lithuania has a reserve fund for the prevention of infectious diseases and for the management of the effects of these diseases and other extreme situations. The Director of the Center for Health Emergencies under the Ministry of Health is responsible for allocating funds envisaged by the order. The reserve is created by the Ministry of Health using 0.1% of health care allocations it receives from the state budget. The funds of the reserve are to be used in the following emergency situations: extreme epidemic situations, large-scale nuclear and chemical accidents and disasters, natural disasters, mass accidents. The order envisages the use of the reserve funds to pay for the work of anti-epidemic groups, radiation and chemical intelligence groups, medical aid groups, laboratories and other temporary structural units, and their personnel; for medicines, vaccines, immunoglobulins, disinfectants and deactivation agents, media, bacterial and biological preparations, reagents, equipment and inventory, individual protection measures not available in the State Material Reserve of the Ministry of Health of the Republic of Lithuania. The funds may also be used to reimburse personal and public healthcare professionals who are posted and mobilized in the manner prescribed by law to manage the consequences of emergencies, or to work in emergency areas, to pay mission expenses; victims' health emergencies, consultations and treatment in Lithuania and abroad; to pay for the work of Lithuanian and foreign experts and consultants; expenditure on communications and transport, economic activities and other needs directly related to the work of eliminating the consequences of emergencies. [1] Lithuania is not among the countries eligible for World Bank pandemic financing. [2]


5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a
Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:
- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country’s domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0
There is no publicly available evidence that Lithuanian senior leaders have made a public commitment to support other countries to improve capacity to address epidemic threats by providing support and to improve Lithuania’s own domestic capacity to address epidemic threats by expanding financing to improve capacity. Although Lithuanian senior leaders have made public commitments with regard to the COVID-19 pandemic, no such statements were made with regard to expanding financing or building capacity to address future health threats. In an address to the United Nations General Assembly, the Lithuanian president stated that "Lithuania has already supported African, Central and East Asian, European, and Middle East countries that suffered from coronavirus the most. And we will continue to do so in the future". [1] The president has also been cited as saying that Lithuania "lacks professionals, who could identify sources of the virus and conduct contact tracing. It is necessary to allocate more funding and to increase capabilities." [2] In another news report published by the Lithuanian public broadcaster, the Lithuanian prime minister was cited as saying that "we will help Italy and Spain" and that the Lithuanian government was planning to allocate EUR 100,000 (USD 117,600) for these countries, which are "facing difficulties at the coronavirus front". [3] Furthermore, in 2014 Lithuania provided humanitarian assistance to fighting Ebola in Guinea, Sierra Leone, and Liberia. [4] Lithuania has also provided humanitarian aid to other countries, but there is no evidence that this funding was specifically aimed at improving capacity to tackle epidemic threats. In 2016, Lithuania sponsored the polio vaccination campaign in Ukraine. [5] In 2016 Lithuania provided humanitarian aid to Ukraine in the form of antiviral medicines. [6] In 2017, Lithuania provided funds for humanitarian aid to Sierra Leone in connection with the recent landslide and Ebola epidemics. [7] No further information on senior Lithuanian leaders making commitments on the matter have been found on the websites of the Ministry of Health, the Ministry of Foreign Affairs, and the WHO. [8] [9] [10]

5.5.4b

Is there evidence that the country has, in the past three years, either:
- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

In the past three years, there is insufficient evidence that Lithuania has assisted other countries in improving their capacity to address epidemic threats or requested assistance to improve its capacity to address such threats. There is, however, evidence of funding for humanitarian relief and response efforts. In 2020, Lithuania assisted in responding to COVID-19 pandemic by committing medical equipment worth EUR 100,000 (USD 117,600) to Italy and Spain, as well as medical equipment worth EUR 50,000 (USD 58,800) to Belarus. [1, 2] Furthermore, a May 2020 government press release notes that the country has committed EUR 2.5 million (USD 2.9 million) to the Emergency Support Instrument of the European Union toward the development of a vaccine for COVID-19. [3] In addition, Lithuania has received 20,000 FFP2 respirators as humanitarian aid from the European Commission aimed to help manage the spread of COVID-19. [4]

In 2017 Lithuania provided funds for humanitarian aid to Sierra Leone in connection with the recent landslide and the Ebola epidemic. [5] Furthermore, Lithuania also provided humanitarian aid in the form of personal protective equipment to Moldova, Armenia, Ukraine, and Georgia to assist these countries with managing the spread of COVID-19. [6]

No publicly available evidence of Lithuania requesting assistance to address epidemic threats can be located on the websites of the Ministry of Health, the Ministry of Foreign Affairs, or on the WHO country or regional page. [7, 8, 9, 10] According to the Georgetown Infectious Disease Atlas, in the past three years, Lithuania has not provided or received funding to improve the country's domestic capacity to address epidemic threats. [11, 12]


5.5.4c
Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?
Yes = 1 , No = 0

Current Year Score: 1

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a
Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?
Yes = 1 , No = 0

Current Year Score: 0
Lithuania does not have a plan or policy for sharing genetic data, clinical specimens, isolated specimens or associated epidemiological data with international organizations or other countries. There is no evidence of such a plan or policy on the websites of the Ministry of Health, the National Public Health Center under the Ministry of Health, the National Public Health Laboratory, or the Ministry of Agriculture. [1] [2] [3] [4] However, Lithuania is a signatory member state of the European Union (EU) Genomics Declaration. The Declaration is the result of a joint European effort to link genomic databases across borders and thus to develop a secure health data infrastructure within the EU. Signatory member states commit to collaborating on the "secure and authorized access to national and regional banks of genetic and other health data". The expected benefits of the cooperation are more effective prevention and personalized treatment of rare, complex and infectious diseases, as well as cancer and brain related diseases. [5] [6] The European Commission’s description of the program contains no explicit indication that data is shared during public health emergencies, but suggests that data sharing is continuous. [5] [6]


5.6.1b
Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?
Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Lithuania has not shared influenza samples in accordance with the PIP framework in the past two years. The World Health Organization’s (WHO) Joint External Evaluation for Lithuania, conducted in November 2018, as well as WHO news reports have not reported a failure to comply on behalf of Lithuania. [1] [2] Such information is also absent from the website of Lithuanian Ministry of Health. [3] In addition, the Lithuanian 2019–2023 Program for Preparation for Influenza Pandemics specifically mentions in its plan of implementing measures that the National Public Health Laboratory will "ensure the rapid characterization and transmission of an isolated influenza virus" to the WHO and will collect and share any other relevant information with the WHO. [4]

5.6.1c
Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?
Yes = 0, No = 1
Current Year Score: 1

There is no public evidence that Lithuania has not shared pandemic pathogen samples, including samples of COVID-19, during an outbreak in the past two years. The World Health Organization (WHO) and international and local media outlets have not reported any non-compliance in the past two years by Lithuania. [1] [2] [3] There are no media reports indicating that Lithuania did not share pandemic pathogen samples, including samples of COVID-19.


Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a
Policy formation (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 3

2020
Economist Intelligence

6.1.1b
Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)
**6.1.1c**  
Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)  
Input number  
Current Year Score: 4  
2020  
Economist Intelligence

**6.1.1d**  
Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)  
Input number  
Current Year Score: 2  
2020  
Economist Intelligence

**6.1.1e**  
Country score on Corruption Perception Index (0-100, where 100=best)  
Input number  
Current Year Score: 60  
2020  
Transparency International

**6.1.1f**  
Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)  
Input number  
Current Year Score: 3  
2020  
Economist Intelligence
6.1.1g
Human rights risk (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 4

2020
Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a
How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?
Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0
Current Year Score: 3

2021
Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a
What is the risk of disruptive social unrest?
Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0
Current Year Score: 3

2021
Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a
How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0
Current Year Score: 3

Economist Intelligence
6.1.4b
What is the level of illicit arms flows within the country?
4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low
Current Year Score: 2

2020
UN Office of Drugs and Crime (UNODC)

6.1.4c
How high is the risk of organized criminal activity to the government or businesses in the country?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 3

2021
Economist Intelligence

6.1.5 Armed conflict

6.1.5a
Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?
No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0
Current Year Score: 4

2021
Economist Intelligence

6.1.6 Government territorial control

6.1.6a
Does the government’s authority extend over the full territory of the country?
Yes = 1, No = 0
Current Year Score: 1

2021
6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)
Input number

Current Year Score: 99.8

2011

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score
Input number

Current Year Score: 0.88

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at $1.90 a day (2011 PPP) (% of population)
Input number
Current Year Score: 0.8

2017

World Bank; Economist Impact

6.2.3b
Share of employment in the informal sector
Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 0

The latest available figures indicate that less than 25% of Lithuania’s employment is in the informal sector. 22% of the Lithuanian labor market is undeclared, according to a 2013 study conducted by the Lithuanian Free Market Institute on the country’s shadow economy. [1] The websites of the International Labor Organization, the World Bank, and the Lithuanian Official Statistics Portal contained no more recent information on the share of employment in Lithuania’s informal sector [2] [3] [4]


6.2.3c
Coverage of social insurance programs (% of population)
Scored in quartiles (0-3, where 3=best)

Current Year Score: 3

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government
6.2.4a
Level of confidence in public institutions
Input number

Current Year Score: 1

2021
6.2.5 Local media and reporting

6.2.5a
Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?
Input number

Current Year Score: 2

2021

6.2.6 Inequality

6.2.6a
Gini coefficient
Scored 0-1, where 0=best

Current Year Score: 0.36

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a
What is the risk that the road network will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 4

2021

6.3.2 Adequacy of airports

6.3.2a
What is the risk that air transport will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3
6.3.3 Adequacy of power network

6.3.3a
What is the risk that power shortages could be disruptive?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
Current Year Score: 3

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a
Urban population (% of total population)
Input number
Current Year Score: 67.86

6.4.2 Land use

6.4.2a
Percentage point change in forest area between 2006–2016
Input number
Current Year Score: 0.95

6.4.3 Natural disaster risk

6.4.3a
What is the risk that the economy will suffer a major disruption owing to a natural disaster?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0
6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a
Total life expectancy (years)
Input number
Current Year Score: 75.68

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b
Age-standardized NCD mortality rate (per 100 000 population)
Input number
Current Year Score: 525

2019

WHO

6.5.1c
Population ages 65 and above (% of total population)
Input number
Current Year Score: 20.16

2019

World Bank

6.5.1d
Prevalence of current tobacco use (% of adults)
Input number
Current Year Score: 27.1
6.5.1e Prevalence of obesity among adults

Current Year Score: 26.3

6.5.2 Access to potable water and sanitation

6.5.2a Percentage of homes with access to at least basic water infrastructure

Current Year Score: 97.54

6.5.2b Percentage of homes with access to at least basic sanitation facilities

Current Year Score: 93.35

6.5.3 Public healthcare spending levels per capita

6.5.3a Domestic general government health expenditure per capita, PPP (current international $)

Current Year Score: 1523.44
WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a
Trust medical and health advice from the government
Share of population that trust medical and health advice from the government, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 0

2018

Wellcome Trust Global Monitor 2018

6.5.4b
Trust medical and health advice from medical workers
Share of population that trust medical and health advice from health professionals, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 2

2018

Wellcome Trust Global Monitor 2018