



Division Public Health
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P.O. Box 2215
2301 CE Leiden
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**A SURVEY of REGIONAL AND LOCAL PUBLIC
HEALTH STRUCTURE IN LITHUANIA**

**Institutional Strengthening of the State Public Health
Service in Lithuania - Matra Pre-accession Projects
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www.tno.nl

T +31 71 518 18 18
F +31 71 518 19 20
Info-VGZ@pg.tno.nl

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Authors Mathilde Crone
Jurgita Heeren
Marija Veniute
Jan van Rijkevorschel

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Authors:

Mathilde Crone

Jurgita Heeren

Marija Veniute

Jan van Rijkevorsel

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1 Introduction

1.1 The goal of this report

The goal of this report is to obtain a better picture of the regional and local structure of public health institutes in Lithuania: which kind of functions, staff and divisions exist in the public health institutes, how many people are working in the institutes, which kind of mandate, activities and duties do the institutes have. Another purpose of the study is to have a better picture of the opinions of representatives of the regional and local institutes about the reform plans that are or will be implemented in the future. Because of time and budget constraints this study is of limited size and it may be that not all relevant documents are consulted. The survey only includes the regional and local level and not the national level.

1.2 Contents

Chapter 1 introduces the purpose and limitations of the study. Chapter 2 discusses the findings of the inventory of administrative files on the organisation of the regional public health system in Lithuania. Chapter 3 addresses the qualitative study of the interviews of the different types of regional public health officials from 3 different counties. Chapter 4 concludes this reports, and gives the main conclusions.

2 Administrative Files

2.1 Objectives

The objectives of this inventory of the administrative files was to assess the contents of official documentation for public health institutions on central, regional and all lower levels on:

- The budget;
- The staff;
- The physical facilities;
- The mandates of the staff;
- The supervision of the staff.

An inventory of all regional and lower levels public health institutions in Lithuania was made, insofar as available in the official administration. Also an inventory of the number and kind of staff working in all regional and all lower level public health institutions was compiled.

2.2 Inventory of all public health institutions

In table 1 all the counties, branches, kind of laboratories and divisions in the counties are presented.

Table 1: Inventory of public health institutions. Data received from the SPHS

County (Population)	County public health center (CPHC)/ Branches	Number of staff	Laboratories	Divisions
Vilnius (895.9)*	Vilnius CPHC Šalčininkai Širvintos Švenčionys Ukmergė	317	Microbiological Parasitical Chemical Physical factors	Public health education and promotion Public health safety Public health safety expertise Contagious disease prophylactic and control Medical quarantine Hygiene of health institutions Subdivision of parasitical diseases Subdivision of disinfection Rabies prevention office
Kaunas (749.1)*	Kaunas CPHC Jonava Kaišiadorys Kėdainiai Prienai Raseiniai	314	Microbiological Chemical Physical factors	Public health education and promotion Public health programs and analysis Public health safety Contagious disease prophylactic and control Subdivision of parasitical diseases
Klaipėda (402.7)*	Klaipėda CPHC	270	Microbiological	Contagious disease prophylactic

* Number of population for January 1, 2001. Source Website of the Lithuanian Statistical Department:
<http://www.std.lt/STATISTIKA>

County (Population)	County public health center (CPHC)/ Branches	Number of staff	Laboratories	Divisions
	Gargždai Kretinga Palanga Skuodas Šilutė		Physical factors Parasitical	and control Medical quarantine Hygiene expertise Public health programs and analysis
Šiauliai (394.2) *	Šiauliai CPHC Akmenė Joniškis Kelmė Pakruojis Radviliškis	199	Microbiological Hygiene	Public health programs and analysis Public health safety Contagious disease prophylactic and control
Panevėžys (320.1) *	Panevėžys CPHC Biržai Kupiškis Panevėžys Pasvalys Rokiškis	244	Microbiological Chemical Physical factors	Against epidemics Hygienic expertise Public health education and promotion
Alytus (202.0) *	Alytus CPHC Druskininkai Lazdijai Varėna	110	Microbiological Chemical Physical factors	Public health safety Contagious disease prophylactic and control Public health education and promotion
Marijampolė (198.1) *	Marijampolė CPHC Šakiai Vilkaviškis	89	Microbiological Chemical Physical factors	Public health programs and analysis Public health education and promotion Public health safety Contagious disease prophylactic and control Prophylactic disinfections
Tauragė (142.5) *	Tauragė CPHC Jurbarkas Šilalė	55	Microbiological Chemical Physical factors	Contagious disease prophylactic and control Public health programs, expertise, education and promotion
Telšiai (188.7) *	Telšiai CPHC Mažeikiai Plungė	84	Microbiological Chemical Physical factors	Public health safety Contagious disease prophylactic and control Public health education and promotion
Utena (199.4) *	Utena CPHC Anykščiai Molėtai Ignalina Zarasai Visaginas	121	Microbiological Chemical Physical factors	Public health safety Contagious disease prophylactic and control Public health education and promotion
Trakai public		44	Microbiological	Public health safety

* Number of population in thousands on January 1, 2001. Source Website of the Lithuanian Statistical Department:
<http://www.std.lt/STATISTIKA>

County (Population)	County public health center (CPHC)/ Branches	Number of staff	Laboratories	Divisions
health C, specialist re-training center (38.2)*			Chemical Physical factors	Contagious disease prophylactic and control Public health education and promotion

The next table presents a summary of the inventory of regional and local institutes.

Table 2 summary of the inventory of the regional and local public health institutes

Total number of County public health centers	Total number of public health branches	Total number of staff	Kind of Laboratories	Kind of Divisions
11	38	1847	Microbiological Parasitical Chemical Physical factors Hygiene (it combines physical and chemical factors)	Public health education promotion Public health safety Public health safety expertise Contagious disease prophylactic and control Medical quarantine Hygiene of health institutions Subdivision of parasitical diseases Subdivision of disinfection Rabies prevention office Public health programs, expertise, education and promotion Prophylactic disinfections Hygienic expertise

2.3 Physical facilities

Most public health counties have buildings and equipment for microbiological laboratories and chemical laboratories. From the administrative files it is not exactly clear how many laboratories there exist: reforms are going on in this field.

2.4 Staff kind and number

From three counties the number and functions of the staff in the regional and local institutes (branches) are known, from one county only the number of staff from the main institute is known. The number of staff is known from each county but not the kind of staff.

In the files at the SPHS the names and salaries of the persons working in the counties and branches are presented but not their functions.

* Number of population in thousands on January 1, 2001. Source Website of the Lithuanian Statistical Department: <http://www.std.lt/STATISTIKA>

The number of staff and their functions of the three counties are in table 3. Most of the expert staff consists of persons trained in hygiene, epidemiology, microbiology and parasitology.

Table 3: Number and kind of staff working in the branches and county of Panevėžys¹ data and Utena² and in the town Vilnius³

REGION	Panevėžys					Utena					Vilnius
COUNTY			Panevėžys						Utena		Vilnius
Director			1						1		1
Chief accountant			1						1		
Director assistant			1								
County chief epidemiologist			1								
County chief expert of hygiene			1								
Engineer			1								
Assistant chief epidemiologist			1								
Deputy director									1		3
Deputy senior accountant									1		
BRANCHES	Biržai	Kupiškis	Panevėžys	Pasvalys	Rokiškis	Anykščiai	Moletai	Ignalina	Utena	Zarasai	Vilnius
Chief physician	1	1	1	1	1	1	1	1		1	
Physician for epidemics	1	1	3	1	1	1	1	1		1	18
Physician for hygiene	3	2	2	2	4	0.5	1	1	2		26
Laboratory physician	2	2	7	3	2		0.5	1	3		9
Laboratory assistants	10	10	20	6	4	2	2.5	7	8	2.5	40
Assistants	9	5	22	5	7	4	5	7	6	3	54
Organiser health education	1	1	2	1	1	1	1	2	1	1	2
Non-medical degree			2	4				1	1		12
Technicians and support	13	15	29	9	16	7.5	4.5	7.5	8	6.25	10

2.5 Mandates, duties and tasks

2.5.1 National

There are several documents/laws, that describe activities that belong to the domain of public health. On national level there exist several laws and legal documents that deal with public health and there exist several draft laws.

¹ Data received from Panevėžys PH center

² Data received from Utena PH center

³ Data received from SPHS

Draft laws (at the time of the study):

- National Strategy for Public Health (in inception report and quaterly report: 1-8-2000 to 31-12-2000 of this project);
- The Public Health Care Law of the Republic of Lithuania (in inception report of this project);
- Public Health Care Monitoring law.

The most important existing laws for public health care are:

- Law on the Health System of the Republic of Lithuania, approved on July 19, 1994 No I-552, Vilnius (article 31 and chapter 3) (Annex A).
- Law on the Health Care Institutions of the Republic of Lithuania, approved on June 6, 1996 No I-1367, Vilnius.
- Law on the Prophylactics and Control of Communicable Diseases No I-1553, 1996 09 25 (Žin., 1996, No 104-2363; 1997 No 66-1603; 2000, No 61-1812; No 92-2864 (existing but should be changed to conform to health system and health care law according to a meeting in one of the missions).
- Nomenclature of Indispensable Public Health Surveillance Measures and Services warranted (free of charge) by the state: November 24, 2000 (Annex B).

The law on prophylactics and control of communicable diseases is not in our possession yet. We will just shortly state the main contents of the health system law and the nomenclature.

The Health System Law:

In chapter 3 of this law the universal character of public health care is presented: the duty of all natural and legal persons shall be to take care of public health. The aim is to decrease morbidity by promoting health, to prevent the deterioration of the quality of consumers good, food products, drinking water and residential, trauma's, and to decrease the morbidity rate.

The nomenclature describes the activities of public health that are free of charge:

- Public health surveillance management (monitoring management);
- Public health control;
- Public health safety measures for prevention of extreme to public health situations: their elimination and for elimination of harmful consequences;
- Prevention of traumas and non-communicable diseases;
- Measures for prophylactics and control of communicable diseases;
- Occupational medicine service;
- Radiation safety measures;
- Public mental health strengthening measures.

At the moment every employee in a public health institute has his or her own Terms of Reference. Official function descriptions do not exist. In one of the counties one document was found about the distribution of epidemiological functions among the state, district and municipality institution (Annex C). This is just a first draft and no other material of this kind was found. This draft is made by the county itself.

2.5.2 *Regional*

Every county public health institute has its own terms of references. The director of the SPHS approves these terms of references.

The terms of references of one of the county public health centers is presented here as example (Annex D). The terms of references of all regions were collected and they are very much alike.

According to the terms of references the main goal of this county center is to implement public health surveillance in the county in order to protect the residents from diseases, avoidable deaths and disability, to prolong life years without traumas, and diseases to improve quality of life and to increase economical and social productivity. The main activities of this county center are:

- Strengthening and promotion of public health;
- Public health safety;
- Disease prevention and control;
- Public health safety examination;
- Organisation of preventive measures and participation during implementation of the measures in the circumstances of extreme to public health situations;
- Constant public health monitoring and examination;
- Constant monitoring of the effectiveness of public administration of public health surveillance;
- Variety of activities according to the classification of economical activities confirmed by the Statistical Department under the auspices of Government of the Republic of Lithuania. This means the services the institute can ask money for, like publication of books, production of disinfectants of visual teaching aids, computer lease, test and analysis of substances etc.;
- Other activities permitted within the laws of the Republic of Lithuania.

The main tasks of the municipality doctor are:

- To implement state health policy in the municipality or city (district);
- To co-ordinate activities of municipality's enterprises, municipality's institutions and municipality's organisations in the implementation of health programs;
- To organise the sanitary care of enterprises, institutions and organisations, which are in the municipality territory.

Municipality doctor, by fulfilling his/her tasks:

- Organises the implementation of health programs, which were approved by the city (district) board;
- Organises the implementation of the National Health Program, state health programs in the territory of the municipality;
- Organises statistical observations of the health of inhabitants, analyses changes within it, provides conclusions and proposals about it to self-governance institutions, informs inhabitants about changes;
- Looks after municipality's sanitary-inspection activities.

In short it says that a municipality doctor is in general responsible for the health system (personal and public health) in the territory of the municipality. Therefore the terms of references state that a municipality doctor organises, looks after, supervises, and oversees different common activities in health area within the territory of municipality. The founder of personal health care institutions on local level is the municipality; founder of public health institution (county public health center) is the Ministry of Health.

2.6 Reporting responsibilities

2.6.1 Regional level

The terms of reference of the county of Utena contain a section about the control of activities:

- The control of the services of the institute can be exercised by institutions in health care institutions and other laws;
- Institution's financial activity control shall be exercised in compliance with the established procedures by laws and other legal acts;
- Administration of the institution must submit documents, related to the institution's activity to the founder, Service, State control institution;
- Reorganisation or liquidation of the institution can be carried out by the founder (the Ministry of Health of Lithuania).

2.6.2 Local level

In the terms of references is also written that the Utena budgetary public health institution may have branches. A branch acts in accordance with the statutes of the public institution and the authorisation given by the head of its administration. The branches render account to the director of institution according to the procedures established by the statute of the institution.

From the Standard terms of reference of County Doctor follows that: the municipality doctor provides to the county doctor yearly reports (till March 1) about the plans (which are approved by mayor) for the implementation of health policy in the territory of municipality.

2.7 Budget

2.7.1 National level

The state budget allocated to the regional and national institutes in the year 2000 is presented in the second quarterly report of this project.

The financing of all public health institutions is largely from the budget. Since 2001 the state budget flows according to the following chain:

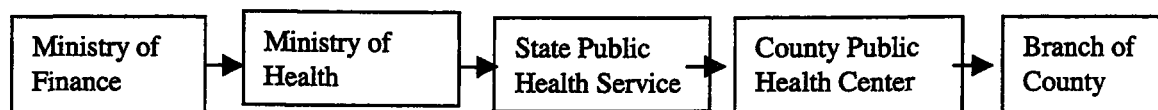


Figure 1: State budget financial flow chart

Until a year ago the budget for the county public health centers came directly from the ministry of health. This has changed. The budget for the counties is now coming from the SPHS.

2.7.2 County level

State budget

As said before all the counties are budgetary institutions funded by the state budget. Most of the budget is allocated to salaries and social insurance of the staff (see the second quarterly report of this project).

In the county of Vilnius 66,4% is funded out of state budget and 33,6% from other sources. Most counties also receive funds through economical activities: they provide services for money (it is assumed that with "means from other sources" is meant "means earned by economical activities"). The origins of funding of the counties are presented in the table below.

Table 4 The division of funds, data received from SPHS

County	Means from the budget %	Means from other sources %
Vilnius	66%	34%
Kaunas	84%	16%
Klaipeda	81.5	18.5%
Siauliai	71%	29%
Panevezys	83%	17%
Alytus	78%	22%
Marijampole	80%	20%
Taurage	88%	12%
Telsiai	81%	19%
Utena	88%	12%

Besides to the state budget and economical activities the public health counties also receive funds for specific projects.

Funds

In the terms of reference of Utena county public health center the following funding sources are described (ToR Utena):

- The ministry of health state earmarked funds;
- Special purpose allocation of state budget;
- Funds from municipal health funds;
- Funds from state investment programs;
- Funds from compulsory health insurance funds;
- Allocation of state and foreign funds.

A municipal health fund exists in most counties (or municipality): these funds were established in 1998. According to the terms of reference of the municipality health funds the fund is established aiming to accumulate the means in order to finance municipality public health surveillance programs and support activity programs of public organisations, protecting public health interest. (ToR Municipal Fund Utena, Annex E).

The municipal health fund in Utena is build up in the following way:

- 1 Budgetary means of the district;
- 2 Up to 20 % of means of district's nature protection fund;
- 3 10 % of stamp duty part from trade of alcoholic drinks;
- 4 Voluntary contributions of juridical and physical persons;
- 5 Part of expenditures of mandatory health insurance budget regulated by Health Insurance Law;
- 6 Interests obtained from the fund's deposits at Bank accounts;
- 7 Other legally obtained means (ToR Municipal Fund Utena).

This fund supports several programs, not only programs executed by the public health institutes (Annex D).

Accountability for the budget/ funds:

The county annually has to prepare an estimate of expenditures of the funds obtained by the state, by the county, compulsory health insurance and municipality (ToR Utena).

Providing services

The county and district public health institutes can provide services for money. The nomenclature of indispensable public health surveillance measures and services presents the activities that are free of charge (Annex A). In the terms of references of the counties is described that the institute can deploy a variety of activities according to the classification of economical activities confirmed by the Statistical Department: like the publication of books, production of disinfectants of visual teaching aids, computer lease, test and analysis of substances etc. (ToR Utena)

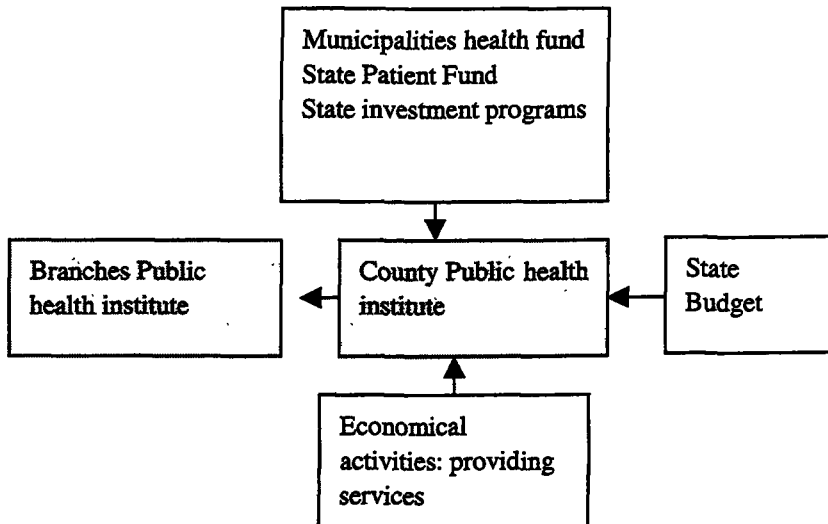


Figure 1: Financial means of the county public health institute and its branches in Lithuania

3 The attitudes of regional staff on present and future organisation of regional public health

3.1 Introduction

The main goal of this component is to assess the (potential) regional and local implementation problems of the reorganisation of the Public Health sector in Lithuania.

The objectives pertain to the assessment of:

- Perceived present impact and expected impact of the recent changes in the organisation of public health
- Perceived mandates and plans by public health actors at regional/local level
- Main existing and perceived problems by local authorities to fulfil the mandates

3.1.1 *Qualitative study design*

In order to reach the objectives a qualitative study design is used to assess the impact and problems of the changes in the organisation of public health. This design is most appropriate here for obtaining an impression of the conditions under which regional and local health are operating as a whole (1), to cover the process of this functioning (2) and to absorb new developments in regional and local public health (3).

The concepts underlying qualitative and quantitative evaluation methods differ on far more areas than specific data collection techniques. A fundamental distinction between qualitative and quantitative methods lies in their goals. Quantitative methods have been developed largely to confirm or verify theory, whereas qualitative methods have been developed to discover theory. Qualitative methods in research are used to understand phenomena and situations as a whole.

More specifically qualitative methods are used:

- As a tool for developing and delineating program or activity elements, qualitative methods surpass quantitative methods in their capacity to take into account a wider range of elements, some of which would be difficult or unreasonably expensive to measure quantitatively.
- As power boosters for quasi-experimental designs, qualitative methods address the dynamics of change, while quantitative methods tend to be focused on the outcomes of change. Qualitative methods enlarge the observational field by spotting unintended effects and unanticipated outcomes. And qualitative methods provide additional data for in-depth analysis of processes that quantitative methods were too insensitive to measure.
- As theory generators, qualitative methods allow you to draw from the experiences that were not anticipated – and therefore not measured quantitatively – insights that will revise, expand, and create theoretical perspectives and concepts to explain the change process.

Qualitative methods can significantly aid decision making and contribute to the understanding and improvement of programs and are especially important in the developmental stages of a program or change. In this study therefore is decided to use

qualitative methods while it is considered an explorative study (Green & Lewis, 1986; Miles & Huberman, 1994)

3.1.2 Selection of respondents

Three counties in Lithuania are selected to participate. They were selected according to their size: a large CPHC, average CPHC and small CPHC were selected. To have a good idea of the opinions existing on the regional as well as on the local level, in each county several predetermined persons were interviewed. At county level the chief of the public health centre and a person on a lower level are interviewed. At the local level the chief doctor of a public health branch and one municipality doctor are interviewed.

In total 12 people are interviewed:

- 3 municipality doctors;
- 3 directors of county public health center;
- 3 representatives of county public health center;
- 3 chief doctors of the branch of public health center.

3.1.3 Method

The questionnaire consists mainly of open questions. The questionnaire used is shown in annex F. The interviews were recorded and written out. Three persons did not want the interview to be recorded. The interviews were anonymous. The names of the counties, branches and municipalities participating in the study are not mentioned, neither are the names of the persons being interviewed.

3.2 Perceived main finding for mandates, activities and tasks public health (PH)

According to the terms of references of the county of Utena (annex D) the main activities of a county are:

- Strengthening and promotion of public health;
- Public health safety;
- Disease prevention and control;
- Public health safety examination;
- Organisation of preventive measures and participation during implementation of the measures in the circumstances of extreme to public health situations;
- Constant public health monitoring and examination;
- Constant monitoring of the effectiveness of public administration of public health surveillance;
- Variety of activities according to the classification of economical activities;
- Other activities not prohibited by the laws of the Republic of Lithuania.

In the next paragraphs the activities that should be done and the activities that are actually done according to the respondents are presented. The latter are presented using the categories of the terms of references of Utena. In order to demonstrate the reasoning of the respondents, their arguments are quoted in text boxes throughout this chapter.

3.2.1 *The activities that should be done according to the respondents at regional and local level*

At county level the main activities are:

Supervision of legal acts, preparation of legal basis, co-ordination, administration, preparation of norms, epidemiological control and laboratory work.

At local level the main activities are:

Control function of social institutes and nutrition institutes, control of communicable diseases and hygiene, health promotion and education, and public health safety.

3.2.2 *Activities really done by the institutes according to the respondents*

The activities of the county, branch and municipality are checked with the categories of activities in the terms of reference of the county of Utena. The frequency of the actual activities is shown in numbers between brackets. The results show that much is done on communicable disease: control, inspection and prevention. But in case of non-communicable diseases it essentially consists of controlling and inspecting workplaces and preventing caries. In some regions or districts attention is given to drugs and/or trauma prevention.

Counties:

- Strengthening and promotion of public health:
 - Health strengthening (1);
 - Health education and promotion (2);
 - Population education (1).
- Public health safety:
 - Public Health safety (2);
 - Hygiene expertise (1);
 - Monitoring of environment (1).
- Disease prevention and control:
 - Control of communicable diseases (1);
 - Epidemiology (2);
 - Prevention of diseases by parasitical (1);
 - Prevention of traumatism (1);
 - Laboratory work (1).
- Constant monitoring of the effectiveness of public administration of public health surveillance (1).

Branches:

- Strengthening and promotion of public health:
 - Strengthening of health (1);
 - Health promotion and education (2): health days (1), lectures on different topics (1).
- Public health safety (1):
 - Building projects expertise (2);
 - Hygienic evaluation of working places (1);
 - Hygiene passports (2);
 - Control of schools (1);

- Monitoring of food products (2);
- Monitoring of environment (2);
- Control and monitoring of open water ponds (1);
- Control and monitoring of soil and drinking water (2).
- Disease prevention and control:
 - Prevention of parasitical diseases(1);
 - Drugs use prevention (1);
 - Preventive health care check-ups (2);
 - Control of communicable diseases (3);
 - Immunisation control (1);
 - Collection of morbidity data (1);
 - Laboratory jobs (1).
- Constant public health monitoring and examination:
 - Monitoring non-communicable diseases (1);
 - Monitoring occupational diseases (2).

Municipality doctor

- Strengthening and promotion of public health:
 - Family planning (1);
 - Education in kindergarten and crèches (1);
 - Organisation of Health Days (1)
 - Public health safety:
 - Control of social institutions, nutrition institutes and other institutes (like hairdresser) (1).
- Disease prevention and control
 - Prevention of TBC (1);
 - Prevention of parasitical diseases (2);
 - Prevention of drug use (1), prevention of caries (1);
 - Insect control (1).

When is looked more closely at one specific field of activities – like the prevention of communicable and non-communicable diseases at schools - approximately the same set of activities are mentioned by all respondents.

In case of **communicable diseases** at schools the public health institutions receive information about infectious diseases from primary health care institutions and in case of an outbreak they take measures for liquidation. The public health institutions do the immunisation and prevention programs of diseases caused by parasitical diseases. They do the check-ups for worms. And they do the hygienic control of the schools. They give lectures to students and also teachers and parents about personal hygiene skills and sometimes they also give lectures about AIDS.

In case of **non-communicable diseases** the activities are more fragmented and not very broadly executed by the regional and local public health institutes: the main activities consist of monitoring and controlling the working place of the students (light, the height of the school banks, etc). Some drugs and caries prevention programs and trauma prevention programs (this is done more broadly than only at schools) are carried out and some institutes are participating in a healthy child program for pre-school children (kindergarten and crèche).

3.2.3 *Satisfaction with how the activities are done*

The majority is not satisfied with how the activities are going on now. The reasons that they are not satisfied are the following:

- Lack of documents with clear mandates;
- No finances;
- More attention is given to curative health than to public health at the moment;
- There are many activities, but a lack of qualifications to perform these activities;
- Lack of methodology to perform the tasks;
- Strategy and approach of the reforms is not clear;
- The centralisation of laboratories does not make the work of the institution easier;
- Many functions are forwarded to other institutions and this is not good;
- More attention is given to central institutions;
- Organisation of work could be better;
- The same system should be created for non-communicable diseases as there exists for communicable diseases.

If they are not satisfied with the activities that are done it is mostly because of lacking legal basis, methodologies or documents. Besides they are lacking finances. And on county level it is also suggested that they lack skills to reorient on health promotion, and they therefore need training.

'There are many activities but there is a lack of qualifications. The people who are working now are trained for Sanepid institutions. They need knowledge to re-orientate to health promotion, health education, to work with programs and with non-communicable diseases. The newly trained also lack this knowledge'.

Especially in the branches they are not very happy with the closing of some laboratories and the transfer of some inspection functions to other newly created institutes, which are situated outside the health system.

According to the respondents the following things could be done to improve the activities done by their institute:

- Necessary to have common activities and methodologies;
- Leadership should come from one institute (the Ministry of Health or the State Public health Service);
- Necessary to invest in long term programs;
- Necessary to expand the activities in prevention (but this has to be regulated);
- Legal acts should state which public health functions should be carried out by the public health institutions existing in the country;
- Laws to regulate public health are lacking;
- Necessary to abolish newly established institutions with their own administration;
- The activities of public health institutions could be carried out together with the activities of primary health care;
- Necessary to agree upon what has to be changed and to change only things that are out of date;
- Municipality doctor should be a public health-specialist and not a curative health specialist;
- It is necessary to change the administration.

3.2.4 *The supervision of activities, the communication and co-ordination with other institutes*

Accountability is mostly done by writing yearly reports for higher institutions. The county public health centers are reporting to the SPHS and MoH and other state institutions. The public health branches report to their county public health center and also to other state institutions. The municipality doctors report to the county administration and county doctor. As from other institutions, to which reports from the county public health centers are forwarded, the following centers are the most mentioned: Center of Communicable Diseases, Immuno-prophylactics and Control, and Occupational Health Center.

The supervision activities mentioned are the following:

Directors of county public health center

- At least yearly reports to SPHS and/or MoH .
- Monthly reported communicable diseases to Centre of Communicable D, Immunoprophylactics and Control.
- Reporting data to Occupational Health Institute.

Representatives of county public health center

- At least yearly reports to SPHS and/or MoH.
- Monthly reported communicable diseases to Centre of Communicable D, Immunoprophylactics and Control.
- To municipality.

Chief doctors of the branch of public health center

- Monthly reported communicable diseases to Centre of Communicable D, Immunoprophylactics and Control.
- Reporting data to Occupational Health Institute.
- To other state institutions.
- Monthly, quarterly and yearly reports to county PH center.
- To municipality.

Municipality doctors

- Reporting to district municipality administration.
- Reporting to district doctor.
- Reporting to Primary health care.
- Reporting to MoH.

In general the respondents are satisfied with the communication with other institutes. The directors of the county public health center communicate with other county public health centers and with the public health branches in the county and in some cases also with the municipality administration. The public health branches communicate with other branches in the county and with the county public health center and other public health institutions in the county. The municipality doctors communicate with the chief doctor of the county, with other municipality doctors and with the public health branches. The communication is done during meetings, phone, e-mail and fax.

3.3 Main findings about the reform

Most respondents state that the reform plans consist of forwarding the activities of the branches to the municipalities and decreasing the number of laboratories. Some also state that it consist of establishing new independent institutes.

3.3.1 Opinion about the reform

Most of the public health branches and counties only see disadvantages to the reforms. The municipality doctor more often sees advantages. Table 5.

Table 5 Positive and negative opinions about the reform plans

Negative aspects of the reform plans	Positive aspects of the reform plans
<ul style="list-style-type: none"> - There are no official approved plans and exact plans - Reorganisation is done without some kind of basis - Uncertainty in the mentality of public health employees - Future is very misty - Municipality is not ready to integrate public health - No public health law exist - No functions and financing are defined - There is no (re)training of public health employees - There is no legal basis for the reforms - Many problems will occur due to transference - Nobody will be interested in improving public health professional qualifications after transference to municipalities 	<ul style="list-style-type: none"> - Perception of public health is changing, reforms are necessary - Municipality will be more aware of the problems in the district - The number and size of public health institutes will be decreased - More attention will be paid to educational activities - The number of laboratories will be decreased - Public health safety will be done in a professional way - The final reform plans will improve activity and efficiency

The respondents were also asked what could be done to improve the plans. The following answers were given:

- Necessary to have a concrete strategy and guidelines;
- It is good that public health branches are more integrated into primary health care but it is not necessary to establish new institutes;
- In favour of forwarding the institution to municipality but to avoid splitting;
- Do not change the system and then public health surveillance will be more effective;
- Do not change and define concrete functions and normalise financing;
- Define concrete functions;
- Define legal basis;
- Necessary to have specialised training.

Many think that some reform is necessary, but at the moment the plans are not clear and not concrete and it is lacking legal basis.

'The reform is going too quick and it is necessary to prepare the persons psychologically. The reform process is faster than the development of legal basis.'

3.3.2 *Involvement*

At the moment the respondents are not satisfied with the involvement in the development of plans. One of the most frequently given reason is that they think that the state should listen more to professionals in the field. Most of the respondents want to be involved in the reforms and some are already involved. Some respondents doubt if, when they are involved, their reactions to the plans would be noticed anywhere.

In general the respondents are not satisfied with the information they receive about the reforms: the most frequent mentioned criticism is that the information they get is not clear and specific, and the director at county level state that the plans lack motivation.

'We are not satisfied. We are receiving just orders about what we have to do or should do and there is no space left for the analysis of the planning.'

At district level (branches) the staff is mostly informed by staff meetings: the director at county level is often informing his or her staff by e-mail, phone or fax.

3.3.3 *The impact of these plans on public health in Lithuania in general and on the institute in particular*

In this paragraph the perceived positive and negative impacts of the reform plans are presented.

In general the municipality doctors are quite positive about the impact of the reforms. The county public health centers and branches are not so positive about the impact of the existing reform plans but they also think that some reform is needed.

'Changes depend on the state's attitude to public health and also on financing and on the reform itself. Public health institutions will become smaller but consequently the work will be done more effectively and smoothly.'

Positive impact:

- Reforms should result in more efficient activities;
- Public health institutions become smaller but the work will be done more effectively and smoothly;
- At the moment there is no co-ordination and everybody is doing what he/she thinks is important and the reforms will hopefully result in sharing of fields and reducing overlap of work;
- Some reorganisation is really needed;
- To be able to convince the population that health prevention is cheaper than the treatment of disease;
- Paying attention to European programs;
- Health system should become more cheerful. As soon as living conditions are becoming better it would also be easier to take care of health;

- The result can only be shown after a long time, but it should be positive.

Negative impact:

- The increase in morbidity of infectious diseases especially gastro-intestinal diseases. Occupational pathology will also increase in the future (due to not proper functioning labour inspection);
- Public health system used to be efficient, possessing highly skilled professionals, experience, and laboratories. The occupational conditions will worsen. Non-food inspection also will become worse;
- The actual public health system is settled: it possesses experience and qualifications while all new activities demand time to be carried out well and to make it work properly. Undoubtedly these will affect health of population negatively;
- The implementation of a reform without any analysis, motivation, basis, and calculations is irrational and only leads to destructive activities, but creates nothing;
- Many public health specialists are feeling lost, it is a personal tragedy.

The respondents were also asked about the impact on their own institute. Here again positive and negative effects were mentioned. The respondents often said that the reform is still unclear and they can not say what the exact changes will be.

'There are no plans only theoretical intentions. The respondent did not see any serious and practical proposals.'

Positive:

- The reform is needed for communication between family doctors and private medical institutions;
- A better co-ordination within the municipality will be established. This will also help in solving financial problems;
- Work will be more efficient and co-ordination will be better;
- It will have a positive impact if public health specialists work in the municipality bureaus and if the community is involved;
- Institutions will decrease in number, maybe newly trained public health specialists will start working and other kind of activities will be done;
- Promotion and education will be extended in the new system;
- The direction of the reform is not clear and it is not clear what the changes will be. Therefore it is difficult to decide what will be the impact of the activities.

Negative:

- In the branches no clarity exist about the reforms: the staff is depressed.
- If they were aware of the exact plans, they could tell the impact on their institution but at the moment people are just being fired in order to save some money but the activities are not improving.
- In case fewer persons will work with communicable diseases, these will worsen.
- If public health branches will be transferred to municipalities, the municipalities will have more problems and responsibilities.
- The negative influence will be that public health branches will be transferred to municipalities.

4 Conclusions

In spite of the limited scope of this study a few conclusions are drawn.

4.1 Concerning mandates and activities

The study of the administrative files demonstrated that the functions of the regional institutes are clear but the corresponding jobs and job descriptions are not created.

1. The activities that should be done are stated in very general terms in the relevant documents: even the terms of references of the counties are very general on the subject. The amount of sources of information and regulation to be consulted is large. This makes it difficult to assess what is actually done and what should be done. This affects both the possibilities of supervising the activities as executing the activities.
2. The functions necessary in the regional and local institutes are not differentiated. Therefore is not clear which kind of expertise is needed on which level. Most of the employees are hygienic doctors and laboratory doctors with their assistants and laboratory assistants. It looks like the organisational structure did not change much since the times the institutes were still called SANEPID stations.
3. It is not clear to us how the institutes are supervised: according the terms of references of the counties the regional institutions have to report to the SPHS: it seems from the interviews that it is done by yearly reports. It is unclear to us how the activities are being supervised if the state does not know what has to be done on activity level by a regional institution during the year of the report.

Much effort at the regional and local institutes goes into communicable diseases. Such activities in general are done in a satisfactory way (although it could be more efficient). Little attention is given to health risks like smoking, diet, and alcohol use.

At the moment the employees of the public health institutes do not have the skills to focus on the non-communicable diseases.

Most of the interviewed believe that unless (1) jobs and according job-descriptions in regional institutions in the field of non-communicable diseases are created, (2) regional staff are (re)trained in the area of non-communicable diseases, public health policy can not be implemented

4.2 Concerning the reform of the public health system

The reform plans are often unclear to the interviewed staff. In general the staff is familiar with the reform plan but does not understand the motivation of the plan and doubts the legal basis and/or its underlying strategy. They express the need to develop concrete laws, strategies and functions for the reform.

5 References

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A Law on the health system: article 31 and chapter 3

REPUBLIC OF LITHUANIA

L A W O N T H E H E A L T H S Y S T E M

The Seimas of the Republic of Lithuania recognises that the health of the population is the greatest social and economic value of society.

Health is not only the absence of diseases and physical deficiencies, but physical, spiritual and social welfare of people as well.

The potential of health and conditions of its maintaining are determined by stability of the development of economic systems, guarantees for social security and education of society, employment and sufficient income of the population, provision with dwellings, accessible, acceptable and adequate health care, proper nutrition, quality of work, living and natural environment, as well as by the efforts of the population to promote health.

Person's efforts to stay healthy may only be promoted by social and economic measures, which are acceptable from the point of view of human dignity and the current time.

The best possible public health is a necessary prerequisite for the security and prosperity of the State of Lithuania, as well as for creating an open, just and harmonious civic society.

Taking into consideration the provisions of the global strategy "Health to Everybody - 2000", adopted at the 30th Session of the World Health Assembly in 1977, the Ottawa Health Promotion Charter and the National Health Concept of Lithuania.

Seeking to ensure the in-born human right to enjoy the best possible health, as well as the right to have healthy environment, acceptable, accessible and adequate health care.

Acting in compliance with the Constitution of the Republic of Lithuania enacts this Law on the Health System.

Article 31. Paid Public Health Care Services

Paid public health care services shall comprise:

- 1 health training of workers of professions, jobs, branches of production established by the Ministry of Health of the Republic of Lithuania;
- 2 public health monitoring, public health expert examination conducted on the order of interested legal and natural persons;
- 3 preventive vaccination of adults, with the exception of the vaccination carried out in the centers of dangerous infections and for the purpose of treatment;
- 4 disinfection, disinsection, deratisation of premises and territories, except for works, carried out in the centers of dangerous and extremely dangerous infections;
- 5 issue and distribution of normative documents of standardisation and other publications concerning the matters of public health care;
- 6 drawing up of health programmes on the order of interested legal and natural persons; and
- 7 other public health care services.

The procedure for rendering of paid public health care services, rates, procedure for paying shall be established by the Government of the Republic of Lithuania on basis of this Law and other legal acts.

Chapter 3 Public Health Care

Article 54. Universal Character of Public Health Care

The duty of all natural and legal persons shall be to take care of public health, the aim of which consists in promoting of health, preventing of the deterioration of the quality of consumer goods, food products, drinking water and residential, work, and natural environment, preventing of diseases and traumas, and decreasing the morbidity rate. Legal and natural persons who are in violation of this requirement, shall be held responsible, in accordance with the order established by this and other laws.

Article 55. Promotion of Public Health

The promotion of public health shall consist of:

- 1 health propaganda in the mass media;
- 2 popularisation of health knowledge;
- 3 health education;
- 4 family planning consultation.

Health propaganda, supporting initiatives of health policy shall be organised through the mass media by the Government of the Republic of Lithuania or municipalities, from the Government or municipality funds. The Government of the Republic of Lithuania shall determine the order and conditions with reference to the health propaganda disseminated through mass information media.

Health knowledge promoting a healthy lifestyle among the population, shall be popularised, consultations on family planning shall be organised in accordance with state and municipality health programs.

Health instruction shall be comprised of the totality of voluntary and compulsory health education measures, as well as physical training and physical culture measures.

The conditions and order of health promotion shall be regulated by this and other laws and legal acts.

Article 56. Protection of Public Health

The basis of public health protection shall be comprised of a system of measures limiting harm and danger in living, working and natural environment.

Prevention and limitation of danger and harm to health shall be implemented:
by applying:

- 1 hygienic regulation of indicators and requirements of non-dangerousness and harmlessness of economic or another type of activity, to health of the working, living and natural environment, foodstuffs and drinking water and raw materials, machinery and equipment, as well as other goods;
- 2 licensing of economic and commercial, as well as of other activity;
- 3 accrediting of legal and natural persons for individuals and public health care activities;

by establishing:

- 4 sanitary protection zones;
- 5 quotas for production of goods detrimental to health;

by suspending economic-commercial and other activities detrimental or dangerous to health;

by applying individual excise duties to the goods detrimental to health, included in the Law on Excise Duties and other methods of economic regulation;

by applying responsibility, established by law for violations of legal acts on health activities.

Raw materials, equipment, machinery, building materials, elements of residential dwelling interiors, food and its packaging, tare, other goods, and drinking water should not incur any risk to health, or else this risk may only be minimal.

Standardisation of normative documents of the Republic of Lithuania, which are being prepared by the Ministry of Health, determines requirements for and indices of non-dangerousness and harmlessness to health, working, residential and natural environment.

The types of economic-commercial activities that are detrimental to human health, and their work and living environment, for which a permit must be obtained from the Government of the Republic of Lithuania, or from the State Public Health Care Service, authorised by it, shall be limited through refusals to issue licenses for such activities, in accordance with decisions by the Law on Enterprises.

Economic-commercial activities by enterprises, that have an adverse effect upon people's health, and their working and health environment, must be limited in accordance with the order established by the Law on Enterprises, shall be limited by refusing of revoking the permit (license) for this activity.

The criteria for such revocation and suspension or banning of the above-mentioned activities and the order of granting authorisation to legal persons, shall be established by this Law, the Law on Enterprises and other laws and legal acts.

State agencies and state inspectorates, which are exercising control over public health, shall decide on the harmfulness of the economic-commercial and other activities.

The conditions and order of expert examinations regarding the harmfulness or dangerousness to health of services of economic and commercial and other activities, living, working, or studying conditions, various structures, their designs, technological processes, drinking water, raw materials, machinery and equipment and other goods and services laws and other state acts shall be established by the laws and other legal acts. The lists of goods detrimental or dangerous to health the production and sale of which and supplying of services detrimental and dangerous to health, must be prohibited and limited in accordance with the order established by this Law, and the lists shall be confirmed by the Government of the Republic of Lithuania.

Production quotas of harmful or dangerous goods, whose manufacture must be limited, shall be established by Government agencies, which issue permits (licenses), for the manufacture of such goods.

The order of accreditation in health supervision or pharmaceutical activity and taxation of harmful goods by individual excise amounts, shall be determined by the Government of the Republic of Lithuania.

Article 57. Prophylaxis and Control of Contagious Diseases

Those individuals engaged in health activities shall carry out the first, second and tertiary prophylaxis of and exercise control over infectious diseases, within their competence.

The Government of the Republic of Lithuania, ministries and other Government agencies shall guarantee the protection of the territory of the Republic of Lithuania and its population members from the importation and spread of particularly dangerous and contagious diseases. The Ministry of Health shall approve and update lists of such diseases. The order of application of a system of sanitary-antiepidemic and quarantine measures intended to protect the population from particularly dangerous diseases shall be established by the Government of the Republic of Lithuania. Veterinary-sanitary

requirements for the prophylaxis of the previously-mentioned diseases shall be established by the Veterinary Law.

In the event of the existence of a threat of appearance or spread of infectious diseases and after the appearance and spread of such, the Government of the Republic of Lithuania, or municipal governments may, in the order prescribed by laws, introduce within appropriate territories, state of emergency measures and regimes regarding work, study, travel and transportation, in order to provide protection from such diseases.

Legal and natural persons, who have violated the established requirements regarding the prophylactics and control of communicable diseases, shall be held responsible in accordance with the laws.

Article 58. Extraordinary Situations Affecting Public Health

Situations that are extraordinary with respect to public health, shall be the circumstances which arise in development of public health, under which the effect of environmental factors cause a sudden:

- 1 arising danger that group and mass damage to health may occur;
- 2 occurrence of group or mass damage to the health of the population.

The territory where the danger of group or mass health damage suddenly arises, is declared a region dangerous to the health of the population, shall be declared by the Government of the Republic of Lithuania a region dangerous to public health.

The territory on which damage is caused to the health of groups of the population, or the health of a large population mass is harmed, is declared by the Government of the Republic of Lithuania an area harmful to public health.

The criterion for determining extraordinary to public health situations, the administration, control, and removal of effects negative to public health and economy, and also the order of their financing, shall be approved by the Government of the Republic of Lithuania.

Article 59. Prophylaxis and Control of Non-Infectious Diseases and Traumas

Enterprises, establishments, organisations, medical aid and social rehabilitation and nursing institutions shall control within their competence cases of non-infectious illness, as well as prophylaxis of traumas, morbidity and traumatisation.

The conditions and order of prophylaxis and control of occupational diseases and poisoning shall be established by the Law on Safety at Work, other laws and legal acts.

Prophylactic measures and content of traumatisation resulting from transport-connected circumstances are established by the Government of the Republic of Lithuania.

The application of measures of secondary and tertiary prophylaxis of non-infectious diseases shall be established by this Law and other legal acts.

Article 60. Public Health Control

Public health control shall be exercised by the State and municipalities:

- 1 state control of alcohol;
- 2 state control of tobacco;
- 3 state narcotic substance control;
- 4 state hygienic control;
- 5 state environmental protection control;
- 6 state control of organisation of safety at work;
- 7 state control of radiation safety within the nuclear power system;
- 8 state veterinary control;
- 9 state medical audit.

Municipalities shall maintain sanitary control of healthy living environment within their respective territories.

The content of public health control, order of its implementation and the competence of control institutions shall be regulated by this Law, the Law on Veterinary Medicine, Law on Environmental Protection, Law on Labour Protection, other laws and legal acts. The content and order of sanitary control, which must be conducted by municipalities within their territorial administrative units shall be established by the Government of the Republic of Lithuania on the proposal of the Ministry of Health.

Article 61. Suspension of Economic and Commercial Activities Detrimental to Health

State inspections and municipal sanitary inspections, exercising public health control shall have the right to demand that the employer (individual authorised by him) would suspend the work if:

- 1 the employer does not fulfil the legal requirements of public health care state inspectorates;
- 2 it becomes evident that raw materials, manufactured and sold production, sold goods and means of work are harmful to health;
- 3 due to violation of normative documents of health care standardisation, the health environment becomes dangerous to health or damage to health is done;
- 4 other grounds established by the laws.

The order of suspension of work due to danger and harm to health causes, is established by this law, Labour Protection Law and other laws.

State inspectorates, controlling public health care, and the municipality sanitary inspectorates, who determine legal act violations of public health care, may apply penalties and economic sanctions, whose order of application and exaction is established by the Code of Violations of Administrative Law, and other laws and legal acts.

Article 62. The Functions of Health Activity Management, Attributed to Public Health Care

The functions of health activity, described in Part IV, Chapter 2, Articles 86,87,88,89,90, and 94 are attributed to public health care.

B Nomenclature of indispensable public health surveillance measures and services warranted by the state (free of charge)

**Decree of the Minister of Health of the Republic of Lithuania
No 684, November 24, 2000**

NOMENCLATURE OF INDISPENSABLE WARRANTED BY THE STATE (FREE OF CHARGE) PUBLIC HEALTH SURVEILLANCE MEASURES AND SERVICES

I. GENERAL TERMS OF REFERENCE

Nomenclature of indispensable public health surveillance measures and services warranted by the state (free of charge) is assigned to state and municipality public health and personal health care budgetary and public institutions (further – Institutions) providing public health services.

Terms and definitions:

- 2.1 **State warranted (free of charge) indispensable public health surveillance measures and services** – activity of personal health care and public health institutions, based on implementation of laws and other legal acts striving for avoidance of diseases, harmful or dangerous to health environmental factors and to preserve health in dwelling, industrial, private life and social environment.
- 2.2 **Indispensable public health surveillance means** – actions, modes, methods of public health specialists granted to preserve and strengthen health of society or individual members of society.
- 2.3 **Indispensable public health services** – public health specialists' assistance to society or separate groups of individuals in order to prevent communicable and non-communicable diseases, traumas and dissemination of harmful or dangerous to health environmental factors.
- 2.4 **Subjects of public health surveillance public administration** – institutions, establishments, services, state servants (officers), possessing the rights of public health surveillance public administration regulated by laws and implementing executive power or separate functions of executive power in practice.
- 2.5 **Routine of provision of indispensable state warranted (free of charge) public health surveillance measures and services** – provision of service to the service recipient in the framework of defined terms and procedures regulated by legal acts.

Subjects of public health surveillance public administration are responsible for the legitimacy of provision of indispensable public health surveillance services administered by them (activity is to be regulated by legal acts, registered according to the valid procedure, possess required permissions, licenses etc.).

Public health surveillance public administration institution, administering the provision of a particular indispensable service according to the set administration area, cannot provide this service itself, if not foreseen otherwise in the laws of the Republic of Lithuania.

State warranted (free of charge) indispensable public health surveillance measures and services are paid by mandatory health insurance, state or municipality budget, and municipality health funds' means.

II. NOMENCLATURE OF INDISPENSABLE (FREE OF CHARGE) PUBLIC HEALTH SURVEILLANCE MEANS AND SERVICES WARRANTED BY THE STATE

Public health surveillance management:

- 6.1 Preparation of public health surveillance strategies and prognosis and implementation audit.
- 6.2 Assessment of public health surveillance public administration.
- 6.3 Co-ordination and planning of public health surveillance supplies.
- 6.4 Preparation of state and municipality level health programme projects.
- 6.5 Management of public health surveillance registers and classificatory.
- 6.6 Preparation and expertise of legal act projects with respect to public health surveillance issues, economical and other substantiation of hygienic and psycho- physiological standards.
- 6.7 Analysis of public health surveillance legal acts application and generalisation, specifying of hygienic standards according to the epidemiological analysis data of remote consequences of environmental factors to health.
- 6.8 Preparation of methodical recommendations establishing procedures of provision of public health surveillance services.
- 6.9 Setting up of quality system of public health surveillance activity and it's implementation, audit of public health surveillance.
- 6.10 Reception of physical and juridical persons, investigation of applications and complaints.

Public health control:

- 7.1 State alcohol control.
- 7.2 State tobacco control.
- 7.3 State drugs and psychotropic substances and their precursors control.
- 7.4 State safety at work control (associated with the control of maintenance of hygienic normative acts).
- 7.5 State veterinary control (associated with epidemiological surveillance of common human and animals communicable diseases).
- 7.6 State environmental control (associated with the prevention and limitation of environmental pollution).
- 7.7 State radiation safety control.
- 7.8 State food and non-food products control.
- 7.9 State hygiene control.

Public health safety measures for prevention of extremes to public health situations, their elimination and for elimination of harmful consequences.

- 8.1 Provision of urgent information in the circumstances of extreme situation: natural calamity, catastrophe, wreck – in case of injured individuals, during epidemics, in case of territorial pollution by chemical, radioactive or biological substances, hazardous to people's health and life and in other cases foreseen in the legal acts.
- 8.2 Regulation of the register of state extremes to health situations, of their causes and consequences (disease registration).

- 8.3 Epidemiological investigation concerning extremes to health situations.
- 8.4 Monitoring of extremes to health situations, situation analysis and prognosis.
- 8.5 Laboratory tests, carried out striving to identify health environment factors, which caused extremes to health situation and to execute functions of public health surveillance in order to eliminate the effects.
- 8.6 Application of eliminating measurements to people in the circumstances of extremes to health situations: investigation, health observation, preventive treatment of individuals arriving to Lithuania to whom measurements are applicable according to international and national legal acts.

Prevention of traumas and non-communicable diseases:

- 9.1 Epidemiological surveillance of traumas and non-communicable diseases (epidemiological analysis and prognosis), including epidemiological diagnostics, preparation of preventive methods and procedures, striving to:
 - 9.1.1 Limit cases of particular disease or trauma;
 - 9.1.2 Limit the consequences of traumas and diseases in their diagnostics and prevention;
 - 9.1.3 Slow down the development of occurred traumas or diseases and their complications;
 - 9.1.4 Limit the danger to neighbouring caused by individuals' health status;
 - 9.1.5 Limit the variety of activity potentially harmful to health.
- 9.2 Assessment of results and implementation tendencies of state governing, administrative and self-governing institutions managerial decisions, which influence health status of society.
- 9.3 Investigations on the impact of environmental factors to public health, establishment of the link between health risk factors and non-communicable diseases and traumas.
- 9.4 Ascertainment of causes of negative food supplements influence upon population's health, their control and elimination.
- 9.5 Registration of specific purposes serving food products and food supplements and food product drivers.
- 9.6 State public health safety expertise, participating in intersectional committees, working groups per procuracionem of state governing or self-governing executive institutions.
- 9.7 Establishment and regulation of the register of potentially toxic chemical substances.
- 9.8 Surveillance of activity associated with poisonous substances in order to protect people's life and health from possible negative influence of poisonous substances, supervision of alterations and processes of their substitution for less harmful to health substances.
- 9.9 Investigation of poisonings with chemical substances at work and daily life.
- 9.10 Establishment of prevention problems (pitfalls) of chemical substances to health and investigations on the causes.
- 9.11 Chemical, physical, toxicological, radiological, bacteriological, serological, virusological, entomological, parasitological tests aiming at control of state public health safety expertise and state public health.
- 9.12 State public health statistics.
- 9.13 Monitoring and expertise of state public health and factual nutrition of residents, including expertise of food contamination, aiming to detect the quantity of hazardous substances to individual's health.

Measures for prophylactics and control of communicable diseases:

- 10.1 Regulation of the state communicable diseases and their causative agents register, statistical works associated with morbidity from communicable diseases registration.
- 10.2 Epidemiological investigation of communicable disease hearth.
- 10.3 Investigations on population immunological status and their assessment.
- 10.4 Monitoring of communicable diseases, analysis and prognosis of epidemiological situation.
- 10.5 Organisation and control of immunoprophylactics.
- 10.6 Purchasing vaccines and immunoprophylactic preparations, vaccination measures according to the calendar of prophylactic vaccinations approved by the Ministry of Health and National immunoprophylactic programme.
- 10.7 Purchasing, transportation and storage of immunological preparations necessary for provision of medical aid in cases of rabies.
- 10.8 Purchasing, transportation and storage of chemo-prophylactic preparations necessary for provision of medical aid in the hearths of cholera, plague, yellow fever and other virusological hemorrhagic fevers (Marbur, Ebola, Lass).
- 10.9 Purchasing disinfection equipment, disinfection and washing substances, disinfection works in the hearths of infection.
- 10.10 Providing information to society and governing and administrating institutions of all levels concerning epidemiological situation and anti-epidemic measures.
- 10.11 Epidemiological safety promotion through mass media, residents' education and publishing works.
- 10.12 Bacteriological, virusological and parasitological tests, which are carried out in order to implement public health surveillance functions and also diagnostic tests according to the list approved by the Ministry of Health.
- 10.13 Application of all types of quarantine measures to people: examination, health observation, preventive treatment for those individuals, arrived to Lithuania, for whom the application of these measures is foreseen in international legal acts as well as those of the Republic of Lithuania.

Occupational medicine services:

- 11.1 Examination, assessment and expertise of the influence of occupational environment to health.
- 11.2 Accumulation and analysis of information of studies on occupational environment and its influence upon health and professional diseases.
- 11.3 Participation in the prophylactic health check up of the workers and in the process investigating the reasons of professional diseases.
- 11.4 Registration, analysis and participation in professional disease expertise.
- 11.5 Epidemiological diagnostic of accidents at work, morbidity with professional disease or death cases due to accidents at work.
- 11.6 Professional health promotion and consulting as regards professional health issues.

Radiation safety measures:

- 12.1 Causative investigation on the influence of radiation to health of population and control of elimination of the causes.
- 12.2 Formulation of state regulative principles and criteria for radiation safety and registration of ionising sources, ensuring their safety, criteria and principles of implementation order, also preparation and confirmation of recommendations.
- 12.3 Licensing activities with ionising sources.

- 12.4 Control of radiation safety requirements and application of sanctions in requirement violation case.
- 12.5 Preparation and implementation of programmes concerning residents' radiation safety surveillance and control and assessment of radiation influence upon health.
- 12.6 Analysis and assessment of radiation safety status of objects using ionising sources, investigations on radioactive accidents, and prognosis of consequences of accidents, provision of proposals aiming to avoid and liquidate the consequences.
- 12.7 Monitoring of individual exposure of residents and workers or separate parts of these groups in customary conditions and radiation accident cases.
- 12.8 Control of preparedness of administration and staff of enterprises, institutions to handle with radiation accidents and their ability to liquidate the consequences.
- 12.9 Radiation safety state hygiene expertise, also expertise of objects, planning to carry out activities using ionising sources expertise of object projects.
- 12.10 Regulations of state ionising sources and workers exposure register.
- 12.11 Dose measurement, radiometric, spectro-measurement, radiochemical tests on exposure of residents and workers, dwelling, production and social environment and their hygienic expertise.
- 12.12 Monitoring of air pollution, contamination of food products, their raw material, drinkable water, building materials and their raw materials, goods and other objects predetermining human exposure; also delivery of defined standard documents, testifying their contamination with radioactive substances.
- 12.13 State surveillance and control of patients and during medical diagnostic and treatment procedures when ionising sources are used.
- 12.14 Radiation safety control of ionising sources, radiation safety equipment and other devices and substances predetermining additional exposure on people, also of manufactured products containing ionising sources.

Public health strengthening, popularisation of health knowledge and public health surveillance teaching:

- 13.1 Preparation and dissemination of information concerning the activity of public health surveillance institutions.
- 13.2 Organisation of qualification improvement for state and municipality officers in the field of public health surveillance set by laws.
- 13.3 Health education of groups of residents, attributed to risk group people according to the established order by Ministry of Health.
- 13.4 Preparation of mandatory health education programmes and their implementation control.
- 13.5 Organisation of vocational training of public health specialists and officers.
- 13.6 Organisation of vocational training courses, workshops, instructions for workers of departments, institutions, objects concerning radiation safety and laboratory surveillance issues; knowledge control of individuals responsible for radiation safety.
- 13.7 Informing society, authority and governing bodies of all levels concerning public health, epidemiological situation and anti-epidemic safety measures.
- 13.8 Education of residents and propaganda through mass media concerning epidemiological safety, food safety, radiation safety, mental health issues.
- 13.9 Preparation of information regarding radiation safety and provision of proposals to state governing and local self-governing institutions.
- 13.10 Preparation of information regarding public health surveillance and publishing of public health safety normative documents.
- 13.11 Planning, preparation and control of public health strengthening campaigns.

- 13.12 Observation of indicators and their alterations collaborating in the field of intersectional public health safety and strengthening among ministries, other governmental institutions, state services and inspections, county chiefs, self-governing executive institutions and enterprises; preparation and provision of recommendations.
- 13.13 International co-operation.

Public mental health strengthening measures:

- 14.1 Analysis and prevention of suicides.
- 14.2 Regulation of mental disorders register.
- 14.3 Psychological rehabilitation.
- 14.4 Analysis of mental patients care.
- 14.5 Prevention of mental and dependency diseases.
- 14.6 Epidemiological research and analysis of mental disorders.
- 14.7 Epidemiological research and analysis of alcohol addiction, drug addiction and of other dependency diseases.

III. ORGANISATION OF INDISPENSABLE WARRANTED BY THE STATE (FREE OF CHARGE) PUBLIC HEALTH SURVEILLANCE MEANS AND SERVICES PROVISION

- 15. Public administration subjects, administering mandatory health insurance, state and municipality budgets, means of municipality health funds, are to allot the means for indispensable warranted by state (free of charge) public health surveillance measures and services.

C Summary of Panevezys county epidemiological surveillance means for the year 2001

No		Measurement		Working positions		Means	
			Salary	Social insurance	Other simple expenditures	Extra-ordinary expenditures (for obtainments)	Need for means in total
1	Regulation of the state register on communicable disease and causative agents, statistical and registration works related to registration of morbidity from communicable diseases	4 –a	36,480	11,310	24,200	-	71,990
2	Epidemiological exploration of communicable disease hearth	2 –d, 14 –a, 5 –dr	194,880	60,413	23,700	-	278,993
3	Monitoring of communicable diseases, analysis and prognosis of epidemiological situation	2,5 –d, 2,5 –a	54,300	16,833	16,000	4,200	91,333
4	Exploration and evaluation of immunological status of the population	1,5 –d, 2,5 –a	41,700	12,927	1,700	-	56,327
5	Organisation and control of immuno-prophylactics	1,5 –d, 2,5 –a	41,700	12,927	7,400	-	62,027
6	Purchasing vaccines and immuno-prophylactic preparations, vaccination measurements according to the calendar of prophylactic vaccinations approved by the Ministry of Health and National Immuno-prophylactic Programme	x	x	x	31,000	1,100	32,100
7	Purchasing, transportation and storage of immunological preparations necessary for provision of medical aid from rabies	2,5 –a	22,800	7,068	4,700	-	34,568
8	Purchasing, transportation and storage of chemoprophylactic preparations necessary for provision of medical aid in the hearths of cholera, plague, yellow fever and other virusological haemorrhagic fevers (Marbur, Ebola, Lass)	x	x	x	x	x	x
9	Purchasing disinfection equipment, disinfection and washing substances, disinfection works in the hearth of infection	0,8 –d, 2,5 –a, 8 –dis	91,500	28,365	38,700	-	158,565

No		Measurement		Working positions		Means	
			Salary	Social insurance	Other simple expenditures	Extra-ordinary expenditures (for obtainments)	Need for means in total
10	Providing information to society and governing and administrating institutions of all levels concerning epidemiological situation and anti-epidemic measurement	0,5 –d, 1 –a	29,100	9,021	3,400	-	41,521
11	Epidemiological safety promotion through mass media, residents' education and publishing works	0,25 –d, 1 –a	18,570	5,757	2,900	-	27,227
12	Bacteriological, virusological and parasytological tests, which are carried out in order to implement public health surveillance functions and also diagnostic tests according to the list approved by the Ministry of Health	x	x	x	175,000	-	175,000
13	Application of all types of quarantine measurements to humans: examination, health observation, preventive treatment for those individuals arrived to Lithuania, for whom the application of these measurements is foreseen in international legal acts as well as those of the Republic of Lithuania	0,25 –d, 1 –a	18,570	5,757	0,500	-	24,827
	IN TOTAL	9 –d, 33,5 –a 9,8 –des, 5 –dr	549,600	170,378	329,200	5,300	1,054,478

d = doctor

a = assistant

dr = driver

dis = disinfection worker

D Terms of reference Budgetary Institution Utena Public Health Center

Approved by the Director the
State Public Health Service
under the auspices of The
Ministry of Health of the
Republic of Lithuania, Decree
No12, November 9, 2000

BUDGETARY INSTITUTION UTENA PUBLIC HEALTH CENTRE

TERMS OF REFERENCE

1. Utena Public Health Center is a public health surveillance institution (further called Institution) of Lithuanian National Health System (further called LNHS) (public health center in county).
2. Institution is a budgetary institution maintained from the state budget means.
3. Utena Public Health Center observes the Constitution of the Republic of Lithuania, Law on the Budgetary Institutions, Law on Health System, Law on Health Care Institutions and other Laws, Governmental decrees and legal acts as well as Terms of Reference of Budgetary Institution Utena Public Health Center.
4. The founder of the Institution is The Ministry of Health of the Republic of Lithuania.
5. The Institution is a juridical person, owning economical, financial, organisational and legal independence; it's seal as well as the accounts in the banks.
6. The abode of Institution is located in S.Dariaus ir S.Gireno street 12, LT-4910 Utena, Republic of Lithuania.
7. Economical year of The Institution conforms to calendar year.
8. Activity of the Institution is not terminable.
9. Activity of the Institution is coordinated by the State Public Health Service under the auspices of The Ministry of Health (further – Service).

II. RIGHTS AND OBLIGATIONS OF THE FOUNDER OF THE INSTITUTION

10. The founder of the Institution possesses following rights and obligations:
 - 10.1 To assign prices and tariffs of services (goods) and their calculation regulations.
 - 10.2 To allot budgetary means to maintain the Institution and to finance programmes provided in it's estimate.
 - 10.3 To determine and approve the estimates of expenditures of programmes of the Institution, not overdrawing the amount general assignments for fore mentioned programmes, including ordinary expenditures, among which – expenditures on wages and also extraordinary expenditures.

- 10.4 To ensure effective programme implementation as well as of the allotted assignments.
- 10.5 To determine the standards of Institution's works, services, management and service personnel, standards of supplies of material values, inventory, medicines, financial standards.
- 10.6 To control the account of Institution, debts and take measures in order to prevent them.
- 10.7 To organise the financing of social economical programmes and to approve pay costs for expenditures, norms and conditions
- 10.8 To reorganise and abolish the Institution.
- 10.9 To obtain information concerning Institution's activity from the administrative leader of the Institution.
- 10.10 To possess other rights and obligations not contradicting Laws and other legal acts of the Republic of Lithuania.
- 11. The Service possesses following rights and obligations:
- 11.1 To approve, substitute and supplement terms of reference and structure of the Institution.
- 11.2 To approve activity plans of the Institution.
- 11.3 To control and co-ordinate implemented activities and account management of the Institution.
- 11.4 To appoint and relieve the Director of the Institution, to apply incentive measures and to impose official penalties according the legal acts.

III. GOALS, CHARACTER AND FIELDS OF ACTIVITIES OF THE INSTITUTION

- 12. The main goal of Institution's activities is to implement public health surveillance in Utena district in order to protect the residents from diseases, avoidable deaths and disability, to prolong life years without traumas and diseases, to improve quality of life and to increase economical and social productivity of life.
- 13. Character of activities of the Institution: organisation and render of compound health care services.
- 14. The main activity fields of the Institution:
- 14.1 Strengthening and promotion of public health.
- 14.2 Public health safety.
- 14.3 Disease prevention and control.
- 14.4 Public health safety examination, organisation of preventive measures and participation during implementation of the measures in the circumstances of extremes to public health situations.
- 14.5 Constant public health monitoring and examination.
- 14.6 Constant monitoring of the effectiveness of public administration of public health surveillance.
- 14.7 Variety of activities set according to the Classification of economical activities confirmed by the Statistical Department under the auspices of Government of the Republic of Lithuania:
- 22.11 Publication of books.
- 22.15 Other publications.
- 22.22 Other, nowhere mentioned publishing.
- 24.20.10 Production of disinfectants.
- 36.63.10 Production of visual teaching aids.

- 63.12.40 Storage of chemical substances.
- 71.10 Car lease.
- 71.33.20 Computer lease.
- 71.33.30 Lease of copying, multiplying and text work up equipment.
- 72.10 Consultancy concerning utilisation of technical equipment.
- 72.20.10 Consultancy concerning programme equipment.
- 72.20.20 Creation and registering officially of individual programmes.
- 72.20.30 Improvement of prepared programme systems, their presentation and official registration.
- 72.30 Data processing.
- 72.40 Activities associated with databases.
- 73.10.20 Research and applied works of Nature science.
- 73.10.40 Research and applied works of Medical science.
- 74.20.10 Consultancy in the field of architecture and civil building.
- 74.20.40 Planning of landscape of towns and small towns.
- 74.30 Technical control and analysis.
- 74.30.10 Environmental control, ecological monitoring.
- 74.30.20 Tests and analysis of substances.
- 74.30.30 Tests and analysis of production quality.
- 74.30.40 Food products test according to hygiene standards.
- 74.30.70 Certification of products, control of the requirements of products normative documents.
- 74.60.40 Consultancy concerning occupational safety at work.
- 74.70.20 Disinfection of buildings, ships, trains and other, also disinfection activities.
- 80.42.30 Qualification improvement.
- 80.42.40 Additional training.
- 85.12.20 Activities of doctors specialists.
- 85.12.30 Activities of doctors consultants.
- 85.14.30 Activities of medical laboratories.
- 93.04.30 Activities of health promotion centres.

15. Other activities not prohibited by the Laws of the Republic of Lithuania.

- 16. In case the Institution needs a license to carry out the activities foreseen in the terms of reference of the Institution, the Institution is obliged to possess the fore mentioned license.

IV. RIGHTS AND OBLIGATIONS OF THE INSTITUTION

- 17. Due to implementation of the activities provided for the terms of reference, the Institution possesses following rights and obligations:
 - 17.1 To use and dispose transferred property as a trust according to the defined order laid down in the Laws of the Republic of Lithuania, Governmental decisions, and other legal acts as well as these terms of reference.
 - 17.2 To join other non-profit seeking organisations, associations and participate in their activities with the permission of the founder.
 - 17.3 To use the means of the Institution in order to implement goals, tasks and programmes foreseen in the terms of reference of the Institution.

- 17.4 To pronounce competitions within the framework of the activities of the Institution in co-ordination with the Founder.
- 17.5 To contract health care treaties with LNHS activity customers, other physical, juridical persons or with institutions non-possessing rights of juridical person concerning provision of free and pay health care services.
- 17.6 To earn from the publishing activities, related to the competence of the Institution and obtain non-budgetary means from this activity.
- 17.7 To appeal to the Service in order to supplement and substitute terms of reference of the Institution.
- 17.8 To organise and participate in the process of training and qualification improvement of public health specialists.
- 17.9 According to the competence to maintain professional relations with international institutions and appropriate institutions of foreign states and to participate in their work.
- 17.10 To found subdivisions and branches in coordination with the founder.
- 17.11 To receive support.
- 17.12 To organise and implement public health care.
- 17.13 According to the financing to ensure the rendering of requisite public health care services and implementation of other tasks (measures) entrusted by the founder.
- 17.14 To render health care services, which are specified in the license;
- 17.15 To apply those research methods, technologies of public health care which are approbated and (or) allowed to use in Lithuania Republic by established procedure.
- 17.16 To preserve patients' medical as well as natural and legal persons' commercial secret.
- 17.17 To form obligatory tasks for branches activity and to control their implementation;
- 17.18 To implement engagements according to the made treaties.
- 17.19 To ensure safe work conditions for employees.
- 17.20 To use means received from Lithuanian state and municipality budget for the activity indicated in regulations and not prohibited by laws.
- 17.21 To guarantee the justice of institution's financial and statistic account.
- 17.22 To prepare estimate drafts.
- 17.23 To acquire and improve internal system of work quality control and to inform public about institution's activity.
- 17.24 According to the procedures established by laws to inform the founder of the institution and other institutions about occurred extreme cases and situations in served territory also to participate eliminating them.
- 17.25 To organise and implement public infectious diseases epidemiological care and control.
- 17.26 To implement infectious diseases epidemiological diagnostic, constant observation, analysis and prognosis, to perform environmental neutralisation in sources of contagious diseases.
- 17.27 To organise and control immunoprophilactic work, vaccinate with infectious diseases.
- 17.28 To collect data about infectious diseases, its agents and to refer the data to register.
- 17.29 To perform an expert examination of cities and settlements territory planning, house-building, industrial, commercial, social, educational,

- cultural, service and other purpose objects detailed plans, technical projects, technological, work and public health security projects.
- 17.30 To determine special hygiene planning conditions of buildings and its sanitary protection zone, also to control its observance.
- 17.31 To determine built, reconstructed, reorganised housing, industrial, commercial, social, educational, cultural, service and other purpose buildings correspondence with confirmed plans and to give a certificate about objects' correspondence with legal acts, regulating public health security.
- 17.32 To require, that organiser of planned activity determine, describe and evaluate possible direct and indirect influence of planned activity on public, flora, soil, earth's surface, air, water and mutually related elements functioning in nature, also provide the documentation of this influence.
- 17.33 According to the competence to provide conclusions and make a motivated decision establishing whether planned economic activity according to its character and influence to the public is allowed in selected place.
- 17.34 To perform public health security expert examination of premises, raw material, technologies, products and services, also according to the Ministry of Health established procedures to give licenses – hygiene passports or other documents to natural persons, legal persons or entities which do not possess the rights of a legal person engaged in economic commercial activity.
- 17.35 According to the established procedures to co-ordinate damages eliminating plans for natural, legal persons or entities which do not possess the rights of a legal person, who manufacture, collect, sort, convey, eliminate, use or put in order dangerous waste in other ways.
- 17.36 To prepare county and municipality food, drinking-water security and inhabitants nutrition improvement programs, also to perform inhabitants nutrition, food security and related to food morbidity constant observation, to train healthy nutrition skills.
- 17.37 To perform and evaluate researches of work environment influence upon health, to collect information related to work environment and its influence upon health.
- 17.38 To perform expert examination of work conditions and manufacture means harmfulness to health.
- 17.39 To select and strengthen contingents of compulsory health examination (advanced and periodical).
- 17.40 To participate establishing, registering professional diseases and performing its expert examinations.
- 17.41 To participate in professional health training, to consult about professional health questions.
- 17.42 To observe and analyse results of state, counties, municipalities, institutions public health programs' implementation, and to submit summarised data to the counties, municipalities institutions, founders, natural, legal persons or entities which do not possess the rights of a legal person.
- 17.43 To observe and analyse county and municipality inhabitants' health problems, its rise causes, and to present analysis conclusions and

- proposals to natural, legal persons or entities which do not possess the rights of a legal person.
- 17.44 To participate forming county, municipality public health data basis, creating information systems.
- 17.45 To organise interdepartmental co-operation in county and municipalities upon public health care questions.
- 17.46 To consult natural, legal persons or entities which do not possess the rights of a legal person about the questions related to its competence.
- 17.47 To teach public healthy living and to include inhabitants in health problems solution activity.
- 17.48 Due to the established procedures to analyse natural, legal persons or entities which do not possess the rights of a legal person proposals, complaints, applications and according to the competence to take measures to resolve there raised questions.
- 17.49 To implement indirect public health control in county – according to the competence to collect, amend and analyse information about public health legal acts infringement, its social, economical and other causes, also about all other actions, influencing public health security.
- 17.50 To implement direct state public health security control in health care, educational, social guardianship and work institutions, also to evaluate services' correspondence with public health security legal acts and to control pupils teaching, nutrition, physical training, rest time, medical and psychological help rendering conditions, also pupils' protection from harmful physical and psychical influence (tobacco, alcohol, narcotic and psychotropic material) in educational institutions.
- 17.51 After producing official certificate and informing institutions management or governing body also accompanying its representative to visit all institutions, borderland territories, customhouse stores, aircraft existing in airports, and other objects.
18. Institutions and their officials may possess and other rights and obligations, provided they do not contradict the laws of the Republic of Lithuania and other legal acts.

V. MANAGING BODIES AND THEIR COMPETENCE

19. Institution's managing body is institution's administration, composed of director, his deputies, subdivision heads, and chief finance officer.
20. Administration organises and manages institutions' activity. The director of institution confirms administrations' work order.
21. Administration works in compliance with the laws of the Republic of Lithuania, Government decisions, orders of the Minister of Health, institution's regulation, work order, regulations of branches, subdivisions and offices, and other legal acts.
22. Institution must have the head of administration and the chief finance officer. Head of administration office is not compatible with chief finance office.
23. Institution's director heads administration.
24. Institutions' director is appointed to the office by way of public tender for five years. The director of the Service confirms open competition and its regulation.
25. Heads of institution branches and subdivisions are appointed to the office by way of public tender for five years.
26. Heads of institution branches and subdivisions can be persons, compatible with the Ministry of Health approved qualification requirements.
27. Head of institution, its branches and subdivisions cannot be persons older than 65 year.
28. Rights and obligations of the director:
 - 28.1 To implement state diseases' prophylactic and control, other public health spheres care.
 - 28.2 According to the legal acts of the Republic of Lithuania, recommendations of the founder, budgetary financing, to increase or decrease services' assortment.
 - 28.3 To approve institution's list of positions.
 - 28.4 To propose for service to amend institution's regulation and internal structure, for founder – the range of works and program financing.
 - 28.5 To employ and to dismiss institution's officers, heads of subdivisions and branches, to motivate them, if necessary – to impose administrative penalties on him, in accordance with procedures established by laws.
 - 28.6 In compliance with the laws of the Republic of Lithuania, Government decisions and other legal acts, to establish the work compensation order and pay, not exceeding pay fund approved by the founder.
 - 28.7 To empower institution's officers implement the functions of public health security control.
 - 28.8 To approve internal regulations, officers duty regulations and instructions, other internal regulatory documents.
 - 28.9 To apply to the founder for non-effectively working institution, its' subdivisions and branches reorganisation or liquidation.
 - 28.10 According to the competence pass orders and other documents.
 - 28.11 To be responsible for the appropriate use and preservation of institutions' acquired property.
 - 28.12 In institution's name to sign documents and to empower other persons to implement the functions of director's competence.
 - 28.13 Without separate authorisation to represent institution in the court and other institutions.

- 28.14 To hold other rights and obligations provided they do not contradict the laws of the Republic of Lithuania and other legal acts.
- 29. The chief finance officer carries out accounting in the institution. Functions of the chief finance officer according to the agreement can be carried out by other legal person or an entity, which do not possess the rights of a legal person.
- 30. Chief finance officer carry out accounting in pursuance with the laws of the Republic of Lithuania, Government decisions and regulations, Ministry of financial affairs approved documents, orders of the founder, other legal acts and these regulations.
- 31. To solve institution's strategic and other important questions there can be formed joint consultative managing bodies, which regulations are approved by the director of the institution.

VI. LABOUR RELATIONS AND A PAY

- 32. The State Service law of the Republic of Lithuania regulates institution's officers labour relations and other legal acts.
- 33. Salary of institution's servants is established according to the procedures established by the laws of the Republic of Lithuania and other legal acts.

VII. BRANCHES OF THE INSTITUTION

- 34. Institution may have branches.
- 35. A branch is the subdivision of an institution, having an individual location and administration. A branch is not a legal person and shall act in accordance with the statutes of the public institution and the authorisation given it by the head of its administration, which must be stipulated in the institution statute and branch statutes. The number of public institution branches shall not be limited. The branch shall be registered and struck from the register in accordance with the procedure established by laws.
- 36. For branches activity their heads – chief medical officers render an account to the director of institution and other institution's collective membership managing bodies according to the procedures established by statute of institution.

VIII. INSTITUTION'S FUNDING SOURCES AND THE PROCEDURE FOR FUND UTILISATION

- 37. Institution's funding sources:
 - 37.1 The founder earmarked funds.
 - 37.2 Special purpose allocations of state budget.
 - 37.3 Funds from municipal health funds.
 - 37.4 Funds from state investment programs.
 - 37.5 Funds from compulsory health insurance funds.
 - 37.6 Allocations of state and foreign funds.
 - 37.7 Funds obtained as support or gifts, and also those obtained through a testament designation.
 - 37.8 Other legally obtained funds.

38. Institution prepares annually an estimate of expenditures on the funds obtained from state, county budgets, compulsory health insurance and municipal health funds. The founder of the institution shall approve the estimate. An estimate shall be prepared on the funds obtained from other sources if this should be required by the supplying entities.
39. Institution shall use the funds received as a support and also designated by testaments for activity designated in the statute as indicated by the support contributor or the testator.
40. Institution's funds can be used for activity designated in this statute and not forbidden by laws.
41. A recovery can not be directed at the property and funds of the institution.

IX. CONTROL OF INSTITUTION ACTIVITY

42. Control of institution's rendering services can be exercised by institutions indicated in Health care institutions and other laws.
43. Institution's financial activity control shall be exercised in compliance with the established procedures by laws and other legal acts.
44. Administration of the institution must submit the documents, related to the institution's activity to the founder, Service, state control institutions.

X. REORGANISATION AND LIQUIDATION OF THE INSTITUTION

45. Reorganisation or liquidation of the institution can be carried out by the founder according to the procedures, established by the Government of Lithuania, if the laws do not establish in other way.

E Terms of reference Utena district municipality health fund

Utena district municipality health fund

TERMS OF REFERENCE

I. GENERAL PART

1. Utena district municipality health fund (hereinafter – Fund) is found implementing the decision of Utena district board.
2. The Fund is established aiming to accumulate the means in order to finance municipality public health surveillance programmes and support activity programmes of public organisations, protecting public health interests.
3. District board approves the estimate of the Fund expenditures.

II. SOURCES OF THE FUND MEANS

1. Budgetary means of the district.
2. Deducting up to 20 % of means of district's nature protection fund.
3. 10 % of stamp duty part from trade of alcoholic drinks.
4. Voluntary contributions of juridical and physical persons.
5. Part of expenditures of Mandatory health insurance budget regulated by Health Insurance Law.
6. Interests obtained from Fund's means preserved in a Bank.
7. Other legally obtained means.

III. ORDER OF USE AND CONTROL OF MEANS OF THE FUND

1. Estimates of expenditures of the Fund are prepared according to the recommendations of health committee of district board and also municipality administration recommendations.
2. The means of the Fund are used in order:
 - 2.1 To prepare and implement municipality administration programmes.
 - 2.2 To support activity programmes of public organisations protecting public health interests.
 - 2.3 To carry out legal and economical expertise of programme objects and to carry out the audit on programmes implementation.
 - 2.4 To implement measures decreasing negative effects on health of the residents.
3. Municipality economics and finances department carries out book keeping of the Fund.
4. In the estimates is indicated the financing institution and focus health care programme.
5. Expenditures of the Fund utility are distributed quarterly according to the decision of the district administration.
6. District board approves annual report on utility of the Fund.

7. Unused means of the Fund, donated from municipality budget are returned to municipality budget or remain in the account of the Fund together with other means of the Fund and are used next year.
8. The municipality inspector controls the utility of the Fund means for specified purposes.

IV. LIQUIDATION OF THE FUND

1. The Fund could be liquidated according to the decision of the founder.
2. After the liquidation of the Fund its reserved means are assigned to finance health care institutions of the district.

F The questionnaire

Proposal for the questions for the interviews

Mandates/activities/tasks in public health

- ❖ What are according to you the main activities of the public health institutes on regional and local level? (Separately for regional and local level.)
 - Are these activities being done in your institute?
 - Are you satisfied with how these activities are being executed in your institute? What are the problems?
 - What could be changed to improve it (and not just more money)?
 - And what could be the task of your own organisation in improving the activities?
 - Are there activities that are not done by your institute, but you think should be done by your institute? Which activities?
- ❖ Are the activities of your institute being supervised? (by which I mean accountability)
 - How are these activities being supervised? Do you have to report your activities?
 - And which organisations/institutes or persons are supervising them?
- ❖ Do you or your institute communicate with other regional or local organisations on public health activities?
 - Which organisations?
 - On which activities?
 - How often?
 - Out of what consists this communication?
- ❖ Do you or your organisation co-ordinate with other regional and/or local organisations in the field of public health activities?
 - Which institutes?
 - Of what consists this co-ordination?
 - Are you satisfied with this co-ordination?
- ❖ What are more detailed activities of your organisation in case of communicable diseases in schools?
 - What does your organisation do about monitoring of communicable diseases in schools?
 - About prevention of communicable diseases in schools?
 - Controlling/supervising of communicable diseases in schools?
 - And education about communicable diseases in schools?
 - Are the activities in schools being supervised? (accountability)
 - Do you co-ordinate with other local or regional organisations in the field of public health activities in schools?
- ❖ What are more detailed activities of your organisation in case of non-communicable diseases in schools?
 - What does your organisation do about monitoring of non-communicable diseases in schools?
 - About prevention of non-communicable diseases in schools?
 - Controlling/supervising of non-communicable diseases in schools?

- And education about non-communicable diseases in schools?
- Are the activities in schools being supervised? (accountability)
- Do you co-ordinate with other local or regional organisations in the field of public health activities in schools?

Reform of public health

- ❖ What are according to you the plans for the (re)organisation of public health at the regional and local level?
 - What are according to you the advantages and disadvantages of the plans?
 - What could be improved or changed in these plans?
- ❖ Is your institute involved in the development of the plans for the (re)organisation of public health at the regional and local level?
 - Of what consists this involvement?
 - Are you satisfied with this involvement in the development of the plans?
 - What could be improved?
- ❖ Would you want to be involved in the development of the plans?
 - What could be your task?
- ❖ How are you informed about the plans for the (re)organisation of public health at the regional and local level?
 - Are you satisfied with this information?
 - What could be improved or changed in the information?
 - How does your institute inform their own staff?
- ❖ Do you perceive changes in your activities or in the activities of your organisation due to the changes in public health?
 - What kind of negative and positive changes do you perceive?
- ❖ What do you think will be the impact of these plans on public health in Lithuania in general?
- ❖ What do you think will be the impact of these plans on the activities of your own institute?
 - Positive and negative impact?