

CHAPTER I

INTRODUCTION

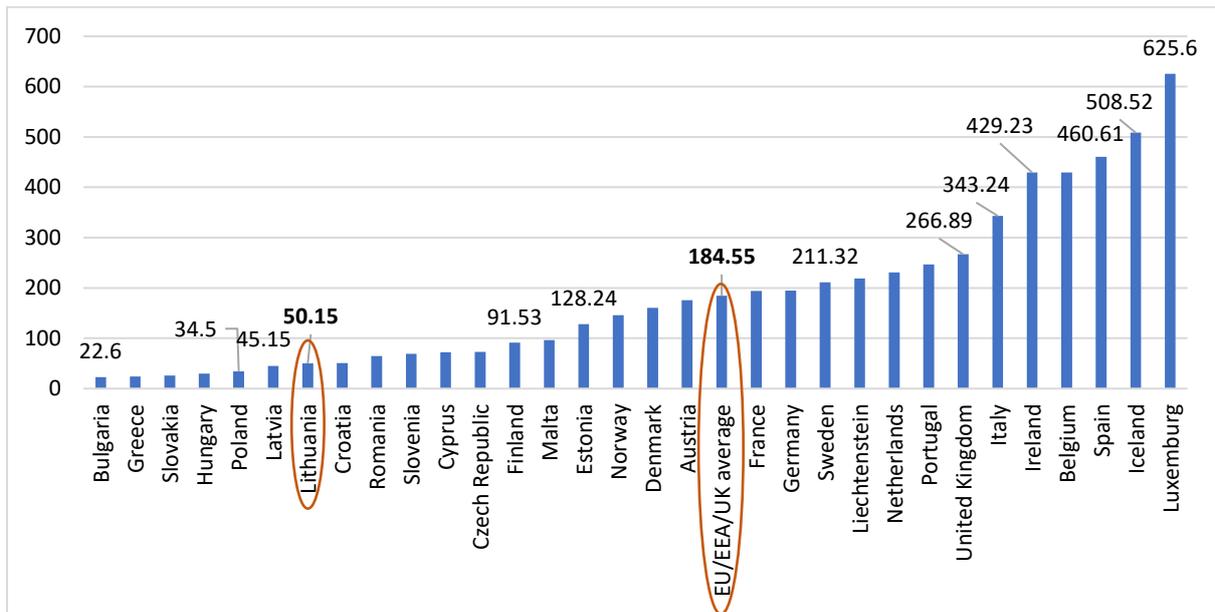
On 11 March 2020, the World Health Organization declared a global pandemic of a new coronavirus (COVID-19 disease) (hereinafter, ‘the virus’). According to the data of 2 May 2020, the virus has affected 215 countries, areas or territories around the world, with a total of 3,267,184 reported cases and 229,971 deaths.¹ In Europe, 1,492,024 cases have been confirmed. The United States has 1,067,127 reported cases, the highest number worldwide. 215,216 cases have been confirmed in Spain, 207,428 cases in Italy, and 177,458 cases in the United Kingdom.²

The Government of the Republic of Lithuania has reacted very rapidly to the scale of the spread of the virus in the world and the threats it had posed to human health and life. On 26 February 2020, a national-level emergency situation was declared throughout the country due to the threat of the spread of the virus (Resolution No 152 of the Government of the Republic of Lithuania of 26 February 2020 ‘On the Declaration of a National-Level Emergency Situation’), and on 16 March 2020, quarantine was announced in the territory of the Republic of Lithuania, the quarantine regime was approved and the third (full readiness) level of readiness of the civil protection system was announced (Resolution No 207 of the Government of the Republic of Lithuania of 14 March 2020 ‘On Announcement of Quarantine in the Territory of the Republic of Lithuania’). The rapid response has greatly contributed to controlling the spread of the virus in the country, which can also be seen from the comparison of the respective indicators of Lithuania with those of other countries. In terms of the *reported cases per 100,000 population*, compared to the countries of the European Union (hereinafter, ‘the EU’), the European Economic Area (hereinafter, ‘the EEA’) and the United Kingdom, Lithuania ranks among the top ten countries with the lowest number of the reported virus cases, which is 3.68 times lower than the average of the group of those countries. The positive indicator reflects the mobilisation of society, dedication of medical professionals, and the Government’s commitment to public health.

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> [accessed on 02/05/2020].

² Ibid. [accessed on 02/05/2020].

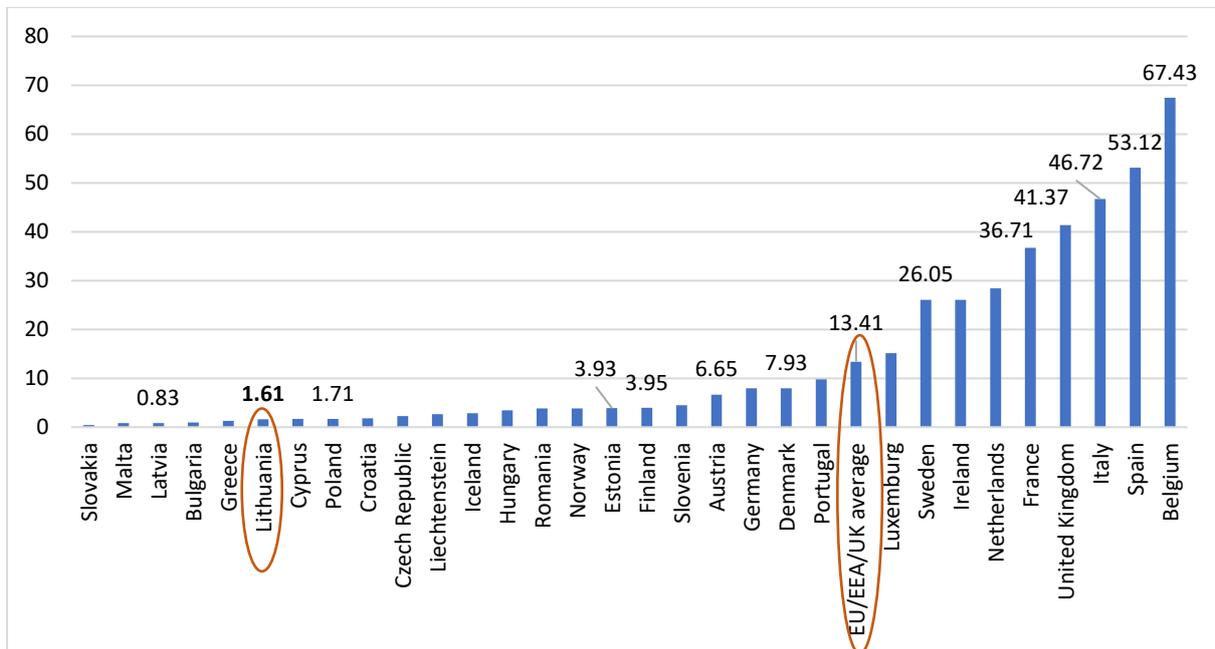
Figure 1. Reported cases per 100,000 population in the EU/EEA and the UK (02/05/2020)



Source: <https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>

In terms of the *reported deaths*, Lithuania is also among the 10 countries with the lowest number of deaths from the virus in the mentioned group of countries.

Figure 2. Reported deaths per 100,000 population in the EU/EEA and the UK (02/05/2020)



Source: <https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>

To limit the spread of the virus and preserve the health and lives of the population, the quarantine regime has been approved: special conditions, restrictions and procedures for work, life, rest, movement, economic and other activities of persons have been established. The crisis

caused by the virus has had significant negative consequences for the country's economy and social environment, has affected the labour market, suspended provision of some administrative and public services that could not be provided remotely for objective reasons, posed significant challenges to the education system, caused restriction or suspension of cultural activities, restricted the freedom of movement of citizens and foreign trade, and unforeseen tensions have emerged in international relations. It is currently not possible to list the full extent of the impact of the pandemic on different areas of the country's activity, as some of the consequences will be felt in the future, while others require specialized research and assessment. However, it is clear that the virus pandemic has posed the unexpected and systemically new challenges to all spheres of the life of the State and has contributed to the growing role of the State institutions.

The country's economy and labour market are those areas where the negative effects of the crisis caused by the virus have been most likely to occur. Therefore, the Government immediately, already on 16 March 2020, approved an unprecedented EUR 5 billion worth Economic Stimulus and Coronavirus (COVID-19) Mitigation Action Plan (hereinafter, 'the Economic Stimulus Plan'). The purpose of the Economic Stimulus Plan is to help preserve jobs, maintain the income level of the population, help businesses preserve financial liquidity, stimulate the economy, and ensure liquidity of the Treasury. It is already possible to see the specific amounts of the State support that have reached the country's businesses, the self-employed and residents experiencing difficulties due to limited activities to help them maintain their income. The detailed information related to the Economic Stimulus Plan is published and regularly updated on the website <https://eimin.lrv.lt/en/important-information-for-business-on-coronavirus/important-information-for-business-on-coronavirus-1>

The adoption and implementation of the Economic Stimulus Plan is a crucial step in helping employees and businesses meet the short-term challenges. However, experts from various international organizations and think tanks are increasingly saying that the virus pandemic will lead to inevitable structural economic and social changes, and countries must prepare for that. Countries are encouraged to develop not only the virus pandemic management plans, but also strategies to adapt to the irreversible changes in various areas of the State, to the 'new reality'. Estimates and forecasts are contradictory and mixed; hence, the State must be prepared for a variety of possible scenarios.

The COVID-19 Management Strategy (hereinafter, 'the Strategy') has been developed to ensure that the risk of the spread of the virus is managed in the short term, and that the State is properly prepared for the possible future outbreaks of the virus. The purpose of the Strategy is to concentrate the efforts and initiatives of all authorities and institutions, local government, medical personnel, socio-economic partners and civil society in existing practices to manage the risk of spreading the virus and reduce its negative impact, as well as to provide directions for the new necessary public investments required for the implementation of the aim of the Strategy. Given the lack of global knowledge about the novel coronavirus, the Strategy is being developed as a dynamic document that is being constantly reviewed, updated and supplemented.

CHAPTER II

THE AIM OF THE STRATEGY AND THE PRINCIPLES OF IMPLEMENTATION

The aim of the Strategy is to control the spread of COVID-19 disease in the short-term and to prepare for the possible new outbreaks of the virus in the future with a view to reducing the negative impact on public health, the national economy, and social and cultural life.

In the face of the sudden negative effects of the virus pandemic on the country, the Government has taken immediate action to implement the short-term Economic Stimulus Plan to help address business financial liquidity and preserve personal income. While continuing with the implementation of the Plan, the next stage has been entered into: a large-scale project to stimulate aggregate demand has been launched with a view to providing businesses with additional and targeted opportunities to get involved in the implementation of projects that meet the needs of the State. At the same time, a two-year economic recovery and reorientation plan, including a large social package, is being developed in order to stabilize unemployment and employment rates and maintain the income of the population.

The Strategy shall be implemented in accordance with five key principles: 1) protection of high-risk individuals, 2) proactive localization of cases and prompt implementation of necessary measures, 3) the promptly and objectively informed public, 4) the evidence-based and fact-based decision-making, 5) international cooperation, in particular at the European Union level. Each activity and/or measure of the Strategy implementation and the extent of their implementation (start of implementation, duration, target group, place of implementation) shall be selected taking into account the established principles.

The first principle – *protection of persons belonging to a high degree of risk* – is especially relevant when making decisions on the application of quarantine conditions in the territory of the State or separate parts of the territory, or in separate sectors of economic activity, organization of administrative and public services, etc. This principle will need to be applied horizontally in all areas of the State activity while developing decisions related to adaptation to the new conditions dictated by the virus pandemic, in the organization of the life of the State.

Classification of individuals as high risk is possible based on the degree of personal risk and the degree of social risk. The degree of personal risk is understood as the risk of a person, once infected, not surviving the disease or developing serious health problems. The degree of social risk depends on a person's contacts with individuals of a high degree of personal risk, with infected or possibly infected individuals, or with abundant close contacts with many people. All of the above poses a risk for the virus to spread.

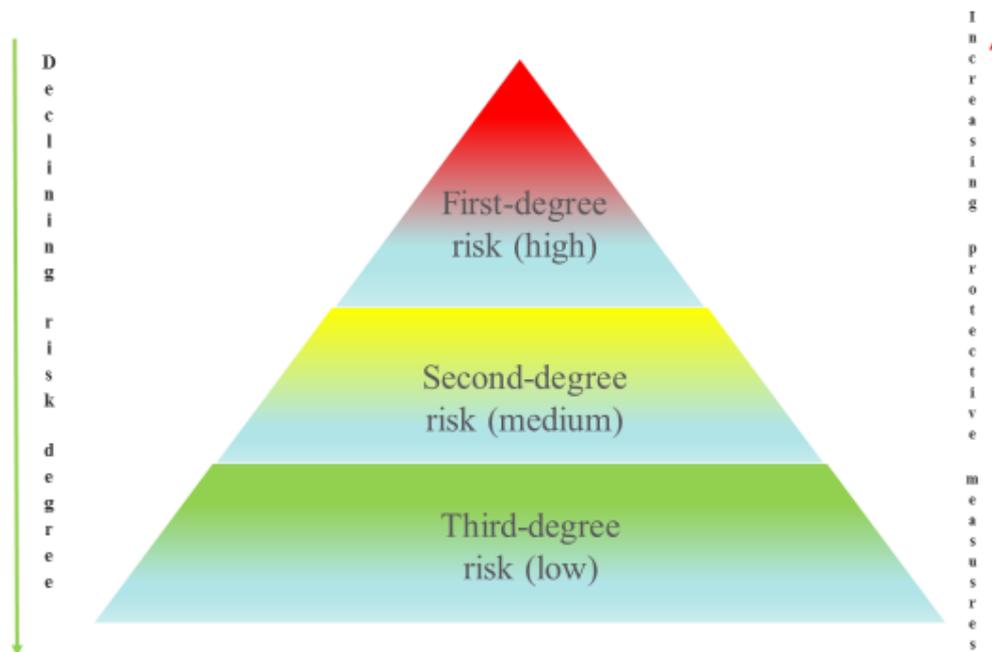
There are three levels of risk, where 1 means high risk, 2 means medium risk, and 3 means low risk. The assignment of separate groups of individuals to the respective degrees of risk based on personal and social risks is shown in Figure 3.

Figure 3. Assignment of groups of individuals to degrees of risk

| Personal risk | Degree of risk | Social risk | | | |
|--|----------------|--|--|--------------------------------|-----------------------|
| | | Direct contact with virus-infected or potentially infected individuals | Contact with individuals with the high degree of personal risk | Close contact with many people | No high-risk contacts |
| Recipients of nursing and supportive care services, individuals subjected to immunosuppression and those with significant co-morbidities (diabetes, chronic lung, heart disease) | | 1 | 1 | 1 | 2 |
| Individuals aged 60 and over | | 1 | 1 | 2 | 2 |
| Individuals with other identified risk factors | | 1 | 2 | 2 | 3 |
| Individuals with no known risk factors | | 2 | 2 | 3 | 3 |

It is important to note that the higher the level of risk, the more intensive protection measures have to be applied. Standard public health measures apply to low-risk individuals.

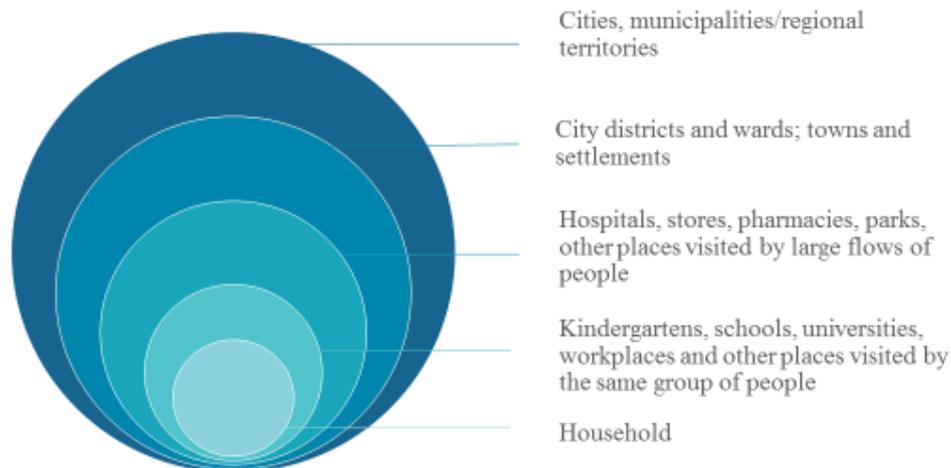
Figure 4. Intensity of protection measures for individuals at different degrees of risk



The application of **the second principle** – *proactive localization of cases and prompt implementation of necessary measures* – provides for the localization of virus cases, control is taken to test proactively and, if necessary, establish circle quarantines to stop the spread of

the virus. Localization can be applied to an entity of any size and organizational form: it can be a family (a household), a company or an institution, a kindergarten, a hospital, a shop, a city district, a municipal territory, and so on.

Figure 5. Case localization



Application of the extremely strict quarantine conditions, especially throughout the country, is a measure of last resort to control the spread of the virus, when epidemiological data confirms that other measures taken are not sufficiently effective. Therefore, proactive testing measures will aim at identifying and localizing cases of virus infection as early as possible. Cases shall be localized and the appropriate conditions of the quarantine regime established on the basis of the results of the epidemiological control. Where a circle quarantine is applied, compliance with the established quarantine conditions becomes an essential and crucial aspect in stopping the spread of the virus in a large part of the country or in its entirety.

The third principle is *the promptly and objectively informed public*. The public is a key partner for the authorities in controlling the spread of the virus. Without the proper public involvement, no measures will be effective to prevent the virus from spreading. Proper public information is a prerequisite for involving the public in a conscious and responsible fight against the spread of the virus. The public has to be informed promptly, objectively, in a clear and comprehensible manner, and all the necessary and essential information has to be provided. Therefore, special attention will be paid to communication and public information, all the possible means of media and the possibilities of the latest digital information and communication technologies will be used, and the published information will be tailored to the needs and accessibility of individual target groups.

For many years now, significant world events or individual situations in different countries have been accompanied by an abundance of fake news. That also has happened when the world has faced the virus pandemic. It should be noted that a situation where false information is provided to the public by deliberately spreading fake news is particularly dangerous and can directly affect the extent of the spread of the virus and significantly increase the rate of adverse effects caused by the virus. Particular attention will be paid to combating fake news through modern technologies and international partners.

Objective public information is expected to help mobilize civil society's efforts to contribute to curbing the spread of the virus and mitigating the effects of the pandemic, and to further develop and sustain a cooperative, socially empathic society.

The implementation of **the fourth principle, *the evidence-based and fact-based decision-making***, means that it will be aimed that decision-making in all areas is based on facts, evidence, statistics and forecasts based on the above. Research to find evidence for both the management and prevention of the spread of the virus and the consequences of the spread of the virus in various areas of the State activity is becoming particularly important. It is highly important for the State to get involved in the international research projects of this nature.

At the same time, the State will ensure centralized management of the direct and indirect data related to the virus pandemic and its potential impact in a single place. The necessary information resources will be used to this end. It is particularly important that the data is up-to-date and regularly provided to the decision-makers involved in the virus management. It should be noted that centralized data management does not mean that all decisions should be taken exclusively at national level. Such management implies levels of responsibility. To create an effective virus control mechanism in the country, it is planned to clearly define the responsibilities of the national level and local government, and the principles of cooperation.

The fifth principle is *international cooperation, in particular at the European Union level*. When the world faced the virus pandemic and its consequences for human health and life, individual countries started to apply quarantine measures abruptly and in different ways – the severity of the introduced restrictions and the timeline for their entry into force differed. This has caused problems for industries closely integrated into the international production and supply chains, as well as for citizens residing and/or working abroad. In order to avoid similar problems in the future and to ensure that restrictions imposed during quarantine have the least possible negative consequences, close cooperation is needed at international and European level, in particular with the immediate neighbours (the Baltic states, Poland, and the Nordic countries). It is important to ensure that while easing or waiving restrictions imposed during the quarantine (and reintroducing new restrictions in the face of a new outbreak of the virus), Lithuania's choice of the quarantine conditions is coordinated with neighbouring countries as far as possible and is in harmony with decisions taken at the European Union level. To this end, the Government intends to appoint an international coordinator.

CHAPTER III

PRIORITY AXES FOR THE IMPLEMENTATION OF THE STRATEGY

The Strategy shall be implemented in the following four priority axes:

1. establishment of an effective virus management control mechanism;
2. ensuring preparedness of the health system and strengthening the physical and psychological (emotional) health of the society;
3. application of the quarantine regime conditions, while taking into account the epidemiological situation in the country;
4. stabilization of the country's socio-economic sectors and adaptation to new conditions.

The first priority axis is establishment of an effective virus management control mechanism. In consideration of the speed, the extent and the trends related to the spread of the virus in the world and in Lithuania, having analyzed the best practices of Lithuania and other countries with a view to controlling the spread of the virus, and taking into account projections about more outbreaks of the virus being likely to occur in Lithuania and the world, a clear virus management control mechanism is planned to be established in the country, involving all the required institutions, bodies and services.

As mentioned above, it is assumed that relaxing of the quarantine conditions and gradual return of the people at lower risk to an active social, economic and cultural life may increase the number of those infected with the virus and lead to new outbreaks of varying sizes. Therefore, it is highly important to ensure the timely operational testing of persons suspected of being infected with the virus in all regions of Lithuania. It is also necessary to strengthen epidemiological controls and implement measures that could facilitate and speed up control processes.

The proactive targeted testing is envisaged as one of the key elements of the virus management control mechanism. Such testing will be performed in hospitals and other personal health care facilities, nursing homes, and residential homes, where individuals at high risk for personal risk factors and medical personnel are exposed to the highest risk of infection. Targeted testing will be carried out in shops, pharmacies, social care homes, educational establishments and other places with a high concentration of people and close contacts. Specific criteria will be established, as to which parameters should be followed in the selection of target groups or subjects for the proactive targeted testing. In addition to targeted testing, the national and regional randomized proactive testing will be carried out to minimize the potential spread of the virus. The mechanism will include the full sequence of actions to be taken once an infected person is identified during testing, such as prompt quarantine and testing of the infected person's contact ring.

Based on the results of the proactive testing, specific locations in the country may be declared as high-risk in terms of the spread of the virus or, conversely, safer areas where the infection prevention requirements could be relaxed or waived.

State-of-the-art technologies will be aimed to be used and developed to carry out the proactive testing. It is also important to improve the system of diagnostic tests, and to strengthen research in infectology and immunology.

The second priority axis is ensuring preparedness of the health system and strengthening the physical and psychological (emotional) health of the society. The health system is the crucial front line in the fight against the virus and its consequences for human health and life. Healthcare facilities have to be adequately prepared to admit and care for infected persons safely. The reorientation of regular activities and planned services into operation during the epidemiological crisis must be organized and consistent, while ensuring the preservation and safety of patients and medical personnel. In view of predictions for the possible future outbreaks of global viral pandemics and the accompanying epidemiological crises in individual countries, and having objectively assessed the experience of the operation of the country's health system in March–April 2020, following the declaration of the virus pandemic by the World Health Organization and introduction of quarantine in the territory of the Republic of Lithuania by the Government, it is planned to fundamentally review the preparedness of the country's health system for similar situations, to strengthen capacities of the health system, and to draft plans as to what and how to do. It should be noted that in order to avoid the extremely severe consequences of the novel coronavirus, i. e. deaths from the virus, a major review of the health care services delivery model is planned, with a view to assessing whether health care services should be complemented by a new permanent group of health care services to treat the effects of the COVID-19 disease, in addition to emergency care and planned care.

Lithuania is already actively involved in the ongoing research into effective drugs, and plans to become involved in the development of a vaccine against the virus. Participation in the research will be ensured and further developed proactively, since one of the priorities is to provide the country with the effective and innovative disease treatment and virus prevention tools as soon as they are developed and validated. With the right infrastructure and other necessary conditions, Lithuania would undertake the production of diagnostic tools and their components.

Ensuring availability of personal protective equipment is a highly important task in the implementation of this priority axis. The aim will be to develop specific long-term plans for the need for personal protective equipment, its procurement on the market, supply chain identification, as well as a mechanism for the distribution of personal protective equipment to health care institutions. Much attention will be paid to the production of personal protective equipment on the local market, as well as to the establishment of the necessary mechanism for its licensing.

In the event of an epidemiological crisis in the country, and when public authorities take the necessary extreme and unusual measures to protect public health, it is essential to ensure that the risks posed by the virus do not spread fear, suspicion, mistrust or intolerance with regard to individual groups. Joint and consistent communication of all public administration institutions and cooperation with specialists in individual fields is highly important in this regard. It is important to reduce the impact of the epidemiological crisis on the psychological (emotional) health of the population. It is necessary to ensure the provision of various forms of

high-quality and accessible emotional and psychological assistance as well as the implementation and development of measures for the prevention of domestic violence, violence against children and assistance. This is important in reducing the risk of suicide, violent crime, and psychosomatic illnesses.

The third priority axis is application of the quarantine regime conditions, while taking into account the epidemiological situation in the country. Quarantine was announced in the territory of the Republic of Lithuania on 16 March 2020, and this decision distinguished Lithuania among other countries as a State that reacted promptly and highly responsibly to the pandemic threat of the virus. Due to this decision, the spread of the virus within the country was managed.

Quarantine regime is one of the means to control the spread of the virus. It is important to note that quarantine is a special and temporary measure, the conditions of which may be different and applied differently in separate areas. A decision to apply this measure shall be based exclusively on epidemiological indicators and their trends and forecasts.

When epidemiological indicators start changing unfavourably at the national level or in a specific part of the country's territory, and/or when the established threat threshold is reached, a decision to declare quarantine and establish special conditions, restrictions and procedures for work, life, rest, movement, economic and other activities of persons shall be considered. In view of the negative socio-economic consequences of the quarantine regime, the quarantine regime shall be announced and the quarantine conditions shall be chosen no more stringent than necessary to control the spread of the virus.

Following the announcement of quarantine and after an appropriate period of time, where the epidemiological indicators in the quarantine area are positive, relaxation of the quarantine conditions may be started. Provision is made for the quarantine conditions to be relaxed in stages in order to constantly manage the risk of the spread of the virus and not endanger the lives of high-risk individuals. The following prerequisites shall be assessed prior to the implementation of each of the relaxation steps of the quarantine regime:

- quarantine conditions shall be relaxed firstly for lower-risk individuals, but it shall be still necessary to adhere strictly to the infection prevention requirements and to maintain only the necessary contact with high-risk individuals;
- hospital workloads shall be predicted and controlled, as it shall be assumed that relaxing quarantine at each stage may increase the number of people infected with the virus; thus quarantine relaxation shall be combined with the capacity of healthcare facilities to safely admit and care for infected people and other patients.

It should be noted that relaxation of quarantine conditions and, if necessary, application of special conditions to persons assigned to a high degree of risk is the main means of preserving the life and health of the Lithuanian people at risk. An analysis of the number of deaths from the virus by age-group shows that the proportion of the infection fatality rate in hospital is highest in the age-group 80+ years, and accounts for 9.3 per cent; 5.1 per cent is in the age-

group 70-79, and 2.2 percent in the age-group 60-69 years. The infection fatality rate in the age-group 50-59 is 0.6 percent.³ This corresponds to the general trends in other countries, according to the data published by the World Health Organization. Given that the largest difference in the infection fatality rates is between the age-groups 50-59 and 60-69 (the infection fatality rate varies as much as 3.6 times), it can be concluded that the risk of dying from the virus is significantly higher in people aged 60 and over. It is therefore necessary to take this into account when considering the conditions of the quarantine regime. At the same time, it is necessary to ensure that the decisions taken are proportionate to the potential risks to the health and life of this group of persons, and do not create preconditions for discrimination of this group in the labor market and other areas.

The fourth priority axis is stabilization of the country's socio-economic sectors and adaptation to new conditions. The short-term goal is to control the spread of the virus. With the epidemiological crisis under control, it would seem that the life of the State should return to normal. Recently, however, opinions have been voiced in public that the virus pandemic will leave irreversible changes in the lives of countries, social behaviour patterns will change, and new challenges of the virus pandemic will arise, for example, the changed psychosocial environment will affect people-to-people relationships, community, cultural activities and other areas. There are as yet no facts and evidence to support such views, but given the circumstances that new waves of the virus are projected to spread in the future, a plan for the State's adaptation and reorientation to life with the virus is needed.

In the social field, having assessed the challenges posed by the viral pandemic, it is planned to make a review of the way the social and other services are provided, and to consider new opportunities to provide services in such a way as to minimize any risk to high-risk people, while responding adequately to the needs of the service users. There is also a need to find new ways to protect vulnerable groups such as children, women and other individuals exposed to domestic violence. Adaptation to the changing conditions will also be needed in the areas of education and organization of childcare.

The crisis caused by the virus opens a window of opportunity for changes in economic development that would contribute to the recovery of Lithuania's economy and sustainable growth. By mobilizing all sources of financing, investment should, in the medium term, reach the areas that will best contribute to economic recovery and ensure sustainable economic development. It is therefore appropriate to provide funding for human capital, digital economy, innovation, economic infrastructure and energy. Concentrating investment in these areas would help build intangible and physical infrastructure with a view to increasing the long-term share of high value-added businesses in the country's economic structure, sustainable growth in regions, and a sustainable, climate-friendly economy.

The Government will draft this plan. Aiming to pool the efforts of all the most important State institutions, the Government will initiate discussion of the plan with all the main authorities of

³ Ferguson, N., Laydon, D., Nedjati Gilani, G., Imai, N., Ainslie, K. and others, "Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID19 mortality and healthcare demand", <https://spiral.imperial.ac.uk/handle/10044/1/77482>.

the country, representatives of municipalities, socio-economic partners, international institutions, representatives of the largest umbrella national NGOs, and will present it to the public. The plan is expected to cover many areas of the State activity: the country's economy, financial sector, tourism, social environment, education system, culture, public security, agriculture, public administration, international relations, etc.

CHAPTER IV

IMPLEMENTATION OF THE STRATEGY, COORDINATION AND REVIEW OF IMPLEMENTATION

The Government will coordinate implementation of the Strategy. It is preliminary planned that the Strategy will be implemented for 2 years. An Action Plan shall be drafted for the implementation of the Strategy (hereinafter, 'the Action Plan'), which shall be an integral part of the Strategy. The Action Plan shall set out specific measures, expected results, and responsible authorities for each priority axis. The Action Plan shall be developed with the participation of all interested institutions and bodies, in consultation with specialists and experts in individual fields, socio-economic partners, and the nongovernmental sector.

Responsible authorities shall be appointed to coordinate implementation of the priority axes of the Strategy. The Ministry of Health shall be responsible for coordinating implementation of the following priority axes: establishment of an effective virus management control mechanism; ensuring preparedness of the health system and strengthening the physical and psychological (emotional) health of the society; application of the quarantine regime conditions, while taking into account the epidemiological situation in the country. The Ministry of Finance shall be responsible for stabilizing the country's social and economic sectors and adapting them to the new conditions. While drafting and implementing the Action Plan, the authorities responsible for coordinating implementation of the priority axes shall cooperate with all participating institutions and bodies in order to plan and implement the necessary measures in a timely and proper manner, shall monitor the progress of the implementation of the Action Plan, assess the extent to which the expected results have been achieved and reasons where the planned results have not been achieved, and propose the necessary management solutions.

The Government's COVID-19 Response Committee, formed by Resolution No 266 of the Government of the Republic of Lithuania of 25 March 2020 'On the Establishment of the COVID-19 Response Committee of the Government of the Republic of Lithuania', chaired by the Prime Minister, shall control implementation of the Strategy. The designated coordinating authorities shall assess the progress of the Action Plan and keep the Government's COVID-19 Response Committee regularly informed of developments. Results of the implementation of the Strategy shall be regularly discussed in the Government and presented to other public administration institutions and bodies, representatives of local government, socio-economic partners, and the public.

A more detailed evaluation of the Action Plan shall be performed once in 6 months: the effectiveness of the selected measures, their suitability for achieving the set aim, the epidemiological situation in the country, the actual values of the social and economic public health indicators and trends for their changes, and other collected data related to the risk of the spread of the virus in the country shall be assessed. Based on the evaluation results, the Strategy and the Action Plan shall be reviewed, revised or updated as necessary. The Strategy and the Action Plan will also be substantially revised, where at least one of the following assumptions is met:

- a vaccine against the virus is developed;
 - drugs for the disease caused by the virus are developed;
 - there is scientific evidence that immunity to the virus develops.
-