**12/02/2014**

**Reply of the Republic of Lithuania to the questionnaire on preventable mortality and morbidity of children under 5 years of age as a human rights concern – Human Rights Council resolution 24/11**

1. *Has your government developed a national policy/strategy/action plan aimed at reducing mortality and morbidity of children under five years of age? Please provide information on provisions that ensure that explicit attention is being paid to specific health and development needs of vulnerable and disadvantaged children, and to interventions and service delivery approaches for these children.*

Law on the Health System (19 July 1994 No I-552, amended on 1 December 1998 No VIII-946) sets planning of health activities. Article 46 of Law on the Health System states that by the advice of the Government, the Seimas shall approve the Health Programme of Lithuania, which shall specify the objectives of health activities, health level indicators sought by the state as well as health activities strategies for the achievement thereof. The Government (27 November 2013 No 1083) has submitted draft of Lithuanian Health Programme of 2014–2023 (hereinafter – Programme) to the Seimas. Strategic goal set in draft of Lithuanian Health Programme of 2014–2023 – to achieve that by 2023 residents of Lithuania should be healthier and live longer, to improve population health and reduce health inequalities. Programme sets these goals: to create a safer social environment, to reduce health inequalities and social exclusion; to develop healthy working and living environment; to form a healthy lifestyle and it’s culture; provide a higher quality and more efficient health care, focused on the needs of the population. Programme’s objectives encompass improvement of maternal and child (including children under 5 years of age) health. The major focus is placed on the provision of high-quality, affordable health care services for mothers and children, provision of safe drinking water for infants and children, adequate sanitation at home, child care centres, kindergartens, schools and medical facilities, safe and healthy living environment and safe and healthy environment in kindergartens, schools and public spaces, implementation of the WHO European Action Plan for Nutrition Policy recommendations, inter-institutional collaboration to reduce noise, electromagnetic devices, transport, contaminated air impact on infants and children's health at home, child care centres, kindergartens, schools and medical facilities; development of immunization. The measures of this Programme should be implemented in a collaborative effort by all public sectors: ministries, according to their competence, municipalities, businesses, NGOs and communities.

1. *Does your government collect data on health status of children under five, including information on vulnerable and disadvantaged groups? How is this data used in the development, implementation, monitoring and evaluation of policies programmes and services relating to mortality and morbidity of children under five?*

In Lithuania data on morbidity of children under five is collected using Compulsory Health Insurance Fund Information System (CHIF IS). CHIF IS collects data on all health care services including out-patient visits (including primary health care), hospital discharges and all registered diseases in out-patient institutions or hospitals. This database is used for statistical data calculation. Morbidity data could be calculated for any age group (including children under five), sex, place of living (municipality), urban or rural population, for any disease of International Statistical Classification of Diseases and Related Health Problems, tenth revision. In the State of Deaths and their Causes data on mortality of children under five do not include information on child being vulnerable and/ or disadvantaged. Mortality data could be calculated for any age group, sex, place of residence, underlying cause of death. The aforementioned data are subject to a detailed analysis. Since 1997, the publications of the database are issued in the Lithuanian and English languages. The data of 2001-2011 can be found on the internet website www.hi.lt. It should be noted that data about children‘s health are actively collected at the municipal, regional and national levels in Lithuania. This statistical data is published in special publications aimed at health care experts, who were appropriate, can use them to support their decisions, and, if necessary, the data of Lithuania can be compared at the global level with the countries which have the same statistics. At present, the sphere of child monitoring in Lithuania is subject to further development and harmonisation.

1. *What coordination, monitoring and redress mechanisms are in place to ensure effective implementation of the national policy/strategy/action plan at all levels? Please provide information on how such mechanisms ensure transparency, as well as participation of all relevant stakeholders, including national human rights institutions, civil society and community representation.*

The public health policy (including health status of children) is coordinated by Public Health Bureaus on the community level, by Ministry of Health on national level and by State Health Commission under the Lithuanian Government on intersectional national level.

Rules of procedure of the Government of the Republic of Lithuania and Law on Legislative Framework of the Republic of Lithuania established key principles on the consultation with the public. The public and its stakeholders (non-governmental human rights organizations) are consulted in order to gather public opinion on the problem and its proposed solutions, to better estimate positive and negative consequences of the proposed legal regulation and the cost of the implementation, to ensure regulatory transparency and give the opportunity to the public to influence directly the content of the legislation.

Rules of procedure of the Government of the Republic of Lithuania also foresee that the draft legislation (except those, which, according to Republic of Lithuania laws, cannot be published) is published online in order to get proposals from public. This system not only gives the public opportunity to get acknowledge with the draft legislation, but also gives them the possibility to comment and make suggestions on legislative initiatives and on proposed draft laws.

1. *How is your government ensuring that underlying determinants such as safe drinking water and adequate sanitation, safe food and adequate nutrition, adequate housing, healthy environmental conditions and gender equality are taken into consideration in the prevention of child mortality and morbidity?*

Lithuania adopted and implemented legal acts (hygiene standards, recommendations) to ensure safe drinking water, food, living environment, safe and healthy environment and adequate nutrition in child care centres, kindergartens, schools and medical facilities. The National Immunization Programme has been approved by Ministry of Health (on 3rd of January 2014, No. V-8). The introduction of infants and children vaccination with pneumococcal vaccine will be started in autumn 2014. According to evidence based information introduction of pneumococcal vaccine in immunization schedule is one of the most effective measures to reduce morbidity and mortality related to invasive pneumococcal disease.

1. *How has your government incorporated human rights planning and implementing universal coverage of primary health services for children? In particular, how have the criteria of availability, accessibility, acceptability and quality of health services been considered?*

Lithuanian Health Programme is based on the European Union countries positive experiences, World Health Organization European region health policy ,,Health 2020” values and those principles are recognized in the Constitutional Court doctrine: universal coverage, social solidarity, social cohesion, equality, public participation in decision-making, elimination of discrimination, dignity at all stages of health care, health care quality and accessibility, health care continuity, health system sustainability, responsible governance, transparency and objectivity in making and implementing decisions, responsible, rational and efficient use of resources, accountability.