



National intersectoral workshop

Implementing the conclusions and
recommendations of the
Environment and Health
Performance Review in Lithuania

Workshop report

Vilnius, 21 April 2009

ABSTRACT

Following the decisions of the Fourth Ministerial Conference on Environment and Health (Budapest, 2004), the WHO Regional Office for Europe has initiated a project to give guidance on strengthening environment and health policy-making, planning preventive interventions, and ensuring service delivery and surveillance in the field of environment and health. Through detailed environment and health performance reviews the Regional Office is providing country-based analytical descriptions of the environment and health situation in Member States.

Based on the review that took place in Lithuania in October 2008, a report has been prepared giving an overview of the current environment and health situation, evaluating the strong and weak points of environmental and health system and services in Lithuania and formulating recommendations for further actions.

As a follow up to the review the World Health Organization convened a workshop with the objective to discuss how to best use the recommendations formulated in the report at national level. Participants at the workshop set priorities in the actions needed, discussed possible implementation mechanisms and took responsibility for the implementation and monitoring of actions that are under their direct responsibility.

Keywords

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Introduction

Background

Following the decisions of the Fourth Ministerial Conference on Environment and Health (Budapest, 2004), WHO Regional Office for Europe has implemented several activities to support environment and health policy-making in the Member States, one of which is the Environment and Health Performance Reviews (EHPRs). They provide a country-specific analysis of the Environment and Health (EH) situation, institutional set-up and legal framework, the capacity of various institutions and stakeholders to establish sustainable national intersectoral collaboration, and apply methods and resources for the benefit of both health and environment. The EHPR lays a solid foundation for strengthening environment and health policy-making, planning of preventive interventions, service delivery and surveillance in the field of environment and health.

The WHO EHPR review took place in October 2008 in collaboration with the Ministry of Health of Lithuania and the State Environmental Health Centre. The WHO expert team met with more than 50 representatives from 21 institutions from different sectors involved in environment and health. A report was prepared which provides an overview of the current environment and health situation, evaluating the strong and weak points of the environmental and health system and services in Lithuania and formulates recommendations for further action and improvement. The full report is available at <http://www.euro.who.int/document/E92979.pdf> on the WHO Regional Office for Europe website.

The results of the EHPR will be used in the overall review of environment and health performance in the European Region, to be presented at the Fifth Ministerial Conference on Environment and Health (10-12 March 2010, Italy).

Scope of the meeting

The national workshop was organized mainly to ensure an intersectoral discussion on how to best apply the recommendations formulated in the EHPR report within the country. The workshop identified priorities and opportunities for action and agreed on topic areas and specific actions with a focus on possible implementation mechanisms and methods for policy-oriented monitoring and evaluation. Participants agreed on recommendations to national policy-makers, taking into account the particular responsibility under their direct mandate yet ensuring coordinated activities towards common objectives. The workshop provided an opportunity for open discussion among the stakeholders across various sectors thereby promoting involvement and ownership in the prevention, control and reduction of environmental risks and promotion of health.

The workshop was attended by over 60 national and local professionals from 31 institutions, representing various sectors involved in environment and health policy-making: Public Health Department of the Ministry of Health, State Environmental Health Centre, Radiation Protection Centre, State Public Health Service under the

Ministry of Health, National Public Health Care Laboratory, Health Emergency Situations Centre, Centre for Communicable Diseases Prevention and Control, Lithuanian Health Information Centre, Institute of Hygiene, Ministry for Social Affairs and Labour, State Labour Inspectorate, Environmental Protection Agency, Housing and Urban Development Agency, Lithuanian Geology Service under the Ministry of Environment, Health Care Service under the Ministry of Interior, Ministry of Transport and Communications, Civil Aviation Administration, State Tourism Department under the Ministry of Economy, Ministry of Agriculture, State Food and Veterinary Service, State Plant protection Service, Ministry of Education and Science, Lithuanian Green Movement (NGO), Public Health Institute of Vilnius University, Biomedical Research Institute of Kaunas University of Medicine, Kaunas Region Public Health Centre, municipal public health bureaus.

The meeting was supported by funds received by the WHO Regional Office for Europe from the European Commission (EC), Directorate General for Health and Consumers (DG SANCO), under Grant Agreement 2005156. The meeting to launch the report on the EHPR for Lithuania is also an integral part of the 2008–2009 Biennial Collaborative Agreement between the WHO Regional Office for Europe and the Ministry of Health of the Republic of Lithuania to support the development of environment and health.

Policy context

The Fifth Ministerial Conference on Environment and Health will take place in Parma, Italy in March 2010. The health impacts arising from key environmental risk factors form the basis of the regional priority goals of the Children's Environment and Health Action Plan for Europe (CEHAPE) adopted in Budapest which is still a major concern for children's health today. The plan includes priority actions to address health risks arising from key environmental risk factors such as: inadequate water and sanitation, unsafe home and recreational environments, lack of physical activity resulting from inappropriate spatial planning, indoor and outdoor air pollution, and chemical, biological and physical agents. To ensure ongoing commitment to implementation, the Fifth Conference on Environment and Health will maintain the political focus on children's health and environment issues and will set them specifically within the context of the impact of globalization. Hence, it will prioritize emerging threats such as climate change and economic crises while ensuring a more cross-cutting approach to implementation in order to improve socioeconomic and gender inequities, increase the involvement of new stakeholders, and identify and assist with the specific needs of the countries of eastern Europe, the Caucasus and central Asia (EECCA).

Summary of the EHPR

Environment and health status and key determinants

The WHO mission to assess the environmental health performance of Lithuania noted that overall a positive trend, reflected by a significant improvement of the environmental health situation, has taken place over the last decade. However, a number of urgent priorities for action were identified as well:

- *Water* – improvement needed in the percentage of population connected to sanitation facilities and wastewater facilities in rural areas
- *Ambient air pollution* – high exposure to PM10, indoor ETS and biological contamination
- *Unintentional injuries* – mortality rates due to unintentional and road traffic injuries among children and young people is still very high
- *Noise* – of growing concern
- *Waste* – Illegal dumping and old landfills remain a problem and are a potential threat to health.

Institutional set up

Regarding the institutional set-up, the establishment of public health bureaus at municipal level, and their objectives including primary prevention and environmental health, is considered a positive development enhancing environment and health collaboration at the local level. Dedicated public health and environmental protection professionals were encountered at all levels of the public administration. However, responsibilities and activities of these actors are mostly set based on the legal mandates of control and management of pollution but do not necessarily facilitate coordinated work across sectors – which is a required element of successful work but also needs incentives for increased collaboration and exchange.

Policy and legal framework

Lithuania has a rather complete set of legislations, regulations and policies to govern environmental health issues. The transposition of EC directives into national law has been mostly completed, and a number of inter-ministerial working groups and committees have been established. Still, intersectoral collaboration and especially sharing responsibilities and commitments for action is difficult. In most cases, the final responsibility for practical improvement is with the Ministry of Health although it is not in charge of the regulations that would affect environmental health-related conditions. However, other health-relevant actors and ministries are mostly committed on a rather regulatory level and a more practical and technical collaboration would be desirable through integration in cross-sectoral working groups.

Information and research

Lithuania has an advanced status concerning the availability of and access to information on environmental health issues. The country effectively complies with all reporting obligations and joins international activities on information gathering. However, on national scale there is no sufficient use of the information for assessment of potential effects of regulations and national policy-making on population health. There is insufficient exchange of information between actors and stakeholders (both within and between ministries and agencies) and data-flow and accessibility is to be improved.

The research on environment and health in Lithuania needs urgent action to be able to support policy-making. There is no national research programme or national list of priorities of concern to guide the research community towards those priority issues. Research by universities and institutions should be steered by national actors, in order to maximize the public benefit and the use of the resulting information.

Monitoring and evaluation

The national health sector is primarily involved in policy formulation and dissemination of information, and not in the evaluation of potential effectiveness of the environmental health-related policy actions. However, the lessons learned from the National Environment and Health Action Plan (NEHAP) show a clear need for monitoring and evaluation systems which go beyond the jurisdiction of health sector, and especially provide a functional environmental health information network.

Due to the current establishment of local public health bureaus, there will soon be a need for evaluation and performance assessment of the work of those local actions.

Policy accountability concerning health

In most cases, the existing accountability mechanisms for public authorities refer to the state of the environment. Accountability concerning people's health is rarely analysed or assessed. Holding policies and responsible regulatory authorities accountable for health implies a common, multistakeholder commitment towards health-relevant monitoring, analysis of health impacts, and Health Impact Assessment (HIA) to define policy effectiveness in relation to health gains/losses.

As of today, however, only the health sector is held accountable for the health of the population which limits the commitment of other sectors. Guidance and step-by-step procedures on how to introduce and extend accountability and capacity building in the non-health sector is needed.

Intersectoral collaboration

Within the health sector, the public health department under the Ministry of Health is responsible for environment and health actions; however, the responsibilities within other sectors are less clear and make collaboration difficult in practical terms. The involvement of other sectors mostly takes place on a regulatory level, and does not

focus on health risks or improvement of health. However, many different sectors are involved in health-related intersectoral programme development, but the mechanisms of involvement are mostly informal. Exceptions such as the work of the Road Safety Commission, established as a priority task for many involved ministries, can lead the way to more effective collaboration.

In essence, the assessment report suggests two major steps towards extending the current arrangements in order to empower the collaborative dimension of environment and health actions:

- National priorities for action need to be further reflected in budget allocations for inter-ministerial working groups and staff time so that the collaboration is not affected by inadequate budgets and considered an additional burden on the budget of the ministries.
- Beyond the technical collaboration there is a need for recognition that health is a common target and deliverable for all sectors; a clear identification of contributions and responsibilities of involved ministries and agencies beyond the legal dimension; and involvement of high-level officials. This commitment needs to clearly focus on the prevention of exposure and associated disease.

Developments at national level and national priorities

In their opening addresses Ms Rita Pazdrazdytė, Head of Public Health Strategy Division of Public Health Department of the Ministry of Health, Dr Robertas Petkevičius, World Health Organization Country Office in Lithuania, and Mr Erikas Mačiūnas, Director of the State Environmental Health Centre, pointed out that Lithuania has been actively involved in the European environment and health process since Helsinki Ministerial Conference organized in 1994. At present preparations are going on for the 5th Ministerial Conference on Environment and Health to be held in Italy in March 2010. The work done by the WHO experts in preparing the EHPR was acknowledged. Environment and health is one of priorities in the 2008–2009 Biennial Collaborative Agreement between the WHO Regional Office for Europe and the Ministry of Health of the Republic of Lithuania and it will remain a priority for the next planning period 2010-2011. It was outlined that the main focus of the workshop is improvement of intersectoral cooperation in environment and health field. Thus participants were invited to actively participate in discussions and openly share their views on EHPR results and existing practices.

Plenary 1 – Discussion of EHPR and stakeholder responses

The first plenary discussion addressed the results of the EHPR, expectations, commitments and suggestions for increasing cross-sectoral work on environment and health at all levels.

Discussing the EHPR results

The EHPR and its results have helped to get an overview of the current environment and health situation in Lithuania and to trigger new priority settings at national level. It has increased the knowledge on the work that is currently being done by sectors other than health and has identified and confirmed gaps and areas that overlap. The review has also stressed the importance for Environment and Health Information System development, strengthening of policy accountability for health. Finally, it did point out that the stewardship role of the health sector needs to be strengthened as well as the need to establish a new dimension in coordinated environment and health work based on the contributions of many stakeholders and actors.

The participants of the workshop felt that in some sections the EHPR summary report is rather critical about the current situation in Lithuania and agreed that more positive developments and good practice examples could be provided. It was also felt that report is not complete in some important areas, as for example, on public health and environmental health research. It was suggested to mention the existing research institutions in the chapter describing the institutional set up for monitoring and evaluation.

It was pointed out that for monitoring and evaluation it may not be so important to have a separate programme for environmental health research but rather to bring to the attention of politicians and Council of Science that health could be a priority area for research too, to build cooperation between scientists themselves working in different fields, to understand that scientists from different fields can work on health issues together, especially in the areas of causality related to environmental factors, and in the areas of monitoring and, especially, evaluation. It is necessary to connect results of different activities and many good but small and scattered projects with each other and to strengthen interdisciplinary research. Other sectors might think about health impact assessment (HIA) of their activities and invite researchers to join these assessments.

WHO acknowledged the need for research involvement but noted that it might be difficult to make other sectors invite researchers doing HIA or other research. However, the main purpose is to consolidate the capacity and target research for better understanding of causality frameworks and in particular strengthen HIA and evaluation of interventions. The goal of research is to highlight the successful interventions which could be extrapolated and disseminated.

It was proposed to mention the National Health Board (NHB) working under the Parliament of the Republic of Lithuania as an effective tool for intersectoral collaboration. For each meeting of the National Health Board different sectors are invited to discuss various priority public health issues. The NHB consists of public health specialists from national and local levels, representatives of universities and NGOs.

Some participants wanted to have more information in the field of environment and health on international cooperation of Lithuanian institutions and their participation in international investigations. For example, Lithuania and WHO have collaborative activities in different fields, so one of recommendations could be to provide additional

information about with which international organizations cooperation could be expanded and what is currently ongoing.

WHO acknowledged the importance of this point but also highlighted that involvement in specific networks or programs depends a lot on national priorities and historical connections. So in general it is important to stress the need for all environmental health professionals to look at what kind of experience exists in the country and share this information with the others that more professionals could benefit from that.

It was pointed out that lack of information and lack of information linkages on some issues, for example, outdoor air pollution and human health, is relevant indication of the EHPR. Examples of good practice or activities from other countries and/or cities would be helpful in finding the way to overcome these problems.

It was explained that EHPR is a document providing a description of the situation in the country and pointing out what is working well and where improvements are necessary. Each chapter of the report is starting with conclusions and recommendations for further developments. As there are other different mechanisms of WHO/Euro programs and projects for gathering best practice examples in many environmental health areas, such as indoor quality, children environmental health etc, and some Lithuanian institutions such as the State Environmental Health Centre, take part in these activities, practice examples are not put in the EHPR.

Expectations and commitments for increasing cross-sectoral work on environmental health at all levels

Ms Rita Pazdrazdyte, Public Health Department, Ministry of Health, in her presentation gave an overview of the main public health and environmental health issues and pointed out the main directions for further discussion on fostering intersectoral cooperation in environmental health field. Ms Pazdrazdyte named the main public health issues in Lithuania, such as the high mortality rate from cardiovascular diseases, one of the highest mortality rates in the EU in the following areas: cervix cancer, external causes and injuries and suicides; and increasing alcohol, tobacco and drug use especially among young people and increasing health inequalities. She pointed out that Lithuania has extensive legislation in the field of environmental health and quite a few coordinated inter-institutional programs. National Public Health Care Strategy for 2003-2016 was mentioned as the main strategic public health document. Main objectives set up in the Strategy are the following: ensure public health importance in national and municipal policies; decrease communicable and noncommunicable diseases morbidity by influencing the factors causing them; improve public health monitoring and public information on public health issues; ensure preparedness for quick response to emerging health threats; take care of children and young people health maintenance and improvement and improve public health care management. These are the main vertical objectives while their implementation measures are horizontal, including measures in the field of environmental health.

Based on the structure of the EHPR, Ms Pazdrazdyte focused her suggestions on the following areas: improvement of legal basis; risk communication, education and

information to the public and other partners on environmental health issues; monitoring, analysis and assessment of environmental health risk factors and impact measures; improvement of services' quality and accessibility for the public; research activities development; improvement of intersectoral cooperation; and international collaboration.

In the area of **legislation** it was considered important to improve existing legal basis; adopt EU legislationl as national legislation, reflect new environmental health challenges, such as impact of odours, infrasound, ultrasound and climate change impacts,; improve methodology of impact assessment of decisions and effectiveness and efficiency of their application assessment,; impact assessment of regulations implementation; promotion of implementation of interventions and programs increasing their effectiveness.

In the area of **public information, education and risk communication**, timely and effective provision of information to the public using mass media, effective information exchange between institutions and sectors necessary for decision-making, education of public and partners in the field of environmental health as well as promotion and experience exchange and search for good practice were mentioned.

In the area of **monitoring, analysis and assessment**, Ms Pazdrazdyte indicated that Lithuania has modern environment and health databases and information system, but improvements are needed in cooperation with international partners and other institutions on data collection, calculation of indicators and their use. There is a need for more effective data and information provisions for politicians and institutions which are making decisions. Quality of data and information also could be improved.

As for the **public health service improvement** the needs for broader health impact assessment application, distribution of functions between institutions and ensuring of human and material resources and capacities have been mentioned. It was pointed out that the existing infrastructure has to be used for environmental health measures. Municipal public health bureaus are the suitable place for environmental health activities. It is possible to implement concrete environmental health measures through municipal public health bureaus, which number 29 now. Of course, methodological guidance is needed for proper and targeted implementation.

On **research activities development**, there is a need to facilitate targeted research development on environmental factors effects on health, scientific evaluation and justification of environmental factors and new environmental health management technologies, assessment of decisions' impact effectiveness. There is a lack of information distribution among scientists, research data and results do not reach state institutions and those people who are making decisions in environmental health field on time.

To facilitate the **improvement of intersectoral cooperation**, Ms Pazdrazdyte noted that it is important to strengthen the role of the Ministry of Health as the leading institution in environmental health field. She stated that it is no secret that environmental health usually is not among the priorities, and urged the Ministry of Environment – as the second main institution in the environmental health field – to consider taking a more active role in the environmental health process. One of the

means to improve intersectoral cooperation might be creation of national environmental health partners' network. It would help to exchange information, good practices, implementation and intervention measures. In some sectors there is a need to increase accountability and look for means and mechanisms on how to improve it. Also human resources development and building capacities are important.

Regarding **international cooperation**, Lithuania has been a part of the environmental health process in Europe since 1994, starting active engagement with the 2nd Ministerial Conference on Environment and Health in Helsinki. It is actively involved in implementation of the declaration of the 4th Ministerial Conference on Environment and Health and the CEHAPE implementation. Lithuania is cooperating with other international organizations such as OECD and other United Nations organizations. One of the priority directions is implementation of the EU health programme. In the health field, the 2nd health program for 2008-2013 is considered a good financial mechanism for implementation of environmental health activities relevant for national as well as European context. Participation in EU legislation development process is one of national cooperation priorities.

Main questions formulated for further discussion amongst stakeholders were as follows:

1. What are environmental health priorities?
2. What measures and activities is your institution implementing in environmental health field?
3. How are you contributing to implementation of environmental health measures?
4. Do you think your participation is sufficient?
5. What should be the role of health sector in the environmental health process?
6. What are your suggestions for intersectoral cooperation improvement?

Responses of the sectors

Environment

The representative of the Environmental Protection Agency, Ms Nijolė Štriupkuvienė, highlighted the need for cooperation between environment and health sectors for developing standards for certain chemicals in different media, especially when European norms and standards do not exist.

In the present situation of re-organization, collaboration between institutions will have to be more effective as human resources will be reduced. Therefore, capacities shall be joined with health institutions to improve the quality of environment and health.

Agriculture

In her statement Mrs Virginija Žoštautienė, understate secretary of the Ministry of Agriculture, has highlighted that intersectoral cooperation is especially important in the field of environment and health.

Mrs Žoštautienė pointed out that agriculture is closely related with health and environment, starting from first steps of production of agricultural goods. It is closely related to technologies which are substantially safer today than 20 years ago. It is also important what kind of environmental protection related means we are using. Pesticides is one of those. State Plant Protection Service is directly responsible for sound management of pesticides use. European Parliament and Council have already agreed on sustainable pesticides use strategy, and Lithuania is actively preparing for implementation of the strategy by developing national programs and action plans.

Another issue is nitrate problem and water pollution issue from agricultural sources.. We admit that problem exists, however, it is strictly regulated by EC and related national programs. There is an obligation for farms with more than 10 relative units of cattle by 2012 to have reservoirs for manure. Level of nitrogen allowable for certain soil amount is also regulated. These measures are implemented together with the Ministry of Environment, support is provided from EU funds, but there is still a lot to do.

In the Rural Development Program which is supported by the EU funds, 36 percent of all funds are dedicated to improvement of environmental protection and landscape. By 2013 it will account for 2,8 milliard litas (0.81 billion Euro).

The result of the agricultural sector is food of good quality. In this context, the National Science Council committed to finance a research program 'Healthy and safe food' and included it in the list of national research programs. Despite the difficult economic situation, use of ecological food products in Lithuania is growing.

The understate secretary highlighted a number of existing national intersectoral programs but measures often are overlapping, funding is poor and implementation relies on sectoral funding and measures. Monitoring and evaluation of implementation of these programs is not a usual practice.

Mrs Žoštautienė invited the Ministry of Health to play more active role in consolidating all efforts, organizing more discussions, like this workshop, introducing new ideas, legal acts based not only on sectoral interests but taking into account environment in the broader context.

She expressed strong support for development networking, and mentioned Lithuanian Rural Network (<http://www.kaimotinklas.lt/>) which has just started being developed. It is supposed to be an open forum for discussion for all who are interested in rural development.

Transport

Mr Vigilijus Sadauskas, Director, Department of Safe Traffic, Ministry of Transport and Communications, stated that collaboration with the Ministry of Health mainly related to injuries and fatalities on roads. The understate secretary of the Ministry of Health is a member of the State Safe Traffic Commission. Mr Sadauskas stated that only 1% of all fatalities are related with health of drivers. Another issue is that people consider alcohol use, drug abuse are major sources of accidents on roads. But this is not true. This year only 9 people were killed because of insobriety.

The Department of Safe Traffic is glad that Ministry of Health agreed with suggestions to soften some requirements for drivers' health in order to promote mobility. People with more severe disabilities will be easier allowed to drive than allowed earlier.

We still have to work on data collection on accidents and injuries. In our statistics easily injured and heavily injured are on the same line, so there are problems in comparing results with other countries.

There are two major programs related to the subject: National Safe Traffic Program (coordinated by the Ministry of Transport and Communications) and National Trauma Prevention Program (coordinated by the Ministry of Health). Some measures are defined in both programs, though duplications were avoided during implementation. Public should benefit from both programs too.

Education

Mr Rolandas Zuoza, Deputy Director, General Education Department, Ministry of Education and Science, stated that there are many areas for collaboration between Ministry of Education, Ministry of Health and other institutions in the field of environment and health.

First of all, he mentioned integration of themes on healthy environment, environmental health in different subjects of curriculum such as biology, chemistry, physics, physical activity (culture) and others. Lack of educational programs (curricula) is an issue and collaboration would be welcome for better integration of health related themes in different subjects.

Ministry of Education is dealing with more than 50 intersectoral programs, and probably, more than half of them are health related. This year ministry has reduced financing by 35% and has reviewed its priorities. Programs on Children Health Promotion, mental health, Noise Prevention, Trauma Prevention, Physical Culture and sports strategy remain among priorities.

Schoolchildren road safety is one of priorities too. Ministry is organizing education of cyclists, 'yellow buses' for commuting pupils to school and back, schools renovation, all these measures contribute to safer and clean environment and better health.

Major issues are suicides, alcohol, drug, tobacco use. There are some good signals – recent surveys have shown that in certain age groups alcohol and drug use is decreasing.

Because of the number of inter-institutional programs main suggestions would be to optimize their management, evaluating their effectiveness, while defining objectives and priorities is a challenge.

A good example of intersectoral cooperation is the Health promoting Schools Network and the 3rd European Conference on Health Promoting Schools, held in Vilnius, 15-17 June 2009 and 'Better Schools Through Health' organized by the State Environmental Health Centre has been mentioned. Not only ministries but other institutions together

with municipalities, teachers and pupils are involved, from political level to the individual school.

The National Health Board as responsible institution under the Parliament gathers different stakeholders around one table, evaluates, provides suggestions how institutions not only Ministry of Health can be involved in health policy in Lithuania.

State Food and Veterinary Service

Mr Zenonas Stanevičius, Deputy Director, State Food and Veterinary Service, highlighted several key issues. Each sector is working within the framework of related legislation, sectoral goals and objectives, with its own databases, but there is a need for an integrating unit which could interpret these data in more comprehensive way. One cannot say that data are not used but there are a lot of possibilities and resources to improve.

In order to improve environmental health performance he suggested to:

- Establish working groups for management of broad information flow existing in environmental health field and work on EHPR recommendations implementation in Lithuania
- Each year to organize a meeting where objectives and measures implemented would be discussed, what has been achieved, what has not and why.
- Each institution participating in environmental health program should have a contact person(s), contact division(s) with concrete responsibilities assigned.
- Intersectoral cooperation is informal. It depends a lot on good will but with no obligation that we commit to do something and we have to do it. There are a lot of goals and objectives related to environmental health process, resources are limited so there is a need to set clear priorities and work on them.

Tourism

Mr Juozas Raguckas, Deputy Director, Tourism Department under the Ministry of Economy, talking about tourism highlighted that it should be promoted in territories most safe in terms of environmental health. In recent years rural tourism is developing very fast, with about 800-1000 private households offering such services in their homes. However, environmental issues such as quality of drinking-water or tick born encephalitis are not always taken into account, most often due to a lack of information for the public.

Mr Raguckas noted that Lithuania has long tradition of holiday resorts, and that such resorts could contribute to public health and environmental health. However, there is lack of understanding between sectors, for example in the State spa and resort investigations program, collaboration between sectors is difficult with no willingness to contribute to research bordering between different disciplines such as public health and or environmental health.

Example of more effective coordination could be development of National sustainable development strategy, where all topics are covered comprehensively. A more effective coordination network is needed. More active involvement of public and public

movements is needed. For example, Blue flag program which is carried out by non governmental organisations (NGO).

Research

Professor Irena Misevičiene, Kaunas Medical University, said that while talking about environmental health we usually talk about factors of physical environment but we should also talk about lifestyle as an important health determinant. Healthy citizens form the basis for economy, productivity and wealth. All sectors are working for that goal.

It is important that health issues become the priority and that many sectors understand that by solving health problems it is possible to solve many other problems, which are important for the country, especially in economical difficulties which can be solved through a healthy nation. Professor Misevičiene proposed to have a national comprehensive research programme – “Healthy Nation” – instead of separate initiatives, such as chronic noncommunicable diseases from medical side and safe food from agricultural side. Such programmes could include research on impact on health.

There is a need not only for monitoring of health and environment indicators but also for scientific evaluations. It was suggested to discuss the possibility of an integrated health promotion and environmental health programmes, which could coordinate activities between different sectors and organizations.

Participation and support of NGOs is important, as for example, in alcohol the development of control laws was possible only with support of NGOs.

Non governmental organizations (represented by Green Movement)

Overall, the NGOs see a need for more intersectoral cooperation, as different institutions are solving only their specific issues. The representative of the NGO (Ms Janina Gadliauskiene) highlighted few priority issues:

- Genetically modified plants – recently there were many public discussions on this issue. There are foreign companies promoting modified maize for planting in open area. It is expected that Ministry of Agriculture and Ministry of Environment will not agree on introduction of modified plants.
- Government Decision on Sanitary Protection Zones (SPZ). The Ministry of Environment suggested cancelling provisions for SPZ, indicating that enterprises should ensure that environmental pollution do not go beyond the territory of certain enterprises. The NGOs feel that the level of environmental management in Lithuania is too low to implement such approach.
- Regulations on odours are prepared but control mechanisms have not been agreed between the Ministry of Health and Ministry of Environment. This issue should be solved as soon as possible as odours are big issue related to pig farms and other activities.
- Environmental Impact Assessment – assessments should not be paid by the proponent of the respective economic activity directly to the assessor, as the conclusion in such cases is usually in favour of the proponent. The NGO Green

Movement proposes to have separate funds from which experts carrying out the assessment could be paid.

- Spatial planning – there are provisions for amending the Law on Territorial Planning, but a holistic approach is missing. There is a desire to use free spaces within the city for increasing the density of built environments. However, different factors such as traffic intensity are not taken into account. Unbalanced decisions may thus create further environmental problems.
- Few years ago Vilnius city municipality has investigated how environment is influencing the morbidity of Vilnius inhabitants in different areas of the city. This information was not publicized although it is interesting for the citizens of Vilnius.
- It is important to make information on environment and health more accessible and to have intersectoral committees with a stronger mandate than only making recommendations. Dissemination of information between institutions and the public must be improved.
- A more responsible use of natural resources is required.

Working group discussions

The working groups then went into detail to discuss various topics of interest in the national context and considering the national set-up of institutions and actors. The discussion was aimed at deriving priorities and first time schedules for action on improved environment and health collaboration. The detailed outcomes of the working groups have been recorded by the Lithuanian health authorities (State Environmental Health Centre) for further follow-up with participants and stakeholders. In this report, a short summary of the main conclusions for each working group is provided.

Group A: water, sanitation and food safety

The legislation is harmonised with the EU requirements in this area. Information exchange mechanisms between institutions are also included in legislation. The State Food and Veterinary Service is responsible for surveillance of publicly supplied drinking-water and providing information for relevant institutions of the Ministry of Health. However, there is a lack of information on small water suppliers supplying up to 100 m³ of water/day which are dominant in Lithuania. The question is if all of consumed water from these suppliers is safe? Another important issue related to water quality – poor quality of water from dug wells contaminated with nitrates and nitrites as well as showing high contamination with microbiological parameters in some locations. Currently, pregnant women, babies, elderly people are eligible for free check of water quality in their dug well. The Ministry of Health and State Food and Veterinary Service are initiating the process that municipalities should check quality of water from dug wells for free for all citizens. Green Movement (NGO) has proposed to prepare a map of Lithuania with information on water quality in dug wells. Though there is a lot of information available but it is not always usable for assessment of health impacts.

Issues of water, food safety and sanitary are distributed among different institutions and sectors. Thus there is vital need for inter-institutional (vertical) as well as intersectoral (horizontal) cooperation. International cooperation is on-going and shall be further

developed in the future too. Different sectors do have information relevant for their field of competence and there are some information exchange mechanisms, however, participants of discussion felt it would be good if there would be one single institution gathering environmental health information from all sectors, analysing it, and providing conclusions and recommendations. There is a need for environmental health assessments.

More financial resources are needed to ensure improvement of environmental health indicators. Relevant environmental health programs could be developed but real financing should be ensured for their implementation.

Participants have pointed out the following opportunities for collaboration:

- Participation in joint programs;
- Development of legal acts and other documents and their review process;
- Workshops, conferences;
- Intersectoral commissions, working groups, committees;
- Participation in international committees and working groups;
- Exchange of information between institutions;
- Information exchange on international level;
- International experts, international conferences;
- Public information and communication.

Dr Dalbokova reflected on the discussion that data exchange itself might not be the main problem. One should know what data is needed, where to get it and if it is available. It is difficult to provide information if you do not know if somebody needs it, as it is a lot of information. Health determinants should be clearly defined in public health strategies, rules and mechanisms for reporting and accountability in terms of health should be clearly stated.

Group B: accidents, injuries, physical activity, safe settlements

Discussion focused on information and data basis. It is important to start from defining objectives and for what purpose information will be collected, after that – define contents and indicators and institutions responsible for them. State Environmental Health Centre have the division on diseases and injuries prevention which could collect all information on injuries, physical activity, healthy settlements/communities, and as pointed out, disseminate statistical data and research results. Representative of the Ministry of Transport and Communications has pointed out a good practice example from Poland on safe settlements. Coordination and harmonization of intersectoral programs is important and one of priority areas, although the human factor is also crucial. Each program has its own coordination group, councils and other bodies, which should look for harmonization of their implementation. It was suggested to organize annual conferences for example on 7th April, World Health Day, dedicated to invite all different sectors and promote intersectoral cooperation and harmonization of activities. It would be good possibility, in addition to the main theme of the conference, to exchange and share between the different sectors. This could become a good tradition. Opportunities should be used in participating in different (international) projects including EU funded projects. For example, there is a project in which annual

conferences on cardiovascular diseases, injuries prevention issues are foreseen. Such conferences will allow spreading information on projects which are implemented by health sector as well as other sectors, as environment, agriculture and others. Group also discussed information dissemination and good experience dissemination issue. One of good examples could be Health Promoting Schools Coordination Bureau at the State Environmental Health Centre and its experience in spreading good practice on local, national and international level.

Group C: chemicals and hazardous factors of working environment

Group has named a number of good national examples of intersectoral cooperation such as, implementation of REACH, activities of Plant Protection Commission; development of Asbestos removal program and Asbestos monitoring description; activities of Extreme Situations Commission under the Government of Lithuania, Lithuanian communication point of the European Safety and Health Agency, Chernobyl consequences liquidating commission.

Group has noted the following issues: preparation of REACH related reports in chemical industry enterprises; initiation of health monitoring of workers working with plant protection products; lack of occupational health/medicine specialists and need for strengthened education profiles in the field of occupational medicine/health; lack of information on tripartite commission of workers health and safety activities and decisions; lack of legal acts regulating possibilities for cooperation; issues related to professional diseases diagnostics; accessibility of information on laboratory measurements results and issues of confidentiality.

In the discussions one main issue was mentioned – lack of inter-institutional cooperation and data and information exchange in the field of occupational safety and health (professional health). Participants proposed to: improve accessibility of data from laboratory investigations, when maximum permissible concentrations (limit values) are exceeded, especially from institutions of the Ministry of Health (i.e. Institute of Hygiene, National Public Health Care Laboratory); disseminate information on the work of different relevant commissions (e.g., meeting protocols) on relevant web sites; organize fora on the themes of chemical and working environment factors that impact health; strengthen inter-institutional working relations of Ministry of Health (and its subordinated institutions) in the field of working environment and occupational health.

Group D: air quality, noise and other physical factors, urban territories

The Group has pointed out the following priority issues: ambient noise, spatial planning and sanitary protection zones in urbanized territories; odour issue, indoor air quality issues related to housing renovation, as major focus is given to energy efficiency and energy saving without considering related health impacts and “side effects”.

Group has noted a number of existing good examples of intersectoral cooperation, such as, for example, Noise Prevention Council which consists of representatives from

different ministries, sectors, nongovernmental and research institutions. It is already in existence for three years and is functioning quite effectively. Other good examples mentioned were ambient air quality and health investigations; municipal noise prevention programs.

Unfortunately, the area of spatial planning, including development of related legal basis and other documents, is quite problematic. The integration of the sanitary protection zones concept into overall spatial planning system is an issue for implementation though relevant legislation exists and is under revision at present. Ambient odours regulation and control is the other field lacking intersectoral cooperation and willingness to share responsibilities.

The group concluded that effectiveness of intersectoral activities is achieved if jointly agreed measures are implemented, for example, the task of the program or commission and/or legal act is implemented.

Plenary 2 – Conclusions and recommendations

Based on draft EHPR report and discussions in plenary sessions and four working groups workshop participants have agreed on the following conclusions and recommendations:

1. The EHPR report provides a detailed overview of the national situation in a broad field of environmental health, giving a critical evaluation of the existing capacities and the institutional set up and its functioning, and highlighting issues for further consideration and fields for priority actions.
2. The EHPR report is a useful information source for further planning of environmental health activities and developments within the health sector as well as raising the profile of environmental health and overall public health within the non-health sectors.
3. The coordination role of the Ministry of Health and the Ministry of Environment in the field of environmental health needs to be strengthened and supported by personnel and financial resources. Official mandates of other sectors in the environmental health field have to be clearly defined, with commitments agreed upon and fulfilled.
4. Quite a large number of national programs dealing with different environmental health aspects exist, however, their implementation need to be evaluated, and the accountability of different programs in terms of health needs to be clearly defined and fulfilled.
5. Existing groups, networks, commissions, committees etc. need to be better used to raise the profile for environmental health, especially on more strategic, national and policy level. For example, it is possible to use mandate and setting of the National Health Board to discuss environmental health issues, intersectoral cooperation and the demand for political support.
6. It is suggested to expand the small chapter on public health in the bi-annual national report on implementation of the National Sustainable Development Strategy into a broader environmental health analysis.

7. In the time of an economic crisis, health issues are usually forgotten, however, research on economic consequences and impact) of health interventions is one of the urgent priorities.
8. Improve communication on environmental health issues, involve journalists and representatives of civil society, nongovernmental organizations in solving environmental health issues.
9. Organize annual intersectoral conference on environment and health with different sectors sharing information and experience in the field.

Annex 1: List of participants

First name	Family name	Institution
Justina	Banaitytė	National Public Health Investigations Laboratory, Vilnius
Roma	Bartkevičiūtė	State Environmental Health Centre, Vilnius
Albertas	Barzda	State Environmental Health Centre, Vilnius
Daiva	Bėčienė	State Environmental Health Centre, Vilnius
Irma	Beinoratė	State Environmental Health Centre, Vilnius
Mindaugas	Bernatonis	Environmental Protection Agency, Vilnius
Romualdas	Brusokas	National Public Health Investigations Laboratory, Vilnius
Rūta	Budrytė	Kėdainiai District Municipality Public Health Bureau, Kėdainiai
Medardas	Burokas	Ministry of Education and Science, Vilnius
Viktorija	Buzytė	State Environmental Health Centre, Vilnius
Gintarė	Bužinskaitė	Ministry of Social Affairs and Labour, Vilnius
Liuda	Ciesiūnienė	State Environmental Health Centre, Vilnius
Ilona	Drulytė	State Public Health Service under the Ministry of Health, Vilnius
Janina	Gadliauskienė	Lithuanian Green Movement, Vilnius
Danguolė	Gorobecienė	State Environmental Health Centre, Vilnius
Irina	Gudavičienė	Extreme for Health Situations Centre, Vilnius
Jonė	Jaselionienė	Lithuanian Health Information Centre, Vilnius
Zenonas	Javtokas	State Environmental Health Centre, Vilnius
Roma	Juškenaitė	Disability and ability to work identification Service under the Ministry of Social Affairs and Labour
Kęstutis	Kadūnas	Lithuanian Geology Service under the Ministry of Environment, Vilnius
Ieva	Kisielienė	Ministry of Health, Vilnius
Šarūnas	Kučingis	Public Health Institute, Medical Faculty, Vilnius University, Vilnius
Aida	Laukaitienė	State Environmental Health Centre, Vilnius
Asta	Liubinaitė	Kaunas Public Health Centre, Kaunas
Gediminas	Liutkevičius	Environmental Protection Agency, Vilnius
Erikas	Mačiūnas	State Environmental Health Centre, Vilnius
Julija	Margelytė	Ministry of Agriculture, Vilnius
Ramunė	Meižienė	Ministry of Health, Vilnius
Ilona	Mikutytė	State Labour Inspectorate, Vilnius
Irena	Misevičienė	Kaunas Medical University, Kaunas
Valerija	Morkūnienė	State Environmental Health Centre, Vilnius
Rima	Naginienė	Institute of Biomedical Research, Kaunas Medical University, Kaunas
Giedrė	Namajūnaitė	State Environmental Health Centre, Vilnius
Dovilė	Narvilaitė	Klaipėdos District Municipality Public Health Bureau, Klaipėda
Asta	Orentienė	Radiation Protection Centre, Vilnius
Rita	Pazdradytė	Ministry of Health, Vilnius
Kęstutis	Petrauskas	Health Care Service under the Ministry of Interior, Vilnius
Laima	Pilkytė	Radiation Protection Centre, Vilnius
Vidmantas	Pumputis	Ministry of Transport and Communication, Vilnius
Juozas	Raguckas	State Tourism Department under the Ministry of Economy, Vilnius
Virgilijus	Sadauskas	Ministry of Transport and Communication, Vilnius
Rita	Sketerskienė	Ministry of Health, Vilnius
Lina	Smilgytė	Ministry of Transport and Communication, Vilnius
Gražina	Smolianskienė	Institute of Hygiene, Vilnius

Zenonas	Štanevičius	State Food and Veterinary Service, Vilnius
Raminta	Šiurkaitė	State Environmental Health Centre, Vilnius
Danutė	Šlepikienė	Civil Aviation Administration, Vilnius
Natalja	Šliachtič	State Environmental Health Centre, Vilnius
Nijolė	Štriupkuvienė	Environmental Protection Agency, Vilnius
Genė	Šurkienė	Public Health Institute, Medical Faculty, Vilnius University, Vilnius
Marius	Urbonas	State Environmental Health Centre, Vilnius
Valdas	Uscila	State Environmental Health Centre, Vilnius
Kristina	Valionienė	State Plant Protection Service, Vilnius
Janina	Vanasienė	State Plant Protection Service, Vilnius
Galina	Zagrebnevienė	Centre for Communicable Diseases Prevention and Control, Vilnius
Laura	Zubavičiūtė	Housing and Urban development Agency, Vilnius
Remigijus	Zumeras	State Environmental Health Centre, Vilnius
Rolandas	Zuoza	Ministry of Education and Science, Vilnius
Ingrida	Zurlytė	State Environmental Health Centre, Vilnius
Virginija	Žoštautienė	Ministry of Agriculture, Vilnius
World Health Organization		
Matthias	Braubach	WHO Regional Office for Europe
Dafina	Dalbokova	WHO Regional Office for Europe
Robertas	Petkevičius	WHO Country Office Lithuania
Nathalie	Roebbel	Consultant for WHO Regional Office for Europe

Annex 2: Programme

- 8.30 – 9.00 Registration
- 9.00 – 9.15 **Introduction and welcomes**
Ms Rita Pazdrastyte, Public Health Department, Ministry of Health
Dr Robertas Petkevičius, WHO CO
Mr Erikas Mačiūnas, Director, State Environmental Health Centre
- 9.15 – 9.45 Introduction of participants, appointment of chairperson and rapporteur
- The EHPRs and the main results of EHPR in Lithuania**
- 9.45 – 10.00 Assessing country performance through EHPRs
Dr Nathalie Roebbel, EHPRs project Coordinator
- 10.00 – 10.20 Main results of the EHPR in Lithuania
Dr Dafina Dalbokova, WHO/Euro expert
- 10.20 – 10.40 Questions and answers
- 10.40 – 11.00 Break
- Using the EHPR in Lithuania: expectations and commitments for increasing cross-sectorial work on EH at all levels**
- 11.00 – 11.15 Strategic areas and perspectives for cross-sectorial work: introduction to the discussion
Ms Rita Pazdrastytė, Head of Public Health Strategy Division, Public Health Department, Ministry of Health
- 11.15 – 12.15 Expectations and suggestions:
Ms Nijolė Štriupkuvienė, Chief Specialist, Environmental Protection Agency
Mrs Virginija Žoštautienė, Understate secretary of the Ministry of Agriculture
Mr Vigilijus Sadauskas, Director, Safe Traffic Department, Ministry of Transport and Communications
Mr Rolandas Zuoza, Deputy Director, General Education Department, Ministry of Education and Science
Mr Zenonas Stanevičius, Deputy Director, State Food and Veterinary Service
Mr Juozas Raguckas, Deputy Director Tourism Department under the Ministry of Economy
Professor Irena Misevičienė, Prorector of Kaunas Medical University, member of the National Health Board
Mrs Janina Gadliauskienė, Vicechair, Lithuanian Green Movement

