Programme LT11 and its coherence with public health needs in Lithuania

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Outline

• Lithuania in brief (some social & health statistics)
• OECD main findings and key recommendations for promoting inclusive growth in Lithuania
• Programme LT11 and its coherence with national strategic documents and public health needs in Lithuania
LITHUANIA in numbers

- **Males / Females**, % (2015): 46,08 / 53,92
- **Natality** (2015): 11,0 per 1000 population
- **Mortality** (2015): 14,4 per 1000 population (urban – 12,6; rural – 16,0)
- **Natural increase** (2015): -3,4 per 1000 population
- **Net international migration** (2014): -4,2 per 1000 population
- **Infant mortality** (2015): 4,1 per 1000 live births
- **Average life expectancy**: LT (2014): 74,59 (male – 69,13, female – 79,88; urban – 75,57, rural – 72,74); **EU-28** (2013): 80,6
- **Education level**: ~93% of Lithuanians have at least secondary education (74% average in the EU-28), ~34 % of Lithuanians hold a higher education qualification (27,7% average in the EU-28)
- **At-risk-of-poverty rate**, % (2014): **LT**: 27,5; **EU-28**: 26,1;
- **Unemployment rate**, % (2014): **LT**: 10,7, youth unemployment rate – 19,3; **EU-28**: 10,2, youth unemployment rate – 22,2

Sources: *Statistics Lithuania, ** Eurostat*
Inequality and poverty rates are high, job satisfaction and life expectancy are low while emigration is high.
Lithuanian well-being indicators

Difference in life expectancy at birth between EU Member States and the EU average, 2010, by sex

Source: European Commission Report

Health inequalities in the EU
Source: WHO, Institute of Hygiene; calculations prepared by Health economics centre
Good situation in children and adolescent health behaviour in relation with:
- Having good communication with parents (especially with mothers)
- Feeling peer support
- Relative low usage of cannabis
- Relative low obesity and overweight
- Relative low early sexual intercourse

Bad situation in children and adolescent health behaviour in relation with:
- Bullying and cyberbullying
- Medically attained injuries
- Early smoking
- Early consumption of alcohol and being drunk > 2 times
- Low daily consumption of fruits
- High consumption of soft drink
Further promote healthy lifestyles and primary health care, especially in rural areas through GPs, greater role of nurses and recently established network of municipal public health bureaus.
Lithuanian Health Strategy for 2014-2025

- adopted by the Parliament, prepared on basis of comprehensive analysis of implementation of former LHS
- based on WHO Health2020 and successful experience of EU countries;
- open consultation with different policy sectors and social partners
- annual, mid-term (2020) and final (2025) evaluation and reporting, submitted to the Government and the Parliament

Strategic aim:
better public health, longer healthy life, reduced inequalities in health

1. Create safer social environment, reduce health inequities and social exclusion
   1.1. reduce poverty and unemployment rates
   1.2. reduce social and economic inequalities on national and community levels

2. Create healthy working and living environment

3. Develop culture of healthy lifestyle

4. Ensure quality, accessible and public needs meeting health care

Target indicators until 2025:
1. ALE – 77,5; (74,59 (2014))
2. Difference of female and male ALE (by decreasing male ALE) – 8y; (10,75 (2014))
3. Mortality due to suicide per 100 000 population – 12; (31,71 (2014))
4. Decrease of deaths due to natural cold – 20%;
Public Health Development Programme for 2016-2023

Strategic aim: extend healthy life expectancy (HALE) at birth

1. Improve physical and mental health, promote healthy lifestyle, increase health literacy
2. Create safe and healthy living and working environment
3. Improve access and quality of public health care services
4. Ensure sustainability of public health care system

- Promotion of healthy life-style of children and youth, improvement of health literacy over the life course,
- Development of youth-friendly health care services,
- Use of "Health in all policies" approach to improve public health and reduce health inequalities

are among priority objectives
Norway Grant Programme LT11 – investments to improve children and youth health and reduce health inequalities

- Development and implementation of the National Child Health Monitoring Information System
- Improvement of the provision of health care services in schools and pre-school education institutions
- Development and implementation of the Model for provision of youth-friendly health care services
- Development of the Model for strengthening of the capacities to identify and reduce health inequalities