



LIETUVOS RESPUBLIKOS
SVEIKATOS APSAUGOS MINISTERIJA

Priorities of Lithuania in the health policy

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REMAINING CHALLENGES: ILL HEALTH OF THE POPULATION

4,8 year

Life expectancy at birth is shorter than EU

9 year

The gap in life expectancy between men and women remains one of the largest in the EU

5,1 and 7,4 years

healthy life expectancy at birth is shorter for females and males respectively than EU average

Almost double

Higher preventable and treatable mortality rates than EU average

9,5%

More registered deaths in 2020 comparing the number of deaths with average in 2016-2019

1,4 year

decrease in life expectancy in 2020 due to COVID-19

POOR MENTAL HEALTH

- High number of suicides
- High alcohol consumption and common addictions
- Low level of happiness and psychological well-being
- Low public mental health literacy
- Common stigma of mental disorders



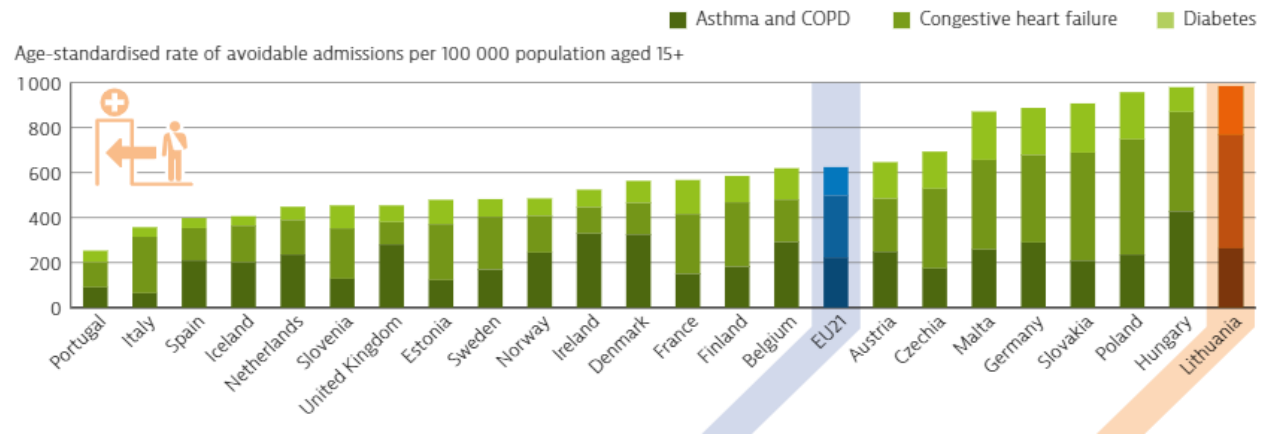
IMPACT OF COVID-19 PANDEMIC ON MENTAL HEALTH

- Deteriorating emotional state of society, increased level of anxiety and stress in society
- One in five patients with COVID-19 was diagnosed with a mental health or behavioral disorder within 90 days
- Children, adolescents and their parents, young people, school staff, personal health professionals, people living with COVID-19 and their relatives, the elderly - are groups in society that are particularly affected by the COVID-19 pandemic.

- 46 % of individuals experienced psychological well-being difficulties;
- 31 % experienced depression and anxiety every fourth - adaptation difficulties
- Single individuals were almost 2.5 times more likely to have suicidal thoughts than the rest of the population

INEFFICIENT HEALTH CARE SYSTEM

A LARGE NUMBER OF AVOIDABLE HOSPITALISATIONS



- The number of curative care beds exceeds the EU average by 45%;
- Hospital bed occupancy rate is 71 % - lower than in other EU countries;
- Unequal access to health care;
- Insufficient development of electronic health services;
- Health care expenditure is one of the lowest in the EU - 6.8 percent. GDP (2019)

IMPACT OF COVID-19 PANDEMIC

- Lack of cooperation between health care institutions (mobilization of specialists and resources, etc.);
- Disrupted provision of health services to the population;
- The infrastructure of medical institutions is not adapted to such threats (disrupted provision of planned health services).

LESSONS OF COVID-19 PANDEMIC

- The lessons from COVID-19 present government and society with a major opportunity to transform the nation's health.
- We cannot keep doing more of the same and hope to achieve different outcomes.
- Experiences of the COVID-19 pandemic show that we need to be vigilant to external threats at all times, with the right skills and capabilities in place.

REFORM PRIORITIES



IMPROVEMENT THE QUALITY OF PERFORMANCE OF PUBLIC AND PERSONAL HEALTH CARE INSTITUTIONS



ENSURANCE THE RESISTANCE OF THE HEALTH SYSTEM TO THREATS



DEVELOPMENT A MODEL FOR THE PROVISION OF LONG - TERM CARE SERVICES



DIGITALISATION OF THE HEALTH SYSTEM



INCREASE OF MENTAL HEALTH LITERACY AND DIVERSITY OF SERVICES



IMPROVEMENT THE QUALITY OF PERFORMANCE OF PUBLIC AND PERSONAL HEALTH CARE INSTITUTIONS

Components

Strengthening of the capacities to reduce the effect of behavioral risks to health status

Strengthening of the primary health care capacities

Strengthening the sustainable development of the regional models of the acute health care services

Directions

Implement a comprehensive integrated health care services model with particular emphasis on behavioral risks management, based on effective and acceptable interventions

Ensure regulatory conditions for further expanding of clinical competencies for nurses and task shifting inside the GP team. Implement the patient's path model in the primary health care and set up the schemes of integrated health care services for specific target groups.

Develop and implement the balanced and sustainable regional acute healthcare facilities governance model, identify areas for regional cooperation between hospitals and implement them in the regions. Remodeling of the ambulance services management model to ensure prompt delivery of patients to the appropriate healthcare facility.

Areas of cooperation between science and decision-making bodies

- Development of innovative, evidence-based behaviour change and public engagement activity is needed across public health – from important population-level messaging to targeted and personalised interventions that support individuals to understand and manage their own risks;
- Development of mechanisms for the management and control of the incidence of chronic non-communicable diseases, which help to select and implement targeted interventions and ensure a more rational and efficient use of personal health care services;
 - Effective models of provision of integrated health services are needed;
- Development of advanced therapy medicinal products against COVID-19 and other infectious agents;
- Development of innovative diagnostic and treatment methods (cancer; cardiovascular diseases and etc.)
- Strengthen and expand the quality of personal health care services and to improve their accessibility
 - Criteria for assessing the quality of health services (inpatient) are needed;
 - Innovative mechanisms on how to involve patients in the treatment process are needed;
 - Strengthen human genome research and development of personalized medicine;



ENSURE THE RESISTANCE OF THE HEALTH SYSTEM TO THREATS

Components

Remodeling of the public health management system

Strengthening of the strategic infrastructure

Development of healthcare workforce planning and competence management system

Directions

Strengthen public health monitoring to rapidly manage information on emergencies, health inequalities, disease prevalence and capacity building to model the possible scenarios of the effect on population health, morbidity and health system resources.

Development of infectious disease management model integrating hospitals operating in five regions.

Standardise qualification maintenance and upgrade of health care professionals. Build capacities for the use of data and novel tools such as predictive analytics for health system workforce planning, modelling and forecasting.

Areas of cooperation between science and decision-making bodies

- IT solutions are needed to improve epidemiological surveillance and monitoring;
- Growing new threat - increasing antimicrobial resistance. Effective interventions to prevent and control AMR are in a great need.
- Solutions are needed to adapt the infrastructure of medical institutions to emergency situations;
 - separation and management of patient flows;
 - development of cooperation models (resource sharing mechanisms);
 - development of innovative remote healthcare services;
 - developing the algorithms and methodologies, ensuring competences of the specialists and knowledge exchange models.
- Development of digital solutions for health system workforce planning, modelling and forecasting.



DEVELOPMENT A MODEL FOR THE PROVISION OF LONG - TERM CARE SERVICES

Components

Development of one-stop model for long-term care services

Directions

Create a long-term care service by integrating health and social services, ensuring the quality of long-term care services, financial sustainability and the digital administration of long-term care services.

Areas of cooperation between science and decision-making bodies

- Development for effective models for the integration of social and nursing services;
- Creating a sustainable financing model for long-term care services;
- Meeting the need for long - term care professionals
 - Development alternative service delivery models, artificial intelligence tools



INCREASE OF MENTAL HEALTH LITERACY AND DIVERSITY OF SERVICES

Components

Improving the quality and accessibility of mental health services

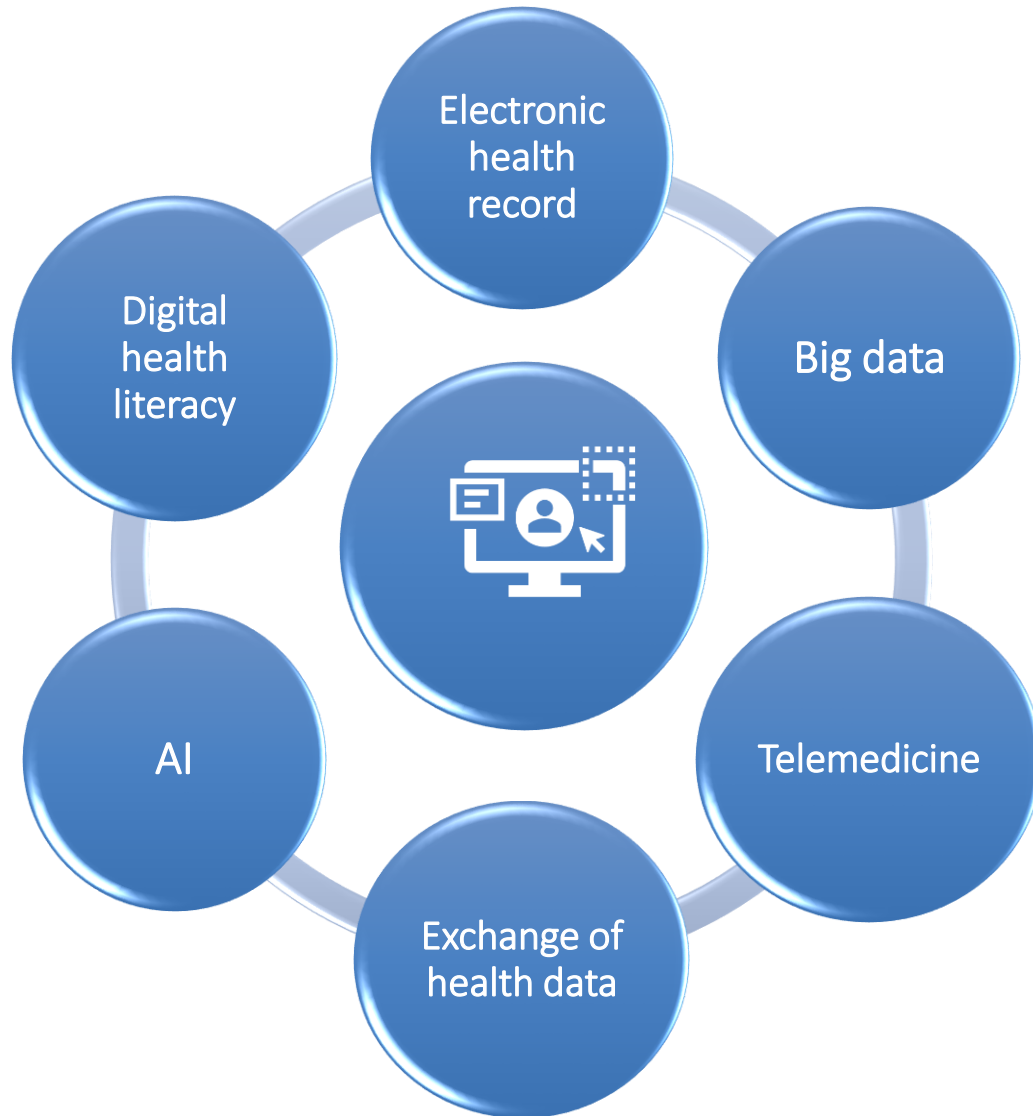
Directions

Implement new and improve existing community-level mental health services, ensuring their quality and accessibility throughout the country, filling the gaps between the primary health care and inpatient care; Implement measures to provide psychosocial assistance to those at risk of suicide and to identify them early; Increase mental health literacy and implement measures to empower communities, promote mutual assistance and run a long-term public communication campaign.

Areas of cooperation between science and decision-making bodies

- Develop a model of mental health services adapted to crisis situations;
- Improve existing community-level mental health services provision model;
- Develop a model for assessing and monitoring compliance of provision of mental health services to human rights standards;
- Develop mental health quality assessment indicators.

DIGITALISATION OF THE HEALTH SYSTEM



Directions

To create and develop advanced integrated digital health services that meet the needs and expectations of the population, patients, healthcare institutions and professionals. Develop and adopt legislation to facilitate the re-use of health data.

Areas of cooperation between science and decision-making bodies

- Expand the digital health history of the ESPBI IS, develop new functionalities and ensure the use of the pre-registration information system at national level;
- Development of artificial intelligence tools;
- Development of solutions for data exchange in the EU
- Development of telemedicine services;
- Development of mobile applications.

EXPECTED BENEFITS - BETTER HEALTH OF THE POPULATION



**CHANGE WILL ONLY HAPPEN IF WE
WORK TOGETHER!**