

---

---

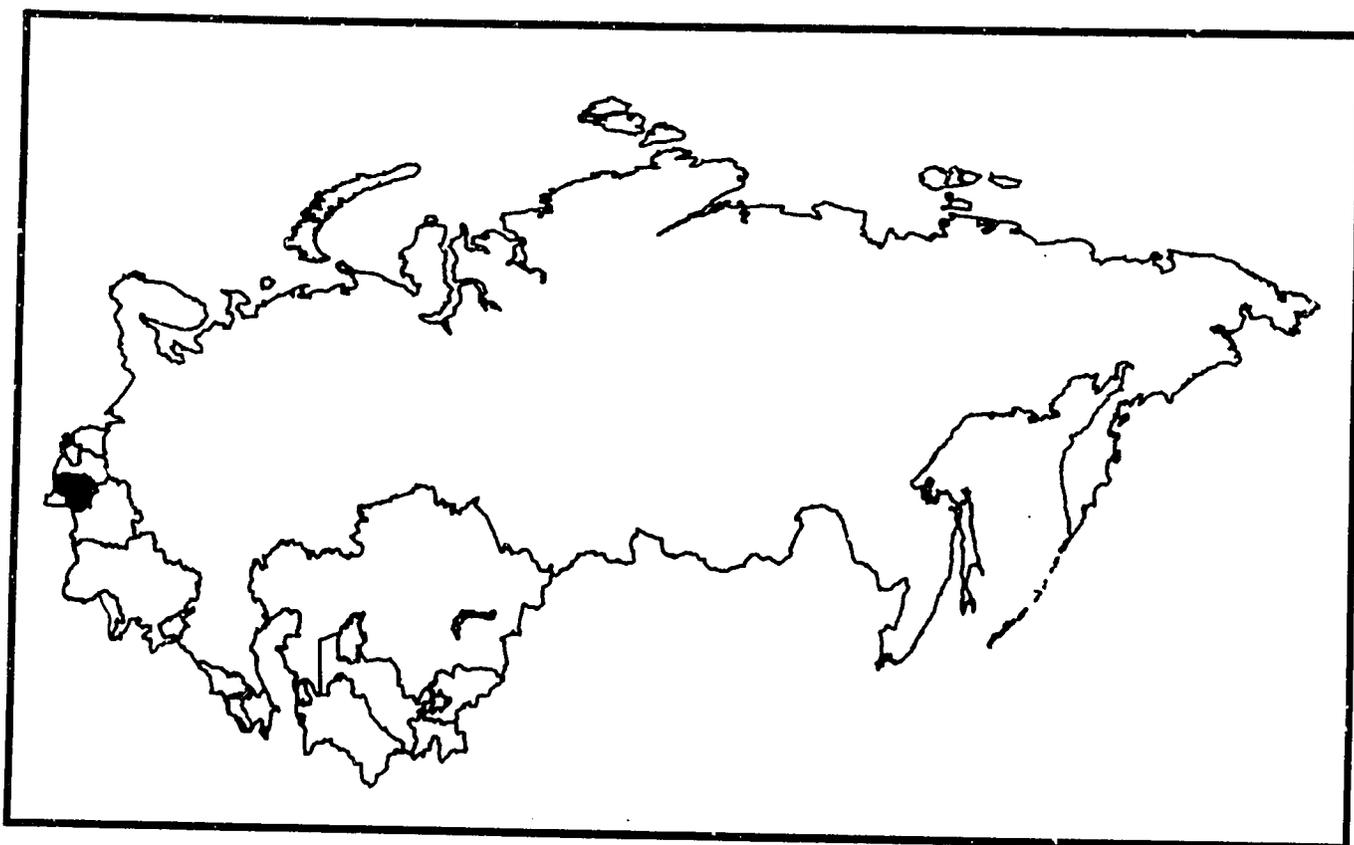
# Lithuania

## USAID Health Profile

(Selected Data)

June 19, 1992

---



Center for International Health Information/ISTI  
USAID Health Information System  
1601 N. Kent Street  
Suite 1001  
Arlington, Virginia 22209  
(703) 524-5225

**Lithuania**  
**USAID Health Profile**  
**(Selected Data)**  
**June 19, 1992**

---

This is one of a series of country profiles produced by the Center for International Health Information (CIHI), a USAID resource managed by the International Science and Technology Institute (ISTI). The U.S. Bureau of the Census (BUCEN) made available its extensive demographic data files. Each profile includes summary descriptions, tables and graphs about the demographic and health conditions in each country. The series of profiles is intended to provide current and trend data in a concise format for project design teams, evaluation teams, technical consultants, and other interested individuals and organizations. As summary documents, they do not provide comprehensive descriptions of either the demographic profile or health sector of the countries.

As part of the profile series, CIHI has produced 15 country profiles describing the most current situation in the C.I.S., Georgia, and Baltic republics. The incipient nature of the newly independent republics necessitates the reporting of information from the era of the former U.S.S.R. While dated in some instances, policy changes in the U.S.S.R. made in the latter part of the 1980's, including the introduction of new forms of health insurance and arrangements to encourage private health providers, may well provide the foundation for the shape of the health sector in the coming decade.

The first edition of these 15 profiles was compiled rapidly with readily available data. Occasionally, where the background documentation of the source material was sketchy and time prevented further verification, the data was included anyway in hopes that the mere inclusion of the data would stimulate further clarification by the various users of the profiles. On behalf of USAID, CIHI is planning to update the profiles as rapidly as new data becomes available and in response to commentary on the data in the current profiles. Accordingly, the authors of the profiles request that any more recent or more accurate data be forwarded to CIHI at the address below or to CIHI care of the USAID, Bureau of Research & Development, Office of Health, SA-18, Room 1200, Washington, D.C. 20523-1817.

Requests for additional information regarding CIHI's health and population profiles for selected countries and other reports prepared by CIHI should be transmitted directly to CIHI or through USAID as described above.



**CENTER FOR INTERNATIONAL HEALTH INFORMATION/ISTI**  
**USAID Health Information System**  
1601 North Kent Street, Suite 1001  
Arlington, Virginia 22209  
Phone: (703) 524-5225

**Lithuania**  
**USAID Health Profile**

---

**CONTENTS**

	<b>Page</b>
<b>I. TERRITORY</b>	<b>1</b>
<b>II. POPULATION</b>	<b>1</b>
Level of urbanization	
Population by nationalities	
<b>III. ECONOMIC OVERVIEW</b>	<b>2</b>
Social assistance system	
<b>IV. INCOME OVERVIEW</b>	<b>3</b>
Income distribution	
<b>V. EMPLOYMENT OVERVIEW</b>	<b>3</b>
Employment distribution	
<b>VI. HEALTH OVERVIEW</b>	<b>3</b>
Life expectancy	
Mortality rate	
Causes of death	
Years of potential life lost by cause of death	
Fertility rate	
Maternal mortality	
Infant mortality	
Table: Infant mortality rates	
Breastfeeding	
Food and nutrition	
Vaccination coverage	
<b>VI. SOURCES</b>	<b>7</b>
<b>VII. DATA NOTES</b>	<b>8</b>

# LITHUANIA

Capital: Vilnius

President: Mr. Landsbergis

Prime Minister: Mr. Vagorasius

## TERRITORY

Size<sup>1</sup>: 65,000 sq. km  
 Percent of the former USSR: 0.3%

Lithuania is the largest of the three Baltic republics. It is bordered by Latvia to the north and Russia wraps around its eastern and part of its southern borders; Poland makes up the rest of this southern border. To the west, a portion of Russia and the Baltic Sea border Lithuania.

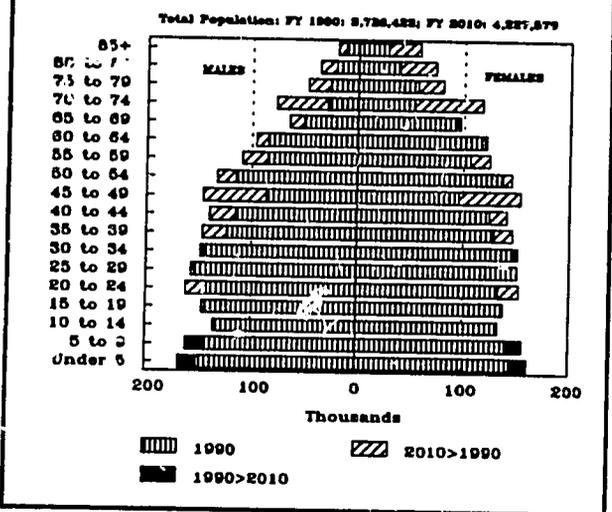
The independence movement began in June 1988 and was led by the Movement for Perestroika. The Catholic Church and the Lithuanian Freedom League also played major roles in the movement. The former USSR recognized the independence of Lithuania, as well as Latvia and Estonia, on September 6, 1991.<sup>1</sup>

## POPULATION

Total<sup>1</sup>: Approximately 3.7 million  
 Percent of the former USSR: 1.3%

Of the approximately 3.7 million people in Lithuania in 1989, approximately 1,747,000 were males and 1,943,000 were females. There were 899 males per thousand females.<sup>2</sup>

Figure 1:  
 Current and Projected Population by Age and Gender in Lithuania: 1990-2010

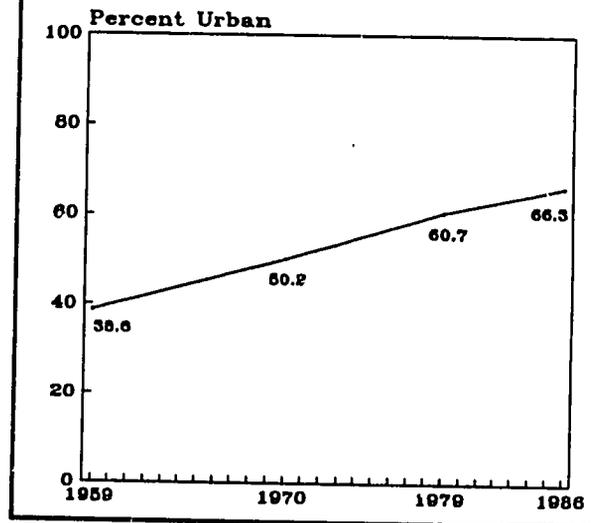


Of the republics in the former USSR, the Baltic nations have the highest percentage of older age groups within its population. In 1991, more than 11 percent of the approximately eight million people living in the Baltic nations were over the age of 64. The proportion of the Baltic population aged 65 and over is expected to be more than 16 percent by 2020.<sup>3</sup>

## Level of urbanization

The level of urbanization in Lithuania almost doubled between 1959 and 1989. Approximately 38.58 percent of Estonia's population lived in urban areas in 1959; that percent rose to 50.22 percent by 1970, to 60.68 percent by 1979 and to 66.31 by 1986.<sup>4</sup> In 1989, this percent had risen to 68.0, with a total of 2,509,000 people living in urban areas and 1,181,000 in rural areas.<sup>2</sup>

Figure 2:  
 Urbanization in Lithuania



## Population by nationalities

In 1989, ethnic Lithuanians comprised about 79 percent of the republic's population, while Russians totaled about nine percent and Poles totaled about seven percent.<sup>2</sup>

## LITHUANIA: USAID Health Profile (continued)

Nationalities in Lithuania <sup>2</sup> (1989)	
Total	3,675,000
<b>Republic Nationalities</b>	
Lithuanian	2,924,000
Russians	344,000
Byelarusian	63,000
Ukrainian	45,000
Latvian	4,000
Armenian	2,000
Estonian	1,000
Moldovan	1,000
Azerbaijan	1,000
Georgian	1,000
Uzbek	1,000
Kazakh	1,000
Tajik	1,000
Kyrgyz	0
Turkmen	0
Other*	280,000
<b>Autonomous Republic Nationalities</b>	
Tartar	5,000

\* includes Germans, Jews, Poles and others

### ECONOMIC OVERVIEW

Like its neighboring Baltic nations and the republics in the former USSR, Lithuania has felt the impact of the collapse of intra-republic trade and trade with eastern European countries. Consequently, production has decreased. Lithuania's currency is the unconvertible ruble and therefore the republic lacks hard currency to import foreign products.<sup>1</sup>

While there is scarcity of food and fuel and rationing may occur, Lithuania has not experienced as severe a shortage of these goods as its fellow Baltic nations. Russia sends its crude oil to Lithuania for processing and while intra-republic activities have greatly decreased since the dissolution of the former USSR, Russia may continue to export this oil because it is needed in Kaliningrad and in Lithuania by some large, former USSR enterprises.<sup>1</sup>

During a visit to Lithuania, the International Monetary Fund reported that inflation had reached 370 percent in 1991 and that it may reach 700 percent in 1992. The IMF also recommended that Lithuania wait in introducing its own currency.<sup>1</sup>

While several enterprises have been scheduled for privatization, by February 1992, only a small percentage of them had reached that point. A few hundred private joint ventures have been established in the past year.<sup>1</sup>

#### Social assistance system

Lithuania established new social assistance laws in July 1991, and allotments have increased every month to adjust to the rate of inflation. However, parliament has lowered taxes and a budget deficit is expected in the next fiscal year; as a result, it may be impossible to maintain the current level of social benefits.<sup>1</sup>

Social work was non-existent within the former USSR system, but social workers are needed to address a variety of current situations in Lithuania, including delinquency, the deinstitutionalization of orphaned and abandoned children, the needs of people with disabilities, and the growing number of school dropouts and "latch-key" children. Educational authorities in Lithuania and the other Baltic countries are currently placing high priority on the education and training of social workers.<sup>1</sup>

Within the former USSR system, orphaned and abandoned children were institutionalized, a process the current government wants to reverse by integrating these children into new families. However, given the current economic difficulties in Lithuania, it is difficult to find families willing to take on this responsibility; consequently, the Ministry of Social Affairs plans to increase assistance to families wanting to adopt.<sup>1</sup>

Aging of groups within a population can impact the economic and social structures of a country, particularly by placing a certain "burden" on other age groups. A rough indicator of this "burden" is the elderly support ratio, defined as the number of people aged 65 and over per 100 people in the "productive" ages of 20 to 64. This ratio increases as life expectancy increases and fertility decreases, a situation which has occurred in the Baltic countries. All three of the Baltics have very similar current and projected elderly support ratios, although Latvia's ratio of 21 in 1991 and 29 in 2020 is slightly higher than its two neighbors. In Lithuania, this ratio was 19 in 1991, but is expected to increase to 25 in 2005 and reach 27 by 2020.<sup>3</sup>

## LITHUANIA: USAID Health Profile (continued)

While the majority of older citizens in the Baltic nations receive pensions, many continue to work past the official retirement ages of 55 for women and 60 for men. In Lithuania, over 34 percent of women aged 55 to 64 and over 44 percent of men aged 60 to 64 work. This continued participation in the work force is for many people an economic necessity; without continued employment it would be difficult for many elderly people to survive. In 1989, the average monthly pension for people of retirement age was 85 rubles per month, which totalled less than 40 percent of the average monthly wage.<sup>3</sup>

### INCOME OVERVIEW

In 1990, approximately 61.3 percent of Lithuania's population earned an average monthly per capita income between 75 and 200 rubles. A little over two percent earned 75 rubles or less, and about 36 percent earned more than 200 rubles.<sup>1</sup>

### EMPLOYMENT OVERVIEW

Approximately 1,562,000 people were employed in Lithuania in 1989. This total is distributed as follows<sup>5</sup>:

Employment by Branch (1989)	
Industry	523,000
Agriculture*	157,000
Transportation	113,000
Communications	22,000
Construction	172,000
Public services**	206,000
Social security***	100,000
Education	135,000
Culture & art	29,000
Science & services	44,000
Credit & state insurance	9,000
Administration	31,000
Other	24,000

- \* includes employment on state farms and in forestry
- \*\* includes employment in trade, public dining, material technical supply and procurement, housing and municipal economy
- \*\*\* includes employment in health, physical, cultural and social security

### HEALTH OVERVIEW

Total population <sup>1</sup>	3.7 million	1990
Crude birth rate <sup>6</sup>	15.3 per 1,000 population	1990
Crude death rate <sup>6</sup>	10.5 per 1,000 population	1990
Infant mortality rate <sup>7</sup>	18.2 per 1,000 live births	1987
Maternal mortality ratio <sup>1</sup>	28.7 per 1,000 live births	1990

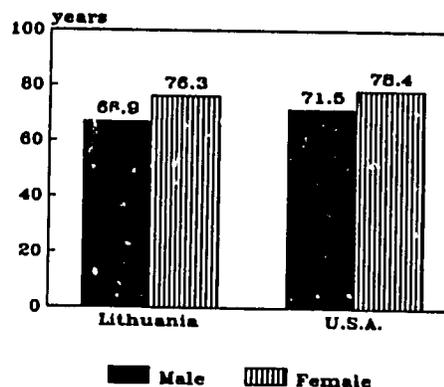
The health system of the former USSR was chronically under-funded, and the individual republics of the former USSR have inherited this legacy and its problems. The Lithuanian government is in the process of restructuring the health system created under the former USSR, but it is estimated that this process will take at least five years. The Ministry of Health hopes to establish a health insurance system, but this is another process that is just beginning.<sup>1</sup>

About four percent of Lithuania's annual budget is allocated for health care while budgets for energy, transport and agriculture receive the largest funding. Basic health care services are free, while the majority of citizens must pay for medicine.<sup>1</sup>

#### Life expectancy

Life expectancy in Lithuania increased from 65.0 years for males and 71.0 years for females in 1958-59 to 65.5 and 75.4 years for males and females, respectively, by 1979-80. By 1991, these numbers were 67.4 and 77.8.<sup>3</sup> In the United States in 1987, life expectancy was 71.5 for males and 78.4 for females.

Figure 3:  
1989 Life Expectancy at Birth;  
Lithuania Compared to U.S.A.\*



\*U.S.A. Data is for 1987

## LITHUANIA: USAID Health Profile (continued)

In the Baltics, as well as in other former USSR republics and many East European countries, life expectancy stagnated during the 1960s and 1970s, due primarily to an increase in adult male mortality with circulatory diseases, accidents and injuries as the main causes. Consequently, on average, women in the Baltic nations currently outlive men by about 10 years. This estimate puts the Baltics at or near the top of the world list in terms of male-female differential in life expectancy at birth.<sup>3</sup>

### Mortality rate

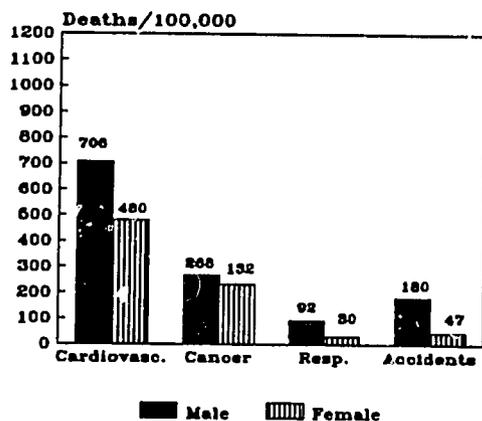
Since the early 1970s, trends in mortality rates for republics in the former USSR have generally followed trends for the average level of the Union. Mortality rates gradually worsened for more than a decade before steady improvement began in 1985-86, but by the late 1980s, the three Baltic republics, Ukraine, Georgia and Armenia were the only republics which remained approximately at the 1970 level.<sup>9</sup>

The death rate in Lithuania by 1970-71 was 10.7 and 6.6 deaths per 1,000 population for males and females, respectively. By 1980-81, this rate was 12.0 and 6.7 years and by 1986-87 it was 11.3 and 6.5 years.<sup>9</sup> The crude death rate in 1990 was 10.53 deaths per 1,000 population.<sup>6</sup>

### Causes of death

The main causes of death in Lithuania are cardiovascular conditions, cancer, accidents and respiratory conditions.<sup>8</sup>

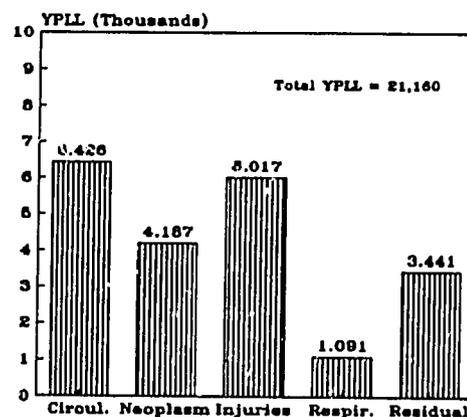
**Figure 4:  
Mortality Rates by Cause  
of Death in Lithuania**



### Years of potential life lost (YPLL)

Each year in Latvia, males lose a total of 21,160 years of potential life per 100,000 population due to various causes of death. Circulatory conditions are the most common, causing 6,426 YPLL. Deaths caused by injuries total 6,017 YPLL, neoplasms total 4,187 YPLL, respiratory conditions total 1,090 YPLL and other causes (residual) total 3,440 YPLL.<sup>10</sup>

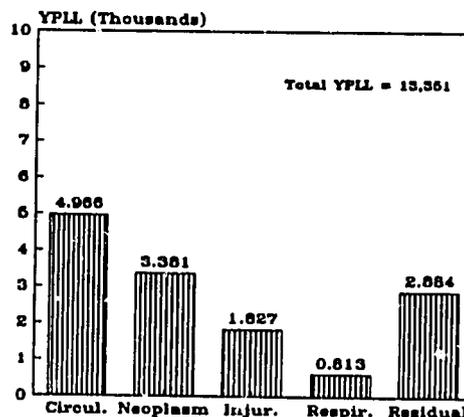
**Figure 5:  
Years of Potential Life Lost by  
Cause of Death in Lithuanian Males**



\*Figures are per 100,000 population

Females in Latvia annually lose a total of 13,651 years of potential life per 100,000 population due to various causes of death. As with males, circulatory conditions are the most common, totalling 4,966 YPLL. Deaths caused by neoplasms total 3,361 YPLL, injuries total 1,827 YPLL, respiratory conditions total 613 YPLL and other causes (residual) total 2,884 YPLL.<sup>10</sup>

**Figure 6:  
Years of Potential Life Lost by  
Cause of Death in Lithuanian Females**

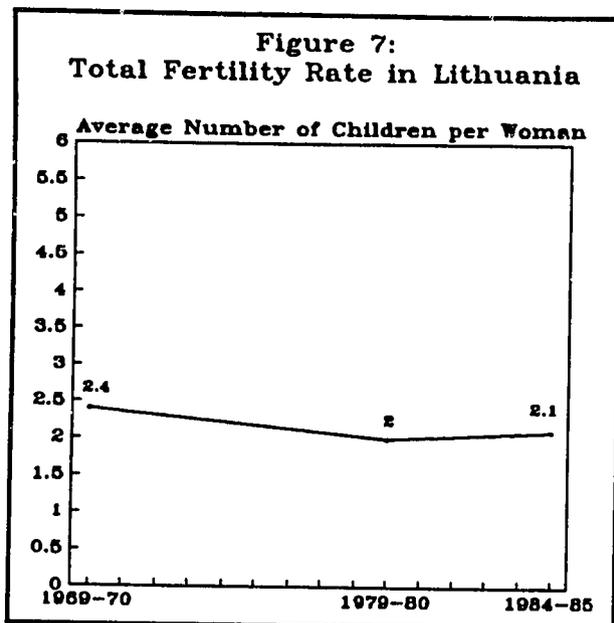


\*Figures are per 100,000 population

# LITHUANIA: USAID Health Profile (continued)

## Fertility rate

The fertility rate in Lithuania decreased slightly between 1969 and 1985. The average number of children per woman in 1969-70 was 2.35. While that number fell to 2.01 by 1979-80, it rose again to 2.10 by 1984-85.<sup>3</sup>



The U.S. Bureau of the Census (BUCEN) statistics reflect similar figures, with a total fertility rate (TFR) for 1990 of 2.04 children per woman. The projected TFR in 2010 is 1.78 children.<sup>6</sup>

## Maternal mortality

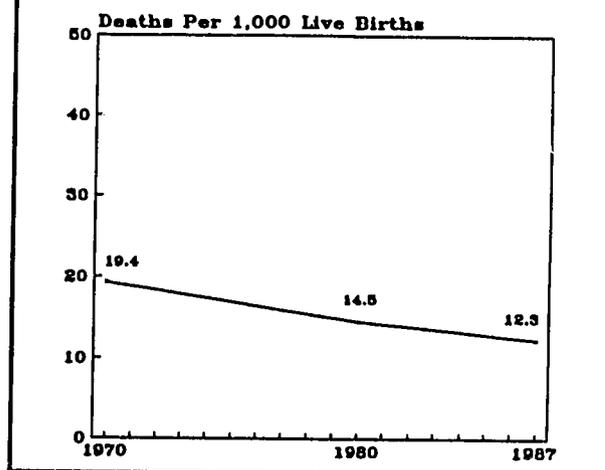
The maternal mortality ratio in 1990 was 28.7 deaths per 100,000 live births.<sup>1</sup>

In 1989, the Lithuanian government reported a total of 55.6 abortions per 1,000 live births, and 33.4 abortions per 10,000 fertile-aged women.<sup>1</sup>

## Infant mortality

The infant mortality rate in Lithuania has declined since 1970, falling from 19.4 deaths per 1,000 live births in 1970 to 14.5 deaths in 1980 and 12.3 deaths in 1987.<sup>7</sup> In 1989, this rate was 10.7 deaths, according to Ministry of Health statistics. The Deputy Minister of Health reports that Lithuania is the first republic from the former USSR to use WHO standards to measure infant mortality rates.<sup>1</sup>

**Figure 8:  
Infant Mortality Rate in Lithuania**

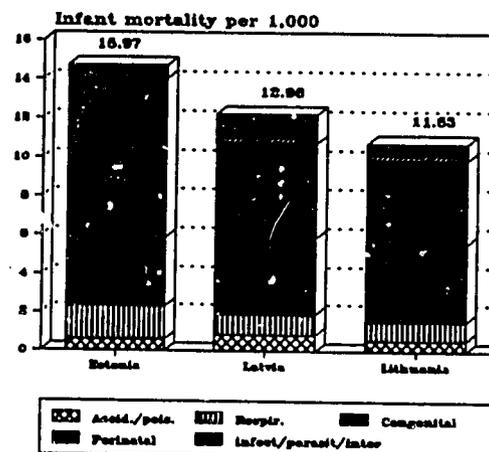


**Infant Mortality Rates (per one thousand live births)  
According to Place of Residence (1975-86)  
Lithuania vs. Former USSR**

	1975		1980		1986	
	Lith.	USSR	Lith.	USSR	Lith.	USSR
Urban	17.8	25.8	12.9	23.5	10.5	21.1
Rural	22.5	37.0	17.3	32.5	13.9	31.4

Of the 11.63 infant deaths (per 1,000 live births) reported in Lithuania in 1986, 4.30 were due to perinatal diseases, 4.03 were due to congenital anomalies, 1.01 were caused by respiratory diseases; 0.84 were caused by infectious, parasitic or intestinal diseases, and 0.57 were due to accidents and poisonings.<sup>9</sup>

**Figure 9:  
Infant Mortality Rates (1986) by Cause  
In Estonia, Latvia and Lithuania**



## LITHUANIA: USAID Health Profile (continued)

The official Soviet statistics for infant mortality rates understate the actual level by approximately 50 percent, according to BUCEN estimates. BUCEN estimates infant mortality for 1990 to be 18.19 deaths per 1,000 live births and for 2010 to be 9.80 deaths.<sup>6</sup>

### Breastfeeding

Breastfeeding is not a common practice in Lithuania. A head doctor at a children's hospital in Vilnius reports that only about 30 percent of children up to four months are breastfed. While many hospitals try to teach healthy baby concepts, often there are not enough rooms for mothers to stay with their babies.<sup>1</sup>

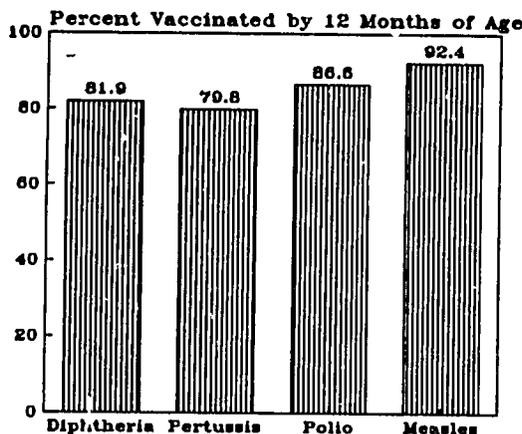
### Food and nutrition

While there are shortages of some foods, overall food supplies are currently adequate, according to the Ministry of Social Affairs and the Ministry of Health.<sup>1</sup>

### Vaccine coverage

In 1989, vaccination coverage in infants up to 12 months of age had reached the following levels: 86.6 percent were vaccinated against polio, 81.9 percent against diphtheria and 79.8 percent against pertussis. Vaccination coverage against measles in children by 24 months of age was 92.4 percent.<sup>11</sup>

Figure 10:  
1989 Vaccination Coverage  
in Lithuanian Infants



\*Children up to 2 yr for measles vaccine

Health authorities in Lithuania are hesitant to use Russian-made vaccines because in recent years they reportedly have been of poor quality. The Danish

government is providing enough vaccine supplies to enable coverage for 1992, but plans have not been made for 1993.<sup>1</sup>

### Vaccine and drug supplies

Similar to its neighboring Baltic countries, Lithuania receives the majority of its vaccine and drug supplies from other republics in the former USSR, particularly Russia. For example, Lithuania produces only five percent of medicines needed for child health care.<sup>1</sup> However, since the dissolution of the former USSR and the breakdown of intra-republic trade, production in Russia has declined, resulting in a decrease or total end to the production of drug supplies. Republics still producing such supplies demand payment in hard currency. While Lithuania currently receives significant supplies from Scandinavian donors, these donations total only a modest proportion of Lithuania's overall drug needs.<sup>1</sup>

## LITHUANIA: USAID Health Profile (continued)

### Sources

1. UNICEF Mission Report. "Estonia, Latvia and Lithuania: Overview of Health, Education and Social Safety Nets and Assessment of Priority Requirements." February 1992.
2. Center for International Research. U.S. Bureau of the Census. U.S. Department of Commerce. "Supplement to USA/USSR: Facts and Figures." October 1991.
3. Center for International Research. U.S. Bureau of the Census. U.S. Department of Commerce. "Aging Trends: The Baltic Nations." March 1992.
4. Joint Economic Committee. Congress of the United States. "Gorbachev's Economic Plans." Vol. 1. November 23, 1987.
5. Heleniak, Tim. "Employment by Branch for the USSR and Republics: 1960 and 1989." Center for International Research. U.S. Bureau of the Census. May 1990.
6. Center for International Research. U.S. Bureau of the Census. U.S. Department of Commerce. "Lithuania: 1989-2025 Using Adjusted Population, Fertility, Mortality and Migration." March 1992.
7. Rowland, Diane, and Alexandre V. Telyukov. "Soviet Health Care from Two Perspectives." Health Affairs. Fall 1991:71-86.
8. Kingkade, W. Ward. "Health." Center for International Research. U.S. Bureau of the Census. U.S. Department of Commerce. August 1991.
9. Mezentseva, Elena, and Natalia Rimachevskaya. "The Soviet Country Profile: Health of the U.S.S.R. Population in the 70s and 80s--An Approach to a Comprehensive Analysis." Social Science and Medicine 31:8 (1990):867-877.
10. Kingkade, W. Ward. "Regional Variations in Soviet Mortality by Cause of Death: An Analysis of Years of Potential Life Lost." Center for International Research. U.S. Bureau of the Census. Department of Commerce. August 1991.
11. World Health Organization/Expanded Program on Immunization. February 1991.

### Figures

1. U.S. Bureau of the Census. March 1992.
2. Center for International Research. U.S. Bureau of the Census.
3. Center for International Research. U.S. Bureau of the Census.
4. Center for International Research. U.S. Bureau of the Census.
5. Center for International Research. U.S. Bureau of the Census.
6. Center for International Research. U.S. Bureau of the Census.
7. U.S. Bureau of the Census.
8. Soviet Health Data.
9. Statistical Yearbook 1987. Moscow 1988. Cited in Mezentseva and Rimachevskaya, Soc. Sci. Med. 31(8).
10. Expanded Program on Immunization/World Health Organization.

## LITHUANIA: USAID Health Profile (continued)

### Data Notes Indicator Definitions

#### DEMOGRAPHIC INDICATORS

**TOTAL POPULATION:** Mid-year estimate of the total number of individuals in a country.

**YEARS OF POTENTIAL LIFE LOST:** The weighted difference between the number of years of life expectancy in absence of all preventable mortality and the number of years lost due to preventable mortality. Since deaths of children result in a greater loss of life span than deaths of adults, the differences in loss of potential life are taken into account by using a type of measure which heavily weights the importance of child death.

**LIFE EXPECTANCY AT BIRTH:** An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.

**MORTALITY RATE:** Basic cause-specific death rates are usually expressed in deaths per 100,000 because for most causes of deaths the rates of occurrence are so low.

**CHILDREN UNDER 1:** Mid-year estimate of the total number of children under age one.

**INFANT MORTALITY RATE (IMR):** The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. An IMR may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

**MATERNAL MORTALITY RATIO:** The estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Although sometimes referred to as a rate, this measure is a ratio because the unit of the numerator (maternal deaths) is different than that of the denominator (live births). Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

**TOTAL FERTILITY RATE:** An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

#### VACCINATION COVERAGE RATES

**VACCINATION COVERAGE IN CHILDREN:** An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday -- three times in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated using administrative estimates based on reports of the number of vaccines administered divided by an estimate of the pool of children eligible for vaccination.

# Commonwealth of Independent States



Four thousand miles of Soviet border with  
 11 thousand miles of border with the former Soviet Union  
 are still to be worked out by agreement  
 Other territory, agreed to demilitarize  
 is to be used for civilian purposes