**In response to the call for inputs of the of the United Nations High Commissioner for Human Rights Office, regarding the human rights principles to conceptualize, design, implement and monitor and evaluate Universal Health Coverage, the Republic of Lithuania would like to provide the following information:**

1. UHC policies and programs that explicitly prioritize health care access and financial protection for populations that are most left behind, as called for by the

principle of non-discrimination.[[1]](#footnote-1) Examples may include policies and programs that:

According to the Law on Health Insurance of the Republic of Lithuania, all participants of the compulsory health insurance (CHI) system are obliged to pay (or have to pay) fixed CHI contributions each month from the date of acquisition of the insured status. For residents who belong to socially sensitive groups, these contributions are paid by the state. For unemployed residents who leave Lithuania, the obligation to pay contributions is valid until the declaration of their departure from the country. These contributions are not paid by persons who have left Lithuania and declared a change of place residence, if they are not subject to tax liability in Lithuania. Thus, participation in the CHI scheme is linked to resident status and the payment of CHI contributions.

The Law on Health insurance and other legal acts enshrine a model of health insurance based on the principles of universality and solidarity.

Based on the principle of universality, all citizens and foreigners of the Republic of Lithuania permanently residing in Lithuania, as well as persons who are legally employed and temporarily residing in Lithuania must pay health insurance contributions, and in case of an insured event have the right to receive personal health care services paid for from the budget of the fund.

The principle of solidarity means that the CHI contributions of all persons employed or otherwise engaged in economic activity and of any kind of income, as well as from the state budget, contribute to the accumulation of CHI funds. This creates preconditions for the insured to pay for the health care services provided by the CHI. This principle also means that a person contributes to the financing of the health sector according to his / her abilities (in one case with higher CHI contributions, in another - with lower contributions), but all insured persons are guaranteed equal access to health care services.

Residents insured with state funds (except for employed persons who are obliged to pay CHI contributions) specified in part 4 of Article 6 of the Law on Health Insurance of the Republic of Lithuania:

* persons receiving any type of pension or social assistance compensation established by the laws of the Republic of Lithuania;
* the unemployed who are registered with territorial employment services and persons participating in vocational training measures organized by territorial employment services, if employment contracts are not concluded with them;
* persons of working age who do not have the required length of service of the state social pension insurance established by law to receive the state social insurance old-age pension;
* women who have been granted maternity leave in accordance with the procedure established by law, and women who are not working during pregnancy for 70 days (28 weeks or more) before childbirth and 56 days after childbirth;
* one of the parents (adoptive parents) raising a child under 8 years of age, one of the guardians caring for a child under 8 years of age in the family, as well as one of the parents (adoptive parents) raising two or more minor children, one of the guardians (caregivers) caring) two (two) or more minor children;
* persons under 18 years of age;
* Students of higher education institutions of the Republic of Lithuania studying according to full-time study programs, persons studying according to full-time study programs of higher education institutions of the Member States of the European Union (as well as the United Kingdom of Great Britain and Northern Ireland students (including adults) studying in general education programs of the Republic of Lithuania and the Member States of the European Union (including the United Kingdom of Great Britain and Northern Ireland if the education was started before the end of the transition period) in schools according to general education programs (except for adults studying according to the adult primary, basic, secondary education programs) and (or) formal vocational training programs;
* deprived people receiving social benefits;
* one of the parents (adoptive parents), a guardian or caregiver caring at home for a person with a determined level of disability (disabled child) or a person declared incapable of work (until 1 July 2005 - a group I disabled person) up to 24 years of age, or recognized as incapable of work (until 1 July 2005 - a group I disabled person) of up to 26 years due to illnesses occurring before the age of 24, or a person with a special need for permanent care (until 1 July 2005 - total disability);
* persons recognized as disabled in accordance with the procedure established by legal acts;
* persons suffering from communicable diseases dangerous to the public, which are included in the list approved by the Minister of Health;
* participants of resistance - military volunteers, participants of freedom struggles; rehabilitated political prisoners and persons treated as such, deportees and persons treated as such, and victims of the defence of Lithuania's independence and statehood in the events of 13 January 1991 or other events;
* persons who contributed to the liquidation of the consequences of the Chernobyl nuclear power plant accident;
* former ghetto and former juvenile prisoners of fascist forced detention facilities;
* clergy of state-recognized traditional religious communities, students of clergy training schools, and newcomers to monastic formation in monastic novitiates;
* persons who have been granted the legal status of participants in the war in Afghanistan in accordance with the law;
* unaccompanied minor foreigners;
* the spouse of the President of the Republic who has not reached the retirement age and has no insured income - during the term of office of the President of the Republic;
* persons performing voluntary practice in accordance with the procedure established by the Law on Employment;
* displaced persons.
* Persons constantly or temporarily residing in the Republic of Lithuania, who receive any type of pension in accordance with international agreements of the Republic of Lithuania and to whom the application of legal acts of the Republic of Lithuania regulating health insurance is provided for in these international agreements;
* detainees and convicts serving arrest, suspended imprisonment and life imprisonment.

Soldiers of compulsory initial military service of the Republic of Lithuania, as well as soldiers of compulsory military service, who were called to military training to acquire basic military training, foreigners who applied for asylum in the Republic of Lithuania, as well as foreigners granted temporary protection in the Republic of Lithuania, as well as persons who have committed an act dangerous to the society and for whom compulsory medical measures have been imposed by a court ruling shall have their CHI contributions paid from the state budget in accordance with the procedure established by the Government of the Republic of Lithuania or an institution authorized by it.

Insured persons, temporarily injured or harmed due to sickness or trauma, or insured persons, dismissed from work due to an outbreak of communicable diseases or epidemics, or insured persons, who are treated at health care institutions, offering orthopaedic and (or) prosthetic services, receive a sickness benefit for the first two calendar days of sickness, coinciding with the employees work schedule, paid by the employer, except for persons who do not have an employment or service relationship, and who do not receive the sickness payment for the first two days of temporary incapacity. The sickness benefit, paid by the employer cannot be smaller than 62.06 % and larger than 100 % of the average pay of the receiver of the benefit.

From 1st of April 2022, it was established that employers pay sickness benefit from the employer's funds for the first 2 days of illness without assessing the person's sickness social insurance record (the amendments facilitated the granting of sickness benefits to employers (reduced the administrative burden), more employees can receive sickness benefit). From the third day of incapacity for work the sickness benefit shall be paid from the State Social Insurance Fund.

The sickness benefit, paid from the State Social Insurance Fund, is 62.06 % of the compensatory earnings of the receiver of the benefit. The sickness benefit of a person, who is taking care of a sick family member or a child, is paid from the first day from the State Social Insurance Fund and equals to 65.94 % of the compensatory earnings. The sickness benefit in case of temporary incapacity for the procurement of tissue cells or organs for the purpose of donation, equals to 77.58 % of the compensatory earnings of the receiver of the benefit and is covered from the State Social Insurance Fund. Monthly sickness benefit, paid from the State Social Insurance Fund, cannot be smaller than 11.64 % of the of the national average monthly salary, applicable in the quarter preceding the previous quarter until the month of establishing temporary incapacity.

As of 2017, the sickness benefit for a child of up to 7 years old can be received not only by those, who take care of him/her in the hospital, but also at medical rehabilitation institutions and sanatoriums. The number of the employed who receive sickness benefits due to sickness or when taking care of a sick family member has increased, because now sickness social insurance applies to farmers and their partners, family members, self-employed persons, except for persons with business certificates, owners of private enterprises, true members of small partnerships and economic partnerships, professional troops in the military service of the national defence, also volunteer troops and other troops in active reserve.

f*) Addressing the needs of specific populations.* **Concrete examples of UHC policies and programs that sought to address the needs of various populations that require specific attention in the conceptualization, design, implementation and monitoring and evaluation of UHC, including women and children, migrants and refugees, LGBTI populations, and persons with disabilities in all phases of the design and implementation of UHC.**

The Ministry of Social Security and Labour of the Republic of Lithuania implements the disability reform. This reform aims to ensure the independence of people with disabilities in all areas of life, their involvement in social life and facilitate their integration into the labour market. It is very important that a person who has become disabled immediately receives the necessary complex support and tools and does not become even more vulnerable.

After the implementation of the reform, the influence of medical criteria on the result of the disability assessment will be reduced. Taking into account the needs of a specific person and environmental obstacles, many other areas will be assessed: mobility, service, communication, daily activities, living environment, etc., in this way to clarify the person's the need for help.

In addition, the person with a disability will participate in the assessment. The aim will be to find out if the person needs technical assistance, work and personal assistant, housing adaptation, social services, mobility services, etc. A person with a disability will be assisted by an assistance manager who, upon the person's consent, will draw up a plan for the necessary assistance and services, and will monitor the implementation of this plan.

However, in some cases, in order to respond to the individual condition and needs of people with disabilities, for example, in the case of oncological disease or the geriatric dimension, disability would continue to be assessed only according to medical criteria.

At present, approximately 30 percent of persons with disabilities of working age are employed. The Ministry has set the aim to achieve that their number would reach 39 percent until 2025 and 47 percent until 2030.

A new model of employment of persons with disabilities will help such persons to find job in open labour market faster and easier.

Absolute majority of employed persons with disabilities are employed in the open labour market. In the end of the 1st half year of 2021, more than 44 thousand persons with disabilities of working age were employed, where more than 4,5 thousand, i.e., approximately 10 percent, were employed in social companies.

It is planned to strengthen the position of the already employed persons – to assign funds for adjustment and improvement of their work places and work environment. Big attention will be also drawn to persons, who become disabled for the first time when they are of working age and are employed. It is important not to turn disability into the reason to leave the labour market. Preventive measures are expected to help to reach this aim, for example, accompanying assistance after employment.

Active means of the labour market and grants will be available to all the employers operating in the labour market who employ persons with disabilities.

The Law on Employment provides such measures as adjustment of work environment and service of work assistance. The pilot project – job carving – will be implemented. Besides, the already used measures will be improved: employment through grants, adjustment of work environment, support of self-employment, support to mobility, and service of assisted employment.

1. Committee on Economic, Social and Cultural Rights (2000) General Comment No. 14, para 12 (b) (iii), U.N. Doc. E/C.12/2000/4. [↑](#footnote-ref-1)