

JOINT EXTERNAL EVALUATION  
OF IHR CORE CAPACITIES  
of the  
**REPUBLIC OF LITHUANIA**

**Mission report:**  
**19–23 November 2018**





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WHO/WHE/CPI/2019.35

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# CONTENTS

Acknowledgements	v
Abbreviations	vi
Executive summary	1
Scores and priority actions	4

## **PREVENT** ----- **10**

National legislation, policy and financing	10
IHR coordination, communication and advocacy	13
Antimicrobial resistance	16
Zoonotic diseases	19
Food safety	22
Biosafety and biosecurity	25
Immunization	27

## **DETECT** ----- **29**

National laboratory system	29
Surveillance	32
Reporting	35
Human Resources	38

## **RESPOND** ----- **42**

Emergency Preparedness	42
Emergency response operations	44
Linking public health and security authorities	47
Medical countermeasures and personnel deployment	49
Risk communication	52

## **IHR-RELATED HAZARDS AND POINTS OF ENTRY** ----- **55**

Points of entry	55
Chemical events	58
Radiation emergencies	61

## **Appendix 1: JEE background** ----- **64**



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# ABBREVIATIONS

<b>ADNS</b>	Animal Disease Network System
<b>AIVIKS</b>	Integrated Computerized Information System for Environmental Management
<b>AMR</b>	Antimicrobial Resistance
<b>BSL</b>	Bio Safety Level
<b>CBRN</b>	Chemical, biological, radiological, nuclear
<b>CCDA</b>	Center for Communicable Diseases and AIDS
<b>CLP</b>	Regulation on classification, labelling and packaging of substances and mixtures
<b>CLSI</b>	Clinical and Laboratory Standards Institute
<b>EBS</b>	Evidence-based surveillance
<b>ECDC</b>	European Centre for Disease Prevention and Control
<b>EDREX</b>	European Disaster Response Exercise
<b>EFSA</b>	European Food Safety Authority
<b>EMT</b>	Emergency medical teams
<b>EPA</b>	Environmental Protection Agency
<b>EPITET</b>	European Programme for Intervention Epidemiology Training
<b>EOC</b>	Emergency Operations Centre
<b>EUPHEM</b>	European Public Health Microbiology Training Programme
<b>EUCAST</b>	European Committee on Antimicrobial Susceptibility Testing
<b>EURO</b>	WHO Regional Office for Europe
<b>EWRS</b>	Early Warning and Response System
<b>EQA</b>	External Quality Assurance
<b>EU</b>	European Union
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FETP</b>	Field Epidemiology Training Programme
<b>GAP</b>	Global Action Plan
<b>GEC</b>	Government Emergency Commission
<b>GLASS</b>	Global Antimicrobial Surveillance System
<b>HCAI</b>	Healthcare Associated Infections
<b>HI</b>	Institute of Hygiene
<b>HESC</b>	Health Emergency Situation Centre under the Ministry of Health
<b>IAEA</b>	International Atomic Energy Agency
<b>IATA</b>	International Air Transport Association
<b>IBS</b>	Indicator-based surveillance

<b>INFOSAN</b>	International Network of Food Safety Authorities
<b>IHR</b>	International Health Regulations (2005)
<b>IPC</b>	Infection Prevention and Control
<b>ISO</b>	International Standards Organisation
<b>JADE</b>	Joint Assessment and Detection of Events
<b>JEE</b>	Joint External Evaluation
<b>LCSP</b>	Law on Chemical Substances and Preparations
<b>MCV</b>	Measles-containing Vaccine
<b>MEC</b>	Municipal Emergency Commission
<b>MEOC</b>	Municipal Emergency Operations Centre
<b>MoH</b>	Ministry of Health
<b>NATO</b>	North Atlantic Treaty Organization
<b>NITAG</b>	National Immunization Technical Advisory Group
<b>NFP</b>	National IHR Focal Point
<b>NFVS</b>	National Food and Veterinary Service
<b>NFVRAI</b>	National Food and Veterinary Risk Assessment Institute
<b>NPHC</b>	National Public Health Centre under the Ministry of Health
<b>NPHL</b>	National Public Health Surveillance Laboratory
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>OIE</b>	World Organisation for Animal Health
<b>OPCW</b>	Organization for the Prohibition of Chemical Weapons
<b>PHEIC</b>	Public Health Emergency of International Concern
<b>PoE</b>	Points of Entry
<b>RASFF</b>	Rapid Alert System for Food and Feed
<b>REACH</b>	Regulation on Registration, Evaluation, Authorization and Restriction of Chemicals
<b>SAICM</b>	Strategic Approach to International Chemical Management
<b>SEOC</b>	State Emergency Operations Centre
<b>SFVS</b>	State Food and Veterinary Service
<b>SIS</b>	EU SHIPSAN ACT Information System
<b>SISCDA</b>	State Information System for Communicable Diseases and their Agents
<b>SOP</b>	Standard Operating Procedures
<b>UN</b>	United Nations
<b>WAHIS</b>	World Animal Health Information System
<b>WGS</b>	Whole Genome Sequencing
<b>WHO</b>	World Health Organization



# EXECUTIVE SUMMARY

The Republic of Lithuania, a Member of the European Union since 2004, is a country in Europe with a territory of 65 303 km<sup>2</sup> divided into 10 counties and 60 municipalities, and bordering four countries (Latvia, Belarus, Poland, Russia). Its population is about 2.8 million.

A number of laws, the most important being the Health System Law (1994), regulate health provision, public and pharmaceutical activities. The legal strategical health framework of Lithuania includes the National Health Strategy for 2014–2025, National Public Health Development Programme for 2016–2023, action plans and programmes.

Lithuania has a thorough Civil Protection system with clear roles and responsibilities and a corresponding set of laws and regulations. Through memberships in the United Nations (UN), European Union (EU) and the North Atlantic Treaty Organization (NATO), Lithuania is well connected to the regional and international networks that help to strengthen the military and civil protection, as well as the national approaches to health emergency preparedness.

The organizational structure of the Lithuanian Health System is represented by the National Health Board, an advisory institution which reports directly to the Parliament (SEIMAS). Multiple specialized health institutions work under the Ministry of Health, such as the State Healthcare Accreditation Agency, State Medicines Control Agency, Bioethics Committee, National Public Health Centre, Health Emergency Situation Centre, Radiation Protection Centre, Centre of Communicable Diseases and AIDS, etc. There are about 300 institutions for primary health care, five dispatch centres and 49 ambulance care providers with ambulance personnel of 2387 people in total funded by the state and municipal budget. Three universities are responsible for health education: Vilnius University, Lithuanian Health Science University and Klaipeda University.

Health sector financing is implemented through the state budget (Ministry of Health and institutions under the Ministry, State Health Promotion Fund and State Reserve), National Health Insurance Fund, municipal budget, EU funds and other sources. In case of emergency, the State Reserve can be used at both state and municipal levels. The Government Commission on Health provides regular recommendations and the National Emergency Commission meets four times per year to discuss health issues and preparedness.

Lithuania is undergoing significant reform of its internal health structure. The first direction is identified by the outcomes of a few evaluations by international experts, with the Organisation for Economic Co-operation and Development (OECD) being the last one. Under one of the outcomes related to a sustainable hospital network, one of the prepared reforms will address the hospital sector.

The second direction of reforms will revise the state institutions. Historically, Lithuania has developed a large number of institutions with different actors working in similar fields. The goal of this reform is to improve and streamline processes and enhance collaboration between institutions. Once implemented, both reforms will help improve health emergency preparedness.

Lithuania ratified the IHR (2005) by the Law of the Republic of Lithuania on 18 January 2008. An implementation programme for 2008–2012 was approved by the Resolution of the Government of the Republic of Lithuania on 11 June 2008, which appointed the institutions responsible for the proper IHR monitoring and implementation. Further, the programme was revised, and a new IHR (2005) implementation programme was approved by the Minister of Health at the beginning of 2011. The Health Emergency Situations Centre of the Ministry of Health was designated as the National IHR Focal Point (NFP) and it is accessible 24/7. It regularly communicates and interacts with WHO on IHR related events and issues, and the IHR State Party Annual Report (SPAR), on the progress of IHR implementation, is submitted to the World Health Organization (WHO). In 2017, the average across 13 core capacity indicators was 77%. Based on the analysis of this latest annual reporting data, the three top challenges are: human resources, laboratory and preparedness. By the initiative of the Minister of Health, it was decided that these should be further analysed with other complementary information to determine priorities, which should be translated into the country action plan and its implementation.

In addition, Lithuania closely collaborates with the EU institutions and networks, such as Early Warning and Response System (EWRS), Health Security Committee (HSC), European Centre for Disease Prevention and Control (ECDC). There is a good awareness of opportunities, trainings and other possibilities within existing cooperation and networks, which facilitates in obtaining funding and momentum to further increase capacity within some technical areas. A good example of this are the EU-joint actions for strengthening the IHR core capacities. Lithuania could use this mechanism to further enhance the contribution to capacity building for the IHR implementation in the neighbouring countries. With Lithuania's high level commitment and readiness to cover the whole scope of the IHR implementation, Lithuania is encouraged to take a leading role in this important work.

Lithuania became the fifth country in the EU to conduct a Joint External Evaluation (JEE). It was conducted from 19 to 23 November 2018, by a team of national and international experts, coordinated by the WHO Regional Office for Europe. This was a peer-to-peer collaborative process to evaluate the country preparedness to face and respond to risks and threats, including cross-border threats.

The Republic of Lithuania initiated the JEE planning through a request to the WHO Regional Director for Europe (EURO); and in May 2018, the Ministry of Health of Lithuania (MoH) began the JEE preparations. These included discussions with counterparts in the Republic of Latvia, who completed a JEE in 2017. The JEE Orientation Workshop was organized with the support of EURO in June 2018, and the responsible national experts spent the following four months conducting a multi-sectoral in-depth self-assessment review of 19 technical areas outlined in the JEE Tool. The compiled and thoroughly analysed information and supporting documents were submitted to WHO to support the external evaluation process.

The major contributors to the self-evaluation were the Ministry of Health, Fire and Rescue Department, National Public Health Centre under the Ministry of Health, Health Emergency Situations Centre of the Ministry of Health, Radiation Protection Centre, Centre for Communicable Diseases and AIDS, National Public Health Surveillance Laboratory, State Medicines Control Service under Ministry of Health, National Reference Laboratory for TB, Department of Vilnius University Hospital Santaros Klinikos, Ministry of Environment, Ministry of Transport and Communications, State Labour Inspectorate under the Ministry of Social Security and Labour, and others.

The self-evaluation identified the main challenges as the need for prioritization, human resources, finance and better collaboration between sectors and institutions. The large number of institutions related to IHR implementation, though working well in an isolated manner, present a challenge in terms of coordination as they all use different approaches and formats of action.

Lithuania has extensive business connections with many other countries, which introduces risks for importing infectious diseases; the points of entry (PoE) need to be continuously monitored and controlled. The nuclear power plant under construction in neighbouring Belarus is only 20 km from the Lithuanian border and will pose a potential risk to the population in Lithuania once activated next year.

Lithuania has well-structured, multi layered regulation for separate institutional entities responsible for specific areas of emergency preparedness and response. In the absence of any large-scale emergency, it is difficult to predict challenges and efficiency of concerted actions in case of emergency. Consequently, there is a need to test response actions and coordination between sectors through simulation exercises. It is important that this practice is maintained and does not become subject to cuts or redistribution of resources. The JEE mission was a chance to bring all stakeholders together, to discuss how to act, to evaluate the procedure and develop recommendations to improve capacities.

Lithuania has a "demonstrated" or well "developed" capacity across almost all sections of JEE, guided by a skilled and dedicated workforce and robust multisectoral planning. The general impression during the site visits corresponded well with the findings from the discussions during the JEE mission. The professionals were knowledgeable, well aware of their role in the system and well-organized.

## Overarching recommendations for priority actions

- The most urgent need for strengthening health security in Lithuania is to further deepen and formalize coordination and collaboration between health, food, environmental and animal health sectors. There are several areas that would gain from an effective one health approach. Collaboration across sectors – not driven by a single sector but asked for and promoted by all sectors – will be important for success. This is especially important in preventing zoonotic diseases, improving antimicrobial stewardship and for ensuring a multi-sectoral approach to biosafety and biosecurity. This should be reflected in plans and operational procedures for the implementation of continuous and sustainable in-service training for epidemiologists conducting surveillance and outbreak investigation.
- In the ongoing process of reorganizing work within the health institutions, it is recommended that the resulting structure ensures an enhanced collaboration and information exchange between and within centres and institutions. This will help take forward the recommendations of this report.
- One area of focus for the country, is strengthening risk communication across all IHR hazards by developing strategies for proactive risk communication. This would include a method for 'active listening' via social media.
- Develop and finalize a national action plan for the full implementation of the International Health Regulations (2005) involving all relevant sectors with prioritized actions, dedicated funding through sectoral budget lines, and technical and political oversight for its implementation. Allocate resources necessary to integrate and implement the IHR hazards into tactical-level emergency preparedness plans at the national and municipal levels. This would help to increase the IHR awareness and clarify the contribution expected from all sectors, enhance concerted action of civilian and security sectors, and contribute to the establishment of an effective all-hazard approach to the IHR related events.

## Conclusions

The country engagement and thoroughness of the JEE preparations, and the personal strong commitment of the Minister of Health, allowed an effective JEE process in the Republic of Lithuania.

The national IHR capacities were reviewed and recommendations were provided for the 19 technical areas related to health security. The recommended priority actions will serve as a common platform from which to develop a roadmap for the way forward to strengthen IHR in all sectors, including the prioritization of internal and external resources.

# SCORES AND PRIORITY ACTIONS

Technical areas	Indicator no.	Indicator	Score	Priority Actions
<b>PREVENT</b>				
National legislation, policy and financing	P.1.1	The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors to enable compliance with the IHR	4	<p>Develop and finalize a national action plan for the full implementation of the International Health Regulations (2005) involving all relevant sectors with prioritized actions, dedicated funding through sectoral budget lines, and technical and political oversight for its implementation</p> <p>Map, review and streamline legislation, policies and ministerial orders relevant to the IHR implementation across sectors to identify redundancy and address gaps in legislation</p> <p>Review and test procedures for accessing State Reserves with relevant sectors to ensure timely release and allocation of resources in case of emergency</p>
	P.1.2	Financing is available for the implementation of IHR capacities	4	
	P.1.3	A financing mechanism and funds are available for timely response to public health emergencies	3	
IHR coordination, communication and advocacy	P.2.1	A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR	4	<p>Establish capacity monitoring framework mechanism on monitoring and regular exchange of information between sectors on capacities required under the IHR (2005)</p> <p>Increase IHR awareness in all sectors (especially non-health) and enhance advocacy to ensure an all-hazard approach to IHR related events</p> <p>Strengthen the NFP role by developing SOPs, with a clear mandate from the highest governmental level; ensure their adequate and sustainable capacities (e.g., human resources)</p> <p>Execute multisectoral training at regular intervals and an orientation mechanism for newly recruited staff</p>
Antimicrobial resistance	P.3.1	Effective multisectoral coordination on AMR	4	<p>Reduce and improve the use of antibiotics in hospitals, by setting a target to reduce the level of resistance in hospitals by a certain percentage in a defined timespan</p> <p>Improve adherence to Infection Prevention and Control (IPC) in acute and long-term care hospitals</p> <p>Raise awareness and knowledge of public health professionals, including veterinarians and animal health workers, about AMR and the responsible use of antimicrobials</p> <p>Highlight the importance of behavior change amongst professionals, develop and provide postgraduate training</p> <p>Develop regulations for the reduction of the use of antibiotics in livestock production, specifically in the poultry sector</p>
	P.3.2	Surveillance of AMR	4	
	P.3.3	Infection prevention and control	3	
	P.3.4	Optimize use of antimicrobial medicines in human and animal health and agriculture	3	

Technical areas	Indicator no.	Indicator	Score	Priority Actions
Zoonotic disease	P.4.1	Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/ pathogens identified as joint priorities	4	Establish a functional inter-institutional zoonosis working group ("One Health Working Group") at the national level to regularly perform prioritization and determination of areas for improvement in zoonotic diseases control Establish routine sharing of laboratory and surveillance data between the sectors in a timely manner
	P.4.2	Mechanisms for responding to infectious and potential zoonotic diseases established and functional	4	Conduct exercises for rare events (e.g., re-emerging diseases) Implement a joint, regularly repeated training on outbreak investigation for participants from the veterinary and human sector working in surveillance and response to zoonotic diseases at all levels
Food safety	P.5.1	Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination	5	Maintain the high level of food safety in Lithuania and transparency of the control by continuous education of staff, adequate financial resources and international cooperation Improve self-control procedures and make the private food and feed producing sectors more accountable for the safety and control of their products
	P.5.2	Mechanisms are established and functioning for the response and management of food safety emergencies	5	Improve multi-sectoral collaboration through table-top exercises
Biosafety and biosecurity	P.6.1	Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	2	Publish a list of recognized highly dangerous pathogens and toxins to humans and animals to establish biosecurity guidelines for their long-term storage and management within all laboratory facilities
	P.6.2	Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	3	Appoint biosafety officers within each laboratory facility and create a network oversight body Identify standardized biosafety and biosecurity training requirements for all new laboratory employees within each laboratory sector
Immunization	P.7.1	Vaccine coverage (measles) as part of national programme	4	Strengthen work on vaccine hesitancy through monitoring confidence and to better tailor vaccine information and promotion activities towards vaccine hesitant groups
	P.7.2	National vaccine access and delivery	5	Focus on increasing regional coverage of measles vaccination in all districts to 95% by targeting areas with lower vaccination coverage Consider investing in designing and implementing an immunization information system

Technical areas	Indicator no.	Indicator	Score	Priority Actions
<b>DETECT</b>				
National laboratory system	D.1.1	Laboratory testing for detection of priority diseases	3	Identify the top ten prioritized pathogens for animal and human diseases within the country. This should reflect the prevalence and pathogenicity of the organism or toxin within the country  Develop a national laboratory action plan outlining how core testing capabilities and laboratory quality improvements will be implemented within the country
	D.1.2	Specimen referral and transport system	4	
	D.1.3	Effective national diagnostic network	4	
	D.1.4	Laboratory quality system	5	
Surveillance	D.2.1	Surveillance systems	4	Strengthen "One Health" perspective by improving interoperability of surveillance systems between sectors, by improving the systematic exchange of surveillance data and establishing an exchange platform between human and animal sectors  Maintain the sustainability of SISCD, e.g. by integrating with Electronic health services and infrastructure cooperation system (E-Health)  Improve the capacity SISCD by upgrading the system and expanding advanced data analyses option
	D.2.2	Use of electronic tools	3	
	D.2.3	Analysis of surveillance data	4	
Reporting	D.3.1	System for efficient reporting to FAO, OIE and WHO	4	Maintain the ability to identify a potential PHEIC and file a report to WHO within 24 hours through continuous training and exercises  Enhance awareness of IHR, OIE and FAO reporting mechanisms and requirements in all relevant (also non-health) sectors (e.g., by organizing multisectoral workshops)  Train the staff of all relevant sectors on the use of Annex 2 of the IHR (2005)  Strengthen the regular multisectoral collaboration and communication (in routine times), e.g., by organizing regular meetings, sharing reports and holding telephone-conferences
	D.3.2	Reporting network and protocols in country	4	
Human resources (animal and human health sectors)	D.4.1	An up-to-date multi-sectoral workforce strategy is in place	3	Maintain work force by developing plans for implementation of continuous and sustainable in-service trainings for epidemiologists and veterinarians dealing with surveillance and outbreak investigation (including joint courses for both sectors)  The ECDC National Focal Point for Public Health Training in Lithuania should coordinate an application for EPIET-MS track (in order to increase epidemiological field capacity and future human capacity for in-service-trainings)  Define and adhere to a process for regular review of current workforce planning
	D.4.2	Human resources are available to effectively implement IHR	4	
	D.4.3	In-service trainings are available	2	
	D.4.4	FETP or other applied epidemiology training programme in place	2	

Technical areas	Indicator no.	Indicator	Score	Priority Actions
<b>RESPOND</b>				
Emergency Preparedness	R.1.1	Strategic emergency risk assessments conducted and emergency resources identified and mapped	4	Harmonize information sharing related to strategic risks and resources across sectors and all levels of government
	R.1.2	National multi-sectoral multi-hazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested	4	Strengthen integration of the IHR hazards into tactical emergency preparedness plans at national and municipal levels Consider updating pandemic influenza preparedness plan based upon results of an upcoming simulation exercise and taking into account joint ECDC-WHO guidance on the revision of pandemic influenza preparedness plans
Emergency response operations	R.2.1	Emergency response coordination	5	Develop an integrated emergency management information system to provide common operation platform between sectors and levels (state and municipal)
	R.2.2	Emergency operations centre (EOC) capacities, procedures and plans	4	Explore the use of international training courses, including online training, for the staff of the emergency operation centers, such as those developed by WHO and other organizations, in order to establish a reliable surge response capacity at tactical and operational levels in case of need during a health emergency
	R.2.3	Emergency Exercise Management Programme	4	Conduct institutional (health) level exercises on biological risk management with relevant stakeholders; plan in the following civil protection exercise management cycle (after 2020) multisectoral exercise on biological risks in which health sector leads coordination
Linking public health and security authorities	R.3.1	Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	4	Develop training program modules for public health and law enforcement entities (at national and municipal level) specifically on: country-specific joint investigations for IHR-related events response to deliberate events where the agent is unknown information sharing during and after events Develop SOPs for collaboration on deliberate and/or accidental events with known or unknown origin, including a mechanism for clear responsibilities and collaborations between institutions Conduct regular meetings or workshops amongst public health and law enforcement actors to strengthen the collaboration and create a joint responsibility for deliberate IHR-related events

Technical areas	Indicator no.	Indicator	Score	Priority Actions
Medical counter-measures and personnel deployment	R.4.1	System in place for activating and coordinating medical countermeasures during a public health emergency	4	<p>Revise plans and procedures for health personnel deployment during national and international public health emergencies to come up with one standard procedure</p> <p>Establish a database of trained medical personnel and volunteers and test clinical case management guidelines for chemical hazards</p>
	R.4.2	System in place for activating and coordinating health personnel during a public health emergency	2	
	R.4.3	Case management procedures implemented for IHR relevant hazards	3	
Risk communication	R.5.1	Risk communication systems for unusual/unexpected events and emergencies	3	<p>Implement the WHO 5-step Emergency Risk Communication capacity-building package (training, capacity mapping, plan writing, plan testing, plan adoption)</p> <p>Develop and test a social media strategy for proactive risk communication and for 'active listening' that can be implemented across IHR relevant hazards</p> <p>Allocate sustainable resources for research into vaccine hesitancy and ensure that the results from research feeds into practice</p>
	R.5.2	Internal and partner coordination for emergency risk communication	3	
	R.5.3	Public communication for emergencies	3	
	R.5.4	Communication engagement with affected communities	2	
	R.5.5	Addressing perceptions, risky behaviours and misinformation	3	
<b>IHR-RELATED HAZARDS AND POINTS OF ENTRY</b>				
Points of entry	PoE.1	Routine capacities established at points of entry	3	<p>Develop guidelines for cooperation between all relevant actors including public and private sector for designated points of entry, e.g., a plan for regular meetings, trainings, exercises</p> <p>Plan and organize trainings and exercises comprising relevant stakeholders to improve knowledge of and test the implementation of the core capacities (scenario-based, e.g., how and where to triage passengers and crew)</p> <p>Perform a needs assessment of disinfection procedure and thereafter implement appropriate procedures</p> <p>Conduct risk assessment on vectors at points of entry and thereafter implement, if appropriate, procedures for the detection and management of vectors and reservoirs in and around points of entry</p> <p>Consider whether it would be appropriate to designate a land crossing as an IHR point of entry</p>
	PoE.2	Effective public health response at points of entry	3	

Technical areas	Indicator no.	Indicator	Score	Priority Actions
Chemical events	CE.1	Mechanisms established and functioning for detecting and responding to chemical events or emergencies	3	<p>Ensure continued improvement of cross-sector coordination through regular exercises involving various stakeholders</p> <p>Strengthen the toxicological laboratory capacity</p> <p>Develop an SOP for response to PH emergencies with unknown chemical hazards</p>
	CE.2	Enabling environment in place for management of chemical events	4	<p>Strengthen poison centres capacity through developing clinical case-management guidelines and protocols</p> <p>ensuring access to information and expertise networks and databases</p> <p>providing adequate funding and workforce</p>
Radiation emergencies	RE.1	Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	4	<p>Strengthen multi-sectorial preparedness and response to a nuclear power plant accident in a neighboring country, through regular exercise and systematic training programmes, provision of adequate resources for equipment and workforce</p>
	RE.2	Enabling environment in place for management of radiological and nuclear emergencies	5	<p>Improve health sector capacities for medical countermeasures, public health protective actions, iodine thyroid blocking, managing of long-term consequences of nuclear and radiological emergencies</p> <p>Establish access and links to international medical assistance, resources, research and development through participating in international expert networks (e.g. RANET, RENEB, REMPAN, BioDoseNet, etc.)</p>

Scores: 1=No capacity; 2=Limited capacity; 3=Developed capacity; 4=Demonstrated capacity; 5=Sustainable capacity.

# PREVENT

## NATIONAL LEGISLATION, POLICY AND FINANCING

### INTRODUCTION

The International Health Regulations (IHR) (2005) provide obligations and rights for States Parties. In some States Parties, implementation of the IHR (2005) may require new or modified legislation. Even if new or revised legislation may not be specifically required, States may still choose to revise some regulations or other instruments in order to facilitate IHR implementation and maintenance. Implementing legislation could serve to institutionalize and strengthen the role of IHR (2005) and operations within the State Party. It can also facilitate coordination among the different entities involved in their implementation. See detailed guidance on IHR (2005) implementation in national legislation at [http://www.who.int/ihr/legal\\_issues/legislation/en/index.html](http://www.who.int/ihr/legal_issues/legislation/en/index.html). In addition, policies that identify national structures and responsibilities as well as the allocation of adequate financial resources are also important.

#### Target

*Adequate legal framework for States Parties to support and enable the implementation of all their obligations and rights made by the IHR. Development of new or modified legislation in some States Parties for the implementation of the Regulations. Where new or revised legislation may not be specifically required under a State Party's legal system, the State may revise some legislation, regulations or other instruments in order to facilitate their implementation in a more efficient, effective or beneficial manner. States Parties ensure provision of adequate funding for IHR implementation through the national budget or other mechanisms. Country has access to financial resources for the implementation of IHR capacities. Financing that can be accessed on time and distributed in response to public health emergencies, is available.*

### LEVEL OF CAPABILITIES

The Republic of Lithuania has a well-structured hierarchy of legislative and regulatory instruments, which include laws, resolutions, and ministerial orders, and presidential decrees among others. European Union law is also an integral part of the Lithuanian legal system. The existing national laws comprehensively cover the areas relevant to the implementation of the IHR (2005), which was ratified by parliament in 2008, and larger emergency preparedness and response issues. These include the Law on Health System, Law on Public Health, Law on Communicable diseases, Law on Veterinary activities, Law on Food, Law of State Reserve, Law on Chemical Substances and Preparations, Law on Radiation Protection and the Civil Protection Law. In addition, in each sector there is a number of ministerial decrees and formally approved plans and strategies which lay out in operational and tactical terms, procedures and mechanisms.

The health sector planning is outlined in two key documents – the National Health Strategy for 2014–2025 and the National Public Health Development Programme for 2016–2023. In relation to IHR implementation, Lithuania approved the IHR (2005) Implementation Programme for 2008–2012 through a governmental resolution. After changes in the national strategic planning, the IHR programme was revised and a new IHR (2005) implementation programme was approved by the Minister of Health at the beginning of 2011. This programme covers interventions planned by the Ministry of Health and institutions under its auspices for its full implementation. The financing of this plan was included into both IHR Implementation Programmes from the budgets of participating institutions. It does not,

however, cover the roles and priority actions of non-health sectors involved in the implementation of core capacities under the IHR (2005).

The emergency management planning framework, described in more detail in the Preparedness, Response and Medical Countermeasure technical area of this Report, is the National Emergency Management Plan which was developed on the basis of a multisectoral qualitative risk assessment methodology. It outlines the organisation and management roles of all relevant sectors and assigns leadership for each priority risk. Each sector is responsible for operational emergency management planning and is responsible for preparedness according to their competence.

While there is no separate budget line for IHR implementation, funds for these functions are incorporated into other budget lines (surveillance, response, laboratory surveillance, public information, etc.). The other ministries, such as the Ministry of Environment, Ministry of Interior, Ministry of Social affairs and others, have their own budgets for implementing actions in line with IHR implementation. The budgetary planning is the responsibility of every institution.

For emergency response, the State Reserve can be accessed. It consists of medical resources, financial resources, civil protection supplies, agricultural products and food supplies. The Government approves the use of any assets of the State Reserve upon request from affected municipalities and following the declaration of an emergency.

## Indicators and scores

### **P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors to enable compliance with the IHR – Score 4**

#### *Strengths and best practices*

- The IHR (2005) implementation programme has been in place since 2008, initially covering the period of 2008–2012. It covers the priority actions of all sectors.
- A comprehensive set of legislation on IHR implementation has been adopted (14 national legislations were reviewed for compatibility with IHR requirements in 2009, one order of the Minister of Health was reviewed in 2011).
- The existence of multisectoral entities (Government Emergency Commission, Governmental Health Issue Commission) and expert groups (the intersectoral expert group on AMR).

#### *Areas that need strengthening and challenges*

- Coordination and prioritization of actions between the national and municipal level and between sectors make financing of the IHR capacity development challenging.
- Availability of funds for preparedness and response to public health emergencies at national and municipal level.
- Overall understanding of IHR requirements across sectors is low.

### **P.1.2 Financing is available for the implementation of IHR capacities – Score 4**

#### *Strengths and best practices*

- The state budget allocations are planned every year and provided to each ministry and its relevant institutions.
- The IHR implementation programme for the health sector was approved by the government in 2008. Its implementation includes specific funding commitments from all governmental sectors.

*Areas that need strengthening and challenges*

- Financial resources for full and effective implementation of the IHR (2005).
- Each sector has its own plan to implement the IHR (2005) with separate budget lines. There is a lack of multisectoral coordination to prioritize actions across stakeholders and to allocate resources accordingly.

**P.1.3 A financing mechanism and funds are available for the timely response to public health emergencies – Score 3***Strengths and best practices*

- The State Reserve is in place and has been used during emergencies in the past.
- Lithuania is a part of the EU Joint Procurement Agreement and Partnership Agreement between Latvia, Estonia and Lithuania on the Joint Procurements of Medicinal Products and Medical Devices and Lending of Medicinal Products and Medical Devices Procurable Centrally.

*Areas that need strengthening and challenges*

- Funding of preparedness and response to public health emergencies at national and municipal level.
- Availability of separate emergency contingency funds for preparedness and response in each sector or institution.
- Complexity and strictness of procedures for the use of the State Reserve.

**Recommendations for priority actions**

- Develop and finalize a national action plan for the full implementation of the International Health Regulations (2005), involving all relevant sectors with prioritized actions, dedicated funding through sectoral budget lines, and technical and political oversight for its implementation.
- Map, review and streamline legislation, policies and ministerial orders relevant to the IHR implementation across sectors to identify redundancy and address gaps in legislation.
- Review and test procedures for accessing State Reserves with relevant sectors to ensure timely release and allocation of resources in case of emergency.

# IHR COORDINATION, COMMUNICATION AND ADVOCACY

## INTRODUCTION

The effective implementation of the IHR requires multisectoral/multidisciplinary approaches through national partnerships for efficient alert and response systems. Coordination of nationwide resources, including the designation of a national IHR focal point (NFP), and adequate resources for IHR implementation and communication, is a key requisite for a functioning IHR mechanism at country level.

### Target

*Multisectoral/multidisciplinary approaches through national partnerships that allow efficient, alert and response systems for effective implementation of the IHR. Coordinate nationwide resources, including sustainable functioning of a National IHR Focal Point – a national centre for IHR communications which is a key obligation of the IHR – that is accessible at all times. States Parties provide WHO with contact details of National IHR Focal Points, continuously update and annually confirm them.*

## LEVEL OF CAPABILITIES

Lithuania has ratified the IHR (2005) by the Law of the Republic of Lithuania on 18 January 2008 and translated it into the Lithuanian language. In order to properly and completely implement IHR in Lithuania, the implementation programme for 2008–2012 was approved by the Resolution of the Government of the Republic of Lithuania on 11 June 2008, which included the responsible institutions. Financial resources were allocated for its implementation. As described in the previous chapter, the IHR programme was revised and a new IHR (2005) implementation programme was approved by the Minister of Health at the beginning of 2011.

The Health Emergency Situations Centre of the Ministry of Health was designated as the National IHR Focal Point (NFP) and it is accessible 24/7. The NFP contact information is continuously updated and confirmed annually. The reporting mechanism on emergency events is regulated by the legislation. IHR NFP receives information from personal and public health care institutions, municipality doctors, the Fire and Rescue Department and all other relevant institutions, according to the Order of the Minister of Health on the procedure for the exchange of information on emergency situations, emergency events and events that can cause risk to the public health and life-threatening events. The IHR NFP functions are evaluated during regular audits, and reports are annually provided to the Ministry of Health. The effectiveness of functions is tested during the national and international exercises, and trainings (e.g., the European Commission exercises – Quicksilver and Quicksilver Plus in 2014 and 2015, European Disaster Response Exercise in 2017, Joint Assessment and Detection of Events exercise in 2018).

Any event of potential public health concern, including those of unknown causes, is detected by a well-established national surveillance system. Procedures on exchange of information in case of any event of potential international public health concern, including those of unknown causes or sources between health and non-health institutions are provided in the order of the Minister of Health on gathering, assessment and notification to WHO of information on public health emergency of international concern. Competent institutions assess events depending on their origin by using the decision instrument, Annex 2 of IHR, and provide information to the National IHR Focal Point as illustrated below.

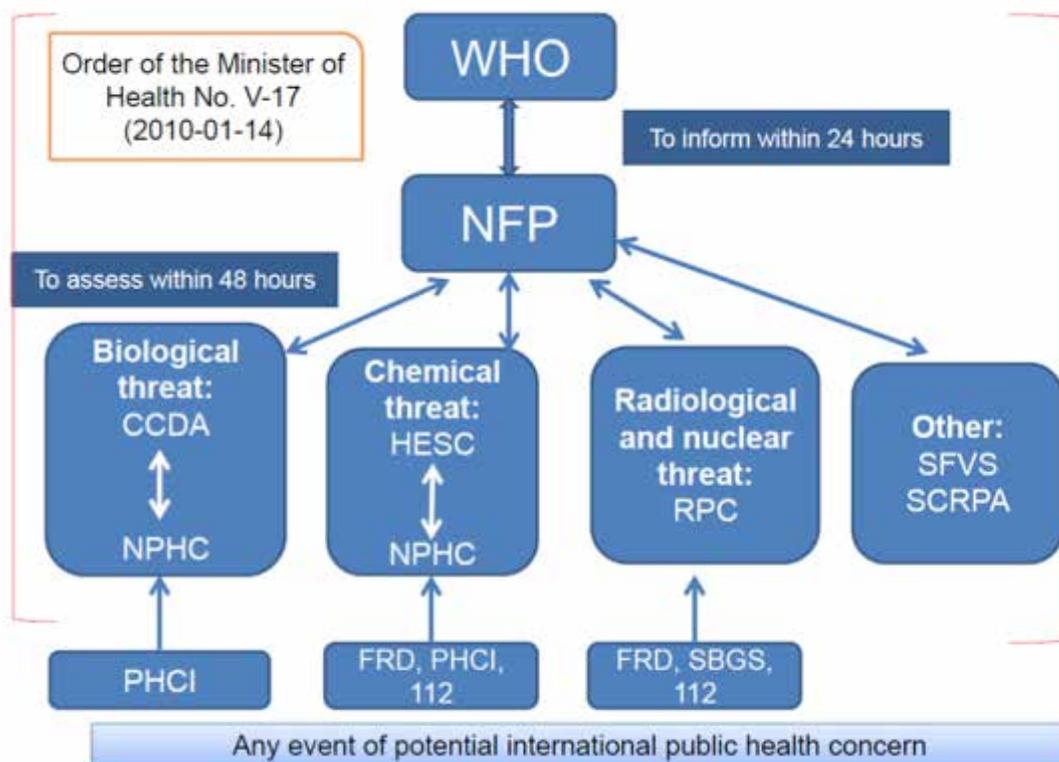


Figure 1: The reporting procedures on any event of potential international public health concern

Multisectoral, multidisciplinary coordination and communication mechanisms are in place, tested and updated regularly through exercises at municipal, national and regional levels. The Government Emergency Commission, (GEC) composed of high-level members from different sectors, is established and ensures coordination of emergency preparedness and management (including those related to IHR) between all sectors at national level.

Although IHR was ratified by the law, there still is a lack of high IHR awareness in other, non-health sectors. Thus, further advocacy is required.

## Indicators and scores

### P.2.1 A functional mechanism established for the coordination and integration of relevant sectors in the implementation of IHR – Score 4

#### Strengths and best practices

- The IHR (2005) was ratified by the Law of the Republic of Lithuania.
- Appropriate national legislations for compatibility with the IHR requirements were reviewed.
- The intersectoral IHR (2005) implementation programme for 2008–2012 was approved by the resolution of the Government of the Republic of Lithuania.
- The Health Emergency Situations Centre of the Ministry of Health is designated as the National IHR Focal Point and is accessible at all times (24/7) for communication at national and international level.

### *Areas that need strengthening and challenges*

- Lack of high awareness about the IHR (2005) in other (non-health) sectors.
- The regular exchange of information on capacities required under the IHR mechanism between sectors and with NFP needs to be strengthened.
- Due to the change of experienced staff there is a lack of trained human resources.
- Human resources sustainability for the IHR NFP.

### **Recommendations for priority actions**

- Establish capacity monitoring framework mechanism on monitoring and regular exchange of information between sectors on capacities required under the IHR (2005).
- Increase IHR awareness in all sectors (especially non-health) and enhance advocacy to ensure an all-hazard approach to IHR related events.
- Strengthen the NFP role by developing SOPs, with a clear mandate from the highest governmental level; ensure their adequate and sustainable capacities (e.g. human resources).
- Execute multisectoral training at regular intervals and an orientation mechanism for newly recruited staff.

# ANTIMICROBIAL RESISTANCE

## INTRODUCTION

Bacteria and other microbes evolve in response to their environment and inevitably develop mechanisms to resist being killed by antimicrobial agents. For many decades, the problem was manageable as the growth of resistance was slow and the pharmaceutical industry continued to create new antibiotics.

Over the past decade, however, this problem has become a crisis. Antimicrobial resistance is evolving at an alarming rate and is outpacing the development of new countermeasures capable of thwarting infections in humans. This situation threatens patient care, economic growth, public health, agriculture, economic security and national security.

### Target

*A functional system in place for the national response to combat antimicrobial resistance (AMR) with a One-Health approach, including:*

- a) Multisectoral work spanning human, animal, crops, food safety and environmental aspects. This comprises developing and implementing a national action plan to combat AMR, consistent with the Global Action Plan (GAP) on AMR.*
- b) Surveillance capacity for AMR and antimicrobial use at the national level, following and using internationally agreed systems such as the WHO Global Antimicrobial Resistance Surveillance System (GLASS) and the OIE global database on use of antimicrobial agents in animals.*
- c) Prevention of AMR in health care facilities, food production and the community, through infection prevention and control measures.*
- d) Ensuring appropriate use of antimicrobials, including assuring quality of available medicines, conservation of existing treatments and access to appropriate antimicrobials when needed, while reducing inappropriate use.*

## LEVEL OF CAPABILITIES

Lithuania uses a comprehensive approach to handle the AMR threat. The national and local AMR related activities have been in action since 1992; the first national expert group was established in 2009, and the first national program based on the action plan was launched that same year. Lithuania initiated surveillance activities in 2003 with data reporting to the EU networks since 2006, and the national AMR surveillance system was approved in 2013. The National Action Plan for prevention and control of AMR for 2017–2021, approved by the Minister of Health of Lithuania, was developed in collaboration with other sectors and covers the main EU and WHO objectives.

Lithuania is focusing high levels of effort into developing guidelines, creating multi-sectoral structures, and is also conducting many initiatives, such as an antibiotic stewardship program. In 2018, an inter-disciplinary Expert Group for AMR was established by the Minister of Health, according to the National Action Plan. The purpose of this group is to combine cross-sectoral cooperation in promoting the responsible use of antimicrobials and to combat AMR in the frame of the National Action Plan on AMR. In addition to this group, there is a specific Expert Group for AMR. The human health sector appears to be the main driver of the inter-sectoral initiatives, and it would be beneficial for other sectors to also take a more active approach to AMR. Responsibilities for environmental issues related to AMR seems to be spread across different ministries. Issues like manure management and water management related to AMR could be discussed in the inter-disciplinary expert group.

The multi-sectoral work on AMR in the various regions is organized through the regional AMR management groups, established in 2015. The composition of these groups varies, depending on specific problems and available resources. These groups include representatives from the public health centers, territorial patient funds, public health bureaus, municipalities, health care institutions, regional veterinary services and universities.

The above efforts resulted in high scores within this technical area. However, there are still areas of concern, specifically, there is no separate or dedicated funding. All measures are incorporated in the institutional plans and implemented from their budget. The implementation of the National Action Plan on AMR is delayed by lack of funding and human resources. The use of antibiotics in Lithuanian hospitals is the highest in the European Union, and there are alarming levels of resistance of acinetobacter spp. and E. Faecium.

In terms of animal health, the AMR levels in the poultry sector are far too high. Thus, it is advised to earmark the budget to the implementation of the National Action Plan on AMR and as a practical measure to encourage behavior changes by setting specific targets to reduce the use of antibiotics substantially in hospitals and in the poultry sector. The public sector should engage more with universities, NGOs and the private sector to attract AMR specialists, to help prepare guidelines on prudent use of antimicrobials and to assist in necessary training programs.

## Indicators and scores

### P.3.1 Effective multi-sector coordination on AMR – Score 4

#### *Strengths and best practices*

- The National Action Plan for 2017–2021 is in action. It covers the main EU and WHO objectives and promotes collaboration between different sectors.
- The work of the regional AMR groups since 2015 in all 10 regions.
- Communication activities related to AMR including annual AMR conferences with promotion of good practices.
- Expert Group for AMR established in 2009.
- Interdisciplinary Expert Group for AMR established in 2018.

#### *Areas that need strengthening and challenges*

- The collaboration between different sectors within the field of AMR.
- The involvement in the work on AMR of the Lithuanian universities and NGOs.
- Low IHR awareness in non-health sectors.

### P.3.2 Surveillance of AMR – Score 4

#### *Strengths and best practices*

- The overall high coverage of AMR surveillance.
- Implemented EU protocols (ECDC protocol for antimicrobial resistance, and the Commission implementing decision 2013/652/EU).
- External quality assessments in all laboratories.
- Annual technical meetings and reports on AMR.
- Antibiotics consumption monitoring in the public health and animal health sectors.

#### *Areas that need strengthening and challenges*

- Joint reports of human and animal sectors on AMR.
- Electronic data collection and reporting systems.
- Surveillance of AMR from clinical samples, including from outpatient settings.

- Surveillance of environmental contamination with resistant pathogens (where relevant in proximity to keeping and handling animals).
- Low number of clinical microbiology samples.

### **P.3.3 Infection prevention and control – Score 3**

#### *Strengths and best practices*

- National legislation is in place for both human and veterinary sector.
- External supervision of the National Action Plan implementation.
- A hygiene passport for health care facilities to get or prolong license.
- The participation of Lithuania in the EU and WHO networks.

#### *Areas that need strengthening and challenges*

- Adherence of health care facilities to the national legal requirements (obligatory hygiene norms).
- Promotion of local audits on hand hygiene and other IPC procedures.
- Development of the evidence-based guidelines on new threats.
- Lack of post-graduate training in the Infection Prevention and Control (IPC) of the human health sectors.
- Implementation of the WHO IPC checklist.

### **P.3.4 Optimize use of antimicrobial medicines in human and animal health and agriculture - Score 3**

#### *Strengths and best practices*

- The multisectoral coordinating bodies: the National Food and Veterinary Service (NFVS) in animal health and the MoH in human health.
- Compulsory post-graduate training for all prescribers of antimicrobials in the animal health sector.
- Monitoring of antibiotics consumption in the health care sectors with benchmarking between hospitals.
- Antibiotic stewardship programme is defined as the health care quality indicator and has been implemented in some hospitals.

#### *Areas that need strengthening and challenges*

- Reducing AMR levels and antibiotic consumption in hospitals.
- Post-graduate training for medical doctors to raise awareness.
- Sales of antimicrobials over the counter in the border regions.

### **Recommendations for priority actions**

- Reduce and improve the use of antibiotics in hospitals, by setting a target to reduce the level of resistance in hospitals by a certain percentage in a defined timespan.
- Improve adherence to Infection Prevention and Control (IPC) in acute and long-term care hospitals.
- Raise awareness and knowledge of public health professionals, including veterinarians and animal health workers, about AMR and the responsible use of antimicrobials.
- Highlight the importance of behavior change amongst professionals, develop and provide postgraduate training.
- Develop regulations for the reduction of the use of antibiotics in livestock production, specifically in the poultry sector.

# ZOONOTIC DISEASES

## INTRODUCTION

Zoonotic diseases are communicable diseases that can spread between animals and humans. These diseases are caused by viruses, bacteria, parasites and fungi carried by animals, insects or inanimate vectors that aid in its transmission. Approximately 75% of recently emerging infectious diseases affecting humans are of animal origin; and approximately 60% of all human pathogens are zoonotic.

### Target

*Functional multi-sectoral, multidisciplinary mechanisms, policies, systems and practices are in place to minimize the transmission of zoonotic diseases from animals to human populations.*

## LEVEL OF CAPABILITIES

The most common zoonoses in Lithuania are Salmonellosis, Campylobacteriosis, Yersiniosis, Trichinellosis and tick-borne zoonoses.

A legal basis for surveillance, control and prevention of zoonotic diseases exists in both human and animal sectors. These responsibilities are carried out on all levels by National Public Health Centre (NPHC) and Centre for Communicable Diseases and AIDS (CCDA) in the human sector, and the State Food and Veterinary Service (SFVS) in the animal sector (including their 14 divisions and 51 territorial units).

In the human health sector, over 20 priority zoonoses, which were identified jointly according to the epidemiological situation (incidence) in the country and in accordance with the EU directive 2003/99/EC on the monitoring of zoonotic agents, are notifiable. Surveillance is conducted by NPHC and CCDA with data collected in a case-based way via an electronic surveillance system: the State information system for communicable diseases and their agents (SISCD). Timely notification and alerting (2 hours by phone and 12 hours in writing) of State Food and Veterinary Service (SFVS) through NPHC is regulated by a legal document and conducted when needed (e.g., suspicion of outbreaks or contamination). Monthly and yearly surveillance reports (including zoonosis cases in humans) are shared by CCDA with the SFVS and are available for the public.

In the animal sector, the surveillance of zoonotic diseases in the priority animal populations is conducted by SFVS. Targeted, active surveillance of animal populations (wildlife and productive livestock) is performed for brucellosis, q-fever, (bovine herds), salmonellosis (poultry), trichinosis (pigs and wild boars), tuberculosis (bovine herds), rabies (foxes and racoon dogs). In addition, veterinarians are obliged to report infectious diseases in animals passively.

SFVS and CCDA jointly prepare a national report on the monitoring of zoonoses and zoonotic agents and submit to the European Food Safety Authority (EFSA) yearly.

The national reference laboratories in the country are ISO accredited – such as the National Food and Veterinary Risk Assessment Institute (NFVRAI) for animal and food samples, and the National Public Health Surveillance Laboratory (NPHL), including its county divisions, for samples from humans. They provide the necessary diagnostics for zoonotic pathogens within routine surveillance and for outbreaks. Communication agreements exist between the two to timely share information on outbreak samples.

Multisectoral coordination committees and action plans exist for a number of zoonotic diseases (including anthrax, rabies and the flu pandemic), as well as for AMR. Moreover, a mutual cooperation agreement between six agencies – CCDA, SFVS, NFVRAI, Military Medical Service, NPHSL – was signed in 2014, providing for the exchange of good practices on the prevention of communicable diseases, the exchange of available publicly accessible information and the organization of joint training.

In case of outbreaks, an Order of MoH No V-772 "Due approval of rules for the investigation of food-borne infectious diseases in food processing subjects (departments)" prescribes a detailed procedure for the joint epidemiological investigation for outbreaks including the definition of clear roles and responsibilities as well as obligations for urgent information exchange for each stakeholder. These procedures for joint outbreak investigation of NPHC, SFVS, CCDA, NPHSL, NFVRAI, MD Jonas Basanavičius Military Medical Service have been successfully, effectively and timely applied in various real events in the past 10 years, such as for over 15 Salmonella outbreaks in 2016 and 2017, as well as for the trichinosis outbreak in 2009.

## Indicators and scores

### **P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities – Score 4**

#### *Strengths and best practices*

- A priority list of notifiable zoonotic diseases was compiled to meet the national priorities and EU requirements (more than 20 diseases).
- Surveillance systems for a number of prioritized zoonotic diseases and pathogens exist in the human health (electronic surveillance database) and veterinary sector, with timely notification of zoonotic diseases to OIE and WHO and procedures to control specific zoonotic diseases.
- Exchange of information between sectors (monthly and annual reports) and compilation of annual joint summary reports on zoonoses including food-borne outbreaks (EFSA and ECDC).
- The well-established ISO accredited national reference laboratories for detection of zoonotic pathogens in both sectors (NFVRAI, NPHL).

#### *Areas that need strengthening and challenges*

- The exchange of routine information between public health and food and veterinary laboratories on the identification of zoonotic agents. The information should also be shared with NPHC.
- Establish a functional multisectoral (inter-institutional) working group at national level for overview of the whole system to regularly prioritize and determine areas, which should be improved in the field of surveillance and control of zoonotic diseases (e.g., gaps of legislation, surveillance etc.).
- Knowledge and awareness on zoonosis prevention and control among animal owners, livestock farmers and the general public.

### **P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional – Score 4**

#### *Strengths and best practices*

- Legal basis for the early warning, as well as functions and obligations in response to the events of zoonotic diseases (such as urgent information exchange and collaboration) for the human and animal health sector.
- Existing mechanism for establishing interagency response teams at all levels in the event of a suspected foodborne zoonotic outbreak.
- Cooperation agreements between CCDA and SFVS.
- Capability to investigate the communicable diseases clusters is sufficient, with NPHC consisting of 10 departments that operate in all 10 counties and all municipalities of Lithuania.
- Successful, timely and coordinated response to food-borne and zoonotic outbreaks according to the legally defined functions was shown in the past in numerous real events (outbreaks).
- Discussions on the causes of foodborne zoonotic outbreaks at the regional level between stakeholders.

### *Areas that need strengthening and challenges*

- Evaluate the existing legislation, regulations, and policies relevance to mechanisms and structures for coordination and response.
- Organization of joint trainings for the veterinary public health staff and epidemiologists on the outbreak investigation of zoonotic diseases.
- Strengthening molecular surveillance (such as WGS), and other molecular typing, and comparison of zoonotic pathogens in outbreaks (detected in humans, animals and food).

### **Recommendations for priority actions**

- Establish a functional inter-institutional zoonosis working group ("One Health Working Group") at the national level to regularly perform prioritization and determination of areas for improvement in zoonotic diseases control.
- Establish routine sharing of laboratory and surveillance data between the sectors in a timely manner.
- Conduct exercises for rare events (e.g., re-emerging diseases).
- Implement a joint, regularly repeated training on outbreak investigation for participants from the veterinary and human sector working in surveillance and response to zoonotic diseases at all levels.

# FOOD SAFETY

## INTRODUCTION

Food- and water-borne diarrhoeal diseases are leading causes of illness and death, particularly in less developed countries. The rapid globalization of food production and trade has increased the potential likelihood of international incidents involving contaminated food. The identification of the source of an outbreak and its containment is critical for control. Risk management capacity with regard to control throughout the food chain continuum must be developed. If epidemiological analysis identifies food as the source of an event, based on a risk assessment, suitable risk management options that ensure the prevention of human cases (or further cases) need to be put in place.

### Target

*A functional system is in place for surveillance and response capacity of States Parties for foodborne disease and food contamination risks or events with effective communication and collaboration among the sectors responsible for food safety.*

## LEVEL OF CAPABILITIES

Lithuania has a highly functional food safety control system, coordinated by the State Food and Veterinary Service (SFVS). The SFVS Strategic Activity Plan for 2017–2019 provides the key objectives aimed at ensuring food safety in the Republic of Lithuania. The Minister of Health carries the political responsibility and the control system is continuously updated, taking into account the lessons learned from the outbreaks and outbreak investigations.

Lithuania has case definitions for each of the notifiable food borne diseases and a case-based system of epidemiological surveillance for the priority food borne communicable diseases. The SFVS food inspectors, responsible for investigation of outbreaks of food borne diseases, participate in international training courses and keep their knowledge up to date through attending the national and international conferences, seminars, etc.

The National Public Health Center (NPHC) notifies SFVS within two hours by word, and within 12 hours in writing, on a food borne outbreak suspicion or detection. There is a close cooperation and exchange of information between health care institutions, NPHC and SFVS central and territorial units.

In 2008, Lithuania adopted the General Food and/or Feed Crisis Management Plan, describing the mechanism and procedures of the Crisis Management Group. This group organises the liquidation of food and/or feed crises, manages the SFVS activities, coordinates the implementation of crisis measures, conducts state control and prevention of food and/or feed crises and coordinates the preparations of institutions subordinate to SFVS to eliminate food and/or feed crises. The multi-sectoral cooperation is activated in the event of a food crises. The Crisis Management Group coordinates its activities with the European Commission, the EU Member States, third countries and relevant national institutions.

Private partners are informed about the legal acts and procedures. Food business operators receive all necessary information about the updated legislation. Also, SFVS has a free call-center. Lithuania has an active International Network of Food Safety Authorities (INFOSAN) emergency contact point, based in the Ministry of Health.

Lithuania regularly faces foodborne outbreaks caused by the salmonella spp. The outbreak management measures are carried out in a timely manner in accordance with the competence, and all incidents are shared with the international community through INFOSAN by the Lithuanian INFOSAN Contact Point and notified in the Rapid Alert System for Food and Feed (RASFF).

SFVS collaborates with the other Baltic countries and supports food safety monitoring projects in Moldova, Belarus and Ukraine. The system is working well but requires continuous efforts to maintain its high level. Considering the limited public budgets, the food producers could contribute considerably to food safety through enhanced responsibility of their product. Public control could then focus on monitoring of the private control systems and their detection and control of foodborne outbreaks.

## Indicators and scores

### **P.5.1 Surveillance systems in place for the detection and monitoring of foodborne diseases and food contamination – Score 5**

#### *Strengths and best practices*

- Inter-sectoral collaboration between the Ministry of Health and the State Food and Veterinary Service (SFVS).
- Availability of legislation and resources for detection and response of food borne emergencies.
- Well-established accredited national reference laboratories.
- State Food and Veterinary Service (SFVS) ensures a unified food safety control.
- Effective multi-sectoral collaboration to control food borne emergencies.

#### *Areas that need strengthening and challenges*

- Surveillance of emerging multi-resistant micro-organisms.
- The use of Molecular Genotyping methods (Whole Genome Sequencing) in surveillance of foodborne outbreaks.
- Standardization of results from human, food and animal health samples to allow comparisons.

### **P.5.2 Mechanisms are established and functioning for the response and management of food safety emergencies - Score 5**

#### *Strengths and best practices*

- Effective official control of food safety established and sustained.
- 52 regional offices of the State Food and Veterinary Service (SFVS) oversee 140 000 food business operators.
- In 2017, SFVS performed 47 000 inspections, investigated 4000 consumer complaints, provided 4000 consultations, performed 1 million laboratory analyses and investigated 90 000 EU import/transit cases.
- One single competent authority (SFVS) responsible for food and feed safety in Lithuania.
- Standard Operating Procedures for official control of the whole food chain are implemented.
- Effective outbreak management for low-impact foodborne illness

*Areas that need strengthening and challenges*

- Enhanced accountability for the safety of their products of the private sector to ensure food safety.
- The introduction of new scientific and technological innovations into the food processing procedures.
- Administrative load is too heavy and can be relieved by the use of IT technologies to support development of food business.
- Control of antimicrobial residues and multi-resistant micro-organisms in the food chain.

**Recommendations for priority actions**

- Maintain the high level of food safety in Lithuania and transparency of the control by continuous education of staff, adequate financial resources and international cooperation.
- Improve self-control procedures and make the private food and feed producing sectors more accountable for the safety and control of their products.
- Improve multi-sectoral collaboration through table-top exercises.

# BIOSAFETY AND BIOSECURITY

## INTRODUCTION

It is vital to work with pathogens in the laboratory to ensure that the global community possesses a robust set of tools – such as drugs, diagnostics, and vaccines – to counter the ever-evolving threat of infectious diseases.

Research with infectious agents is critical for the development and availability of public health and medical tools that are needed to detect, diagnose, recognize and respond to outbreaks of infectious diseases of both natural and deliberate origin. At the same time, the expansion of infrastructure and resources dedicated to work with infectious agents have raised concerns regarding the need to ensure proper biosafety and biosecurity to protect researchers and the community. Biosecurity is important in order to secure infectious agents against those who would deliberately misuse them to harm people, animals, plants or the environment.

### Target

*A whole-of-government multisectoral national biosafety and biosecurity system with dangerous pathogens identified, held, secured and monitored in a minimal number of facilities according to best practices; biological risk management training and educational outreach conducted to promote a shared culture of responsibility, reduce dual-use risks, mitigate biological proliferation and deliberate use threats, and ensure safe transfer of biological agents; and country-specific biosafety and biosecurity legislation, laboratory licensing and pathogen control measures in place as appropriate.*

## LEVEL OF CAPABILITIES

The biosafety and biosecurity program within the Lithuania human and animal health laboratories is not being developed and not fully implemented within current laboratory planning and operations. National level biosafety and biosecurity point of contacts are in the process of being identified and trained within existing laboratory facilities to establish a sustainable program for overseeing laboratory safety needs.

The biosafety and biosecurity system in Lithuania is currently based on the initial training, which laboratory students receive during their university education, and through external training programs offered by non-governmental international organizations. The laboratory biosafety and biosecurity training needs are assessed annually within each facility and addressed by internal training programs implemented by the facility. Funding for biosafety and biosecurity training is supported through each laboratory's general operational budget.

The biosafety and biosecurity requirements and training as detailed in the Quality System Procedures (QSP 5.3.1.V.3 – Requirements of biological safety for rabies laboratory and QSP 5.3.1.4 – Requirements of biological safety for III level biosecurity laboratory) are the basis for training within the veterinary sector laboratories. The laboratory biorisk management standard CWA 15793 is used as a basis for training within the human health laboratories.

Few protocols, legislation or decrees govern biosafety and biosecurity. Standardization of training requirements and training content is lacking within laboratories below the national level. The European protocols are followed for export of biological materials and in domestic specimen transport guidelines established by the national laboratories.

The laboratory facilities are evaluated during internal and external audits as part of their licensing process and accreditation process (ISO/IEC 17025:2017, ISO 15189:2012) according to the established national quality management system policy and order.

## Indicators and scores

### **P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities) – Score 2**

#### *Strengths and best practices*

- Electronic laboratory inventories of long term stored pathogens and toxins are maintained by individual laboratories.
- Specimen transport activities within the country are performed within an eight hour period and do not require that samples stay overnight at intermediate locations.
- Laboratory facilities have the IATA certified personnel for shipping specimens internationally.
- National level laboratories have appointed a biosafety officer to oversee laboratory biosafety and biosecurity practices.

#### *Areas that need strengthening and challenges*

- A ministerial legislation, recognizing and identifying highly dangerous pathogens and toxins that may be encountered within their laboratories, that supports implementation of enhanced biosafety and biosecurity laboratory practices.
- National oversight through a consolidation program for monitoring highly dangerous pathogens and toxins within all laboratory facility long-term storage and established guidelines to consolidate this material within a minimal number of facilities.
- Standardized guidelines (including triple packaging container requirements and emergency response biosecurity and biosafety actions for couriers) for in-country transport of laboratory samples implemented for all laboratory transfers of potential infectious material outside of their facility.

### **P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture) – Score 3**

#### *Strengths and best practices*

- Annual laboratory biosafety and biosecurity training to the laboratory staff through their department supervisors.
- Specific training programmes and requirements in place for facilities housing or personnel working within a biosafety level 3 facility (BSL-3).
- There is a quality mechanism in place to ensure and monitor staff safety competence at all national laboratory facilities.

#### *Areas that need strengthening and challenges*

- Establishing a standardized list of biosafety and biosecurity training topic requirements for laboratory facilities.
- Creating standardized biosafety and biosecurity training modules available to each laboratory facility, for consistency in safe training practices taught to laboratorians.
- Utilizing assigned biosafety offers to provide biosafety and biosecurity training to personnel within their facility.

### **Recommendations for priority actions**

- Publish a list of recognized highly dangerous pathogens and toxins to humans and animals to establish biosecurity guidelines for their long-term storage and management within all laboratory facilities.
- Appoint biosafety officers within each laboratory facility and create a network oversight body.
- Identify standardized biosafety and biosecurity training requirements for all new laboratory employees within each laboratory sector.

# IMMUNIZATION

## INTRODUCTION

Immunizations are estimated to prevent more than two million deaths a year globally. Immunization is one of the most successful global health interventions and cost-effective ways to save lives and prevent disease. Measles immunization is emphasized because it is widely recognized as a proxy indicator for overall immunization against vaccine preventable diseases. Countries will also identify and target immunization to populations at risk of other epidemic-prone vaccine preventable diseases of national importance (e.g. cholera, Japanese encephalitis, meningococcal disease, typhoid and yellow fever). Diseases that are transferable from cattle to humans, such as anthrax and rabies, are also included.

### Target

*A national vaccine delivery system – with nationwide reach, effective distributions, access for marginalized populations, adequate cold chain and ongoing quality control – that is able to respond to new disease threats.*

## LEVEL OF CAPABILITIES

Lithuania has a strong national immunization programme, including a well-functioning stockage and cold chain system. The National Immunization Advisory Group (NITAG) provides independent evidence based oversight of the national immunization program and submits recommendations on the implementation of the National Immunization Programme (NIP) for approval to the Ministry of Health. NIP includes aims, objectives, and measures for their achievement, responsible operators and implementation deadlines and is updated every five years. Vaccines are centrally purchased according to the National Immunization Programme 2014-2018 by the National Health Insurance Fund under the Ministry of Health. All recommended vaccinations are paid for by the government.

The Ministry of Health of the Republic of Lithuania is primarily responsible for implementation and monitoring of the National Immunization Program. The Centre for Communicable Diseases and AIDS (CCDA) is responsible for preparing recommendations for vaccinations, surveillance of vaccine preventable diseases and adverse events following immunization, as well as monitoring and evaluation of vaccination coverage at the national level. Furthermore, the CCDA is also responsible for storing and distributing all vaccines covered by the NIP (except seasonal influenza vaccine), as well as for reporting vaccination coverage data to the international institutions such as WHO and the ECDC.

The National Public Health Center under the Ministry of Health ensures prevention and control of communicable diseases and immunization by conducting annual monitoring activities at all Health Care Institutions. CCDA is responsible for regular publishing of data information and health promotion materials on vaccine preventable diseases for health professionals and the general public. NPHC and the sub-national Public Health Bureaus regularly informs the public about vaccinations against communicable diseases. The national and sub-national Health Care Institutions provide vaccination services. The Vilnius University Faculty of Medicine, the Lithuanian University of Health Sciences and other institutions of higher education conduct research and surveys on attitudes and confidence towards vaccinations in the population.

## Indicators and scores

### P.7.1 Vaccine coverage (measles) as part of national programme – Score 4

#### *Strengths and best practices*

- The National Immunization Technical Advisory Group (NITAG) is established and steers the National Immunization Programme (NIP), which is aligned with the WHO Global Vaccine Action Plan.
- NIP is updated every five years.
- Under the NIP, children are vaccinated against tuberculosis, hepatitis B, polio, haemophilus influenzae type B, diphtheria, pertussis, tetanus, measles, mumps, rubella, pneumococcal disease, rotavirus, meningococcal type B and human papilloma virus (HPV, for girls only).
- Vaccination against diphtheria and tetanus is recommended for adults every 10 years; vaccination against influenza and pneumococcal disease is recommended for high risk adults.

#### *Areas that need strengthening and challenges*

- Reduce regional differences in the vaccine coverage.

### P.7.2 National vaccine access and delivery – Score 5

#### *Strengths and best practices*

- Health Care institutions have vaccine carriers with the necessary equipment: water packs, thermal barriers and temperature monitoring devices.
- Vaccine storehouse specialists train healthcare personnel in good distribution practice. Trainings on good distribution practice are conducted on a regular basis.

#### *Areas that need strengthening and challenges*

- Monitoring of vaccine hesitancy among the general population.
- Upgrading of cold chain equipment in all health care institutions.
- Coordination of the outreach activities aimed at maintaining and increasing vaccine coverage in the region.

### Recommendations for priority actions

- Strengthen work on vaccine hesitancy through monitoring confidence and to better tailor vaccine information and promotion activities towards vaccine hesitant groups.
- Focus on increasing regional coverage of measles vaccination in all districts to 95% by targeting areas with lower vaccination coverage.
- Consider investing in designing and implementing an immunization information system<sup>1</sup>.

<sup>1</sup> For example as described in the ECDC technical document (<https://ecdc.europa.eu/en/publications-data/designing-and-implementing-immunisation-information-system-handbook>)

# DETECT

## NATIONAL LABORATORY SYSTEM

### INTRODUCTION

Public health laboratories provide essential services including disease and outbreak detection, emergency response, environmental monitoring and disease surveillance. State and local public health laboratories can serve as a focal point for a national system, through their core functions for human, veterinary and food safety including disease prevention, control and surveillance; integrated data management; reference and specialized testing; laboratory oversight; emergency response; public health research; training and education; and partnerships and communication.

#### Target

*Surveillance with a national laboratory system, including all relevant sectors, particularly human and animal health, and effective modern point-of-care and laboratory-based diagnostics.*

### LEVEL OF CAPABILITIES

Lithuania has a good laboratory system for the public health surveillance and clinical purposes. In the human health sector, there are 138 healthcare institutions providing laboratory diagnostic services, which include: one National Public Health Surveillance Laboratory (NPHSL), one National Reference Laboratory for Tuberculosis, 77 hospital laboratories and 32 private laboratories. There is one national reference laboratory program within the field of the animal health and food safety -- the National Food and Veterinary Risk Assessments Institute (NFVRAI).

Human laboratory services are available to all residents through a national Compulsory Health Insurance Program. There is no BSL4 laboratory in Lithuania. There are BSL3 laboratory suits located within NPHSL and NFVRAI.

Accreditation of human laboratories is in accordance with the LST EN ISO 15189 standard (Medical laboratories. Quality and Competence Requirements) and the LST EN ISO/IEC 17025 standard (General requirements for the competence of testing and calibration laboratories). A laboratory quality management program is mandated by several National orders for all Ministry of Health for human health laboratories. All laboratories have a dedicated or identified quality manager to monitor and implement practices needed for accreditation.

In the human sector, national diagnostic algorithms for performance of core laboratory tests are aligned with international standards and guidelines (WHO, EUCAST, CLSI). In the veterinary sector, NFVRAI laboratory tests are performed according to the World Organisation for Animal Health or European Union reference laboratory standards.

The core tests for human and animal priority diseases have been identified for implementation across the tiered laboratory network in all country national, hospital and private laboratories. The top ten country prioritized pathogens list has not been identified and published within the human and animal laboratory sectors, which would guide the National Laboratory Strategic Plan's prioritized core testing implementation. An established core testing list would be a prerequisite to maintain and increase the JEE score on laboratory testing for detection of priority diseases.

The laboratories perform tests using standard methods internally verified by using reference materials for internal controls and through participation in external quality assessment programs. The human sector laboratories participate in the WHO and ECDC external quality assurance (EQA) programmes and additional EQA tests are purchased from certified/accredited foreign suppliers and manufacturers: Quality Control for Molecular Diagnostics and Genomic Technologies (QCMD), INSTAND, Labquality, UK National External Quality Assessment Scheme for Microbiology (NEQAS), The Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP). The Quality Managers and Heads of laboratory sections in NFVRAI are responsible for constant participation of the section in the proficiency testing and inter-laboratory comparison schemes within their facility. There is no national EQA programme.

According to the Law of the Republic of Lithuania on the health system (No I-552, 19 July 1994) and the Order of the Minister of Health of the Republic of Lithuania (No V-156, 2 March 2007) all human laboratories are mandatory licenced by the State Health Care Accreditation Agency under the Ministry of Health. The State Food and Veterinary Service (SFVS) is in charge of NFVRAI licensing.

## Indicators and scores

### D.1.1 Laboratory testing for detection of priority diseases – Score 3

#### *Strengths and best practices*

- National laboratories are capable of conducting the core testing needs for their projected priority pathogens identified.
- National susceptibility testing and quality assurance processes are in place.
- A national laboratories accreditation program is established based on LST EN ISO 15189 for human health laboratories and LST EN ISO/IEC 17025 for veterinary laboratories.

#### *Areas that need strengthening and challenges*

- Lack of a list of the top ten national prioritized pathogens for animal and for human diseases, reflecting the prevalence and pathogenicity of the organisms or toxins most encountered within the country.
- Revision of the prioritized core-testing list, including the six mandatory core tests as specified in IHR, to align with the prioritized pathogens listings for the country.

### D.1.2 Specimen referral and transport system – Score 4

#### *Strengths and best practices*

- A system is in place to transport specimens to the national laboratories from other country laboratory sites.
- Lithuania participates in multiple regional (international) laboratory networks.
- All specimen transport activities can occur in under eight hours.

#### *Areas that need strengthening and challenges*

- Lack of standardized laboratory guidelines with special systems in place for potentially dangerous specimens, addressing domestic specimen transport requirements; specimen collection, packaging requirements and acceptable transportation materials, methods and documentation requirements.
- Establishment of a licensing program for courier services performing specimen transport activities within Lithuania, ensuring that safety trained couriers are transporting potentially hazardous samples through the community.
- Establishment of a ministerial level oversight program to fund and oversee all domestic and international specimen transport activities between their sector laboratories.

### D.1.3 Effective national diagnostic network – Score 4

#### *Strengths and best practices*

- Lithuania has documented and fully implemented tier-specific diagnostic testing strategies.
- Laboratories have established maintenance support programs for all core testing equipment.
- In 2002, the NPHSL Culture Media Production Department and Quality Control Department were certified by the “Bureau Veritas Lithuania” in accordance with Standard EN ISO 9001.

#### *Areas that need strengthening and challenges*

- Development of a National Laboratory Strategic Plan to outline point of care/farm-based diagnostics testing capacity building goals within the laboratory networks.
- Advanced Molecular Diagnostic testing (whole genome sequencing) to be functional within the national laboratory facilities

### D.1.4 Laboratory quality system – Score 5

#### *Strengths and best practices*

- A national body in charge of laboratory accreditation and licensing is established.
- Mandatory licensing of all laboratories is in place and conformity to an international quality standard is established.
- A network of laboratory quality officers is in place within the laboratory sectors.

#### *Areas that need strengthening and challenges*

- Establishing a national laboratory EQA program that addresses all required external proficiency testing services for supported laboratory facilities.
- Annual laboratory quality management conferences to build inter-agency collaboration towards meeting laboratory accreditation quality requirements.

### **Recommendations for priority actions**

- Identify the top ten prioritized pathogens for animal and human diseases within the country. This list should reflect the prevalence and pathogenicity of organisms and toxins within the country.
- Develop a national laboratory strategic plan outlining how core testing capabilities and laboratory quality improvements will be implemented within the country.

# SURVEILLANCE

## INTRODUCTION

The purpose of real-time surveillance is to advance the safety, security and resilience of the nation by leading an integrated surveillance effort that facilitates early warning and situational awareness of all IHR hazard-related events.

### Target

*(1) Strengthened foundational indicator- and event-based surveillance that are able to detect events of significance for public health and health security; (2) improved communication and collaboration across sectors and between sub-national (local and intermediate), national and international levels of authority regarding surveillance of events of public health significance; and (3) improved national and intermediate level regional capacity to analyse and link data from and between, strengthened, early-warning surveillance, including interoperable, interconnected electronic tools. This would include epidemiologic, clinical, laboratory, environmental testing, product safety and quality and bioinformatics data; and advancement in fulfilling the core capacity requirements for surveillance in accordance with the IHR and OIE guidelines.*

## LEVEL OF CAPABILITIES

Lithuania has a well-established surveillance system with demonstrated or developed capacity. Challenges include systematic information exchange and integration with the animal health sector. Lithuania has a list of notifiable priority diseases (82 communicable diseases and 45 disease causative agents). Mandatory notification is established by the Law on the Prevention and Control of Communicable Diseases in Humans of the Republic of Lithuania. Both Indicator-based surveillance (IBS) and Evidence-based surveillance (EBS) systems in Lithuania are regulated by legislation and operate at all levels: national, regional and local. Syndromic surveillance in Lithuania is carried out during mass gathering events. In accordance with the procedure established by the legislation, there is a constant active epidemiological and laboratory surveillance of acute flaccid paralysis, enteroviral infections, and meningoencephalitis of uncertain origin.

Communicable diseases epidemiological surveillance is carried out by the National Public Health Centre (NPHC), that provides 24/7 surveillance, receiving and transferring information, including from the public, other institutions or the media, related to unusual cases or potential outbreaks. NPHC has a central unit and 10 departments located in 10 counties of Lithuania. Each department has county divisions. In total, there are 37 branches of these departments located in different municipalities.

All information concerning the enlisted notifiable diseases is submitted to the State Information System for Communicable Diseases and their Agents (SISCD) by NPHC. Healthcare facilities send notification to NPHC by e-mail, fax or phone. Reporting is controlled during the periodic public health safety inspections (every 1-2 years) when timeliness is also evaluated. The SISCD is also supplied with data from laboratories. Some laboratories can access SISCD and enter the data; other laboratories forward the information to NPHC, which records the information in SISCD, where the cases are automatically linked. Also, SISCD has subsystems, where weekly and monthly data on influenza, monthly and annual data on vaccination, as well as reports on HIV and sexually transmitted infections are compiled. The SISCD data can be used and analysed at local, regional, and national levels. The data from SISCD and the National Tuberculosis Information System are mutually shared.

The Centre for Communicable Diseases and Aids (CCDA) is the system manager. CCDA analyses and summarizes the data of communicable diseases causative agents and provides them to NPHC, laboratories, the State Food and Veterinary Service (SFVS), and the ECDC in accordance with the established procedures. The results of the analyses are periodically provided to healthcare institutions, municipalities, Ministry of Health, and the general public.

NPHC prepares reports by counties/municipalities and sends to CCDA. NPHC also provides the results of the epidemiological analysis of communicable diseases to healthcare institutions, municipalities, and other interested institutions, so the feedback is assured. CCDA annually prepares an overview of the incidence of communicable diseases published on the website. The preparation, dissemination, and frequency of the reports publication are established in legal acts.

According to the alert notification criteria (Decision 1082/2013/EU), the data on certain diseases is submitted to the Early Warning and Response System (EWRS); details of certain communicable diseases (such as measles, rubella, polio, and tick-borne encephalitis) are regularly submitted to ECDC.

The surveillance of hospital-acquired infections at national level is carried out by the Institute of Hygiene, which develops and publishes general data reports on epidemiological surveillance of hospital-acquired infections and provides the data to the HAI-Network.

Several electronic systems are used for notifiable diseases of animals, which are not interconnected with SISCD. Information between sectors is exchanged during outbreaks.

It is planned to improve SISCD by integrating it with the Electronic health services and infrastructure cooperation system, which will also ensure its sustainability.

## Indicators and scores

### D.2.1 Surveillance systems – Score 4

#### *Strengths and best practices*

- Mandatory notifiable diseases are defined by legislation.
- IBS and EBS operate at all levels and are regulated by legislation.
- Preparation, dissemination and frequency of publishing of the reports are regulated by legal acts.
- Public health and clinical staff are trained on reporting and disease surveillance systems.
- Surveillance of hospital-acquired infections at national level is carried out by the Institute of Hygiene, which provides the data to the HAI-Network.

#### *Areas that need strengthening and challenges*

- Lithuania has a well-established surveillance system, but systematic information exchange and integration with animal health sector remains a challenge.

### D.2.2 Use of electronic tools – Score 3

#### *Strengths and best practices*

- An electronic system to collect, analyze and report surveillance data is in place (SISCD).
- The data of epidemiological investigation and laboratory testing results are collected in SISCD and linked with a case automatically.

*Areas that need strengthening and challenges*

- Electronic surveillance systems are not shared between sectors and a linkage between human and animal surveillance data is lacking.
- Electronic health services and infrastructure cooperation system is under development in Lithuania. Integration with SISCDa is a challenge.
- Sustainability of electronic surveillance systems.

**D.2.3 Analysis of surveillance data – Score 4**

*Strengths and best practices*

- The surveillance data is analyzed at the local and national level by trained personnel and reports are shared to all relevant stakeholders.

*Areas that need strengthening and challenges*

- Upgrade of SISCDa to support more advanced data analyses.

**Recommendations for priority actions**

- Strengthen “One Health” perspective by improving interoperability of surveillance systems between sectors, by improving the systematic exchange of surveillance data and establishing an exchange platform between human and animal sectors.
- Maintain the sustainability of SISCDa, e.g. by integrating with Electronic health services and infrastructure cooperation system (E-Health).
- Improve the capacity SISCDa by upgrading the system and expanding advanced data analyses option.

# REPORTING

## INTRODUCTION

Health threats at the human–animal–ecosystem interface have increased over the past decades, as pathogens continue to evolve and adapt to new hosts and environments, imposing a burden on human and animal health systems. Collaborative multidisciplinary reporting on the health of humans, animals and ecosystems reduces the risk of diseases at the interfaces between them. The national IHR focal points, the OIE delegate, and WAHIS national focal point should have access to a toolkit of best practices, model procedures, reporting templates, and training materials to facilitate rapid (within 24 hours) notification of events that may constitute a public health emergency of international concern (PHEIC) to WHO and listed diseases to OIE, and will be able to rapidly (within 24/48 hours) respond to communications from these organizations.

### Target

*Timely and accurate disease reporting according to WHO requirements and consistent relay of information to FAO and OIE.*

## LEVEL OF CAPABILITIES

Lithuania has a multisectoral system in place to timely comply with the reporting requirements of WHO and OIE. As an EU Member State, Lithuania also uses the different rapid alert systems within the EU, e.g. the Rapid Alert System for Food and Feed (RASFF), EWRS, The European Community Urgent Radiological Information Exchange (ECURIE). Appropriate legislation for the timely detection, assessment and reporting of public health threats is in place.

Points of Contacts:

- The Health Emergency Situation Centre (HESC) of the Ministry of Health serves as a 24/7 IHR National Focal Point for all IHR related hazards. In this function, HESC holds and regularly updates a list with contact details of specialists of the respective competent authorities and is fully operational.
  - The responsible authorities for the assessment of biological events who are able to receive and transfer information 24/7 are the National Public Health Centre (NPHC) under the Ministry of Health (MoH) and the Centre for Communicable Diseases and AIDS (CCDA). CCDA is additionally the Contact Points of the Early Warning and Response System of the EU on serious cross border health threats with an interlinkage to WHO.
  - The responsible authority for assessment of events related to individual or group human poisoning with chemicals are NPHC and the HESC (Poisoning information bureau). HESC (NFP) is also one of contact points for Early warning and response system (EWRS) to provide information on threats of international concern according to Decision No 1082/2013/EU of the European Parliament and of the Council.
  - The responsible authority for assessment of radiological and nuclear threats is the Radiation Protection Centre.
  - The responsible authority for the assessment of unsafe foods is the State Food and Veterinary Service.
  - The responsible authority for the assessment of non-food products, which are unsafe and dangerous for consumer health is the State Consumer Rights Protection Authority.

- The State Food and Veterinary Service (SFVS) is the operational OIE Contact Point for the World Animal Health Information System (WAHIS). SFVS also reports animal diseases to the Animal Disease Network System (ADNS) of the EU.
- The SFVS submits reports to the EC through the Rapid Alert System for Food and Feed (RASFF) system, which is linked to the International Food Safety Authorities Network (INFOSAN), jointly managed by FAO and WHO. The INFOSAN Contact Points are both at the Ministry of Health and the SFVS.

There is a mechanism to ensure that the National IHR Focal Point and the OIE Contact Point exchange information when needed. This mechanism could be strengthened during routine times through trainings and exercises. The trainings to adequately use Annex 2 of the IHR have been conducted for public health specialists regularly but additional trainings in a multisector approach are needed.

Lithuania actively takes part in the EU level exercises. Within the country, a number of workshops (e.g., on the preparedness for chemical and biological public health emergencies) and exercises (e.g., at the airport and port) have been organized. Lithuania could benefit from multisectoral IHR trainings, workshops and exercises at all levels.

Lithuania uses the bilateral exchange mechanisms of the IHR framework and the EWRS and has multilateral (EU) reporting requirements in place, also in chemical events, or in case of radiological or nuclear accidents, and within the civil protection field.

Regarding the protocols for reporting, Lithuania has established legislation and processes (e.g., a reporting form) for timely reporting of a potential PHEIC to WHO and OIE for relevant zoonotic diseases and demonstrated through exercises that these mechanisms are operational in a timely manner.

## Indicators and scores

### D.3.1 System for efficient reporting to FAO, OIE and WHO – Score 4

#### *Strengths and best practices*

- A 24/7 National IHR Focal Point, an OIE Contact Point and FAO mechanisms have been established and continuously maintained. Contact lists are up to date and facilitate timely reporting.
- The appropriate legislation for the timely detection, assessment and reporting of public health threats is in place.
- Lithuania actively takes part in international exercises and conducts in-country exercises to test the efficiency of reporting.

#### *Areas that need strengthening and challenges*

- The multisectoral exchange of information during routine times for different stakeholders (e.g., through meetings, sharing of reports, teleconferences, trainings and exercises).
- Awareness about different reporting requirements (WHO, OIE, food sector) among different stakeholders and levels.

### D.3.2 Reporting network and protocols in country – Score 4

#### *Strengths and best practices*

- A strong, formalized multisectoral system, including appropriate legislation is in place with clear roles and responsibilities.
- Lithuania is actively taking part in exercises at local, national and international (e.g., Quicksilver, Quicksilver Plus, EDREX, JADE) level, which are organized to practice and test the IHR Annex 2 assessment and notification processes.

*Areas that need strengthening and challenges*

- Collaboration among relevant sectors in routine times to enhance reporting system, to improve awareness and to strengthen timely reporting.
- Training and exercises containing multiple scenarios and involving all relevant sectors.

**Recommendations for priority actions**

- Maintain the ability to identify a potential PHEIC and file a report to WHO within 24 hours through continuous training and exercises.
- Enhance awareness of IHR, OIE and FAO reporting mechanisms and requirements in all relevant (also non-health) sectors (e.g., by organizing multisectoral workshops).
- Train the staff of all relevant sectors on the use of Annex 2 of the IHR (2005).
- Strengthen the regular multisectoral collaboration and communication (in routine times), e.g., by organizing regular meetings, sharing reports and holding telephone-conferences.

# HUMAN RESOURCES

## INTRODUCTION

Human resources are important in order to develop a sustainable public health system over time by developing and maintaining a highly qualified public health workforce with appropriate technical training, scientific skills and subject matter expertise. Human resources include nurses and midwives, physicians, public health and environmental specialists, social scientists, communication, occupational health, laboratory scientists/technicians, biostatisticians, IT specialists and biomedical technicians and a corresponding workforce in the animal sector: veterinarians, animal health professionals, para-veterinarians, epidemiologists, IT specialists etc.

The recommended density of doctors, nurses and midwives per 1,000 populations for operational routine services is 4.45 plus 30% surge capacity. The optimal target for surveillance is one trained (field) epidemiologist (or equivalent) per 200,000 populations who can systematically cooperate to meet relevant IHR and PVS core competencies. One trained epidemiologist is needed per rapid response team.

### Target

*States Parties with skilled and competent health personnel for sustainable and functional public health surveillance and response at all levels of the health system and the effective implementation of the IHR (2005).*

## LEVEL OF CAPABILITIES

In Lithuania, multiple institutes exist as stakeholders for implementation of the IHR core capacities – subnational and national NPHC, CCDA, subnational and national divisions of NPHL, HI (Institute of Hygiene), HESC in the human health sector, as well as the NFVRAI and territorial and national SVFS in the animal sector.

The technical staff is sourced mainly from the national universities, such as Vilnius University, Lithuanian University of health sciences and Klaipeda University, providing education in medicine, public health and veterinary medicine and other related areas. Funding for technical staff positions occurs via an allocated institutional budget from the government.

In the human health sector, strategic workforce planning has been carried out since 2003, including the following career paths: nursing, medicine, public health science (including epidemiology), odontology, rehabilitation. Various parameters, such as retirement age and the number of graduate residents, are taken into account to assess the demand annually. Occupational health and safety are included in the planning process.

Clear job descriptions as well as a catalogue of core competencies for specialists working in communicable diseases surveillance and control exist for licensed medical practitioners as well as for public health specialists. Moreover, human resources are monitored via a database run by the HI. The data for this are available online and updated regularly. A separate workforce planning is performed in the veterinary sector to assess demand as well as guide training and quality management.

Sufficient human capacity in the area of public health in Lithuania is available at all levels of the public health system (n=460 at NPHC, n=478 in other public health institutions, including NPHL), including 164 field epidemiologists and surveillance experts for communicable diseases (22% on national, 33% on intermediate, 45% on the district level, respectively).

Incentives for the publicly employed work force in the human sector include monetary benefits as well as safe and modern workplaces with good infrastructure. Sufficient work force was also reported at all levels of the veterinary public health sector (including private reporting veterinarians). However, prestige is still lacking regarding the public sector as a workplace for health specialists in the country.

In the human health sector, all staff members (including nurses and physicians) receive training on epidemiology and communicable diseases not only within their university degrees (including student internships in NPHC, CCDA and SFVS), but also before starting work in the public institution. This includes also training on reporting procedures (for nurses and physicians) as well as on software and databases (for public health specialists) used for the surveillance of communicable diseases.

CCDA and NPHC organize annual refresher trainings for nurses, doctors, infection control specialists and epidemiologists as well as conferences, seminars. In addition, participation of the Lithuanian staff in the internationally organized trainings or trainings abroad (ECDC, European Commission) is encouraged and taken up. The laboratory personnel are trained by NPHL not only in up to date pathogen diagnostics, but also in Biosafety and Biosecurity (including PPE), in the beginning of their employment and at regular intervals after that (annually). Additional trainings for special pathogens (such as Ebola) are offered occasionally. Training for pharmacists in Lithuania is provided by the Centre for Healthcare and Pharmacy Specialists.

In the veterinary sector – similar to the human sector – all staff receive an inception SFVS training before initiating work. Continuous education with certificates is offered, as well as mandatory training for veterinarians to maintain their license (every two years). The international courses, such as the "Better Trainings for Safer Food" training series by the European Commission, are regularly attended by relevant specialists.

In relation to the field epidemiology, next to the university curriculum, CCDA organizes sporadic courses on field epidemiological topics, such as outbreak investigations. No joint-trainings between veterinary public health staff and epidemiologists have taken place so far. The NPHC is in the MoH plans to be approved as a training site for the ECDC EPIET/EUPHEM programme. Five Lithuanian EU-Track fellows have graduated from the programme so far.

## Indicators and scores

### D.4.1 An up-to-date multi-sectoral workforce strategy is in place – Score 3

#### *Strengths and best practices*

- The annual strategic health workforce planning has been in place since 2003, with the use of the approved Health and Pharmacy Human Resources Demand Planning Methodology, including various variables and data sources (such as National Health Insurance Fund, State Health Care Accreditation Agency, Institute of Hygiene, Ministry of Education and Science, Vilnius university and Lithuanian university of health sciences).
- A separate workforce planning is conducted in the veterinary sector.
- Job descriptions and core competencies for the licensed medical staff, as well as specialists working in communicable diseases surveillance and control, exist (CCDA, NPHC) and are regulated by law.
- Regular meetings of the Committee for Healthcare Workforce Planning.

#### *Areas that need strengthening and challenges*

- Collaboration between governmental institutions and universities.
- Prestige and status of the workforce employed in public health (see also D.4.2.).

**D.4.2 Human resources are available to effectively implement IHR – Score 4***Strengths and best practices*

- Sufficient staffing exists at all levels of the public health and veterinary system.
- The multidisciplinary task forces are created following legal acts on prevention, management and response.
- The approved procedures on investigation and management of communicable disease cases and outbreaks include clear definition of stakeholders, multisectoral approaches and support options.
- Data on number, availability and distribution of human resources (such as doctors, nurses, other health specialists) exist as part of health statistics.
- The availability of special legal acts and workforce for polio, measles and rubella and immunization task forces: National measles and rubella eradication verification committee, National Poliomyelitis Experts Committee, National Immunization Advisory Group.

*Areas that need strengthening and challenges*

- Support to the workforce through continuous trainings and education programs, and incentives (including non-monetary benefits) for staff employed in public institutions.
- Optimization and harmonization of functions of public health institutions.

**D.4.3. In-service trainings are available – Score 2***Strengths and best practices*

- Several national institutions, such as CCDA, NPHC, SFVS, are responsible for training of public health specialists, veterinarians and other specialists.
- Annual institutional plans of trainings are defined.
- Staff is trained before starting work and offered regular refresher trainings by the responsible national institutions.
- Technical assistance and training offers of the international institutions (ECDC, EC, etc.) are available and the participation is encouraged and taken up by the Lithuanian staff members.

*Areas that need strengthening and challenges*

- Continuity in quality, assured in-country training offers (re-training, new employments) with defined re-training requirements for staff.
- Implementation of joint trainings (One Health) on communicable disease surveillance and control (including zoonotic agents).

**D.4.4 FETP or other applied epidemiology training programme in place – Score 2***Strengths and best practices*

- Public health specialists and veterinarians receive background or specialization in the area of field epidemiology during their studies (Bachelor and Master studies).
- National public health institutions organise trainings including the field epidemiology (such as outbreak investigation trainings).
- Lithuania is part of the ECDC EPIET/EUHEM programs and five Lithuanian professionals have graduated from EPIET so far.
- A senior specialists' exchange program is available and in use.
- Technical assistance and training programmes of the international institutions are available and used.

### *Areas that need strengthening and challenges*

- "Brain drain" of EPIET-Fellows completing the EU-Fellowship outside Lithuania (1 out of 5 graduates works on a technical level in infectious disease control).
- The source pool for field epidemiology trainers.
- Nomination of responsible institution for continuous integrated training in the applied epidemiology (e.g. application for EPIET-MS-Track).

### **Recommendations for priority actions**

- Maintain work force by developing plans for implementation of continuous and sustainable in-service trainings for epidemiologists and veterinarians dealing with surveillance and outbreak investigation (including joint courses for both sectors).
- The ECDC National Focal Point for Public Health Training in Lithuania should coordinate an application for EPIET-MS track (in order to increase epidemiological field capacity and future human capacity for in-service-trainings).
- Define and adhere to a process for regular review of current workforce planning.

# RESPOND

## EMERGENCY PREPAREDNESS

### INTRODUCTION

Emergency preparedness is defined as “the knowledge and capacities and organizational systems developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, emerging or current emergencies.” A state of preparedness is the combination of planning, allocation of resources, training, exercising, and organizing to build, sustain, and improve operational capabilities at national, intermediate and local or primary response level based on strategic risk assessments. A strategic risk assessment identifies, analyses and evaluates the range of risks in a country and enables risks to be assigned a level of priority. Strategic risk assessments include analyses of potential hazards, exposures and vulnerabilities, identification and mapping of available resources, and analyses of capacities (routine and surge) at the national, intermediate and local or primary levels to manage the risks of outbreaks and other emergencies. Emergency preparedness applies to any hazard that may cause an emergency, including relevant biological, chemical, radiological and nuclear hazards, natural hazards, other technological hazards and societal hazards.

#### Target

*(1) Existence of national strategic multi-hazard emergency risk assessments, risk profiles, and resource mapping*

*(2) Existence of multi-hazard emergency response plans, (3) Evidence, from after action and other reviews, of effective and efficient multisectoral emergency response operations for outbreaks and other public health emergencies.*

### LEVEL OF CAPABILITIES

Lithuania has a thorough Civil Protection system with clear roles and responsibilities and a corresponding set of laws and regulations. Through the UN, EU and NATO memberships, Lithuania is well connected to regional and international networks that help to strengthen the military, civil protection, and national approaches to emergency preparedness.

There is a national regularly updated multi-hazard risk assessment that includes the IHR hazards. The health sector additionally conducts its own annual risk assessment of health threats and of available resources in the healthcare sector. The State Reserve consists of medical, financial, and material resources to be used during national emergencies but it may be logistically complicated to quickly access during emergencies. The capacity assessments of the State Reserve occurs regularly and is reflected in its procurement.

The Government Emergency Commission is a multisectoral body that aims to ensure the interoperability of preparedness planning and coordination between sectors.

Healthcare providers are furthermore mandated to have established preparedness for disaster situations. However, there are gaps in terms of potential surge capacity of the healthcare system.

The State Emergency Management Plan is multisectoral in its approach, as it outlines the leading and supporting institutions for 17 different types of threats identified in the National Risk Assessment.

The Ministry of Health is the designated lead agency for communicable disease events. There exist the specific plans for identified threats, such as for radio-nuclear events or pandemic influenza, but at the Ministry level the focus is more on the roles and responsibilities than on the operational details. The Civil Protection system has regularly scheduled the national-level simulation exercises that include IHR hazards.

## Indicators and scores

### R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped – Score 4

#### *Strengths and best practices*

- Comprehensive civil protection system that is multi-hazard in scope.
- National risk assessment is updated regularly and is multisectoral and multi-hazard in scope, including epidemics/pandemics, epizootics, chemical events and radio-nuclear events.
- The State Reserve and State Medical Reserve exist and are based on the capability gap analysis.

#### *Areas that need strengthening and challenges*

- Develop a unified emergency management system to facilitate information sharing about strategic risk and resources across sectors and levels of government.
- The provision of greater details on vulnerabilities, potential mitigating measures, and potential cascading effects through the national risk assessments.
- Strengthened strategic health risk assessments to analyze and prioritize a broader range of health threats.
- Reinforcement of the risk assessment resources (material, human, financial) across all levels of government.

### R.1.2 National multisectoral multi-hazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested – Score 4

#### *Strengths and best practices*

- The Government Emergency Management Commission has broad competence in prevention, preparedness, response and recovery phases of risk management and emergency management.
- The State Emergency Management Plan is multihazard and clearly outlines lead and supporting institutions for these threat types.
- There are regular national exercises and a national plan for exercises (2018–2020) to ensure that emergency management plans are regularly tested.

#### *Areas that need strengthening and challenges*

- More operational/tactical, detailed, and hazard-specific emergency preparedness plans.
- Dedicated human resources and budgeting to support the coordination and implementation of IHR hazard-specific emergency preparedness plans.
- Strengthening of the cross-border preparedness coordination with neighbouring countries.

## Recommendations for priority actions

- Harmonize information sharing related to strategic risks and resources across sectors and all levels of government.
- Strengthen integration of the IHR hazards into tactical emergency preparedness plans at national and municipal levels
  - o Consider updating pandemic influenza preparedness plan based upon results of an upcoming simulation exercise and taking into account joint ECDC-WHO guidance on the revision of pandemic influenza preparedness plans.

# EMERGENCY RESPONSE OPERATIONS

## INTRODUCTION

A public health emergency operations centre is a central location for coordinating operational information and resources for strategic management of public health emergencies and emergency exercises. Emergency operations centres provide communication and information tools and services, and a management system during a response to an emergency or emergency exercise. They also provide other essential functions to support decision-making and implementation, coordination and collaboration.

### Target

*Countries will have a coordination mechanism, incident management systems, exercise management programmes and public health emergency operation centre (EOC) functioning according to minimum common standards; maintaining trained, functioning, multisectoral rapid response teams, and trained EOC staff capable of activating a coordinated emergency response within 120 minutes of the identification of an emergency.*

## LEVEL OF CAPABILITIES

Emergency management coordination in the Republic of Lithuania is divided into two levels: state and municipal. Strategic coordination at the state level is guaranteed by the Government Emergency Commission (GEC) chaired by the Minister of Interior and consisting of vice-minister level representatives from different sectors, institutions, organizations, including the Ministry of Health. The GEC provides strategic and political guidance on the management of any emergency which reaches a national scale and is also responsible for the evaluation of preparedness measures taken by state and municipal institutions and agencies for emergency response.

At the municipal level, the coordination of emergency management falls to the Municipal Emergency Commission (MEC), which is also comprised of different sectors (for example, representatives of NPHC, Food and Veterinary Service, municipalities, etc.). The MEC is mandated for strategic emergency coordination and preparedness at the local level. All members of the GEC and MEC participate in a civil protection training course program on emergency management, organized by the Fire Fighters Training School.

At the municipal level, coordination of the emergency response is carried out by the Municipal Emergency Operations Centre (MEOC) under the strategic guidance of MEC. Response coordination is assigned based on the risk to the most competent sector (Health for communicable diseases (epidemics and / or pandemics, bioterrorism), State Food and Veterinary Services (FSVS) for epizootic events). MEOC can be supported by the sectoral Emergency Operation Centers (EOCs) at the national level (EOC of the Ministry of Health), if any assistance is required or when the specific event criteria are made triggering an activation of the state level emergency response apparatus and assets. In a national event, the state level EOC of the forces of Civil Protection can be activated to ensure multisectoral operational coordination. Again, the coordinating role within the state level EOC of the forces of Civil Protection is assigned based on the risk according to the National Emergency Management Plan. For the national emergencies, the operational coordination of response action is conducted by the state level EOC of the forces of the civil protection system. In non-emergency periods, a list of approximately 100 indicators are tracked by the competent sector and transmitted systematically by the state level EOC for alert tracking and early warning.

All emergency operations centers in the Republic of Lithuania implement a number of functions consistent with their mandate and level of capability. These functions include operational assessment and emergency prevention, information management, material support, public information, administration, organization and support of electronic communications. Standard operating procedures and training delivered by the Fire Fighters Training School are consistent with the functions mentioned above.

There is a three-year state level exercise programme covering 2018–2020, and a number of different types of exercises, including table top, functional and complex/full scale exercises are planned. The recent tested events have included an aircraft accident, chemical intoxications and a radiological emergency. The State level exercise programme includes all relevant sectors, and is led by the forces of the Civil Protection services. In addition, there are sectoral exercise programmes testing the specific role of the sectors and institutions within one sector. The Health Emergencies Situation Centre of the Ministry of Health has participated and lead health sector exercises.

## Indicators and scores

### R.2.1 Emergency Response Coordination – Score 5

#### *Strengths and best practices*

- A multi-sectoral emergency response coordination mechanism is in place at the state and municipal levels with clearly defined roles and responsibilities and triggers for action.
- The cross-cutting issues are addressed by the state level civil protection system and discussed at the meetings of emergency commissions.
- The robust emergency preparedness and response planning and supporting legislation exist for emergency response.

#### *Areas that need strengthening and challenges*

- Training of senior level officials require more efforts.
- The lack of real emergencies means municipalities do not often test the response capacities other than through exercises.

### R.2.2 Emergency Operations Centre Capacities, Procedures and Plans – Score 4

#### *Strengths and best practices*

- Emergency Operations Centers are set up at all levels and in relevant sectors and institutions with interoperable functions and training for relevant staff by Firefighters Training School.
- Procedures are reviewed annually and the list of members is updated twice per year.
- The state EOC can be activated within 120 minutes.
- State Emergency Operations Centre serves as an example for other institutions.

#### *Areas that need strengthening and challenges*

- There is no unified emergency management information system in place allowing for common situational awareness and effective information sharing between sectors and levels.
- The role description and job aids for the state EOC functional positions are to be drafted.
- There is no surge capacity to sustain for large scale or concurrent emergencies.
- There is a lack of regular update of contact details for EOCs and their members.

### R.2.3 Emergency Exercise Management Programme – Score 4

#### *Strengths and best practices*

- A structured emergency exercise management programme is in place with routine multisectoral exercises implemented which involve relevant sectors.
- A training course on the organization of the civil protection exercises is available at the Firefighters Training School.
- The scenarios of the civil protection exercises are linked to risk assessment results.
- The sectoral exercises are undertaken by other ministries and state institutions including municipalities.
- The emergency response coordination mechanism has been tested during emergencies and/ or civil protection exercises.

#### *Areas that need strengthening and challenges*

- Evaluation of the civil protection exercises is conducted and corrective action plans are drafted, however, the implementation of these plans is not satisfactory.
- The organization of the complex civil protection exercises is a challenge.
- The involvement of all relevant actors in the design and conduct of exercises remains a challenge.
- The availability of financial resources to conduct exercises is insufficient.

#### **Recommendations for priority actions**

- Develop an integrated emergency management information system to provide common operation platform between sectors and levels (state and municipal).
- Explore the use of international training courses, including online training, for the staff of the emergency operation centers, such as those developed by WHO and other organizations, in order to establish a reliable surge response capacity at tactical and operational levels in case of need during a health emergency.
- Conduct institutional (health) level exercises on biological risk management with relevant stakeholders; plan in the following civil protection exercise management cycle (after 2020) multisectoral exercise on biological risks in which health sector leads coordination.

# LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

## INTRODUCTION

Public health emergencies pose special challenges for law enforcement, whether the threat is manmade or naturally occurring. In a public health emergency, law enforcement will need to quickly coordinate its response with public health and medical officials.

### Target

*Country conducts a rapid, multisectoral response for any event of suspected or confirmed deliberate origin, including the capacity to link public health and law enforcement, and to provide timely international assistance.*

## LEVEL OF CAPABILITIES

In Lithuania, there is a strong link between the public health and security authorities which is reflected in the legislation, emergency plans and programs for training and exercises for civil protection. Multisectoral collaboration in public health emergency response is coordinated by the Governmental Emergency Commission which ensures interoperability and strategic coordination between sectors in accordance to the Law on Civil Protection and its implementing acts.

The emergency management plans of municipalities, the Police Department and the State Border Guard Service include aspects of events of biological, chemical and radiological origin. The Ministry of Health and underlying institutions have emergency management plans which emphasize multisectoral collaboration and communication during all types of IHR-related events.

The exchange of information on deliberate events occurs between the National Public Health Centre (NPHC), other health actors and law enforcement agencies, such as the Police Department. The Fire and Rescue Department under the Ministry of Interior is responsible for receiving information from various competent authorities depending on the type of the event. For example, in case of a communicable disease event or other acute human health disorder of deliberate origin, the Ministry of Health is the responsible institution and information is provided by the Health Emergency Situations Centre of the Ministry of Health.

Exercises on the IHR-related events are conducted at municipal, national and regional levels, involve different sectors and encompass various scenarios. The plan of the national civil protection exercises is confirmed by the Minister of Interior and involves table top and field exercises. A recent example of an exercise involving multiple sectors is the national full-scale exercise "Air Gates 2018", which is aimed at strengthening the national capabilities to detect and investigate a nuclear security incident and to enhance interagency cooperation and coordination.

## Indicators and scores

### **R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event – Score 4**

#### *Strengths and best practices*

- Procedures for information exchange on events, emergency events, and emergency situations (including deliberate and/or accidental events) are regulated by legislation.
- A mechanism for multisectoral collaboration between public health and law enforcement is set by the Law on the Civil Protection and legal acts.
- Exercises on various types of events are carried out regularly, conducted at municipal, national and regional levels and involve different sectors. The training programs is approved by the Resolution of the Government of Lithuania and includes both table top and field exercises

#### *Areas that need strengthening and challenges*

- Lack of legislative base for collaboration and responsibilities between institutions in terms of deliberate and/or accidental events of unknown origin.
- Need for integrated trainings and workshops for public health and law enforcement on the topics related to information sharing and joint investigations/responses, at both national and municipal level.
- Insufficient human (staff changes, lack of trained staff and experts) and material resources (laboratory equipment, transportation etc).
- The abilities of laboratory to make necessary express tests for improving detection procedure for suspect packages needs to be strengthened.

### **Recommendations for priority actions**

- Develop training program modules for public health and law enforcement entities (at national and municipal level) specifically on:
  - a) Country-specific joint investigations for IHR-related events
  - b) Response to deliberate events where the agent is unknown
  - c) Information sharing during and after events
- Develop SOPs for collaboration on deliberate and/or accidental events with known or unknown origin, including a mechanism for clear responsibilities and collaborations between institutions.
- Conduct regular meetings or workshops amongst public health and law enforcement actors to strengthen the collaboration and create a joint responsibility for deliberate IHR-related events.

# MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

## INTRODUCTION

Medical countermeasures are vital to national security and protect nations from potentially catastrophic infectious disease threats. Investments in medical countermeasures create opportunities to improve overall public health. In addition, it is important to have trained personnel who can be deployed in case of a public health emergency for response. Regional (international) collaboration will assist countries in overcoming the legal, logistical and regulatory challenges to deployment of public health and medical personnel from one country to another. Case management procedures should be available to all staff and implemented across the system during health emergencies due to IHR related hazards.

### Target

*National framework for transferring (sending and receiving) medical countermeasures, and public health and medical personnel from international partners during public health emergencies and procedures for case management of events due to IHR related hazards.*

## LEVEL OF CAPABILITIES

Ensuring the availability of appropriate medical countermeasures and trained personnel is an essential part of the emergency response of the Republic of Lithuania. The medical countermeasures and other national resources for emergencies are accumulated in the State Reserve. The formation, accumulation, management and administration of the State Reserve is regulated by the Law on State Reserve. Mobilization of material and human resources and their management in the event of an imminent or actual state level emergency is regulated by the State Emergency Management Plan. It outlines a system for sending and receiving material resources (including medical countermeasures) and serves as a framework for emergencies' management.

All state supplies for emergency response are stockpiled in the State Reserve, including medical, financial resources, civil protection supplies, material inventory, agricultural products and food supplies, and communications.

State Medical Reserve's material resources are accumulated in a form of sets (e. g., a set of medicines, medical equipment and devices, laboratory equipment, communicable diseases liquidation and prevention) which are approved by the Minister of Health.

The State Emergency Operations Centre (SEOC) coordinates all assistance in mobilizing state and municipal resources. In case of the state level emergency, resources of the State Reserve are used. Transportation of the State Reserve material resources to the place of use is organized by Emergency Operations Centers (EOCs), material resources are transported to the place of use by the forces of civil protection system or by the state and municipal institutions requesting the assistance.

The country may apply for international assistance in accordance with the procedure for requesting, accepting and providing international assistance in civil protection, approved by the Resolution of the Government in 2011.

SEOC is a coordinator of the aid received by the Republic of Lithuania. The provision of aid is regulated by Law on the Development Cooperation and Humanitarian Aid; Procedure for Requesting, Accepting

and Providing International Assistance in Civil Protection; and Law on State Reserve. The provision of aid to non-EU Member States is organized in accordance with the provisions of Decision 1313/2013/EU of the European Parliament and Council of 17 December 2013 establishing a Union Civil Protection Mechanism. This Mechanism also establishes the European Medical Corps.

Through the framework established by Article 5 of Decision 1082/2013/EU of the European Parliament and Council on serious cross-border threats to health, Lithuania is a signatory to Joint Procurement Agreement to Procure Medical Countermeasures, which allows interested EU Member States to jointly procure medical countermeasures against serious cross-border health threats. It now covers 447.8 million of the 508.2 million EU citizens, i.e. more than 88% of the population of the union. There is also a Partnership Agreement between the Ministry of Health of the Republic of Lithuania, the Ministry of Social Affairs of the Republic of Estonia and the Ministry of Health of the Republic of Latvia on Joint Procurements of Medicinal Products and Medical Devices and Lending of Medicinal Products and Medical Devices Procurable Centrally and it is functional. Lithuania is also a part of the EU Civil Protection Mechanism (voluntary pool).

Lithuania has an Influenza Pandemic Preparedness Plan, which lays out procedures for provision of medical and non-medical countermeasures, their appropriate use and general preventive measures. Stockpiles of antivirals for up to 30 percent of the population are accumulated. A national animal disease surveillance plan is prepared annually. Passive and active surveillance is carried out in order to detect animal diseases and the contingency plans for certain diseases (e.g., African swine fever) are prepared, revised and updated; the contingency plans also include the culling and destruction of animal products, cleaning and disinfection, etc. Guidelines on the assessment and public health management of intoxication and poisoning are available.

## Indicators and scores

### R.4.1 System in place for activating and coordinating medical countermeasures during a public health emergency – Score 4

#### *Strengths and best practices*

- Lithuania is a signatory of the Joint Procurement Agreement to Procure Medical Countermeasures which was approved by the Decision of the European Commission of 10 April 2014 "On approval of the Joint Procurement Agreement to Procure Medical Countermeasures pursuant to Decision No. 1082/2013/EU".
- The partnership agreement between the Ministry of Health of the Republic of Lithuania, the Ministry of Social Affairs of the Republic of Estonia and the Ministry of Health of the Republic of Latvia on the Joint Procurements of Medicinal Products and Medical Devices and Lending of Medicinal Products and Medical Devices Procurable Centrally exists and is functional.

#### *Areas that need strengthening and challenges*

- Multisectoral exercises to practice deployment or receipt of medical countermeasures, including testing of the deployment and receipt of medical countermeasures from non-EU countries.
- Investment into international collaborations to ensure international agreements in sending and receiving medical countermeasures.

### R.4.2 System in place for activating and coordinating health personnel during a public health emergency – Score 2

#### *Strengths and best practices*

- Republic of Lithuania is a part of the EU Civil Protection Mechanism (a voluntary pool).
- Provisions on the establishment of international medical teams (consisting of physicians and other healthcare professionals) are outlined in the Procedures for establishment and provision of international assistance team, approved by the Order of the Minister of the Interior.

- The country has an approved list of international assistance members.

#### *Areas that need strengthening and challenges*

- Revision of the legal framework on the personnel deployment.
- Development and implementation of the plans for Emergency Medical Teams.
- Enhancing international collaboration for personnel deployment.
- Ensuring efficiency of the process of sending and receiving health personnel through exercises.

### **R.4.3 Case management procedures implemented for IHR relevant hazards – Score 3**

#### *Strengths and best practices*

- Regular trainings, exercises and workshops for specialists in the field of preparedness and response.
- Provision of social, psychological aid, educational and other necessary services during emergencies.

#### *Areas that need strengthening and challenges*

- Lack of trained staff and turnaround of staff.
- Insufficient human and material resources for the case management of the IHR relevant hazards.

### **Recommendations for priority actions**

- Revise plans and procedures for health personnel deployment during national and international public health emergencies to recommend one standard procedure.
- Establish a database of trained medical personnel and volunteers and test clinical case management guidelines for chemical hazards.

# RISK COMMUNICATION

## INTRODUCTION

Risk communications should be a multilevel and multifaceted process which aims at helping stakeholders define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. An essential part of risk communication is the dissemination of information to the public about health risks and events, such as disease outbreaks. For any communication about risk caused by a specific event to be effective, the social, religious, cultural, political and economic aspects associated with the event should be taken into account, including the voice of the affected population.

### Target

*State Parties use multilevel and multifaceted risk communication capacity. Real-time exchange of information, advice and opinions between experts and officials or people who face a threat or hazard (health or economic or social wellbeing) to their survival, so that informed decisions can be made to mitigate the effects of the threat or hazard and protective and preventive action can be taken. This includes a mix of communication and engagement strategies, such as media and social media communications, mass awareness campaigns, health promotion, social mobilization, stakeholder engagement and community engagement.*

## LEVEL OF CAPABILITIES

The Civil Protection Law and the Law on the provision of information to the public in Lithuania require government agencies to ensure that the public is informed during emergencies. The State Emergency Management Plan also specifically refers to the public warning and public information. During an emergency, the Government Emergency Commission plays a coordination role for the risk communication, and appoints an authority to provide public information at the state level. In addition, the State Emergency Operations Centre contains an Information Management Group and a Public Information Group, the latter which is staffed with communication specialists and develops and coordinates public communication during emergencies.

Lithuania has a well-established capability to alert its citizens during emergencies. There is a system of sirens, as well as the Cell Broadcast Technology for directly sending alert messages to mobile phones.

Lithuania has participated in numerous exercises, during which the crisis communication has also been tested. This includes a national table-top exercise on the nuclear safety, as well as the European Commission command-post exercises Quicksilver and Quicksilver Plus. Through the UN and EU memberships, Lithuania has ensured that some communication staff have received crisis communication training. The Ministry of Health has appointed a National Communications Coordinator, who liaises with WHO, the European Commission Health Security Committee Communicators Network, and ECDC.

There is no fixed budget for crisis communication, but there are possibilities for reallocating general communication budgets in case of emergencies. Lithuania has the ability at State and Municipal levels to target communication messages through television, radio, and newspapers, as well as through local institutions such as schools. The Lithuanian Ministry of Health has recently appointed a social media specialist, but has not yet established a formal strategy for using social media for communication or for 'active listening'.

## Indicators and scores

### R.5.1 Risk communication systems for unusual/unexpected events and emergencies – Score 3

#### *Strengths and best practices*

- Public information and awareness is a part of the State Emergency Management Plan.
- State Emergency Operations Centre has an Information Management Group and Public Information Group.
- Ministry of Health has a spokesperson and communication experts who contribute to emergency responses.
- Cell Broadcast Technology enables the delivery of information messages to the public via the public mobile phone communication network.

#### *Areas that need strengthening and challenges*

- Develop detailed SOPs for crisis communication for priority IHR hazards.

### R.5.2 Internal and partner coordination for emergency risk communication – Score 3

#### *Strengths and best practices*

- Communication is part of the Emergency Management Plans, which guide all the ministries, state institutions and economic entities.
- Lithuania is well connected to the WHO and EU networks, trainings and simulation exercises related to risk communication (e.g., the EC Health Security Committee's Communicators Network).

#### *Areas that need strengthening and challenges*

- Coordination of communication between sectors. Small exercises focusing on risk communication involving just a few sectors can be of help, specifically in relation to a zoonotic disease or bioterrorism event.

### R.5.3 Public communication for emergencies – Score 3

#### *Strengths and best practices*

- Emergency Operations Centres have public information groups.
- A mixed range of media, including television, radio, newspapers and social media can be utilised for the risk communication to the public.

#### *Areas that need strengthening and challenges*

- Further developing approaches for targeting communication messages to specific audiences.
- As also noted in R 5.1, Implementation of the WHO 5-step Emergency Risk Communication capacity-building package (training, capacity mapping, plan writing, plan testing, and plan adoption).

### R.5.4 Communication engagement with affected communities – Score 2

#### *Strengths and best practices*

- Mechanisms exist to reach out to affected or at-risk populations during health emergencies at the national as well as the local levels.
- The municipal level health and other sectors have a close connection with communities through, schools, local media, and other outlets.

#### *Areas that need strengthening and challenges*

- Developing a strategy for more systematic community engagement in the emergency risk communication that involves municipal-level experts
  - o See the ECDC report on enhancing community engagement in preparedness: <https://ecdc.europa.eu/en/enhancing-community-engagement-in-preparedness>

[europa.eu/en/news-events/enhancing-community-engagement-preparedness-crucial-ensuring-effective-response](https://europa.eu/en/news-events/enhancing-community-engagement-preparedness-crucial-ensuring-effective-response)

### **R.5.5 Addressing perceptions, risky behaviours and misinformation – Score 3**

#### *Strengths and best practices*

- Lithuania has monitored public perceptions on immunization through a series of surveys.

#### *Areas that need strengthening and challenges*

- A social media strategy for proactive risk communication and for 'active listening' that can be implemented across IHR relevant hazards is lacking.
- Sustainable resources for strengthening the work on vaccine hesitancy (see detail under priority actions for immunizations).

### **Recommendations for priority actions**

- Implement the WHO 5-step Emergency Risk Communication capacity-building package (training, capacity mapping, plan writing, plan testing, plan adoption).
- Develop and test a social media strategy for proactive risk communication and for 'active listening' that can be implemented across IHR relevant hazards.
- Allocate sustainable resources for research into vaccine hesitancy and ensure that the results from research feeds into practice.

# IHR-RELATED HAZARDS AND POINTS OF ENTRY

## POINTS OF ENTRY

### INTRODUCTION

All core capacities and potential hazards apply to “points of entry” and thus enable the effective application of health measures to prevent international spread of diseases. States Parties are required to maintain core capacities at designated international airports and ports (and where justified for public health reasons, a State Party may designate ground crossings), which will implement specific public health measures required to manage a variety of public health risks.

#### Target

*States Parties designate and maintain core capacities at international airports and ports (and where justified for public health reasons, a State Party may designate ground crossings) that implement specific public health measures required to manage a variety of public health risks.*

### LEVEL OF CAPABILITIES

Lithuania borders four countries. Two of these are EU-countries (Latvia and Poland) and two are non-EU countries (Belarus and Russia/Kaliningrad). Overall, there are 37 points of entry (PoE) into the Republic of Lithuania – 20 roads and land border crossings, 5 on railways, 4 on rivers, 4 ports and 4 airports. Lithuania has designated the Klaipeda state seaport and Vilnius International airport as the IHR PoE. Lithuania is an active participant of various EU Joint Actions on the public health preparedness and response in PoE (e.g. SHIPSAN), and currently participates in the Joint Action Healthy Gateways.

Lithuania has the legislation in place for medical and quarantine procedures at the designated and other PoE.

The IHR designated PoE provide access to the appropriate medical services including diagnostic facilities for the prompt assessment and care of sick travelers and provide adequate staff, equipment and premises. The routine capacities according to the IHR Annex 1B, like the transport of sick travellers to an appropriate medical service, have been developed.

An all-hazard multisectoral approach including chemical and radiological threats has been developed and exercised.

The public health emergency management plan (“Action Plan”) for communicable disease events was established in 2018 at the Vilnius airport which sets out the procedures like the notification flow from the pilot to the competent health authority, the prompt assessment and care of sick travelers, the access to premises, equipment and staff at the airport for triaging or quarantine of suspect travelers. The relevant stakeholders would benefit from exercising and adapting this plan as needed. Klaipeda’s state seaport authority has an Emergency Management Plan that was approved in 2016, and which includes public health issues (e.g., provision of personal protective equipment). The emergency plans involve the relevant sectors and services at the points of entry. The plans are disseminated to the key stakeholders.

The arrangements are in place to ensure a safe environment at the points of entry facilities. Trained personnel for the inspection of conveyances can be provided at the both IHR designated points of entry. The personnel can access local or foreign vessels in the territory of maritime posts of Lithuania, or territorial seas and oceans, and aircrafts in all airports of Lithuania.

Regarding vector control, the port territory users must have contracts with the licensed companies which carry out control measures; no vector control is carried out at the Vilnius International airport as the risk of communicable disease spread is limited because of the weather conditions in the region (short warm season, low average temperature, etc.). The country could benefit from the risk assessment for the need of vector control.

The medical-quarantine control measures may also be appointed for the arrived vehicles, luggage, containers, equipment, goods and posts sent from/to the Republic of Lithuania. Rules and procedures for the disinfection, disinfection and sterilization exist, but should be reviewed for the aircrafts. Animals are not transported to the Klaipeda seaport nor to the Vilnius International airport (except pet dogs). Staff from the State Food and Veterinary Service operate at the borders to control food safety.

Specialists of the National Public Health Centre have access to the EU SHIPSAN ACT Information System (SIS), which is a platform that allows registration of issuance of the Ship Sanitation Certificates and share information between port health authorities.

At the Vilnius International airport, an intersectoral working group for actions during Public Health Emergency Situations has been set up.

The Klaipeda State seaport prepares annual exercise plans with consideration of national and international (e.g., in 2012, the Klaipeda Public Health Centre organized a state level table exercise called "Actions for the institutions ensuring medical-quarantine security in the Klaipeda State Seaport"), and in 2014, the Klaipeda City Municipality organized a table exercise based on the scenario of a suspected case of the Ebola Haemorrhagic Fever in the ship at the Klaipeda port. The Vilnius airport also organizes exercises, such as a tabletop exercise on the management of the Ebola Haemorrhagic Fever at the Vilnius International airport in 2014, or the tactical exercise on the nuclear security in 2018.

## Indicators and scores

### PoE.1 Routine capacities established at points of entry – Score 3

#### *Strengths and best practices*

- Both, the seaport and the port have established routine core capacities with an all-hazard, multisectoral approach.
- Exercises are regularly scheduled at the seaport and the port with an all-hazard approach.
- Lithuania is an active participant of various EU Joint Actions on the public health preparedness and response at the points of entries (e.g. SHIPSAN), and currently participates in the Joint Action Healthy Gateways.

#### *Areas that need strengthening and challenges*

- Periodic evaluation of plans and continuous improvement for the all-hazard, multisectoral approach.
- Specific vector-control needs for the designated points of entry.

**PoE.2 Effective public health response at points of entry – Score 3***Strengths and best practices*

- At the Vilnius international airport, an intersectoral working group for actions during Public Health Emergency Situations has been set up.
- Public Health Authorities have unhindered access to conveyances at PoE.

*Areas that need strengthening and challenges*

- Operationalizing the cooperation mechanism through regular meetings, trainings and exercises.
- Developing disinfection procedures especially for aircraft after a public health incident.

**Recommendations for priority actions**

- Develop guidelines for cooperation between all relevant actors including public and private sector for designated points of entry, e.g., a plan for regular meetings, trainings, and exercises.
- Plan and organize trainings and exercises comprising relevant stakeholders to improve knowledge of and test the implementation of the core capacities (scenario-based, e.g. how and where to triage passengers and crew).
- Perform a needs assessment of disinfection procedures and thereafter implement appropriate procedures.
- Conduct risk assessment on vectors at points of entry and thereafter implement, if appropriate, procedures for the detection and management of vectors and reservoirs in and around points of entry.
- Consider whether it would be appropriate to designate a land crossing as an IHR point of entry.

# CHEMICAL EVENTS

## INTRODUCTION

Timely detection and effective response of potential chemical risks and/or events requires collaboration with other sectors responsible for chemical safety, industries, transportation and safe disposal. This would entail that State Parties need to have surveillance and response capacity to manage chemical risk or events and effective communication and collaboration among the sectors responsible for chemical safety.

### Target

*States Parties with surveillance and response capacity for chemical risks or events. This requires effective communication and collaboration among the sectors responsible for chemical safety, industries, transportation and safe disposal, animal health and the environment.*

## LEVEL OF CAPABILITIES

The legal frame for the proper management of chemicals is set by the Law on Chemical Substances and Preparations (LCSP), Law on Civil Protection and the EU regulations applied directly such as Regulation on classification, labelling and packaging of substances and mixtures (CLP), Regulation on Registration, Evaluation, Authorization and Restriction of Chemicals (REACH), and EU Water framework directive, etc. In addition, key international conventions and agreements pertaining to chemical safety were ratified by the Republic of Lithuania, including Rotterdam, Stockholm convention, and Basel Conventions.

As chemicals management is inter-sectorial by nature, multiple state agencies are involved, and their functions are described in the LCSP and other legal acts. Key stakeholders are the following agencies: Environmental Protection Agency (EPA), Ministry of the Interior and its Fire and Rescue Department, National Public Health Centre and Health Emergency Situation Centre under the Ministry of Health, State Food and Veterinary Service and State Plant Service under the Ministry of Agriculture, State Consumer Rights Protection Authority under the Ministry of Justice, State Labour Inspection under the Ministry of Social Security and Labour, and Customs.

EPA has the main responsibility in the area of surveillance, safe handling and managing chemicals, as a national competent authority for the European REACH and CLP regulation, while the health authorities are responsible for the safety of biocides, residues in food, as well as the management of emergency situations. State Food and Veterinary Service is responsible for residues in food and the Plant Protection Service assesses the cumulative risks of complex PPPs comprising more than one active substance. Commercial companies are obliged to provide information on chemicals they use, according to legislation, as well as risk assessment at the workplace.

Lithuania adheres to the Strategic Approach to International Chemical Management (SAICM)<sup>2</sup> principles and objectives which have been incorporated into the national chemicals management policies. Lithuania implements these policies at the municipal and national levels and also in linking various stakeholders, agencies, inter-agency platforms and initiatives, as well as non-governmental organizations such as:

- Association of Lithuania Chemical Industry Enterprises
- Lithuanian Cosmetics and Household Chemicals Producers Association
- Baltic Environmental Forum, etc.

<sup>2</sup> For example as described in the ECDC technical document (<https://ecdc.europa.eu/en/publications-data/designing-and-implementing-immunisation-information-system-handbook>)

The main industrial use of chemicals in Lithuania is limited to fertilizers production and oil refinery. Additional hazards are related to domestic use of chemical substances and occupational hazards. The Integrated Computerized Information System for Environmental Management (AIVIKS) providing for monitoring and surveillance, and other formal registries of hazardous substances, such as Plant Protection Products Register, Biocidal Products Register are in place. Sentinel surveillance is in place via primary health care provision and reporting of cases of poisoning, intoxication, or other chemical exposure to the National Public Health Centre (NPHC).

Prevention and response to chemical events/accidents are organised and implemented by involved relevant institutions, the industrial and commercial entities.

## Indicators and scores

### CE.1 Mechanisms established and functioning for detecting and responding to chemical events or emergencies – Score 3

#### *Strengths and best practices*

- The surveillance, assessment and management of chemical events are described not only in the guidelines, but laws and orders of ministries.
- Poison Information Bureau (poison centre) provides information for public and professionals (including health professionals) 24/7. Consultations in poison centre are provided by clinical toxicology doctors.
- The Integrated Computerized Information System for Environmental Management (AIVIKS) contains information provides real time air quality mapping system, as well as for water, landscape, and waste management, and climate change related implications.
- Rapid Alert System for Chemicals, available databases on managing chemical risks (e.g., TOXINZ).

#### *Areas that need strengthening and challenges*

- Establishing capacities for clinical toxicology laboratories
- Sustainable financing for supporting adequate level of preparedness and response to chemical accidents and emergencies (i.e. human resources, laboratory equipment and consumables, digitalizing operations of poison centers, etc.)

### CE.2 Enabling environment in place for management of chemical events – Score 4

#### *Strengths and best practices*

- A strong legal framework for safe management of chemicals is established, including the Law of Civil protection, Law on Chemical Substances and Preparations, Regulations on Prevention of and Response to an Investigation of Industrial Accidents, Inspection Programme of Hazardous Establishments, etc.
- The State Emergency Management Plan is established and tested through simulation exercises.
- A compulsory registration, licensing, reporting of the use of hazardous substances by industrial and commercial sectors, which are subject to regular state inspections.

#### *Areas that need strengthening and challenges*

- An emergency response plan for a scenario involving unknown hazardous substance is not developed.
- Strengthened cross-sector coordination and establishing closer links between civil and defense sector, especially with regard to joint preparedness strengthening activities, i.e. full-scale exercises, etc.

## Recommendations for priority actions

- Ensure continued improvement of cross-sector coordination through regular exercises involving various stakeholders.
- Strengthen the toxicological laboratory capacity.
- Develop an SOP for response to public health emergencies with unknown chemical hazards.
- Strengthen poison centres capacity by:
  - Developing clinical case-management guidelines and protocols
  - Ensuring access to information and expertise networks and databases
  - Providing adequate funding and workforce.

# RADIATION EMERGENCIES

## INTRODUCTION

To counter radiological and nuclear emergencies, timely detection and an effective response towards potential radiological and nuclear hazards/events/emergencies are required in collaboration with sectors responsible for radiation emergency management.

### Target

*States Parties should have surveillance and response capacity for radiological emergencies and nuclear accidents. This requires effective coordination among all sectors involved in radiation emergencies preparedness and response.*

## LEVEL OF CAPABILITIES

Preparedness for radiological and nuclear emergencies in Lithuania is based on a solid legislative framework.

Lithuania has well-developed national capabilities for responding to nuclear and radiological emergencies. These capabilities are established in accordance with the international safety standards and based on decades of experience with the nuclear power plant reactors, which are currently in the process of decommissioning. The radio-nuclear risk profile of the country includes the following hazards grouped in the emergency preparedness categories:

- I. Emergency preparedness category: Ignalina NPP (two RBMK reactors under decommissioning, on site spent nuclear fuel storage pools)
- II. Emergency preparedness category: no such objects in the country
- III. Emergency preparedness category: six radioactive waste storage facilities on the site of Ignalina NPP, Maisiagala radioactive waste storage facility, two blood irradiation facilities, radiotherapy (gamma knife will start working in 2019), four brachithery facilities
- IV. Emergency preparedness category: activities involving mobile dangerous sources, transport of radioactive material, large scrap metal processing facilities, national border crossing points (four international airports, State Klaipeda seaport, 24 land border control points, three railway control points)
- V. Emergency preparedness category: Belarus NPP will start operating in 2019

Emergency response planning is elaborated around these five categories of emergencies, and the response plans are integrated into the overall response concept based on an integrated, all-hazard approach.

The planning for response is based on the cross-sector multi-agency coordination approach and involves the following agencies: State Nuclear Power Safety Inspectorate (VATESI), Ministry of Energy, Ministry of Environment with its Environmental Protection Agency (EPA), Ministry of Interior with its Fire and Rescue Department and State Border Guard Service; Ministry of Health with its Radiation Protection Centre (RPC) and National Health Emergencies Centre \; State Food and Veterinary Service.

Lithuania, as a member state of IAEA, has ratified both Emergency Conventions<sup>3</sup> and enjoys a successful collaboration with this UN agency through a number of activities and projects, including:

- Emergency preparedness review (EPREV, IAEA, 2012)
- Radiation Protection Education and Training Appraisal (EduTa, IAEA, 2015)
- Integrated Regulatory Review Service (IRRS, IAEA, 2016)
- International Physical Protection Advisory Service (IPPAS, IAEA, 2017)
- Radiological Emergency Medical Preparedness and Assistance Network of the WHO (REMPAN)
- Response and Assistance Network (RANET), IAEA

Lithuania actively participates in the relevant processes at the EU level and complies with the terms of Article 35 of the Euratom Treaty (2011, 2016). It also participates in the European network of cytogenetic dosimetry laboratories – RENEb – that would support a response to radiation emergencies.

The national radiation monitoring of the environment is used for surveillance of the levels of radioactivity in the environment (air, water, soil). There is an adequate capability for the individual monitoring, including the monitoring of the internal contamination (the whole-body counters and thyroid monitors are available in Vilnius). Appropriate provisions are in place for stockpiles to be used in case of radiological and nuclear emergencies, including stable iodine for thyroid blocking.

There are regular exercises and trainings for personnel who will be responding to radiation emergencies in all relevant sectors. Although Lithuania has not experienced any severe nuclear or radiological emergencies, the Chernobyl NPP accident of 1986 had a major impact on the country's preparedness to radiation emergencies (establishment of the radiation surveillance system and radiation monitoring, development of radiation safety culture and human resources, etc.). Furthermore, the lessons of the Fukushima NPP accident in 2011 also contributed to the review and update of the national legislation, which has improved the multi-sectoral cooperation and over-all preparedness of the country.

## Indicators and scores

### RE.1 Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies – Score 4

#### Strengths and best practices

- Strong legislative framework was established decades ago in relation to the past nuclear applications.
- State register of radioactive sources includes information about all radiation sources in the country.
- Radiological laboratory network and adequate technology is available.
- Established early warning system and notification mechanisms to IAEA and EC.
- Effective border control mechanisms are in place.
- Qualified human resources available, including first responders and specialists.
- Cross-sector coordination among relevant stakeholders is incorporated in the national plans and procedures.
- Regular exercises and drills are conducted at the international, national, municipality and institutional levels as well as periodical testing of public warning systems.
- International cooperation through various international networks and platforms

<sup>3</sup> Convention on Early Notification of a Nuclear Accident has been ratified in 13 October 1994 and Convention on Assistance in the Case of a Nuclear Accident or Radiological Emergency has been ratified in Lithuania on 20 June 2000

*Areas that need strengthening and challenges*

- Sustainable financing and regular training programs to address the turnover of human resources and ageing technology.

**RE.2 Enabling environment in place for management of radiation emergencies – Score 5***Strengths and best practices*

- There is a well-functioning emergency management system in line with the international safety standards, with clearly defined responsibilities of stakeholders, including procedures for verification of emergency plans of operators.
- Emergency response plans and procedures are available for all types of emergency scenarios procedures and are regularly exercised, reviewed and updated.
- Public communication strategy for emergency situations provides communication tools and prepared in advance information in lay language through various communication channels of the mass-media and social networks.
- Case management information is available for health care professionals.

*Areas that need strengthening and challenges*

- Maintaining existing emergency preparedness and response capabilities.
- A new nuclear power plant coming into exploitation in near future in Belarus, requiring consideration of strengthening the readiness for implementing urgent protective actions at the border.
- Closer cooperation with the military sector including the possibility of joint exercises for civil protection and military services.

**Recommendations for priority actions**

- Strengthening multi-sectorial preparedness and response to a nuclear power plant accident in a neighboring country, through regular exercise regime and systematic training programmes, provision of adequate resources for equipment and workforce.
- Improve health sector capacities for medical countermeasures, public health protective actions, iodine thyroid blocking, managing of long-term consequences of nuclear and radiological emergencies.
- Establish access/links to international medical assistance, resources, research and development through participating in international expert networks (e.g., RANET, RENEB, REMPAN, BioDoseNet etc.)

# APPENDIX 1:

# JEE BACKGROUND

## Mission place and dates

Vilnius, Republic of Lithuania; 19 to 23 November, 2018

## Mission team members:

1. Dr Adam Roth, Sweden, Public Health Agency of Sweden (Team Lead)
2. Dr Jonathan Suk, Sweden, ECDC, (Team co-lead), covering Emergency preparedness and Risk communications
3. Ms Ana Kasradze, Georgia, National Centre for Disease Control and Public Health of Georgia, covering IHR coordination, communication and advocacy and Real-time surveillance
4. Mr Gerald Pellegrini, United States of America, CDC
5. Dr Hendrik Jan Ormel, FAO
6. Dr Kim Brolin Ribake, Sweden, Public Health Agency of Sweden
7. Dr Maria An der Heiden, Germany, Robert Koch Institute
8. Ms Nadine Zeitlmann, Germany, Robert Koch Institute
9. Dr Jetri Regmi, WHO Regional Office for Europe
10. Mr Nicolas Isla, WHO Regional Office for Europe
11. Dr Zhanat Carr, WHO headquarters
12. Ms Elena Levina, WHO headquarters

Additionally, an observer from the United States of America, Ms Morgan Brown, accompanied the team and participated in technical meetings and visits with Lithuanian counterparts.

## Objective

To assess capacities of the Republic of Lithuania and capabilities relevant to the 19 technical areas of the JEE tool for providing baseline data to support the country efforts to reform and improve their public health security.

## The JEE process

The JEE process is a peer-to-peer review. The entire external evaluation, including discussions around the priority actions, the strengths, the areas that need strengthening, best practices, challenges and the scores are collaborative, with JEE team members and host country experts seeking full agreement on all aspects of the final report findings and recommendations.

Should there be significant and irreconcilable disagreement between the external team members and the host country experts, or among the external experts, or among the host country experts, the JEE team lead will decide the outcome; this will be noted in the final report along with the justification for each party's position.

## Limitations and assumptions

- The evaluation was limited to one week, which limited the amount and depth of information that could be managed.
- It is assumed that the results of this evaluation will be publically available.
- The evaluation is not just an audit. Information provided by Lithuania will not be independently verified but will be discussed and the evaluation rating mutually agreed to by the host country and the evaluation team. This is a peer-to-peer review.

## Key host country participants and institutions

### Lead representative:

Professor Aurelijus Veryga, Minister of Health of the Republic of Lithuania

### List of participants:

1. Natalja Abramova, National Public Health Centre under Ministry of Health
2. Giedre Aleksienė, National Public Health Centre under Ministry of Health
3. Česlova Ambrozevičienė, National Food and Veterinary Risk Assessment Institute
4. Violeta Andriejūnienė, Environmental Protection Agency
5. Loreta Ašoklienė, Ministry of Health
6. Aurelija Bajoraitienė, Ministry of Environment
7. Auksė Bankauskaitė-Miliauskienė, Health Emergency Situations Center of the Ministry of Health
8. Jurgita Bakasėnienė, State Food and Veterinary Service
9. Ramunė Baranauskienė, State Food Veterinary Service
10. Emilis Baškys, State Nuclear Power Safety Inspectorate
11. Darius Baškys, Ministry of Agriculture
12. Raimundas Budreika, Police Department under Ministry of Interior
13. Regina Burbienė, National Public Health Centre under Ministry of Health
14. Edvardas Danila, National Reference Laboratory for TB, the Department of the Vilnius University Hospital Santaros Klinikos
15. Irma Diržinauskaitė-Butkienė, Ministry of Health
16. Ilona Drulytė, State Food and Veterinary Service
17. Jurgita Gaižiūnienė, Ministry of Environment
18. Edgaras Geda, Fire and Rescue Department under the Ministry of Interior
19. Regimantas Gimbutis, Ministry of Agriculture
20. Vilija Grigaliūnienė, State Food and Veterinary Service
21. Erika Grigorevičė, National Public Health Centre under Ministry of Health
22. Algirdas Griškevičius, National Public Health Surveillance Laboratory
23. Irina Gudanašvičienė, Health Emergency Situations Centre of the Ministry of Health
24. Karolina Jablonskytė, National Accreditation Bureau under the Ministry of Economy
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26. Eugenijus Jacevičius, National Food and Veterinary Risk Assessment Institute
27. Brigita kairienė, National Public Health Centre under Ministry of Health
28. Virginija Kanapeckienė, Institute of Hygiene
29. Audronė Karmazinienė, SE Klaipėda State Seaport Authority
30. Irena Kavoliūnienė, National Public Health Surveillance Laboratory

31. Raimonda Krejarienė, National Food and Veterinary Risk Assessment Institute
32. Jolanta Kuklytė, Institute of Hygiene
33. Nerija Kuprevičienė, Ministry of Health
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35. Rasa Liausėdienė, Centre for Communicable Diseases and AIDS
36. Jolanta Mackevičienė, Health Emergency Situations Centre of the Ministry of Health
37. Gediminas Markauskas, Environmental Protection Department under the Ministry of Environment
38. Žydrūnas Martinkėnas, State Medicine Control Agency under Ministry of Health
39. Egidijus Mecelis, State Food and Veterinary Service
40. Irma Medžiaušaitė, National Health Insurance Fund
41. Tatjana Milkamanovič, Fire and rescue Department under the Ministry of Interior
42. Alma Minelgienė, National Public Health Centre under Ministry of Health
43. Elena Mirinavičienė, National Public Health Centre under Ministry of Health
44. Palmira Morkūnienė, State Health Care Accreditation Agency under the Ministry of Health
45. Vilius Motiejaitis, Police Department under the Ministry of Interior
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47. Darius Nienius, National Food and Veterinary Risk Assessment Institute
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56. Orinra Rimašaitė, State Food and Veterinary Service
57. Paulius Ruželė, Radiation Protection Centre
58. Rita Sadūnaitė, State Food and Veterinary Service
59. Diana Sebeščiuk, Health Emergency Situations Centre of the Ministry of Health
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64. Audrius Ščeponavičius, Ministry of Health
65. Danutė Šidiškienė, Radiation Protection Centre
66. Ramūnas Šurkus, SE Klaipėda State Seaport Authority
67. Inga Tamulytė-Marozovienė, Health Emergency Situations Centre of the Ministry of Health
68. Henrikas Ulevičius, National Public Health Surveillance Laboratory
69. Gediminas Valentėlis, State Labour Inspection under the Ministry of Social Security and Labour
70. Ginreta Valinčiūtė, National Public Health Centre under Ministry of Health
71. Rolanda Valintelienė, Institute of Hygiene
72. Galina Zagrebnevienė, Centre for Communicable Diseases and AIDS
73. Rita Zubkevičiūtė, State Labour Inspection under the Ministry of Social Security and Labour
74. Alina Žilinaitė, Ministry of Health
75. Julius Žiliukas, Radiation Protection Centre

## Participating institutions:

1. Ministry of Health
2. Ministry of Environment
3. Ministry of Agriculture
4. National Public Health Centre under Ministry of Health
5. National Food and Veterinary Risk Assessment Institute
6. Environmental Protection Agency
7. Health Emergency Situations Center of the Ministry of Health
8. State Food and Veterinary Service
9. State Nuclear Power Safety Inspectorate
10. Police Department under Ministry of Interior
11. National Reference Laboratory for TB, the Department of the Vilnius University Hospital Santaros Klinikos
12. Fire and Rescue Department under the Ministry of Interior
13. National Public Health Surveillance Laboratory
14. National Accreditation Bureau under the Ministry of Economy
15. Institute of Hygiene
16. SE Klaipėda State Seaport Authority
17. National Public Health Surveillance Laboratory
18. Centre for Communicable Diseases and AIDS
19. Environmental Protection Department under the Ministry of Environment
20. State Medicine Control Agency under Ministry of Health
21. National Health Insurance Fund
22. State Health Care Accreditation Agency under the Ministry of Health
23. Lithuanian Geological Service under the Ministry of Environment
24. Radiation Protection Centre
25. State Labour Inspection under the Ministry of Social Security and Labour

## Supporting documentation provided by the host country

### Material provided to the external JEE team prior to the mission

Self-evaluation reports for 19 technical areas

### Presentations to the JEE team during the mission

1. Lithuania Joint External Evaluation: Prevent: National legislation, policy and financing, Loreta Ašoklienė, Adviser of Health Promotion Division, Department of Public Health, Ministry of Health of Republic of Lithuania. Power point presentation, 19-23 November 2018, Vilnius, Lithuania
2. Lithuania Joint External Evaluation: Prevent: IHR coordination, communication and advocacy. Power point presentation, 19-23 November 2018, Vilnius, Lithuania
3. Lithuania Joint External Evaluation: Food safety. Power point presentation, 2018-11-19/23, Vilnius, Lithuania
4. Joint External Evaluation: Lithuanian health systems overview, Audrius Ščeponavičius, Director of Public Health Department, Ministry of Health of Republic of Lithuania. Power point presentation, 19-23 November 2018, Vilnius, Lithuania
5. Lithuania Joint External Evaluation: Zoonotic Disease, Rasa Liausediene, Centre for Communicable Diseases and AIDS, 19 November 2018, Vilnius, Lithuania

6. Lithuania Joint External Evaluation: Antimicrobial resistance. Power point presentation, 19-23 November 2018, Vilnius, Lithuania
7. Lithuania Joint External Evaluation: DETECT: Reporting. Power point presentation, 19-23 November 2018, Vilnius, Lithuania
8. Lithuania Joint External Evaluation: Respond: Risk Communication. Power point presentation, 19-23 November 2018, Vilnius, Lithuania
9. Lithuania Joint External Evaluation: IHR related hazards and points of entry: Points of Entry. Power point presentation, 19-23 November 2018, Vilnius, Lithuania
10. Lithuania Joint External Evaluation: Respond: Linking public health and security authorities. Power point presentation, 21 November 2018, Vilnius, Lithuania
11. Joint External Evaluation: Radiation Emergencies, Julius Žiliukas, Director of Department of Expertise and Exposure Monitoring, Radiation Protection Centre. Power point presentation, 2018-11/19-23, Vilnius, Lithuania
12. Lithuania Joint External Evaluation: PREVENT: Immunization, Rasa Liausėdiene, Centre for Communicable Diseases and AIDS, Power point presentation, 20 November 2018, Vilnius, Lithuania
13. Lithuania Joint External Evaluation: Preparedness, Edgaras Geda, Head of Civil Protection Board, Fire and Rescue Department under the Ministry of the Interior of the Republic of Lithuania, Power point presentation, 19-23 November 2018, Vilnius, Lithuania
14. Lithuania Joint External Evaluation: Respond: Emergency Response Operations, Tatjana Milkamanovic, Head of Civil Protection Planning and Coordination Division, Fire and Rescue Department under the Ministry of the Interior of the Republic of Lithuania. Power point presentation, 19-23 November 2018, Vilnius, Lithuania.
15. Lithuania Joint External Evaluation: Respond: medical countermeasures and personnel Deployment. Power point presentation, 19-23 November 2018, Vilnius, Lithuania.

## Documents provided to the JEE team

### PREVENT

#### National legislation, policy and financing

1. The Constitution of the Republic of Lithuania  
<http://www3.lrs.lt/home/Konstitucija/Konstitucija.htm>
2. The Law on Legislative Framework  
<https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.433088/KXRwqkflNB>
3. The Law on Veterinary activities  
<https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.388228>
4. The Civil Protection Law  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.C15592B096FA/vLleZjgPxF>
5. The Budget Structure Law  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.712BBBFA3D41>
6. The Law of State budget and municipal budgets  
<https://www.e-tar.lt/portal/lt/legalAct/d69a3e50e59511e7acd7ea182930b17f>
7. The Law of State Reserve  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.3ED3D65F5638/aiTzvKOcbz>
8. Law on Local Self-Government  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.D0CD0966D67F/hcmjBILATs>
9. The Law on Fiscal Discipline  
[https://www.e-tar.lt/portal/lt/legalAct/TAR.2DD07D41B8F1/TAIS\\_491922](https://www.e-tar.lt/portal/lt/legalAct/TAR.2DD07D41B8F1/TAIS_491922)
10. Law on Public Health  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.DD80CF948782/vJLtfKAGYW>

11. Law on Communicable diseases  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.EE245B47423C/JFWWnexJxr>
12. Law on Food  
<https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.98953/BQoArPqqsg>
13. Law on Chemical Substances and Preparations  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.2A629A227788/wMpZWcROmd>
14. Law on Pharmacy  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.FF33B3BF23DD/yzftJmpJqH>
15. The Code of Administrative Offenses  
<https://www.e-tar.lt/portal/lt/legalAct/4ebe66c0262311e5bf92d6af3f6a2e8b>
16. Law on Public Procurement  
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10. Methodological guidelines for the public health care institutions approved by the Minister of Health  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.3BEC9E462C66>
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15. Order of the Minister of Health on actions of the Ministry of Health and the institutions under the MoH in case of chemical contamination  
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18. Order on the procedure for the provision of urgent information on communicable diseases  
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23. Order on filling and issuing of International certificate of vaccination or prophylaxis  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.5EDC4B9EF298/yXUVkBueLC>

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2. Resolution of the Government of the Republic of Lithuania, (No 1291, 9 December, 2015) <https://goo.gl/VhbAQV>
3. Health Care Quality Improvement Programme approved by Order No V-1292 of the Minister of Health of the Republic of Lithuania (15 November, 2017):
4. <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/3ca52110caac11e782d4fd2c44cc67af?jfwid=1v568y196>

5. Updates of National Action Plan for Prevention and Control of AMR for 2017-2021, approved by Order No V-857 of the Minister of Health of the Republic of Lithuania (7 July, 2017) (approved by the order No V-1024, 14 September, 2018)
6. <https://www.e-tar.lt/portal/lt/legalAct/b04406f0bbf511e88f64a5ecc703f89b>;
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8. <https://www.e-tar.lt/portal/lt/legalAct/afd33f90cbaf11e4aaa0e90fce879681>;
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10. Implementing the European Commission Decision 2013/652/EU on the monitoring and reporting of antimicrobial resistance in zoonotic and commensal bacteria and in compliance with the order of the State Food and Veterinary Service Director on 29 December 2017 No. B1-842 on the prevalence of zoonotic and symbiotic bacteria and their resistance to antimicrobial agents in broiler chickens, laying chickens, turkeys and fresh meat of broiler chickens in 2018

### Zoonotic diseases

1. The Law of the Republic of Lithuania "Human communicable diseases prophylaxis and control". <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.32088>
2. Minister of Health of 2004 December 24 order No. 673 "Regarding the Approval of the mandatory list of epidemiological registration objects and the procedure for submitting Information thereon" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.204745>
3. Directive 2003/99/EC of the European Parliament and of the Council of 17 November 2003 on the monitoring of zoonoses and zoonotic agents, amending Council Decision 90/424/EEC and repealing Council Directive 92/117/EEC <https://eur-lex.europa.eu/legal-content/LT/TXT/?uri=CELEX%3A32003L0099>
4. Minister of Health of 2004 May 28 order No. V-397 „ On the approval of the list of communicable diseases and health problems requiring epidemiological surveillance and the provision of information “ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.376175>
5. Director of the State Food and Veterinary Service of the Republic of Lithuania in 2004. April 28 order no. B1-390 "On Approval of Zoonotic Monitoring
6. Minister of Health of 2016 October 7 order No. V-1159 On Approval of the description of the procedure for the epidemiological diagnosis and control of the communicable diseases cluster and the outbreak <https://www.e-tar.lt/portal/lt/legalAct/89bc57b08f7b11e6b6098daee0c9a94f>
7. Minister of Health of 2004 November 9 order No. V-772 „Due the approval of rules for the investigation of food-borne infectious diseases in food processing subjects (departments)" <https://www.e-tar.lt/portal/lt/legalAct/db2ad140ed0311e6bf03a1097d29892a>
8. Minister of Health of 2009 May 21 order No. V-385 "Approval of the description of the procedure for the identification and typing of pathogenic bacteria identified in the laboratories of personal and public health care institutions" <https://www.e-tar.lt/portal/lt/legalAct/TAR.98E4D26C6E05>
9. Minister of Health and State food and veterinary service director of 2005 February 28 order No. V-146/B1-140 "On Approval of report on suspected / approved rabies case. Form of Animal Rabies " <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.252018>
10. Minister of Health of 2009 September 21 order No. V-752 "Concerning the Conclusion of Expert Groups on the Prevention of the Prevalence of Microbial Resistant Anti-microbial Medicines and Approval of Provisions" <http://www.hi.lt/lt/antibiotikai-teisine-informacija.html>
11. Ministry of Health of the Republic of Lithuania, 2017 July 7 order No. V-857 "Approval of the Action Plan for the Prevention and Control of the Prevalence of Antimicrobial Resistant Microorganisms 2017-2021" <http://www.hi.lt/uploads/pdf/antibiotikai/AMR%20VEIKSMU%20PLANAS%202017-2021.pdf>

12. Ministry of Health of the Republic of Lithuania, 2016 April 15 order No. V-501 Approval of the Pandemic Preparedness Action Plan 2016-2018  
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13. Minister of Health of 2008 January 14 order No V-19 "On approval of the provisions of the State Information System on Communicable Diseases and agent's thereof "  
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14. Minister of Health of 2005 February 10 order No. V-109 "On the approval of the statistical reporting and accounting forms for communicable diseases  
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15. Government of the Republic of Lithuania 2010 October 20 No. Resolution 1503 On Approval of the State Emergency Management Plan <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.384076>
16. Minister of the Interior and the Minister of Health of the Republic of Lithuania in 2009 December 24 Order No. V-713 / V-1064 List of functions of state and municipal institutions and institutions participating in the liquidation of the consequences of an emergency arising out of dangerous and highly contagious communicable diseases <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.362378>
17. Minister of the Interior of 2007 March 30 order No. 1V-114 "On exchange of information on an emergency or extreme event description"  
<https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.295373/LPINVvmEWc>
18. Law of veterinary  
<https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.388228>
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20. Directorate of the State food and veterinary service of the Republic of Lithuania May 11 order No. B1-463 concerning the approval of the standard control requirements  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.26AB259ACAE7/JnmivedoNv>
21. Order of the Director of SFVS on confirmation of requirements for trichinosis control in 2006 November 27 No. B1-712  
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22. Order of the Director of SFVS on the approval of the list of laboratories for the testing of state control of meat for trichinella detection in 2015 November 30 No. B1-1059  
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23. Director of SFVS 2014 October 14 order No B1-892 on the approval of the description of the procedure due trichinella larvae investigation service  
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<https://www.e-tar.lt/portal/lt/legalAct/TAR.AEEDC99943A4>
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2. Minister of Health of the Republic of Lithuania in 2002 December 24 order No. 673 " On approval of the Description of the Procedure for the Registration of Compulsory Epidemiological Registration Objects and Information on Their Provision " <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.204745>

3. Ministry of Health of the Republic of Lithuania in 2008 January 14 order No. V-19 „Concerning the State Information System for Infectious Diseases and their Causes and the Statement of Information Security of the State Information System on Communicable Diseases and their Causes“ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.313438>
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5. Order of the Director of SFVS in 2018 January 15 No. B1-74 "On approval of the 2018 monitoring plan for imported animal foodstuffs" [http://vmvt.lt/sites/default/files/vmvt\\_svp\\_2017-2019\\_m\\_kovas.pdf](http://vmvt.lt/sites/default/files/vmvt_svp_2017-2019_m_kovas.pdf)
6. COMMISSION IMPLEMENTING DECISION (EU) 2018/945 of 2018 June 22 on communicable diseases and related special health problems to be covered by epidemiological surveillance and on the definitions of related cases <https://eur-lex.europa.eu/legal-content/lt/TXT/?uri=CELEX%3A32018D0945>
7. Minister of Health of the Republic of Lithuania 2017 February 6 order No. V-112 „Concerning the Resolution of the Minister of Health of the Republic of Lithuania in 2004 November 9 order no. V- 772 "On Approval of Rules for the Investigation of Food-borne Infectious Diseases Investigating Food-processing Enterprises (Departments)"" <https://www.e-tar.lt/portal/lt/legalAct/db2ad140ed0311e6bf03a1097d29892a>
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  - SOP (KT -2-2-6-D3 „Food-borne Infection Outbreak Study“;
  - Guidelines for the Microbiological Examination of Food Samples and Swabs for the KTU, 2016.
  - SOP (KT-3-1 State sampling and delivery to the laboratory);
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  - 04/25/2015 No 93-1 / ST-PS-1-97 Laboratory research agreement between National Institute for Food and Veterinary Risk Assessment and National Public Health Laboratory and Food institute laboratory.
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    - a. SK-1-8-D2. Managing Emergency Delivery on the Market for unsafe food and feed
    - b. SK-1-8. Information about an emergency message. Annex 6
    - c. SK-1-8. List of unsafe food or feed recipients. Annex 3
    - d. SK-1-8. Case report notice (additional information). Annex 4
    - e. SK-1-8. Transferring and processing of emergency reports of unsafe food and feed to the market
    - f. SK-1-8. Form for filling out urgent reports of unsafe food and feed on the market to border veterinary posts. Annex 5
9. Director of the State Food and Veterinary Service in 2015 April 1 order No. B1-308 „On the provision of information on unsafe or potentially unsafe foods, food contact materials and feeds“
10. Law on food of the Republic of Lithuania <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.98953/BQoArPqqsg>
11. Director of the State Food and Veterinary Service in 2013 July 19 order no. B1-487 "Approval of the description of the procedure for the application of restrictions on the placing of products on the market" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.453985/fBFcthxhaf>

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2. The order of NFVRAI Director 10 November 2014 No. 1A-119 On the implementation of safety at work, health safety and fire safety requirements.
3. NPHSL SOP for transportation of specimens KA-DI 5.8-04, 7 June 2018.
4. WHO Laboratory Biosafety Manual, <http://www.who.int/csr/resources/publications/biosafety/Biosafety7.pdf>
5. WHO Biorisk Management, Laboratory Biosecurity Guidance, [http://www.who.int/csr/resources/publications/biosafety/WHO\\_CDS\\_EPR\\_2006\\_6.pdf](http://www.who.int/csr/resources/publications/biosafety/WHO_CDS_EPR_2006_6.pdf)
6. CDC Biosafety in Microbiological and Biomedical Laboratories, <https://www.cdc.gov/labs/pdf/CDC-BiosafetyMicrobiologicalBiomedicalLaboratories-2009-P.PDF>
7. CDC Federal Select Agents Program, <https://www.selectagents.gov/selectagentsandtoxinslist.html>
8. ABSA, Responsibilities of the Biosafety Professional and Institution, <https://absaconference.org/pdf55/XIII400Hunt.pdf>
9. IFBA, International Federation of Biosafety Associations, <https://www.internationalbiosafety.org/index.php>

## Immunization

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2. National Immunisation Programme 2014-2018 <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/d3e175107a7411e38df3da592f4236cc?jfwid=qjs00fial>
3. Schedule of Preventive Vaccines for Children of the Republic of Lithuania <https://www.e-tar.lt/portal/lt/legalAct/18f856f09f8311e79127a823199cc174/MfSMDiNbax>
4. Order of "National Immunization Advisory Group (NITAG) working regulations" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/50d37eb0a34b11e49dedcf791a151bf8?jfwid=-eo13tk3tg>
5. Order of "National plan for poliomyelitis and acute flaccid paralysis epidemiological and laboratory surveillance and control activities" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/a824d0b0f81a11e3b62ec716086f051f?jfwid=fhhu5mmvt>
6. Amendments Order of "National plan for poliomyelitis and acute flaccid paralysis epidemiological and laboratory surveillance and control activities" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/8c528970737711e59a1ed226d1cbceb5>
7. Order of "Measles, rubella and congenital rubella syndrome epidemiological surveillance and description of control procedures" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.340906>
8. Law on the "Rights of Patients and Compensation for the Damage to Their Health" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.31932?jfwid=-g0zrz353n>
9. Amendments Order of "Approval of imunoprophylaxis rules," <https://www.e-tar.lt/portal/lt/legalAct/783810e02f3211e78397ae072f58c508>
10. Order of "Procedure for organizing primary outpatient personal healthcare services and payment of expenses for these services" <https://www.e-tar.lt/portal/lt/legalAct/1d87b3b0aee311e5b12fbb7dc920ee2c>
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13. Order of „On the approval of medical products and syringes for the immunization program implementation needs calculation description" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/9405d7002db511e6a222b0cd86c2adfc?jfwid=-wd7z8svdr>

14. Order of "Procedure of vaccines and syringes receipt and issuing from vaccines storehouse of Centre for Communicable Diseases and AIDS" <http://www.ulac.lt/uploads/downloads/Sandelio%20tvarka.pdf>
15. Order of „On the Practice of Pharmaceutical Activities according to Good Distribution Practices" <https://www.e-tar.lt/portal/lt/legalAct/fe30a7a0d52311e3bb00c40fca124f97>
16. Order of „On the approval of communicable diseases and statistical reporting and accounting forms" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/cf063d81f0f311e5bf4ee4a6d3cdb874>
17. Guidelines on Good Distribution Practice of Medical Products for Human Use (2013/C 343/01) [https://eur-lex.europa.eu/legal-content/LT/TXT/PDF/?uri=CELEX:52013XC1123\(01\)&from=LT](https://eur-lex.europa.eu/legal-content/LT/TXT/PDF/?uri=CELEX:52013XC1123(01)&from=LT)
18. Regulations of Centre for Communicable Diseases and AIDS <https://www.e-tar.lt/portal/lt/legalAct/93c5dc000a7111e8a5fc9d9b3a58917b>
19. Recommendations on the requirements of the "cold chain" [http://www.ulac.lt/uploads/downloads/leidiniai/vakcinu\\_metod.pdf](http://www.ulac.lt/uploads/downloads/leidiniai/vakcinu_metod.pdf)
20. Recommendation for public "What we should know about 2017-2018 influenzae season?" <http://www.ulac.lt/uploads/downloads/gripas/K%C4%85%20tur%C4%97tume%20%C5%BEinoti%20apie%202017-2018%20m%20gripo%20sezona.pdf>
21. "A description of the use of the temperature registrator for the transportation of vaccines into the Primary Health Care Institutions" [http://www.ulac.lt/uploads/downloads/uzkirsk\\_kelia/archyvas/info\\_imuniniu\\_v\\_preparatus/imuniniu\\_vst\\_transportavimo\\_gaires.pdf](http://www.ulac.lt/uploads/downloads/uzkirsk_kelia/archyvas/info_imuniniu_v_preparatus/imuniniu_vst_transportavimo_gaires.pdf)
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39. Order of the Minister of Health 2015-12-30 No V-1558), <http://www.hi.lt/uploads/pdf/paslaugos/Paslaugos%20-2017-01-20.pdf>
40. Continuous training of the healthcare and pharmacy specialists as specified in formal and informal professional training programs, advanced training and mandatory training programs: <http://www.sskc.lt/mokymo-programu-sarasas.html>
41. The register of public health specialists, <http://hi.lt/lt/virsutinis-menu/struktura-ir-kontaktai/padaliniai/visuomenes-sveikatos-technologiju-centras/visuomenes-sveikatos-specialistu-registras-poskyris.html>
42. The report of Public health Specialist Registry data (2018): <http://hi.lt/lt/vsps-r-statistine-informacija.html>
43. Data of health system resources: [http://hi.lt/html/sv\\_statistika.htm](http://hi.lt/html/sv_statistika.htm)
44. The Law of the Republic of Lithuania "Human communicable diseases prophylaxis and control": <https://www.e-tar.lt/portal/lt/legalAct/TAR.EE245B47423C/JFWWnexJxr>
45. The regulation of mandatory reporting of communicable diseases (Order of Minister of Health of 2004 December 24 No. 673 "Regarding the Approval of the mandatory list of epidemiological registration objects and the procedure for submitting Information there on"): <https://www.e-tar.lt/portal/lt/legalAct/TAR.733DC244327C>
46. The regulation on information providing, (Minister of Health of 2004 May 28 order No V-397 „ On the approval of the list of communicable diseases and health problems requiring epidemiological surveillance and the provision of information “): <https://www.e-tar.lt/portal/lt/legalAct/TAR.1C831281943F>
47. The guidance for communicable diseases case management and outbreak investigation (Minister of Health of 2016 October 7 order No.V-1159 On Approval of the description of the procedure for the epidemiological diagnosis and control of the communicable diseases cluster and the outbreak), <https://www.e-tar.lt/portal/lt/legalAct/89bc57b08f7b11e6b6098daee0c9a94f>

48. ECDC Training programmes  
<https://ecdc.europa.eu/en/training-programmes/training-public-health-professionals>  
<https://ecdc.europa.eu/en/epiet-euphem>  
<https://ecdc.europa.eu/en/training-programmes/continuous-professional-development/senior-exchange>  
[http://hi.lt/php/spr2.php?dat\\_file=spr2.txt](http://hi.lt/php/spr2.php?dat_file=spr2.txt)

## RESPOND

### Emergency Preparedness

1. Civil Protection Law of the Republic of Lithuania (15 of December 1998 No VIII-971) <https://www.e-tar.lt/portal/lt/legalAct/TAR.C15592B096FA/vLllezjgPxF>
2. Government of the Republic of Lithuania Resolution No 1503, 20 October 2010 "Approving the state emergency management plan" <https://www.e-tar.lt/portal/lt/legalAct/TAR.58208DFC8958>
3. Order No V-1289 of Health minister of 17 November 2016 "Prevention Measure Plan of the Ministry of Health 2016-2019" <https://www.e-tar.lt/portal/lt/legalAct/00f02430b07c11e6b844f0f29024f5ac>
4. Order No. V-157 of the Minister of Health of 6 March 2003 "Lithuanian National Health System activities while emergencies" <https://www.e-tar.lt/portal/lt/legalAct/TAR.9F4E5088A1A4/uXVYBaevvf>
5. Government of the Republic of Lithuania Resolution No VIII-1908 31 August 2000 "Law on the State Reserve" <https://www.e-tar.lt/portal/lt/legalAct/TAR.3ED3D65F5638/aiTzvK0cbz>
6. Government of the Republic of Lithuania Resolution No 1028, 14 July 2010 "Approving the Emergency prevention inventory" <https://www.e-tar.lt/portal/lt/legalAct/c41c792020d611e78397ae072f58c508>

### Emergency response operations

**Plans of the EOC, and listing of available equipment / Activation plan for emergency response, such as roster of emergency operations staff and role:**

1. Resolution No 1503 of the Government of the Republic of Lithuania of 20 October 2010 "Approving the state emergency management plan" <https://www.e-tar.lt/portal/lt/legalAct/TAR.58208DFC8958>
2. Resolution No 429 of the Government of the Republic of Lithuania of 21 April 2010 "The Composition and Regulations of the Government Emergency Commission" <https://www.e-tar.lt/portal/lt/legalAct/TAR.2B0C5318575B/PHPLnOiQLQ>
3. Order No 1-110 of the Director of Fire and Rescue Department under the Ministry of the Interior of 6 April 2010 "Regulations of the Municipal Emergency Commission" <https://www.e-tar.lt/portal/lt/legalAct/TAR.055463E2D7EF/RdCjBvwlag>
4. Resolution No 1213 of the Government of the Republic of Lithuania of 25 August 2010 "The procedure for the establishment of emergency operation centers and the organization of work" <https://www.e-tar.lt/portal/en/legalAct/TAR.CC3EF07528D4/jfevESYLqs>
5. Order No 1-256 of the Director of Fire and Rescue Department under the Ministry of the Interior of 30 August 2011 "Regulations of the State Emergency Operations Center" <https://www.e-tar.lt/portal/lt/legalAct/TAR.663E2F14420B/XbrqkCXLhl>
6. Order No V-601 by the Minister of Health of 12 June 2011 "Regulations of the Emergency Operations Centre of the Ministry of Health" <https://www.e-tar.lt/portal/lt/legalAct/TAR.96ED9CF9C37D/rlCRDCekRB>
7. Order No V-1002 of the Ministry of Health of 11 September 2018 "Regulations of the Emergency Operations Center of the Ministry of Health and list of the members of the Emergency Operations Center (last update)" <https://www.e-tar.lt/portal/lt/legalAct/bbf833a0b71211e88f64a5ecc703f89b>
8. Order No 1-2 of the Director of Fire and Rescue Department under the Ministry of the Interior of 6 January 2017 "Regulations of the State Emergency Operations Center (last update)" <https://www.e-tar.lt/portal/lt/legalAct/031ad240d3f011e68d79c2033f194657>

9. Order No 1-124 of the Director of Fire and Rescue Department under the Ministry of the Interior of 10 April 2017 "The list of members of the State Emergency Operations Center (last update)" <https://www.e-tar.lt/portal/lt/legalAct/c702e1e03ca711e881f2ba995b003ed2>

#### Training plans for emergency operations staff

10. Resolution No 718 of the Government of the Republic of Lithuania of 7 June 2010 "Civil protection training inventory" <https://www.e-tar.lt/portal/lt/legalAct/TAR.1E2502EBF0DB/BWpLnoQDfE>
11. Order No 1-348 of the Director of Fire and Rescue Department under the Ministry of the Interior of 24 September 2014 "Civil Protection Training Programmes of fire Fighters training School" <https://www.e-tar.lt/portal/lt/legalAct/a47662f043ae11e4b328ee8724e3e13c/XldYMuUVUI>
12. Order No 1-323 of the Director of Fire and Rescue Department under the Ministry of the Interior of 18 November 2010 "Civil Protection Training Program for county fire and rescue boards" <https://www.e-tar.lt/portal/lt/legalAct/TAR.34519A94A6D7>

#### Exercise plan, including evaluation and corrective action plan

13. Resolution No 1295 of the Government of the Republic of Lithuania of 8 of September 2010 "Civil protection exercises organising inventory" [https://www.e-tar.lt/portal/lt/legalAct/TAR.2F7F349D85C1/TAIS\\_422081](https://www.e-tar.lt/portal/lt/legalAct/TAR.2F7F349D85C1/TAIS_422081)
14. Order No 1V-68 of the Ministry of the Interior of 19 January 2018 "2018-2020 plan for state level civil protection exercises" <https://www.e-tar.lt/portal/lt/legalAct/91087be0000c11e88bcec397524184ce>

#### Other legislation

15. Civil Protection Law of the Republic of Lithuania (15 of December 1998 No VIII-971) <https://www.e-tar.lt/portal/lt/legalAct/TAR.C15592B096FA/vLlezzjgPxP>
16. Order No 1-70 of the Director of Fire and Rescue Department under the Ministry of the Interior of 23 February 2011 "The methodological guidelines to prepare a emergency management plan" <https://www.e-tar.lt/portal/lt/legalAct/TAR.027FB6DEFF73/yJSMgkGqwF>
17. Order No V-157 of the Minister of Health of 6 March 2003 "Lithuanian National Health System activities while emergencies" <https://www.e-tar.lt/portal/lt/legalAct/TAR.9F4E5088A1A4/uXVYBaevvf>
18. Resolution No IX-2246 of 25 May 2004 "Law on Emergency Response Centre" <https://www.e-tar.lt/portal/lt/legalAct/TAR.95C4D287AAA9/WlIRvIWJ>
19. Order No 1V-803/V-1140 by the Minister of Health and Minister of Interior of 28 December 2010 "Emergency Response Force and Fire Rescue Force Management" <https://www.e-tar.lt/portal/lt/legalAct/TAR.72E27E6551B0>
20. Resolution No 1243 of the Government of the Republic of Lithuania of 31 August 2010 "Announcement and Cancellation of Emergency Situations" [https://www.e-tar.lt/portal/lt/legalAct/TAR.4B50A49D0476/TAIS\\_470011](https://www.e-tar.lt/portal/lt/legalAct/TAR.4B50A49D0476/TAIS_470011)
21. Order No V-895 by the Minister of Health 6 of November 2007 "Providing emergency medical care" <https://www.e-tar.lt/portal/lt/legalAct/TAR.7E55A3172D3A/WdHvDuixyF>
22. Order No V-204 by the Minister of Health of 28 March 2007 "Information from public health institutions delivery for residents" <https://www.e-tar.lt/portal/lt/legalAct/TAR.BF7E0F492D6D>
23. Resolutions No 633 of the Government of the Republic of Lithuania 4 of July 2018 "On the announcement of an state level emergency" <https://www.e-tar.lt/portal/lt/legalAct/f0ea4c10801711e8ae2bfd1913d66d57>
24. Resolution No 783 of the Government of the Republic of Lithuania of 4 August 2006 "On the announcement of an state level emergency on the consequences of drought in the agricultural sector" <https://www.e-tar.lt/portal/lt/legalAct/TAR.9673A3077B50>
25. Resolution No 781 of the Government of the Republic of Lithuania 04 of October 2017 "On the announcement of an state level emergency" <https://www.e-tar.lt/portal/lt/legalAct/904927d0a90a11e78a4c904b1afa0332>
26. Resolution No 758 of the Government of the Republic of Lithuania of 30 of July 2014 "On the announcement of an state level emergency on African swine fever epidemic" <https://www.e-tar.lt/portal/lt/legalAct/d16fee20194c11e4b542dec0b12e28b0>

## Linking public health and security authorities

1. Resolution No. 1503 of 20 of October 2010 of the Government of the Republic of Lithuania on Approval of the State Emergency Management Plan  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.58208DFC8958>
2. Law on Civil Protection of the Republic of Lithuania  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.C15592B096FA/vLlezzjgPxF>
3. Regulations of the Government Emergency Commission  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.2B0C5318575B/PHPLnOiQLQ>
4. Interoperability plan between the Lithuanian Armed Forces and the Fire and Rescue Department under the Ministry of Interior in the event of emergency situations in peacetime  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.5DCB5BA1704C/zLIKFIVBOg>
5. Order of the Minister of Interior on information exchange in case of event, emergency event or emergency situation  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.A425312B4034/xTcvaPzHwM>
6. Order of the Minister of Health on gathering, assessment and notification to WHO of information on public health emergency of international concern  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.F9B407619AE7/HberFmxiYc>
7. Order of the Minister of Health on the procedure for the exchange of information of emergency situations, emergency events and events that can cause risk to the public health and life-threatening events  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.506B7CB8F65B/DkTYwpQYBu>
8. Methodological guidelines on emergency management plans development approved by the Fire and Rescue Department Director  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.027FB6DEFF73/yJSMgkGqwF>
9. Standard of the Municipal Emergency Commission Regulations  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.055463E2D7EF/RdCjBvwlag>
10. Resolution No 1213 of the Government of the Republic of Lithuania of 25 August 2010 "The procedure for the establishment and the organization of emergency operation centers"  
<https://www.e-tar.lt/portal/en/legalAct/TAR.CC3EF07528D4/jfevESYLqs>
11. Order of the Minister of Health and the Minister of Interior on List of functions of state and municipal institutions and institutions participating in the liquidation of the consequences of an emergency arising out of dangerous and highly dangerous contagious diseases (No. 1V-713/V-1064, 2009)  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.5BC653E52ECA>
12. Resolution No. 1332 of 1 of December 1999 of the Government of the Republic of Lithuania on the procedures of sanitary and medical-quarantine protection of the state borders and territories of the Republic of Lithuania  
[https://www.e-tar.lt/portal/lt/legalAct/TAR.B7E633517772/TAIS\\_425744](https://www.e-tar.lt/portal/lt/legalAct/TAR.B7E633517772/TAIS_425744)
13. Resolution No. 1267 of 11 of November 1999 of the Government of the Republic of Lithuania on the procedure for the declaration of quarantine in the Republic of Lithuania  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.3FE6A3781DFD/ILnUDXWjBQ>
14. Klaipeda State Seaport Complex Security Plan  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.BA477398CFC9/MloNGrQHjJ>
15. Minister of Health of 2004 December 24 order No. 673 "Approval of the mandatory list of epidemiological registration objects and the procedure for submitting information thereon"  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.733DC244327C/zsczRicOEK>
16. Description of the border check-up procedure for State Border Guard Service under the Ministry of the Interior of the Republic of Lithuania  
<https://www.e-tar.lt/portal/lt/legalAct/636670b0f04f11e7845fceb29e7ecd13>
17. Rules of medical-quarantine supervision for National Public Health Centre under the Ministry of Health (2010-02-01 order No V-87)  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.EC1B0418A630/EZsLKwXRgH>

18. Republic of Lithuania Law on the State Border and the Guard Thereof  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.0F8C601D8592/ZzmPdOCcjI>
19. Government Resolution No. 99 "On Approval of the National Plan for Protection of the Population in Case of Nuclear Emergency"  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.168149CB647F>
20. Government Resolution No. 918 on the implementation of radiation safety law of the Republic of Lithuania  
<https://www.e-tar.lt/portal/lt/legalAct/301dfc60bb4111e88f64a5ecc703f89b>
21. Order of VATESI and MoE „On exchange of urgent information in case of extreme radiation situations", 2012 February 10, No. D1-136 / 22.3-15  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.53F101F76B58/QjVPGwatOI>
22. Order No. 1-230 of the Director of the Fire and Rescue Department (14 August, 2015)  
<https://www.e-tar.lt/portal/lt/legalAct/908034504a4811e5a38cd6cdb94b0c51/RMMsEFvGHb>
23. Government of the Republic of Lithuania Resolution No 1295 of 8 September 2010 "Civil protection exercises organising inventory"  
[https://www.e-tar.lt/portal/lt/legalAct/TAR.2F7F349D85C1/TAIS\\_422081](https://www.e-tar.lt/portal/lt/legalAct/TAR.2F7F349D85C1/TAIS_422081)
24. Order No. 1V-68 of the Ministry of the Interior of 19 January 2018 "2018-2020 plan for state level civil protection exercises"  
<https://www.e-tar.lt/portal/lt/legalAct/91087be0000c11e88bcec397524184ce>
25. The Regulation on Training for Civil Protection was approved by Resolution No. 718 of the Government of the Republic of Lithuania on 7 June 2010  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.1E2502EBF0DB/BWpLnoQDfE>
26. Methodological guidelines to prepare a risk assessment  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.AA01812C9781>
27. Methodological recommendations for the public health agencies  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.3BEC9E462C66>
28. Order of the Minister of Health on the approval activities of the Ministry of Health and subordinate institutions in case of chemical incidents  
<https://www.e-tar.lt/portal/lt/legalAct/3ac0e1d0bb2911e487a3c49dd729baa4/sgsnQVwgOr>
29. Rules of medical-quarantine supervision for National Public Health Centre under the Ministry of Health  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.EC1B0418A630/EZsLKwXRgH>
30. Minister of Health of 2004 December 24 order No. 673 "Approval of the mandatory list of epidemiological registration objects and the procedure for submitting Information thereon"  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.733DC244327C/zsczRicOEK>
31. The Inspection Programme of Hazardous Establishments  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.627E3BF0C8DF/ndXztNQLKA>
32. Regulations for the prevention, liquidation and investigation of industrial accidents  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.ADF584796A74/FZEUIWlbHc>
33. Republic of Lithuania Law on the prevention and control of communicable diseases in humans  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.EE245B47423C/JFWWnexJxr>
34. List of dangerous and especially dangerous communicable diseases on which persons must be hospitalized, isolated, investigated and / or treated on obligatory purpose  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.AC1276247576/SedLcSgYWT>
35. Procedure for the control of the restricted quarantine regime  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.3558AD1F9800>
36. Procedure for the organization of the necessary hospitalization and / or necessary isolation of patients, persons suspected of being infected  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.B5F78915C7AA/YiAmBMiQRi>
37. Procedure for Sanitary and Medical-Quarantine Protection of the State Borders and Territory of the Republic of Lithuania  
[https://www.e-tar.lt/portal/lt/legalAct/TAR.B7E633517772/TAIS\\_425744](https://www.e-tar.lt/portal/lt/legalAct/TAR.B7E633517772/TAIS_425744)

## Medical countermeasures and personnel deployment

1. State Emergency Management Plan <https://www.e-tar.lt/portal/lt/legalAct/TAR.58208DFC8958>
2. Procedure for requesting, accepting and providing international assistance in civil protection approved by the No. 501 of the Government of the Republic of Lithuania of 4 May 2011 <https://www.e-tar.lt/portal/lt/legalAct/TAR.07C663634F93>
3. Republic of Lithuania Law on State Reserve <https://www.e-tar.lt/portal/lt/legalAct/TAR.3ED3D65F5638/aiTzvKOcbz>
4. Preparedness for influenza pandemic action plan <https://www.e-tar.lt/portal/lt/legalAct/4891c3500ddb11e6bae4eb98746971fa>
5. Republic of Lithuania Law on the Development Cooperation and Humanitarian Aid <https://e-seimas.lrs.lt/portal/legalActPrint/lt?jfwid=11dyhelxm&documentId=69d22a72dfe711e782d4fd2c44cc67af&category=TAD>
6. Law of the Republic of Lithuania on Human communicable diseases prevention and control <https://www.e-tar.lt/portal/lt/legalAct/TAR.EE245B47423C/JFWWnexJxr>
7. Procedures for establishment and supplying of international assistance team <https://www.e-tar.lt/portal/lt/legalAct/TAR.B17421BFFA2A/DILICFkbe>
8. Lists of members of international assistance providing team <https://www.e-tar.lt/portal/lt/legalAct/dc181bb0ce3a11e4b3439b13415c7e57>
9. Resolution of the Government of the Republic of Lithuania of 20 January 2016 No 41 "On provision of humanitarian aid to Ukraine" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/bcc2e7f1c01e11e5ac22dba8705b325b>
10. Resolution of the Government of the Republic of Lithuania of 28 January 2015 No 76 "On provision of humanitarian aid to Ukraine" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/c19b8da1ab8311e4ab85d45f2a0c100b>
11. Order of the Minister of Health of the Republic of Lithuania of 30 April 2013 No R-3RN "On approval of the lists of sets of the state reserve' medical supplies" (Restricted)
12. Order of the Minister of Health of the Republic of Lithuania of 13 October 2014 No R-3RN "On approval of the lists of sets of the state reserve' medical supplies" (Restricted)
13. Resolution of the Government of the Republic of Lithuania of 28 March 2018 No 292-3 "On the formation and accumulation of the state reserve in 2018" (Restricted)
14. The order of the Minister for Health of the Republic of Lithuania of 3 December 2009 No V-983 "On approval of the rules of procedure for the distribution and monitoring of the use of antivirals" <https://www.e-tar.lt/portal/lt/legalAct/TAR.EABDFF9979A5/IWRkvNvcqF>
15. Order of the Minister of Health of the Republic of Lithuania No. 673 of 24th December 2004 "On approval of the mandatory list of epidemiological registration objects and the procedure for submitting Information thereon" <https://www.e-tar.lt/portal/lt/legalAct/TAR.733DC244327C>
16. Resolution of the Government of the Republic of Lithuania of 20 January 2016 No 41 "On provision of humanitarian aid to Ukraine" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/bcc2e7f1c01e11e5ac22dba8705b325b>
17. Resolution of the Government of the Republic of Lithuania of 28 January 2015 No 76 "On provision of humanitarian aid to Ukraine" <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/c19b8da1ab8311e4ab85d45f2a0c100b>
18. Order of the Minister of Health of the Republic of Lithuania of 30 April 2013 No R-3RN "On approval of the lists of sets of the state reserve' medical supplies" (Restricted)
19. Order of the Minister of Health of the Republic of Lithuania of 13 October 2014 No R-3RN "On approval of the lists of sets of the state reserve' medical supplies" (Restricted)
20. Resolution of the Government of the Republic of Lithuania of 28 March 2018 No 292-3 "On the formation and accumulation of the state reserve in 2018" (Restricted)
21. The order of the Minister for Health of the Republic of Lithuania of 3 December 2009 No V-983 "On approval of the rules of procedure for the distribution and monitoring of the use of antivirals" <https://www.e-tar.lt/portal/lt/legalAct/TAR.EABDFF9979A5/IWRkvNvcqF>

22. Order of the Minister of Health of the Republic of Lithuania No. 673 of 24th December 2004 "On approval of the mandatory list of epidemiological registration objects and the procedure for submitting Information thereon" <https://www.e-tar.lt/portal/lt/legalAct/TAR.733DC244327C>

### Risk communication

1. Civil Protection Law of the Republic of Lithuania (15 of December 1998 No VIII-971)
2. Government of the Republic of Lithuania Resolution No 1503, 20 October 2010 "Approving the state emergency management plan"
3. Law on the Public Information of the Republic of Lithuania;
4. Order No V-204 of the Minister of Health of 28 March 2007 on provision of information of public health care institutions to the public;
5. Resolution No 559 of 22 of April 2002 of the Government of the Republic of Lithuania on the procedure for information of the population in the event of radiation or nuclear accidents;
6. Order No V-1439/D1-915 of the Minister of Health and Minister of Environment of 14 December 2015 on description of the public information system on climate changes, their posed threats to human health;
7. Order No 1-83 of 7 March 2007 of the Director of the Fire and Rescue Department under the Ministry of the Interior of the Republic of Lithuania on Description of the procedures for providing information to the producers and disseminators of public information.

## IHR-RELATED HAZARDS AND POINTS OF ENTRY

### Points of entry

1. Order of Head of the State Border Guard Service under the Ministry of the Interior of the Republic of Lithuania No. 4-385, 6 September 2017 "The program for the development of the State Border Guard System 2017-2020" (Online legal act not published)
2. Law of the Republic of Lithuania of the State Border Amendment and its protection No. XIII-593, 4 July 2017. Website address: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/9a0dd6b2660411e7a53b83ca0142260e/vynAqAnXyW>
3. Resolution of the Government of the Republic of Lithuania No. 585, 12 May 2003 "On the establishment of Molo, Castle and Malku Bays Border Control Points at Klaipėda State Seaport". Website address: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.210908>
4. Law of Ministry of Transport and Communications of the Republic of Lithuania No. 2-4103, 11 December 2017 (Online legal act not published, added).
5. Law of the Republic of Lithuania on Klaipėda state seaport No. I-1340, 16 December 1996. Website address: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.28066/pMRGyxmFMj>
6. Law of the Republic of Lithuania "On ratification of the International Health Regulations (2005) No. X-1430, 18 January 2008. Website address: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.313959>
7. Law of the Prevention and Control of Communicable Diseases of People of the Republic of Lithuania No. I-1553, 25 September 1996. Website address: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.32088/kqDttoPNNx>
8. Changes to the International Health Regulations (23 May 2005). Website address: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAK/TAIS.325488>
9. Resolution of the Government of the Republic of Lithuania No. 1332, 1 December 1999 "On approval of the procedure of sanitary and medical-quarantine protection of the State Borders and territory of the Republic of Lithuania". Website address: [https://www.e-tar.lt/portal/lt/legalAct/TAR.B7E633517772/TAIS\\_425744](https://www.e-tar.lt/portal/lt/legalAct/TAR.B7E633517772/TAIS_425744)

## Chemical events

1. National Strategy for Sustainable Development (approved by Resolution No 1160 of the Government of the Republic of Lithuania on 11.9.2003, as updated on 16.9.2009 and last amended on 30.3.2011)
2. National Environmental Protection Strategy (approved by Resolution No XII-1626 of the Parliament of the Republic of Lithuania on 16.4.2015)
3. National Public Health Care Development Programme 2016-2023 (approved by Resolution No 1291 of the Government on 9.12.2005)
4. Law on Chemical Substances and Preparations (No VIII-1641 adopted by the Parliament on 18.4.2000, as last amended on 14.4.2016)
5. Law on Civil Protection (No VIII-971 adopted by the Parliament on 15.12.1998, as last amended on 23.12.2015)
6. The State Emergency Management Plan (approved by Resolution No 1503 of the Government of the Republic of Lithuania on 20.10.2010)
7. Methodological recommendations to prepare a Emergency management Plan (approved by Order No. 1-70 of the Director of Fire and Rescue Department under the Ministry of the Interior on 23.02.2011)
8. <https://aplinka.lt/en/zemelapiai>
9. <http://www.lt72.lt/pavojai-kurie-gresia-tavo-savivaldybeje/>
10. <https://biocidai.nvsc>.
11. <http://www.apsinuodijau.lt/information-in-english/>
12. <http://www.vpgt.lt/go.php/Pavojingieji-objektai88178827457481000934239>
13. <http://www.kaunas.lt/civiline-sauga/civiline-sauga-ir-mobilizacija/>

## Radiation emergencies

1. Law on Radiation Protection (last amended 2018)
2. Law on Nuclear Safety (last amended 2017)
3. Law on Nuclear Energy (last amended 2018)
4. Law on the Management of Radioactive Waste (last amended 2018)
5. Law on the State Border and Protection Thereof (last amended 2018)
6. State Emergency Management Plan (2010, under revision)
7. The State Plan of Public Protection in Case of Nuclear or Radiological Emergency (last amended 2018)
8. Hygiene Standard HN 99:2011 „Protective Actions of General Public in Case of Radiological or Nuclear Accident” (last amended 2016)
9. Hygiene Standard HN 73:2018 „Basic Standard of Radiation Protection”
10. Rules on Management of Orphan Sources, Nuclear Fuel Cycle Materials, Nuclear and Fissile Materials and Contaminated Objects (2018)





JOINT EXTERNAL EVALUATION  
OF IHR CORE CAPACITIES  
of the  
**REPUBLIC OF LITHUANIA**

**Mission report:**  
**19–23 November 2018**