



Executive summary of the public audit report

## ORGANISING PUBLIC HEALTH IMPROVEMENT IN MUNICIPALITIES

10 March 2015 No. VA-P-10-2-3



Full audit report in Lithuanian is available on the website  
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## DEFINITIONS

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**Public health care** means the totality of organisational, legal, economic, technical, social, and medical measures facilitating the implementation of disease and injury prevention, also the preservation and improvement of public health<sup>1</sup>.

**Public health improvement (health improvement)** comprises health education, dissemination of information about healthy lifestyles, healthy lifestyle promotion and formation, reduction of behavioural public health risk factors, as well as other measures provided for in public health legislation<sup>2</sup>.

**Public health promotion** means health promotion in mass media; promotion of health knowledge; health education; consulting people on issues of health safety and improvement, including family planning<sup>3</sup>.

**Health activities** means personal health care, public health care, pharmaceutical and other health activities the types of which are set by the Ministry of Health which also establishes requirements for entities performing health activities.

**Health education** means knowledge transfer activities aimed at changing people's behaviour based on predetermined purposes. Health education is the key way of improving health aimed at forming behaviour<sup>4</sup>.

**Public health office** means a budgetary public health care institution established by a municipality to perform public health care functions.

**Community** means a group of people living in a given geographically defined area and connected by social relations and residential infrastructure.

**Target groups** means population groups formed according to certain established criteria, such as age, behaviour, occupation, health status, social status, living environment, etc., risk groups (population with a higher risk of developing certain diseases).

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<sup>1</sup> Law of the Republic of Lithuania on the Health System, 19 July 1994 No. I-552, Art. 2(7).

<sup>2</sup> Law of the Republic of Lithuania on Public Health, 16 May 2002 No. IX-886, Art. 33.

<sup>3</sup> Law of the Republic of Lithuania on the Health System, Art. 32(2).

<sup>4</sup> Šveikauskas V., *Sveikatos edukologija*, Kaunas: KMU, 2008.

## EXECUTIVE SUMMARY

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The average life expectancy rate in Lithuania is among the lowest in Europe. Lithuanian male life expectancy is almost 11 years shorter than that of women. Health is strongly influenced by the lifestyle and behaviour of the community members. Healthy lifestyle values and behaviour of the Lithuanian population is adversely affected by growing social disparities, lack of attention to personal responsibility for the promotion of one's own health and healthy living: eating properly, taking active rest, giving up bad habits, etc.<sup>5</sup> Improving and protecting the health of the population is a strategic goal of the state and local authorities: the Government has approved the Lithuanian National Public Health Strategy 2006-2013<sup>6</sup>, municipal authorities have been implementing the established measures through municipal health programmes.

In order to improve public access to health care, the network of public health offices was expanded in municipalities: there were 38 offices in 2014, 17 of which were providing public health care, on the basis of agreements between municipalities, not only in their respective municipalities, which ensured that public health care is carried out in all municipalities.

The public health care function performed by municipalities, improvement of public health, comprises education in and formation of healthy lifestyle practices, dissemination of information about healthy lifestyles, reduction of behavioural public health risk factors, as well as other measures. Until the end of 2013, public health improvement was a function performed independently by municipalities, whereas as from 1 January 2014 this has become a state function (transferred by the state to municipalities). Funds for performing public health care functions were allocated to municipalities from the state budget (LTL 3.9 million in 2013). A special purpose grant from the state budget was allocated to municipalities for performing state public health care functions in 2014 (LTL 30.6 million: LTL 13.24 million (43 per cent) for the improvement and monitoring of public health, LTL 17.34 million (57 per cent) for public health care of pupils learning in pre-school education institutions, general education schools and vocational schools under pre-school, pre-primary and secondary education programmes).

Auditors assessed whether measures to improve public health are properly planned and efficiently implemented in municipalities.

Auditors analysed data of various institutions and bodies (Ministry of Health, municipal administrations, and municipal public health offices), information of public health professionals.

The audit covered the period 2012-2013. Some data from earlier periods and the year 2014 was also used for the purpose of analysing trends and changes.

The audit was conducted at the Ministry of Health, which shapes the state's policy in the area of public health care, organises, coordinates and monitors its implementation<sup>7</sup>, coordinates and monitors the performance of public health care institutions<sup>8</sup>. In addition, the Ministry coordinates the preparation and implementation of the Lithuanian National Public Health Care Strategy as well as actions plans and programmes of its implementation.

The following public audit conclusions and recommendations were drawn upon the assessment of the audit findings.

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<sup>5</sup> Lithuanian National Public Health Care Strategy 2006–2013 and the Action Plan 2006–2008 for its implementation approved by Resolution No. 941 of the Government of the Republic of Lithuania of 27 July 2001 (as amended by Resolution No. 600 of 19 June 2006 and Resolution No. 174 of 7 February 2007).

<sup>6</sup> Ibid.

<sup>7</sup> Regulations of the Ministry of Health of the Republic of Lithuania approved Resolution No. 926 of the Government of the Republic of Lithuania of 24 July 1998 (as amended by Resolution No. 1443 of 13 October 2010), paragraph 9.2.

<sup>8</sup> Law of the Republic of Lithuania on Public Health, 16 May 2002 No. IX-886 (as amended by Law No. X-1150 of 27 May 2007), Art. 9.

## CONCLUSIONS

In Lithuania, the public health improvement function is decentralised and performed by municipalities: until the end of 2013 it was an independent function, whereas as from 1 January 2014 this has become a state function (transferred by the state to municipalities). The following objectives of health activities have been set at the state level: to enhance and protect the health of the population, create a healthy lifestyle and its culture. However, the improvement of public health lacks consistency, and health promotion measures are organised insufficiently efficiently because:

1. Municipal health improvement services are planned improperly:
  - 1.1. identification of the need for public health improvement services in municipalities does not involve the use of public health monitoring data and targeted population surveys, there is too little research of lifestyle, so municipal public health objectives are not clearly defined, community health improvement tasks and measures are not set;
  - 1.2. the period of the Lithuanian National Public Health Care Strategy 2006-2013 already expired, yet no other strategy has been developed at the state level, so municipalities cannot set public health care goals, health improvement tasks and measures compatible with national objectives;
  - 1.3. public health improvement conducted by municipalities is not regulated at the state level, activity areas and content of services are not properly defined, there are no clearly identified measure provision forms or service provision descriptions, etc., so it is difficult for municipalities to reasonably plan their activities. In addition, it is difficult to ensure the quality of health improvement services, to analyse and evaluate their extent and health improvement activities both in municipalities and in the country.
2. No quantitative and qualitative indicators for public health improvement or data analysis procedure have been set, health improvement measures in reports are not separated from other public health functions carried out by municipalities, so the public health improvement extent and the impact of measures on people's health is not properly assessed either in municipalities or at the national level.
3. People in municipalities are not adequately informed about the ongoing public health improvement measures because:
  - 3.1. three-quarters of the public health offices do not publish detailed information about health improvement services, there is untapped potential of cooperation between municipal public health offices and personal health care facilities; as a result, less people receive information about the services provided and no additional opportunities are provided for to offer services at the time suitable for the population.
4. Personal health care professionals, social workers are not used to direct patients to public health offices for health improvement services thus failing to ensure that the said services are more available for people with the highest risk of developing certain diseases (target groups) and health inequalities are reduced.

## RECOMMENDATIONS

To the Ministry of Health of the Republic of Lithuania

1. With a view to properly planning and efficiently implementing public health improvement in municipalities, the Ministry of Health should ensure the availability and quality of services:
  - 1.1. develop the Lithuanian National Public Health Care Strategy, formulating specific public health improvement targets to be delivered by municipal authorities, as well as coordinate the delivery;
  - 1.2. regulate public health improvement carried out by municipalities, defining the content of services, activity areas, forms, etc.;
  - 1.3. organise or coordinate lifestyle research in municipalities;
  - 1.4. set public health improvement evaluation criteria and carry out monitoring (analysis and evaluation) of public health improvement services;
  - 1.5. regularly publish results of monitoring carried out at the municipal and national level.
2. The Ministry of Health should develop cooperation between public health and personal health care professionals and facilities as well as prepare and implement measures for integrating public health and personal health services.

### Proposals to municipalities:

With a view to ensuring more efficient improvement of public health in municipalities and improving the availability and quality of services provided to the population, municipalities should:

1. Provide for and implement specific measures to improve public information about public health improvement and services provided in the municipality;
2. Set out public health care objectives, performance targets, specific public health improvement targets and measures in the Municipal Strategic Action Plan;
3. Carry out monitoring of public health improvement in the municipality, analyse and assess the results and impact of services;
4. Provide for measures to promote cooperation between municipal personal health care facilities, private institutions (family doctors), other municipal bodies, non-governmental organisations, and public health offices, as well as proper information of people about public health improvement.