

## THE CHANGING APPROACH TO THE HEALTH POLICY AND GOVERNANCE: INSIGHTS FROM LITHUANIA

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### Abstract

**Purpose** – The aim of this review is to present the changing approach to the health policy and governance and to provide an overview of the appropriate public governance model which would allow the practical realization of contemporary health policy and governance in Lithuania.

**Design/methodology/approach** – A literature search was carried out in order to describe the context of contemporary health policy and governance. The analysis of the draft Lithuanian Health Programme 2020, as well as the EU legislation, has also been made. The review analyses the logic of the main public governance models, defines the features of traditional public administration, the New Public Management and the New Public Governance in a summarised way, by emphasising their nature in the current Lithuanian health policy and governance.

**Findings** – Health policy both on a global scale and in Lithuania tends to apply the integrated “bottom-to-top” models, which are based on networking, partnership and cooperation. The attitudes prevailing in Lithuania on the improvement of health policy and governance reflect the logics of the New Public Governance (NPG). The NPG could be the theoretical framework which might allow the practical realization of prevailing ideas in Lithuania on health policy and governance improvement.

**Research limitations/implications** – The small scope of this review and the necessity for a more detailed empirical data analysis cannot lead to overall generalizations. The Lithuanian Health Programme 2020 has not been approved by the Seimas yet.

**Practical implications** – The review provides the practical features that would be essential in order to achieve the objectives of contemporary health policy and governance.

**Originality/Value** – Prevailing ideas on the improvement of health policy and governance are changing, and previously applied theoretical models of public governance no longer meet the realia of these days. Assurance of effective, interdisciplinary health policy and governance should be based on the appropriate public governance model providing the basis for the implementation of the principles of contemporary health policy and governance.

**Keywords:** Health policy and governance, Health in All Policies, Traditional Public administration, New Public Management, New Public Governance

**Research type:** General review

## Introduction

In the last decades the health policy and governance stepped outside the boundaries of the sectoral approach to the solution of health issues and has become a problem of not only health, but also other areas of public governance. Based on the modern concept of public health and the definition of health by WHO, health care includes comprehensive physical, social and psychological wellbeing, not only the absence of illness or disability (Preamble to the Constitution of the World Health Organization, 1946). Thus, health policy is treated as a general function of governance by recognising health as the social and economic value.

A change in the discourse of health policy and governance has led to the development of the “*Health in All Policies*” (HiAP) approach, which focuses on the contribution of public policies to the maintenance and improvement of public health. In order to implement this approach, the possibilities must be provided for various public sectors to affect health; cooperation techniques and mechanisms must be developed to coordinate the actions of various institutions, and the inclusion of the stakeholders in decision-making and development processes of public health must be encouraged (Howard and Gunther, 2012). Assurance of effective, interdisciplinary and integrated health policy and governance should be based not only on the international and national experience or science-based evidence, but also on the appropriate public governance model, providing a basis for the implementation of the principles of contemporary health policy.

For a long time, health in Lithuanian national strategies was mainly being associated with the health care system and treated rather from the sectoral point of view, while more pronounced changes in health policy and governance towards the HiAP approach are noticeable only in the recently approved strategic documents: the Draft of the Lithuanian Health System Development in 2011-2020<sup>1</sup> and the Lithuanian Health Programme of 2020<sup>2</sup>. The measures of this Programme should be implemented in a collaborative effort by all public sectors. Thus, in Lithuania, the prevailing ideas on the health policy and governance are changing, and previously applied theoretical models of public governance (for example, the traditional public administration or the New Public Management) no longer meet the realia of these days.

Therefore, the ambition of this review is to take a deeper look into the changing ideas dominating in respect of the improvement of health policy and governance in Lithuania, and to provide insights into public governance model which would help to facilitate and reflect *Health* in all sectors of Lithuania. The review describes the context of contemporary health policy and governance, the logic of the main public governance

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<sup>1</sup> Resolution No XI-1430 of the Seimas of the Republic of Lithuania of 7 June 2011 “On the Approval of the Draft of the Lithuanian Health System Development in 2011-2020”.

<sup>2</sup>Draft Lithuanian Health Programme of 2020, prepared in implementing the clause of the contract on the provision of services for the analysis of the health care system (No S-3 of 2011-01-04) to provide recommendations on the goals and objectives of the Lithuanian Health Programme of 2011-2020

models, defines the features of traditional public administration, the New Public Management and the New Public Governance in a summarised way, by emphasising their nature in the current Lithuanian health policy and governance. This review also aims to respond to the core issue: which public governance model would allow the practical realization of changing approach to health policy in Lithuania and governance improvement.

### **I: The Context of Contemporary Health Policy and Governance: Movement from the Traditional Public Administration towards the New Public Governance**

The second half of the twentieth century, particularly its end, featured an increased theoretical interest in public governance models. The academic discussion has different interpretations of not only the terms “public administration”, “public management” and “public governance” (Bileišis, 2012), but also the origin, assumptions, and operating principles of public governance models (Ferraz et al., 2012; Eliassen and Sitter, 2008). Public governance models are “accused” of normativism and instrumentalism and the lack of empirical evidence; it is often proposed to replace them with more empirically measurable theoretical approaches (Tumėnas, 2009). However, this review is not intended to get involved into an academic dispute about the normativism and empirism of public governance models. On the contrary, in order to examine which public governance model mostly reflects the HiAP approach, it is necessary to discuss in more detail the main theories of public governance.

The traditional administration may be considered as the oldest public governance model, which is associated with the intensive industrialisation that began in the second half of the nineteenth century. Since then, the main provisions on the approach to the public sector and civil servants have remained to this day. Many scientists have presented their interpretations of traditional administration (e.g., Wilson, Taylor, Gullick), but the bureaucracy model of Weber may probably be regarded as the culmination, which is basically the limitation of the state power (both democratic and undemocratic) by a legal regulation of the activities of officials. Weber compares the bureaucratic organization as a modern form of organization, determined and evolving along with mass democracy and market economy, with pre-modern forms, which are based on the traditional or charismatic authority and power. The prevailing idea in the development of the traditional model was rationalism, or, the so-called transformation of social action into a rationally organized action (as if a machine), which had a significant impact on authorities, the public worldview and the practical daily life (Kalberg, 2005).

A specific way of functioning of the traditional public administration includes the following key features: division of labour, hierarchy of authority, rules, anonymity and the application of *ethos* in bureaucratic activities and qualification (Hill, 2009). The traditional public administration establishes public services by using budget funds, the bureaucratic form of organization and public sector employees as the labour force. This public governance system has important advantages: it ensures stability, reliability, predictability and professionalism.

Although this review does not seek to determine exactly to what extent Lithuanian health policy and governance can be considered traditional, some long prevailed and on-going features, such as basing health governance on hierarchy and written rules, and the approximation and hearing of draft legislation in the Government, indicate that the Lithuanian health policy and governance still have the features of traditional public administration.

However, the traditional type of public governance creates a model that can distort reality. Bureaucracy is displayed as more abstract, more formal and more logical than it actually is. Therefore, it can be stated that the operating principles of traditional public administration in contemporary world are losing their relevance. It has been argued that in the twenty-first century the traditional public administration may become a key obstacle to the change in the public sector. The public sector can no longer keep in step with a rapidly changing society of knowledge (Elliasen and Sitter, 2008).

Nevertheless, after the first wave of criticism towards the traditional public administration, associated with the prevalence of the New Public Management (NPM), the block of traditional public administration defenders emerges (Drechsler, 2005; Pollitt and Bouckaert, 2004). Bell and Hindmoor (2009) states, that governments have recently extended hierarchical controls at the national and regional levels, especially in areas such as alcohol or tobacco sale, genetically modified organisms, etc. Typical examples are smoking regulations where governments not only regulate who can buy tobacco products, where and at what price, but they also regulate where people are permitted to smoke (Kickbusch and Gleicher, 2012).

## **II: The New Public Management: an Entrepreneur’s Mindset to the State!**

The NPM doctrine was formed in approximately the eighth decade of the twentieth century. The emergence of the NPM doctrine is associated not only with the criticism of the traditional public administration model, but also with the rise of welfare states, the influence of theories of the New Right (Tullock, 1965), Public Choice (Niskanen, 1971), and transactions, i.e. costs (Coase, 1937). According to Charles B. Perrow (1972), the “traditional bureaucracy is a social technology that helped the West to achieve the current welfare, overspending and environmental pollution levels...”

Usually, the NPM doctrine is described by three key features: first – the NPM as an ideology is based on the achievement of efficiency on all levels of the public sector; second – the NPM as an object of scientific studies; and third – the NPM as a global public sector reform. Hence, the NPM is a doctrine that offers to “renovate” public governance in such a way that it would be capable of responding to rapidly changing environmental conditions by implementing innovations, using business energy and encouraging competition between public, private and non-governmental service providers (Osborne and Gaebler, 1992).

There is a general agreement that the NPM is composed of the four main structural elements: decentralization, privatization, private sector governance techniques, and “steering rather than rowing” (Lane, 2000). Public organizations are divided into separate

independent agencies, governance functions in organizations are decentralised, responsibility is delegated and hierarchy is reduced. The public sector is reduced, and the government moves, firstly, to agreement-based relations with the executive directors of public institutions and agencies; secondly, the executive directors contract with service providers. Moreover, the building of “remuneration in accordance with the results” system, accountability and the operating principle of government as a catalyst are encouraged (Eliassen and Sitter, 2008).

The NPM, as well as the traditional public administration model, is criticised. Recently, the NPM has been receiving an especially large amount of criticism; therefore it would be difficult to cover it all in the scope of this review (the works of Pollitt, Bouckaert, Dreschler, Gregory, Norman, Guogis and other authors). It is believed that the NPM is based on a poor diversity of assumptions, the reforms did not bring the expected result (Drechsler, 2005), and that the NPM is shrouded in myths (Tuménas, 2008) which prevent its correct evaluation. Moreover, the operating principles of the public and private sectors are different: the public sector must not only ensure the effectiveness but also the benefits of immaterial nature, social justice and the provision of public goods (Pollit and Bouckaert, 2011).

The analysis of the Lithuanian health policy and governance (especially before 2010) shows the application of NPM operating principles in reforming the health care sector. In 2010 it was already stated that it is very important to use the principles of the NPM in health governance (Buivydas et al., 2010). Therefore, the personal health care network was optimised, decentralization was implemented, in-patient health care was restructured and the private share of health care was increased. The restructuring of health care services was aimed at reducing the functioning costs of the health care system, hospital governance, economic costs and investments necessary for individual hospitals; meanwhile savings were to be used for a more efficient functioning of in-patient health care institutions.

However, the health care reforms in Lithuania, focused on NPM, did not bring the expected impressive results: patient trust and satisfaction with health care services is not increasing, and there is no significant growth of positive indicators in the health sector (Euro Health Consumer Index, 2012). The implementation of the Lithuanian Health Programme for the year 1998 – 2010 was successful only in areas that have been based on greater resources (goals that were not recognized as the priorities of the Government of the Republic of Lithuania, such as significant reduction in alcohol consumption, were not achieved).

Therefore, ideas prevailing in Lithuania on the improvement of health policy and governance, most reflected in the draft Lithuanian Health Programme for the year 2020, began to change noticeably. Although there is still emphasis on “efficiency”, in the new context, this “efficiency” of health governance takes on a different meaning than in the NPM doctrine. The contemporary “effective” health policy and governance should focus on the reserves that lie outside the health sector boundaries, i.e. the inter-sectoral collaboration, the society’s (self) involvement, reduction of social inequalities and exclusion, various types and forms of partnership, leadership, development of skills in

other sectors, cooperation, reduction of corruption and increase of accountability. The new health policy and governance “trajectory” requires the application of a different public governance model than the NPM or the traditional public administration.

### **III: Life after the New Public Management: The New Public Governance**

Although public governance and its modernization depends on each state’s constitutions, political systems, values and interests, according to A. Guogis (2010), namely the NPG is becoming the new public administration model of the beginning of the twenty-first century. Academic discussion both in the world and in Lithuania does not have a unanimous consensus (for example, the works of Guogis, Raipa, Denhardt and Denhardt, Bovaird and Loffer and others), as to how the NPG emerged, and what place this model should take in the “chain” of all public governance models. The NPG can be viewed through the NPM “prism” or, on the contrary, the NPG can be considered as a new “trend”, modifying the tools, techniques, and governance principles.

However, this review does not seek to prove whether the NPG model essentially changes the NPM or not. Both theoretical models arose from the necessity to modernize public governance and to solve the problems of public sector inactivity, and have been affected by certain political ideas (NPM – by the centre-right, and the NPG – by the centre-left). Nevertheless, the more the NPG is applied to improve the modern public administration and its areas, the more it differs from the NPM: uses a wider “range” of measures, includes more initiatives and incentives.

The NPG can be defined as the public administration model, enabling the society to participate in the adoption and implementation of public decisions (Martin, 2009), based on good inter-institutional cooperation, destroying boundaries between the public, private, voluntary and non-governmental organization sectors that supports social relations, partnership, transparency, responsibility and other ethical values, emphasizing the concepts of “democracy”, “self-esteem”, “citizen” rather than “market”, “competition” and “client” (Guogis, 2010).

Thus, the assumptions of the NPG provide for a certain modern government “course” and trend. Firstly, the public sector has to be able to operate in the “network” by collaborating with institutions of various levels (international institutions, regional and local authorities, private sector institutions and the representatives of NGO or the civil society) (Nakrošis, 2011). Secondly, the current public sector must ensure coordination, partnership and inter-sectoral collaboration. The problems that cannot be solved by one ministry or department (e.g., longer life expectancy, reduction of inequalities and social exclusion, health improvement), must be solved by various institutions by employing information and communication technologies (ICT), e-government and centralized control. Thirdly, modern government, especially in the countries of former Soviet Union bloc, faces the absence of trust in political institutions. Absence of confidence in political institutions is determined by the lack of accountability, low level of self-confidence and confidence in others, and insufficient elements of the social capital (Schyns and Koop, 2010). Therefore, according to D. Ferraz et al (2012), the application of the NPG in post-

Soviet countries is much more relevant than in Western Europe or the Anglo-Saxon countries, because they are more dominated by asymmetric information and mistrust. The focus of the NPG on transparency, reduction of corruption by using cooperation between all participants, mastering of e-democracy by increasing the professionalism of public officials and “street-level” bureaucrats (Lipsky, 1980), may increase trust and involvement, reduce inequalities and increase the social capital.

It should be noted that improvement solutions for various reforms and policies depend on each country's context of public governance and opportunities, offered by the context of different public governance doctrines. According to C. Pollitt and G. Bouckaert (2011), in many countries no public governance model exists in its pure form; hybrid action methods (consisting of several models or viewpoints) are much more typical for public sector reforms. Therefore, in the reforming of the public sector these authors suggest using a “menu” of different tools, consisting of different theoretical approaches of public governance.

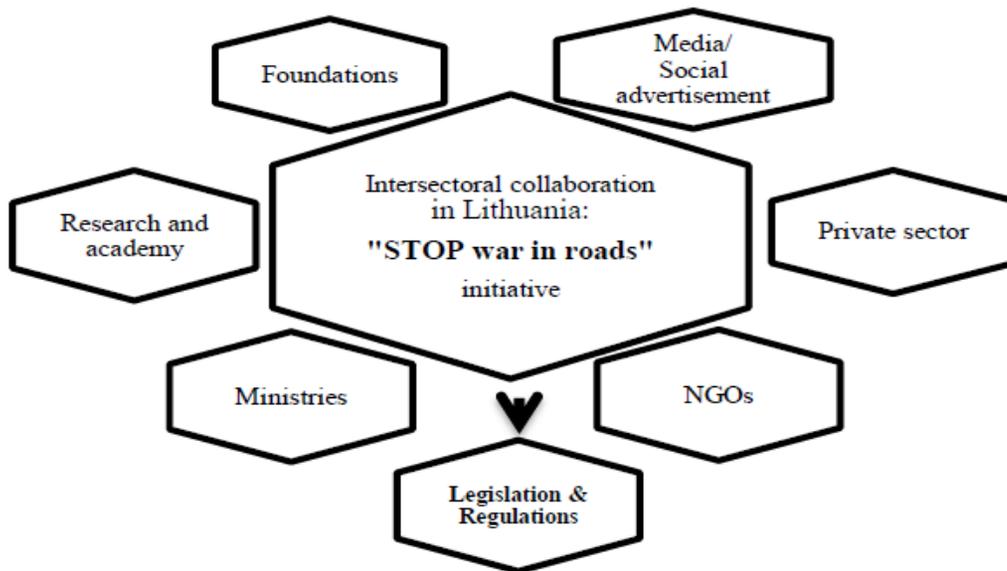


Figure 1. Inter-sectoral Collaboration in Lithuania: “STOP war in roads” Initiative“

However, although the NPG is still applied in a rather fragmented manner, it is increasingly viewed as a desirable example in various fields of modern public administration. The NPG, contrarily to other public governance models discussed, could be the theoretical framework which might enable the spread of the HiAP approach and allow the practical realization of prevailing ideas in Lithuania on health policy and governance improvement. For example, the successful inter-sectoral initiative in Lithuania (“STOP war in roads”) mostly focused on the decrease of road accidents and deaths, but made significant improvements in life expectancy, alcohol consumption and injuries. Responsible for the implementation of this initiative were not only Ministries of

Lithuania (e.g. Ministry of Transport and Communications, Ministry of the Interior, Ministry of Justice, Ministry of Health), but NGOs, media and private sector as well (see Figure1).

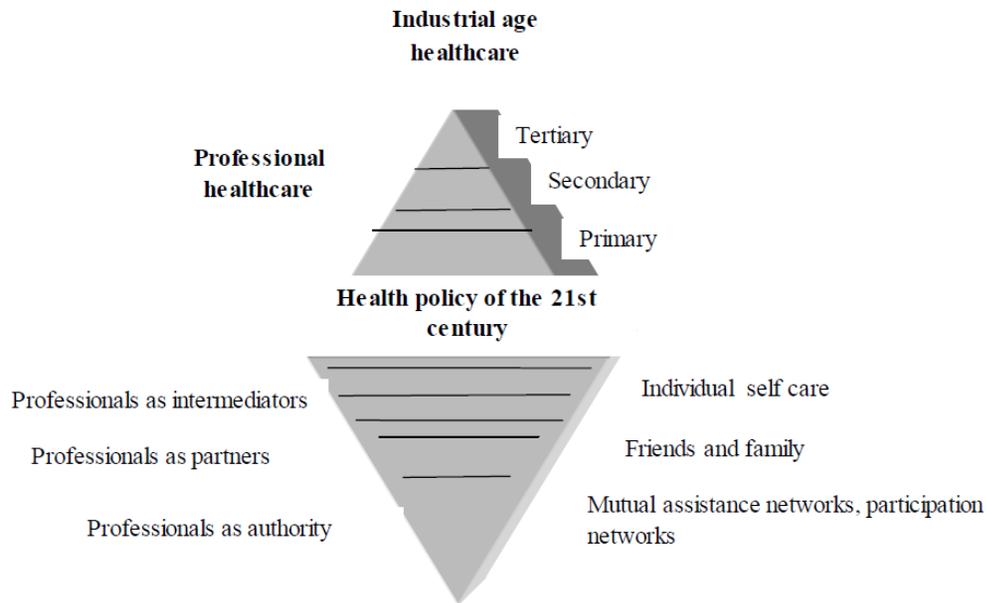
#### **IV: Prevailing Ideas on Health Policy and Governance Improvement in Lithuania**

Improvements of health care system quality, its availability, transparency, health integration into all policies are some of the main goals and challenges of health policy and governance in this decade. The draft Lithuanian Health Programme 2020 states that “decision-making considering the country's health problems and responsibility for these decisions cannot be largely attributed to the health care system alone. Other public sectors must be more active and apply public health improvement measures more widely. Effective cooperation among all sectors is an essential condition for successful solutions of the program's objectives.”<sup>1</sup> Therefore, the goals of the Programme are to be achieved by reducing social inequalities in health relations, encouraging healthy behaviour, maintaining a healthier physical and social environment, and increasing the efficiency of the health care sector's structure and functions.

Ideas on health policy and governance improvement emerging in Lithuania, originated from the changes in the *health* concept used in international academic and practical discourse. For a long time health and its care has been viewed more from the perspective of disease diagnosis and treatment, rather than its prevention (Whitehead et al., 2001). The influence of social and physical environment factors on health and the interrelation of those factors is already being analysed by the modern concept of health. The same factor, for example, unemployment can lead to many other health damaging factors such as stress, unbalanced diet, bad habits (Final Report of the Assessment of Inter-institutional Collaboration Analysis, Analogous Experience in the EU Countries and the Existing Legal Framework in Lithuania, 2012). Theorists who analyze contemporary health policy and its governance practice in the world, emphasize the replacement of the “top-down” or hierarchical traditional public governance and decision-making model with an integrated “bottom-to-top” model which is based on networking, partnership of various modes forms and structures, co-operation between patients – doctors, doctors – policy-makers and administrators, administrators – NGOs and the private sector, based on consensus, dialogue, rather than hierarchical command and control (see Figure 2).

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<sup>1</sup> Draft Lithuanian Health Programme of 2020, prepared in implementing the clause of the contract on the provision of services for the analysis of the health care system (No S-3 of 2011-01-17) to provide recommendations on the goals and objectives of the Lithuanian Health Programme of 2011-2020



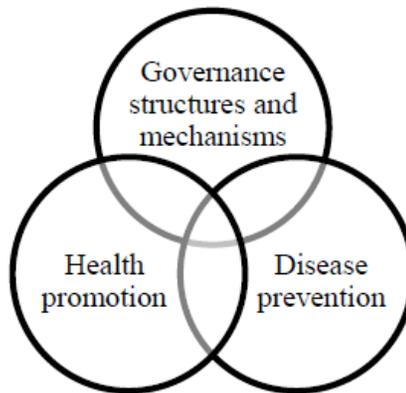
**Figure 2. Health Policy Changes**

Ideas prevailing in Lithuania on health policy and governance improvement, most expressed in the draft Lithuanian Health Programme 2020, are based on several core provisions, already discussed in this review. First of all, there is a prevailing provision of *health to everyone and everyone to health*, based on the HiAP approach. The HiAP approach, meaning the determination of health factors in different policies (from agriculture to finance, transport, education and housing policy) derived from the Alma Ata conference provisions back in 1978. They draw attention to the importance of other public policy sectors in ensuring health. The implementation of this approach is also encouraged by the WHO and the EU institutions. The WHO strategies “Health for All”, “Health for All in the Twenty-First Century”, and “Health 2020” emphasize the goal of providing individuals with full health potential based on various groups; the significance of the role of various agents (not only in the medical sector) in ensuring health is analysed, with the aim of values, ethical provisions, joint responsibility, and inter-institutional and inter-sectoral collaboration (Howard, Gunther, 2012).

Second, a provision is formulated that health policy and governance should be based on a holistic, overall approach. The role of education, culture, reduction of social inequalities and exclusion is important for health policy. Although the starting point, health indicators and achievements are different in each state in the application of this new approach, both the state and the public policies must be united by a common goal, oriented towards reducing inequalities and improving health indicators. Negotiation, coordination and delegation should be employed in order to implement this provision.

Third, an equally important aspect of the changing Lithuanian health policy and governance is the involvement of the entire society (not only patients), public, private, voluntary and NGO sectors in organizing of agendas of all public policies (and, of course, the health policy), decision-making and implementation. Health policy based on partnership and collaboration, as well as the involvement of various agents and sectors, might encourage the transfer of knowledge and information, enhance skills, and improve leadership. This provision implies a “win-win” strategy, where all the interested parties win and there are no “losers”. Cooperation of all sectors and public involvement might act as a *network platform* based on a statutory mechanism.

Thus, the Lithuanian vision for contemporary health policy and governance is to promote health and well-being in a sustainable way and to achieve this by strengthening disease prevention, health promotion and governance structures and mechanisms discussed above (Jakab, 2013) (see Figure 3).



**Figure 3. Lithuanian Vision: Health Policy Promotion in a Sustainable Way**

To summarise the ideas prevailing in Lithuania on the change and improvement of health policy and governance, it can be stated that they are based not on the traditional public governance model or assumptions of the NPM, but rather the NPG model analysed in the third section of this review. Naturally, the small scope of this review and the necessity for a more detailed empirical data analysis and other theoretical assumptions (for example, comparison of all aims and means of the Lithuanian Health Programme 2020 Project with the theoretical assumptions of the NPG) do not lead to overall generalizations, that namely the NPG is the theory which has greater possibilities for the practical implementation of the modern health policy principles. The Lithuanian Health Programme 2020 has not yet been approved by the Seimas, and the evaluation of the Lithuanian Health Programme 2020 carried out by the WHO, highlights the weakest link of the programme – the practical implementation guidelines (Comments to the Draft Lithuania Health Programme, 2020, 2012). Inter-institutional programs in Lithuania are difficult to implement because of lack of knowledge in how health is linked with other

sectors, and because political interests and prevailing new approaches of health and its care are different.

## Conclusions

Health policy and governance is one of the most intensive areas of public policy, where the dimensions of not only the health aspects, but also the social justice, general application or legality collide. Changing approach to the health policy and governance both on a global scale and in Lithuania, tends to apply the integrated “bottom-to-top” models, which are based on networking, partnership of various forms and structures, cooperation built on consensus and dialogue, rather than hierarchical command and orders or instructions. Health policy based on networks and inter-sectoral collaboration requires new models of work organization and public service provision: the application of traditional public administration and the New Public Management (NPM) did not bring the expected results, did not improve the quality of health services, and did not involve the society and all the interested parties.

The insights made in this review showed that the attitudes prevailing in Lithuania on the improvement of health policy and governance reflect the logic of the New Public Governance (NPG). This provides the possibility for the future development of the application of the NPG in the new health policy and governance trajectory not only on the normative but also on the empirical and practical levels. Recently, there has been an increasing need for the implementation of practical cooperation between all sectors and society involvement, thus, the “field” of measures granted by the NPG and complemented with other theories could implement the net platform of “Health in All Policies”.

However, it should be noted that solutions for improvement of various reforms and policy governance depend not only on international strategic documents, but also on the public governance context of each country and opportunities for the implementation of these documents after adapting them. Therefore, there is a risk, that even after the application of normative and practical provisions of the NPG for health policy improvement, they will not be implemented due to various factors depending not only upon the practical application of the NPG theory. In this case, the method of different tools “menu” can be used, i.e. the best measures applicable in the Lithuanian health policy and governance can be chosen from a variety of theoretical approaches of public governance and reforms.

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