**Report
on the Millennium Development Goals:
a Baseline Study**

COMMON COUNTRY ASSESSMENT
FOR LITHUANIA

UNITED NATIONS

December 2002

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Introduction

The objective of the Common Country Assessment (CCA) for Lithuania, devoted this year to the Millennium Development Goals (MDGs), is to provide a baseline analysis in order to contribute to the Government's monitoring of its progress towards social inclusion and poverty reduction from the perspective of the Millennium Development Goals.

The CCA examines the national situation in relation to internationally agreed-upon goals set by action plans or programmes at the UN Global Conferences and at the Millennium Summit.

Since 1990, the United Nations have sponsored a series of world summits and global conferences with a view to laying out a comprehensive rights-based development agenda.

On the Occasion of the beginning of the 3rd Millennium, the Secretary General of the United Nations, Mr. Kofi Annan, convened 147 heads of state and Government to the Millennium Summit. The objective of the United Nations was to ask to the world leaders to reaffirm their determination to fight poverty and social exclusion, to combat HIV/AIDS, malaria and other diseases, to work for peace and to help the Least Developed Countries (LDC) to make progress towards development.

In addition to separate responsibilities towards their countries, world leaders acknowledged their collective responsibility to uphold the principles of human dignity. Moreover, it was clearly stated that the Heads of State and Government consider that the central challenge the world faces today is to ensure that globalization becomes a positive force for all the world's people.

During the Millennium Summit, the Heads of state and Government endorsed the Millennium Declaration that includes the Millennium Development Goals. In order to translate these shared values into actions, the world leaders identified key objectives to which they assigned special significance. The MDGs focus on eight key areas:

Goal 1: Eradicate extreme poverty and hunger
Goal 2: Achieve universal primary education
Goal 3: Promote gender equality and empower women
Goal 4: Reduce child mortality
Goal 5: Improve maternal health
Goal 6: Combat HIV/AIDS, malaria and other diseases
Goal 7: Ensure environmental stability
Goal 8: Develop a global partnership for development

The specificity of the MDGs is that, 8 clear goals, 18 specific targets and 47 indicators have been set up with a common baseline and a deadline - the year 2015. All in all, numerical targets have been set for each goal, which are to be achieved for most of the goals over a 25 year period between 1990 and 2015 as pledged by all United Nations Member States. Another important aspect of the MDGs is that, their quantitative values are to be set by each country, depending on their own baseline and national priorities.

The President of Lithuania, Mr. Valdas Adamkus participated at the Millennium Summit and was a signatory to the Millennium Declaration. Lithuania, as an emerging donor and upcoming member of the European Union (EU) from May 2004 has a major role to play for the achievement of the MDGs worldwide.

Methodology

The CCA is prepared in the context of the implementation of the Secretary-General's Reform Programme for the United Nations System launched in 1997, as part of the instruments to bring greater coherence to the UN activities at the country level.

The Millennium Development Goals (MDGs) encompass 8 Goals, 18 targets and 47 indicators. They are listed below for a clear understanding. Our interest for this report is to provide a baseline study on Lithuania's standing vis-à-vis the MDGs. It is provided as a reference for monitoring further progress.

The quantitative values of the MDGs are to be set be each country, depending on their respective baseline and targets. Therefore, in some cases, it is suggested that indicators for Lithuania are adjusted in order to be consistent with the relatively high Human Development level of the country, as listed in UNDP's Human Development Report, 2002, with a ranking of 49 among the category of countries that have achieved high human development indexes.

Recommendations are provided after each goal is evaluated in the Lithuanian context as to possible future policy options taking into account the point of view of the relevant global conferences.

Millennium Development Goals (MDGs)

Goals and Targets

Indicators

Goal 1: Eradicate extreme poverty and hunger

Target 1:	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	**1.** Proportion of population below $1 per day (PPP-values) **2.** Poverty gap ratio [incidence x depth of poverty] **3.** Share of poorest quintile in national consumption
Target 2:	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	**4.** Prevalence of underweight children (under-five years of age) **5.** Proportion of population below minimum level of dietary energy consumption

Goal 2: Achieve universal primary education

Target 3:	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	**6.** Net enrolment ratio in primary education **7.** Proportion of pupils starting grade 1 who reach grade 5 **8.** Literacy rate of 15-24 year olds

Goal 3: Promote gender equality and empower women

Target 4:	Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	**9.** Ratio of girls to boys in primary, secondary and tertiary education **10.** Ratio of literate females to males of 15-24 year olds **11.** Share of women in wage employment in the non-agricultural sector **12.** Proportion of seats held by women in national parliament

Goal 4: Reduce child mortality

Target 5:	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	**13.** Under-five mortality rate **14.** Infant mortality rate **15.** Proportion of 1 year old children immunised against measles

Goal 5: Improve maternal health

Target 6:	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	**16.** Maternal mortality ratio **17.** Proportion of births attended by skilled health personnel

Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 7:	Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	**18.** HIV prevalence among 15-24 year old pregnant women **19.** Contraceptive prevalence rate **20.** Number of children orphaned by HIV/AIDS
Target 8:	Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	**21.** Prevalence and death rates associated with malaria **22.** Proportion of population in malaria risk areas using effective malaria prevention and treatment measures **23.** Prevalence and death rates associated with tuberculosis **24.** Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)

Goal 7: Ensure environmental sustainability

Target 9:	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	**25.** Proportion of land area covered by forest **26.** Land area protected to maintain biological diversity **27.** GDP per unit of energy use (as proxy for energy efficiency) **28.** Carbon dioxide emissions (per capita) [Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]

Target 10:	Halve, by 2015, the proportion of people without sustainable access to safe drinking water	**29.** Proportion of population with sustainable access to an improved water source
Target 11:	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	**30.** Proportion of people with access to improved sanitation **31.** Proportion of people with access to secure tenure [Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers]

Goal 8: Develop a Global Partnership for Development*

Target 12:	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally	Some of the indicators listed below will be monitored separately for the Least Developed Countries (LDCs), Africa, landlocked countries and small island developing states. **Official Development Assistance** **32.** Net ODA as percentage of DAC donors' GNI [targets of 0.7% in total and 0.15% for LDCs] **33.** Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
Target 13:	Address the Special Needs of the Least Developed Countries Includes: tariff and quota free access for LDC exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	**34.** Proportion of ODA that is untied **35.** Proportion of ODA for environment in small island developing states **36.** Proportion of ODA for transport sector in land-locked countries **Market Access** **37.** Proportion of exports (by value and excluding arms) admitted free of duties and quotas **38.** Average tariffs and quotas on agricultural products and textiles and clothing
Target 14:	Address the Special Needs of landlocked countries and small island developing states (through Barbados Programme and 22nd General Assembly provisions)	**39.** Domestic and export agricultural subsidies in OECD countries **40.** Proportion of ODA provided to help build trade capacity **Debt Sustainability**
Target 15:	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	**41.** Proportion of official bilateral HIPC debt cancelled **42.** Debt service as a percentage of exports of goods and services **43.** Proportion of ODA provided as debt relief **44.** Number of countries reaching HIPC decision and completion points
Target 16:	In co-operation with developing countries, develop and implement strategies for decent and productive work for youth	**45.** Unemployment rate of 15-24 year olds
Target 17:	In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	**46.** Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18:	In co-operation with the private sector, make available the benefits of new technologies, especially information and communications	**47.** Telephone lines per 1000 people **48.** Personal computers per 1000 people Other Indicators to be determined

The selection of indicators for Goals 7 and 8 is subject to further refinement

Demographic overview

The Census of 2001

Before any presentation of data and discussion of Lithuania's progress toward the United Nation's Millennium Declaration Goals, one should be familiar with the demographic trends in Lithuania. The most significant event to shape our understanding of the demographics in Lithuania during the past 12 years was the population census of April, 2001, the first census since the Soviet census of 1989 and the restoration of Lithuania's independence in March 1990. Lithuania accepted the invitation of the United Nations to all countries to conduct a population and housing census at the beginning of the third millennium. The "census moment" for the data collected during the population and housing census was 12 p.m. of April 5th, 2001.

The most important result of this census was the realization that Lithuania had lost more than 200,000 people during the 12 years between the censuses than the Department of Statistics had estimated. Thus, there was a recalculation of all the annual population estimates between the censuses. This recalculation was necessary not only to give us more precise estimates of the annual population, but also to give us more precise estimates of all population-based rates (birth, mortality, etc.).

The Population of Lithuania

Growth and Contraction from 1939 to 2002

Figure D1 displays the growth and contraction of the Lithuanian population from 1939 to 2002. The population reached its peak in 1992 with 3.7063 million people. Over the last 10 years the population has declined to 3.4756 million people, a loss of 6.2%. The figure shows that in 1939 the country was predominantly (77.1%) agrarian. From 1939 to 1992 there was a slow, but increasing urbanization of Lithuania. Parity between urban and rural areas was reached in 1970, and by 1992 urbanization had reached its peak of 68.3%. However, over the last 10 years there has been a slow shifting of the population to rural areas, from a low of 31.7% to 33.1% in 2002.

Figure D1
Lithuanian Population: 1939-2002
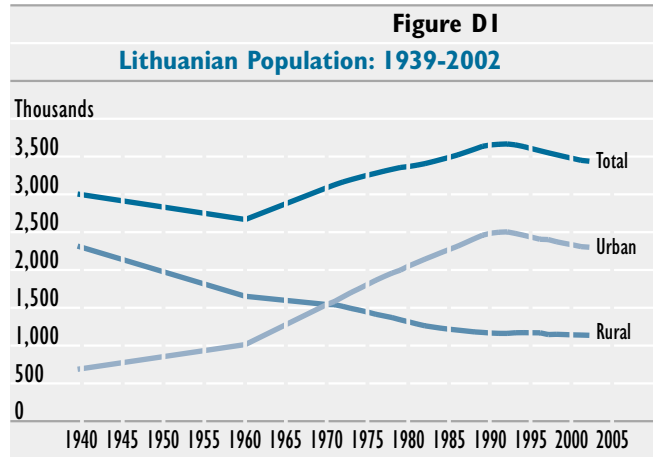
Vital Statistics

Lithuania as a Whole

The next figures (D2a, D2b, and D2c) show the trend in vital statistics for the last 11 years for Lithuania as a whole and for urban and rural Lithuania as well. Overall, the birth rate has been steadily declining from a high of 15.4 live births per 1,000 average population in 1990 to a low of 9.1 live births per 1,000 average population in 2001, a decline of 40.9%. The mortality rate has risen from a low of 10.8 deaths per 1,000 average population in 1990 to a high of 12.7 deaths per 1,000 average population in 1994. In 2001, the mortality rate was 11.6 deaths per 1,000 average population, an increase of 7.4% since 1990. The year 1993 marked the last time the birth rate exceeded the mortality rate, so there has been a natural decrease in the population since then. Lithuania had a net loss of 2.5 people per 1,000 average population in 2001.

Figure D2a
Vital Statistics of Lithuania: 1990-2001

Figure D2c

Vital Statistics of Rural Lithuania: 1990-2001

Rate per 1,000 average population
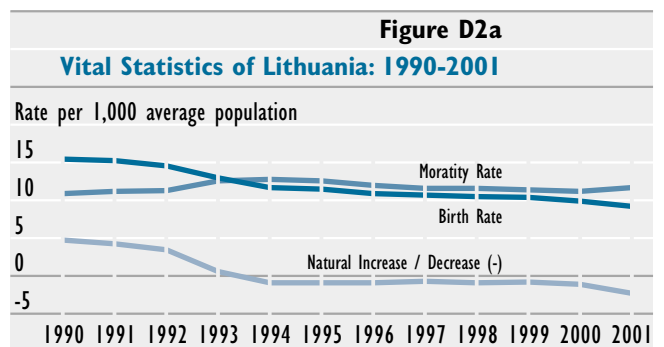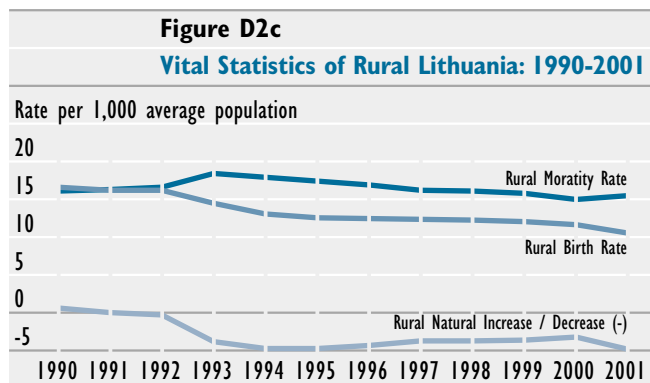
Lithuania by Residential Area

The vital statistics figures for rural Lithuania (Figure D2c) show that despite a higher birth rate than urban areas for all of the last 11 years, there has been a natural decrease in the rural population since 1991 due to its much higher mortality rates than urban areas. In 2001, the rural areas had a net loss of 4.9 people per 1,000 average population In urban areas (Figure D2b), the birth rate had managed to exceed the mortality rate until 1999, promoting a declining, but still a natural increase in the population. The year 2000 marked the first time the urban population experienced a natural decrease. The cities and towns had a net loss of 1.4 people per 1,000 average population in 2001.

Figure D2b

Vital Statistics of Urban Lithuania: 1990-2001

Rate per 1,000 average population
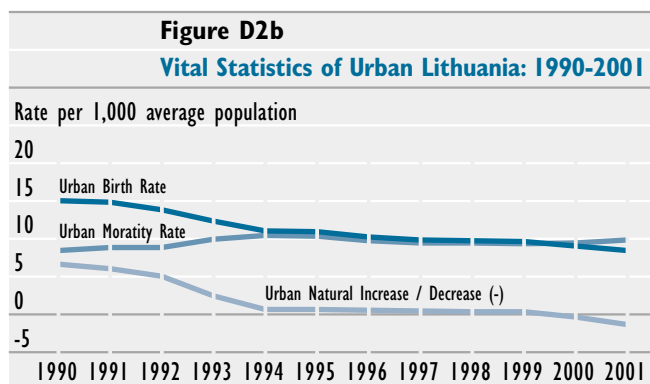
Migration

Migration, international as well as internal migration, is an important factor that affects the population of Lithuania. The Census of 2001 forced the recalculation of the annual population estimates for the intercensus period. Because of Lithuania's relative precision in keeping birth and death records, the only place left where the Department of Statistics could adjust for the loss of over 200,000 people was in the international migration numbers.

International Migration

 Figure D3a shows the pattern of immigration and emigration from 1990 to 2001. The sustained dip in net migration from 1992 to 2000 includes the recalculated numbers from the Department of Statistics; these include both legal and illegal migration. The upward swing of net migration in

Figure D3a

International Migration

To and From Lithuania: 1990-2001

Rate per 100,000 average population
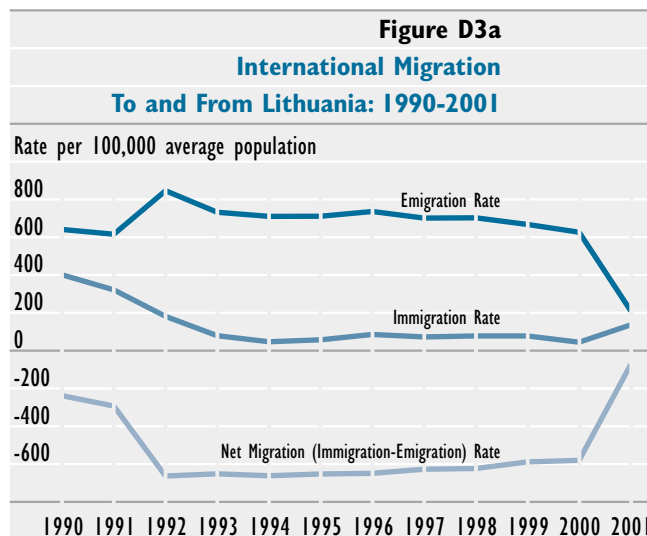
2001 does not necessarily indicate a reduction in emigration, because it only includes legal migration. The illegal migration for 2001 will be known only after the next census. The destinations for the net loss of people from Lithuania in 2001 are as follow: USA-23.9%, Germany-21.6%, Russia-16.0%, Belarus-13.8%, Israel-8.0%, United Kingdom-5.3%, Lebanon-3.9%, and Other-7.5%.

Internal Migration

Figure D3b shows the pattern of internal migration within Lithuania during the last 11 years. Since 1992, there has been a net movement of people away from the cities to rural areas, which reached a peak in 1993 with the net loss of 286.4 people per 100,000 average population from the cities. In 2001, the net urban loss was reduced to 62.3 people per 100,000 average population.

Figure D3b

Internal Migration in Lithuania:

1990-2001

Rate per 100,000 average population
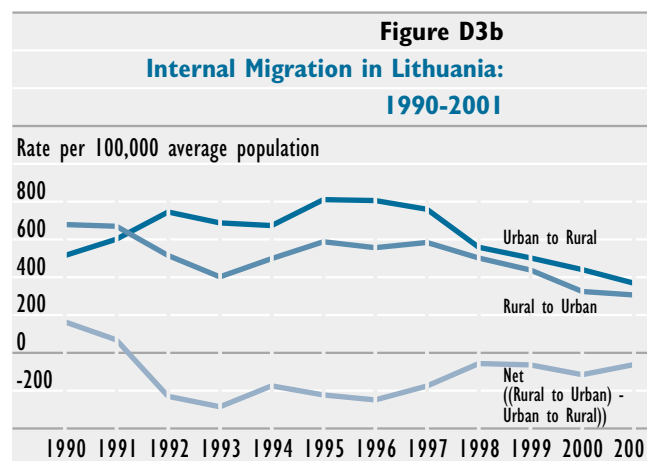
Total Fertility

Behind the decline in the Lithuanian birth rate is a decline in the total fertility rate, which from 1990 to 2000 fell from a high of 2.02 to a low of 1.27 average number of children per woman (Figure D4). In 2001, the total fertility rate rose slightly to 1.29 average number of children per woman, which is 39% lower than the rate of 2.10 needed to maintain population stability. From 1990 to

Figure D4

Total Fertility Rate (TFR) in Lithuania: 1990-2001

Average Number of Children per Woman

Figure D6a

Marriage and Divorce Rates in Lithuania: 1990-2001

Rate per 1,000 average population

2000, the total fertility rate in rural areas declined from a high of 2.58 to a low of 1.72 average number of children per woman. It rose again in 2001 to 1.85 average number of children per woman. In urban areas, from 1990 to 2000, the total fertility rate fell from a high of 1.78 to a low of 1.09 average number of children per woman. The urban rate rose minimally in 2001 to 1.10 average number of children per woman. The total fertility rate in rural areas has been as much as 68% higher than in urban areas.

Abortion

A factor that indirectly affects the birth rate is abortion. Figure D5 displays the legally induced abortion rate from 1991-2001. The rate of

Figure D5

Legally Induced Abortion Rate: 1991-2001

Number of Abortions per 100 Live Births

abortion reached a high of 75.9 abortions per 100 live births in 1995, and since then it has declined 42% to 44 abortions per 100 live births in 2001.

Marriage and Divorce

Other factors that indirectly affect the birth rate are marriage and divorce. Figure D6a shows that the overall marriage rate has declined 54% in the last 11 years, from a high of 9.8 to 4.5 per 1,000 average population. During this same period the overall divorce rate has fluctuated minimally. In 2001, the overall divorce rate was 3.2 per 1,000 average population. Thus, during this period the trend in the overall marriage and divorce rates has been towards convergence.

This figure (D6a) also displays the marriage and divorce rates for urban and rural areas. The urban marriage rates are only minimally higher than in the rural areas. Except for the years 1997-1998 when the divorce rates between the two areas are truly comparable, the rural divorce rates are considerably lower than the urban divorce rates. In 2001, the rural divorce rate of 2.1 per 1,000 average population was 43% lower than the urban rate of 3.7 per 1,000 average population.

Figure D6b shows the divorce rate from a different perspective, i.e., as the number of divorces per 100 marriages. The overall divorce rate was at a

photo by Aleksandras Celko

Figure D6b

**Divorces Per 100 Marriages
by Residential Area: 1990-2001**

Number of Divorces per 100 Marriages

Figure D7

**Percentage Distribution of Urban and Rural
Populations by Age Group and Gender: 2002**

Percentage
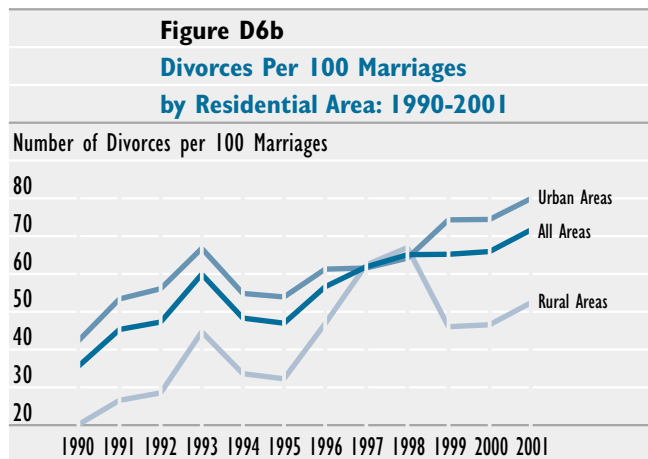
low of 35.1 divorces per 100 marriages in 1990. Since then the rate has nearly doubled, reaching its high of 69.9 divorces per 100 marriages in 2001. One should not look at this figure without first looking at the previous figure (D6a), because one might be tempted to conclude that divorce is spiraling out of control. But in reality, the steep incline in Figure D6b is due to the near convergence of the marriage and divorce (population-based) rates displayed in Figure D6a.
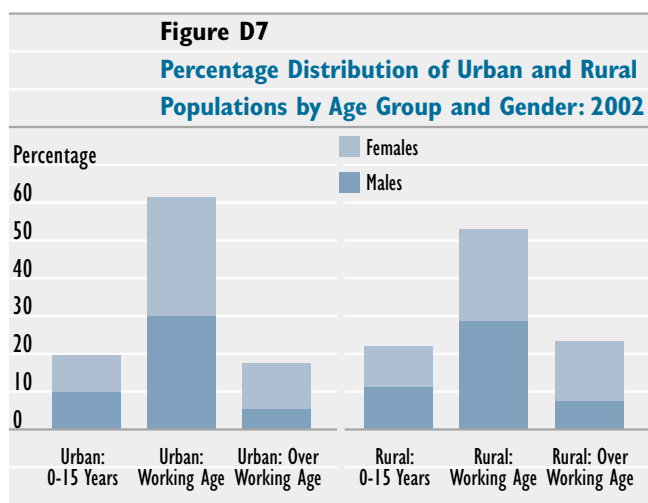
**Distribution by Age Group
and Residential Area:
January 1, 2002**

Figure D7 displays the percentage distribution of the urban and rural populations by age group and gender, as of January 1, 2002. The urban population has a higher percentage (62.4%) of its people who are of working age than the rural population (53.8%). On the other hand, the rural population has higher percentages (22.4% and 23.8%) of its people who are children and elderly (over working age) than the urban population (19.8% and 17.9%), respectively. This age disparity in the composition of the rural and urban populations is useful when considering the issue of poverty, which will be discussed in the next section.

**Distribution by Ethnicity:
The Census of 2001**

As of the Census of 2001, the ethnic distribution of the population of Lithuania is as follows: Lithuanians-83.45%, Poles-6.74%, Russians-6.31%, Belarussians-1.23%, and Others-2.27%.

Goal 1: Eradicate extreme poverty and hunger

The first Millennium Declaration Goal is to eradicate extreme poverty and hunger. Lithuania uses the relative poverty line (which equals 50% of the average monthly consumption expenditure per equivalent consumer in the appropriate year) to assess the extent of the condition throughout the country. Thus, according to the National Strategy for Poverty Reduction which was established in 2000, Lithuania's target is to reduce poverty at least to 13% by 2005 (from 15,8% in 1999).Therefore, a suggested MDG target for this goal could be to halve, between 1990 and 2015, the proportion of people who live below the relative poverty line.

Figure P1 displays the values of the relative poverty line and the average monthly consumption expenditure per capita on which it is based from 1996-2001.

Factors Affecting Relative Poverty

Residential Area

Figure P2 shows that the overall percentage of people living below the relative poverty line has decreased from 18% in 1996 to 16.4% in 2001, a reduction of 9% * in 5 years. But more impressive than this overall reduction in poverty is the huge poverty gap that exists between rural and urban areas. In rural areas, the percentage of people living below the relative poverty line has actually increased 5% from 26% to 27.3%. While in urban areas, the percentage of people living in poverty was reduced 23% from 14.7% to 11.3%.

Figure P1

Average Monthly Consumption Expenditure Per Capita and Relative Poverty Line: 1996-2001

Litas

Average Monthly Consumption Expenditure Per Capita

Relative Poverty Line

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |

Figure P2

Percentage Living Below the Relative Poverty Line by Residential Area: 1996-2001

Percentage

Rural

All Areas

Urban

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |

photo by Jurga Vilimaite

* All differences between percentage levels of relative poverty will be calculated as a percentage increase or decrease.

Figure P3
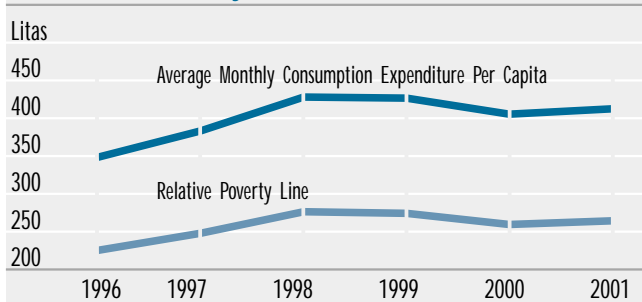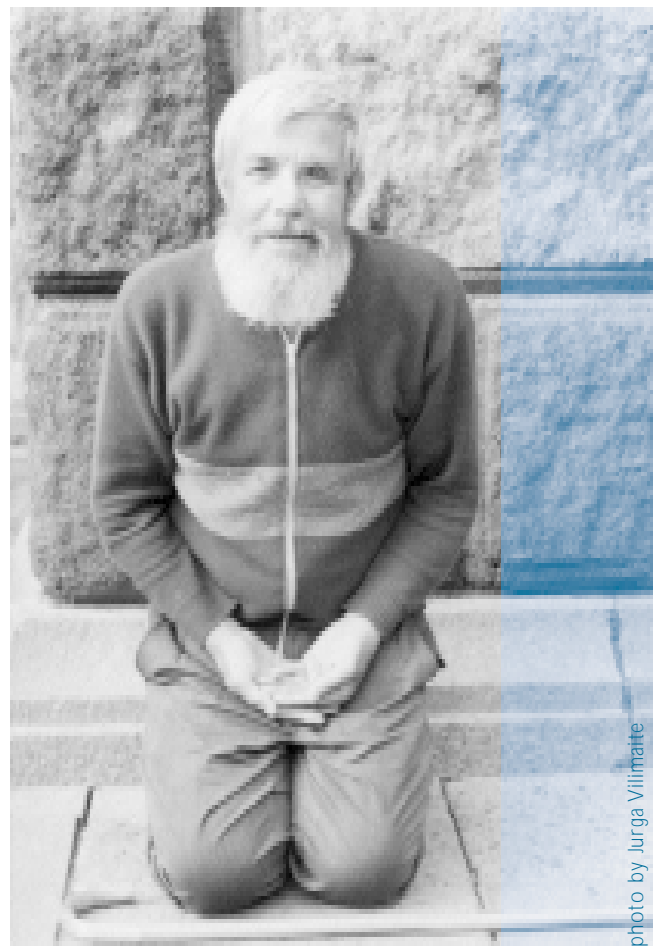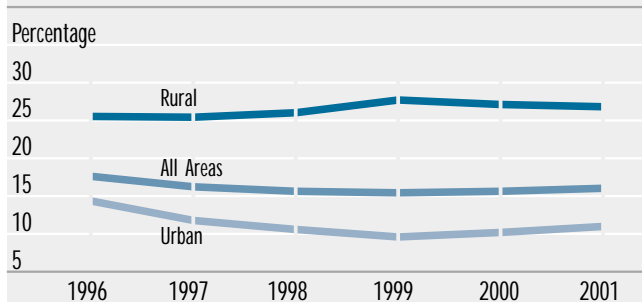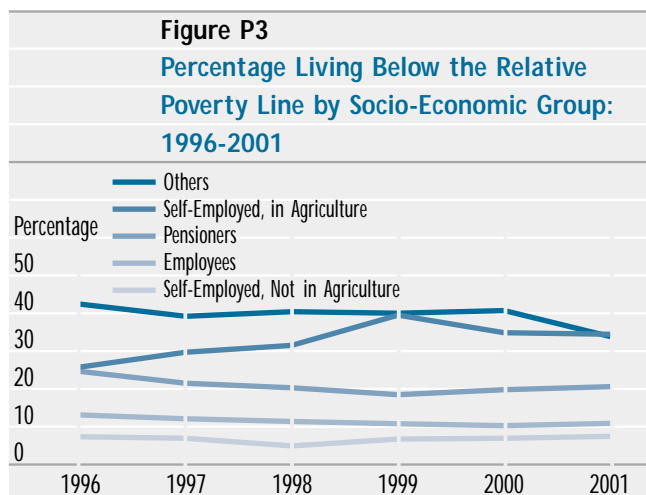
Percentage Living Below the Relative Poverty Line by Socio-Economic Group: 1996-2001

Considering only the data from 1999 (when the rural poverty level reached its peak of 28.2% and urban poverty fell to its lowest point of 9.9%) to 2001, we see a 14% increase in poverty for the urban areas and a 3% decrease for the rural areas.

Socio-Economic Group

The next several figures show how various socio-economic factors affect the proportion of people living below the relative poverty line. Figure P3 displays the percentage of people living below the relative poverty line by socio-economic group. People who are self-employed (not in agriculture) or employ others were the least vulnerable to poverty. In 2001, only 8.2% of these people were poor, which is half the national rate of 16.4%. The next group that experienced poverty at a lesser rate than the national average was the employees. The poverty rates of employees have lessened 16% from 13.8% in 1996 to 11.6% in 2001. Pensioners have experienced consistently higher poverty rates than the national average. But even their rates have decreased 16% from 25.2% to 21.2% in the last 5 years. The group that has had the most dramatic rise in poverty is the farmers (self-employed in agriculture). Their level of poverty rose from 26.3% in 1996, to a high of 39.9% in 1999, down to 34.9% in 2001. The overall increase in poverty rates for the farmers in these five years was 33%. The most vulnerable group to poverty was the others, which included the unemployed and students who made their living out of scholarships. Their poverty rates ranged from 42.8% to 39.6% during the four-year period, 1996-2000. But in 2001, their level of poverty, though still high at 34.3%, had decreased 20% from 1996.

Education Level of Household Head

Figure P4 shows the percentage of people living below the relative poverty line by the education level of the household head. As expected, the households whose heads had achieved the highest (tertiary) education level experienced the lowest poverty, almost 84% lower than the national average in 2001. Their poverty level decreased

23% from 3.5% in 1996 to 2.7% in 2001. Those households whose heads had post-secondary, vocational education also experienced poverty levels lower than the national average. Their poverty rate decreased 10% in the past 5 years, from 11.8% to 10.6%. The households whose heads had an upper secondary education (2 years beyond the mandatory basic education) experienced poverty at a higher level than the national average. Their poverty level remained fairly steady, ranging from 19.4% to 21% during the past 5 years. The households whose heads had only a basic (lower secondary) education experienced poverty at a considerably higher level than the national average. Their poverty rates rose 8% from 24.4% in 1996 to 26.4% in 2001. Predictably, those households whose heads had completed only the lowest education level (primary or less) had the highest poverty rates, which increased 23% from 24.7% in 1996 to 30.5% in 2001.

Figure P4

Percentage Living Below the Relative Poverty Line by Education Level of Household Head: 1997-2001
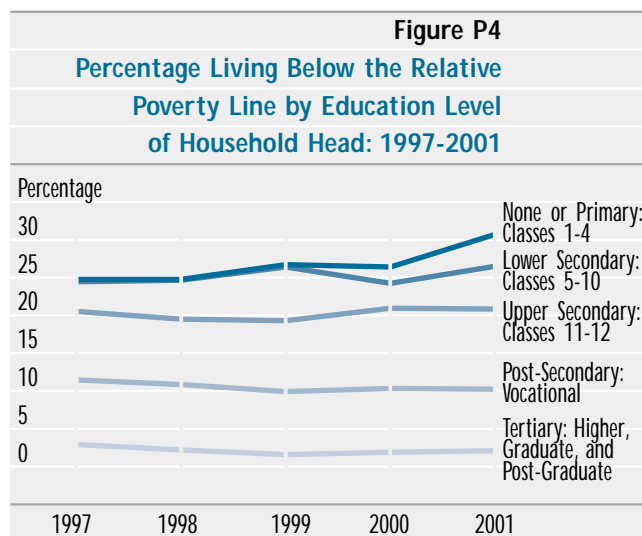
Household Type

Figure P5 shows the poverty rates by type of household from 1996 to 2001. Type of household is really a combination of two factors: household head (couple, single, or other) and child status (presence or absence of children less than 18 years old in the household). When analyzed separately, child status was a more important factor than household head in determining poverty level. As expected, higher levels of poverty existed for those households with children compared to households without children. But within child status, household head was also important, just less so. Couples without children experienced the lowest levels of poverty, which decreased 22% in the last 5 years, from 11.1% to 8.7%. They tended to be better off than the households of single adults with children, whose poverty rate decreased 23%, from 17.6% in 1996 to 13.6% in 2001. This same tendency between couples and singles existed for households with children, but at higher poverty

Figure P5

Percentage Living Below the Relative Poverty Line by Household Type: 1996-2001

Other Household with Children <18
Single Adult with Children <18
Couple with Children <18
Other Household without Children
Single Adult without Children
Couple without Children

Percentage
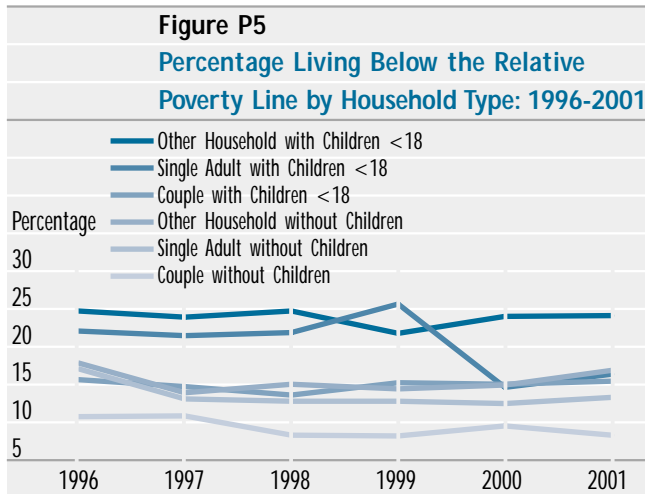
levels from 1996-1999. During those 3 years, the poverty level of households of singles with children ranged from 40% to 66% higher than households of couples with children. During the last two years (2000 and 2001), the poverty levels of these households were comparable (couples: 15.3% and 15.7%; singles: 14.9 and 16.6%). Other households without children tended to experience higher poverty levels than either couple or single households without children. Except for 1999, other households with children experienced higher poverty levels (ranging from 21.9% to 24.8%) than any other household.

Number of Children less than 18 Years Old in Household

Figure P5 just showed us the effect of child status on poverty level. Figure P6 shows us that the number of children less than 18 years old in the household also matters. There were small increases in poverty level as households go from zero to two children. These poverty levels hovered around the national average. But there was a striking jump in poverty rates for households with 3 or more children. Their rate of 32.5% in 2001 was almost double the national average of 16.4%. Nonetheless, this rate was 13% lower than the rate was in 1997 (37.2%).

Figure P6

Percentage Living Below the Relative Poverty Line by Number of Children <18 in Household: 1997-2001

Percentage
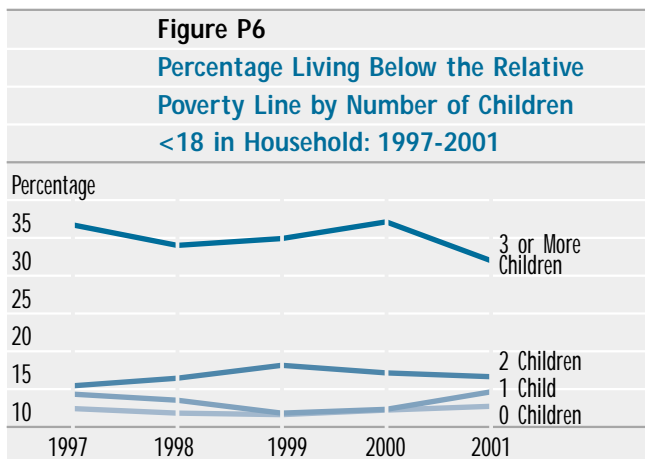
Income and Consumption Expenditure

Disposable Income by Residential Area

Figures P2 and P3 have already showed us the disparity in poverty levels between rural and urban areas, and between farmers and other socio-economic groups (self-employed in other businesses, employees, or pensioners). The following figures will examine other factors that can partly explain why rural people, and especially farmers, live under such difficult conditions.

Figure P7 displays the average monthly disposable income per capita by residential area from 1996 to 2001. During this 5-year period, overall disposable income had increased 25% from 326.7 Lt in 1996 to 409.5 Lt in 2001, though its peak came in 1999 with 428 Lt. Despite the decrease from its mid-period high, this 5-year period showed a 25% increase in disposable income. Though both urban and rural areas experienced increases in disposable income during the period, the urban areas profited more than rural areas. The disposable income of urban areas increased 29%, while that of the rural areas increased only 16%. This disparity in increase has led to a widening of the gap between the disposable incomes of urban and rural areas. The disposable income gap widened from 24% in 1996 to 32% in 2001.

Figure P7

Average Monthly Disposable Income per Capita by Residential Area: 1996-2001

Litas
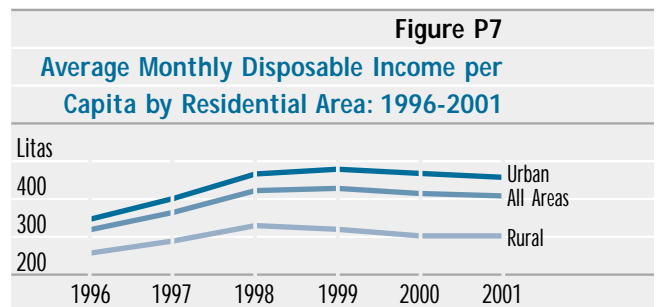
Sources of Disposable Income by Residential Area in 2001

The next figure, P8, displays the percentage distribution of disposable income by source and residential area in 2001. As was expected, rural people received almost a quarter (24.3%) of their income from self-employment in agriculture, compared to 2.1% for urban people. But, they received a third (and their largest share) of their income from social transfers (pensions and other benefits), compared to only 21.2% for urban people. City dwellers derived the largest share (60.8%) of their income from employment, which is almost double the share (31.1%) for rural dwellers. In the section "Demographic overview", we have already seen that the rural population has higher proportions of children and the elderly

Figure P8

Percentage of Disposable Income by Source and Residential Area: 2001

Figure P10

Percentage of Consumption Expenditure by Category and Residential Area: 2001
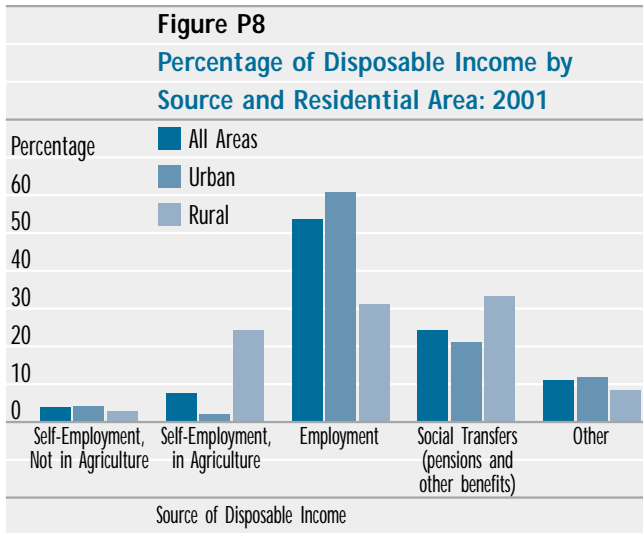
(over working age) than the urban population. Consequently, the rural population has proportionally fewer people contributing wage income to households than the urban population.

Consumption Expenditure by Residential Area

Overall, the average monthly consumption expenditure per capita increased 18% from 348.1 Lt in 1996 to 411.4 Lt in 2001, as shown in Figure P9. Again, the city people were able to increase their spending by 21% during these five years (373.3 Lt to 450.6 Lt), while the rural people could only increase their spending by 12% (292 Lt to 327.3 Lt). This disparity in increase has widened the gap between the consumption expenditures of city and rural people from 22% in 1996 to 27% in 2001.

Expenditure Categories by Residential Area in 2001

Figure P10 displays the percentage of consumption expenditure by category and residential area in 2001. Over half (54.4%) of rural people's spending goes to food and non-alcoholic beverages, while only 38.3% of urban people's spending goes to this category. Rural people also spend a higher percentage (4.2% vs. 3.6%) on alcohol and tobacco than city dwellers. In all other categories, city people spend proportionally more than rural people. City people spend considerably more than
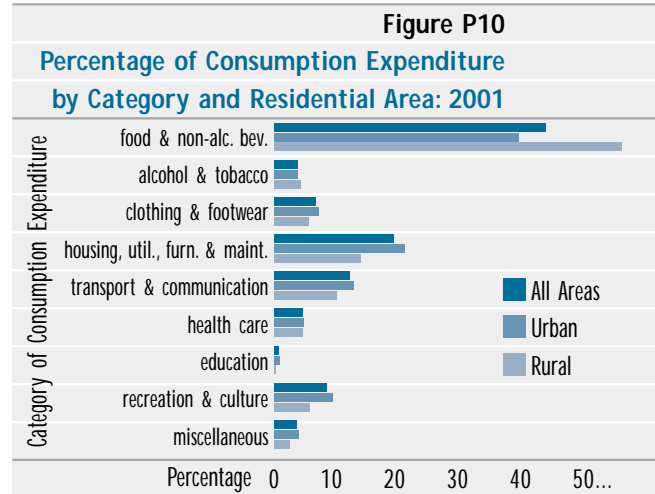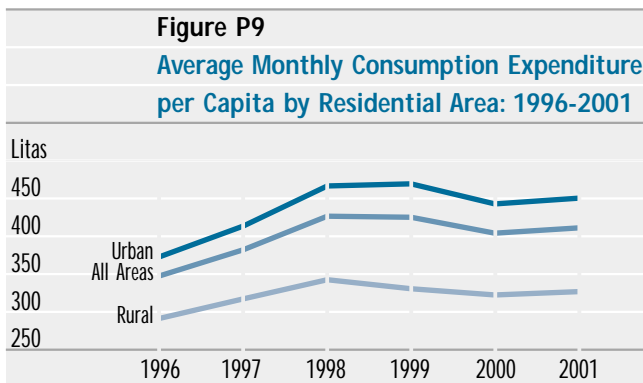
rural people in three categories: housing, utilities, furnishings, and maintenance (20.4% vs. 13.6%), recreation and culture (9.2% vs. 5.5%), and transportation and communication (12.5% vs. 9.7%).

Combinations of Socio-Economic Factors with Residential Area Affecting Relative Poverty

Socio-Economic Group by Residential Area

The next four figures examine the extent of poverty when the socio-economic factors, discussed previously, are combined with residential area for 2001. Figure P11 shows that the poverty level is much higher for employees, pensioners, and others of rural areas than for the same categories of people in urban areas. Rural employees are 166% more likely to live in poverty than urban employees (22.9% vs. 8.6%). Rural pensioners are 58% more likely to be poor than city pensioners (26.8% vs. 17%). Similarly, rural others (unemployed, students on scholarship, etc.) are 30% more likely to live below the relative poverty line than their counterparts in the city (41.1% vs. 31.5%). The two other socio-economic groups (self-employed in agriculture and self-employed, not in agriculture) cannot be compared across the residential divide because of too few numbers.

Education Level of Household Head by Residential Area

Figure P12 examines the depth of poverty by education level of household head and residential area in 2001. Generally speaking, an inverse

Figure P9

Average Monthly Consumption Expenditure per Capita by Residential Area: 1996-2001

Figure P11

Percentage Living Below the Relative Poverty Line by Socio-Economic Group and Residential Area: 2001

Percentage

■ All Areas
■ Urban
■ Rural

Self-Employed, Not in Agriculture | Self-Employed, in Agriculture | Employees | Pensioners | Others

Socio-Economic Group

Figure P12

Percentage Living Below the Relative Poverty Line by Education Level of Household Head and Residential Area: 2001

Percentage

■ All Areas
■ Urban
■ Rural

None or Primary: Classes 1-4 | Lower Secondary: Classes 5-10 | Upper Secondary: Classes 11-12 | Post-Secondary: Vocational | Tertiary: Higher, Graduate, and Post-Graduate

Education Level of Household Head

relationship exists between education and poverty, i.e., as the education level increases, the poverty level decreases. This is the case for Lithuanians as a whole in 2001 and for urban Lithuanians, as well. However, there is a slight exception for rural Lithuanians. They experienced their highest level of poverty (35%) among households whose head had completed lower secondary education, not among households whose head only had primary or no education (32.6%). As the education level becomes higher, the wider the poverty gap becomes between rural and urban people. Those household heads with primary or no education were 21% more likely to be poor if they lived in rural areas rather than in urban areas (32.6% vs. 26.9%). Rural households whose head had a lower secondary education were 77% more likely to be poor than urban households whose head had the same education (35% vs. 19.8%). Rural households whose head had an upper secondary education or a post-secondary, vocational education were 105% and 117% more likely, respectively, to live in poverty than urban households whose heads had similar educations (upper secondary: 32% vs. 15.6%; post-secondary, vocational: 17.6% vs. 8.1%). And finally, households whose heads had achieved a tertiary level education were 311% more likely to be poor if they lived in rural areas rather than in the cities or towns (7.8% vs. 1.9%).

Household Type by Residential Area

Figure P13 displays the extent of poverty when household type is combined with residential area for 2001. Among all households; whether or not they had children less than 18 years old in the household or were headed by couples, single adults, or others; rural households experienced remarkably higher poverty levels (from 79% to 207% higher) than urban households of the same type. Again, we notice that the presence of children less than 18 years old in a household increased the likelihood of poverty and that couples tended to be better off than single adults as heads of households.
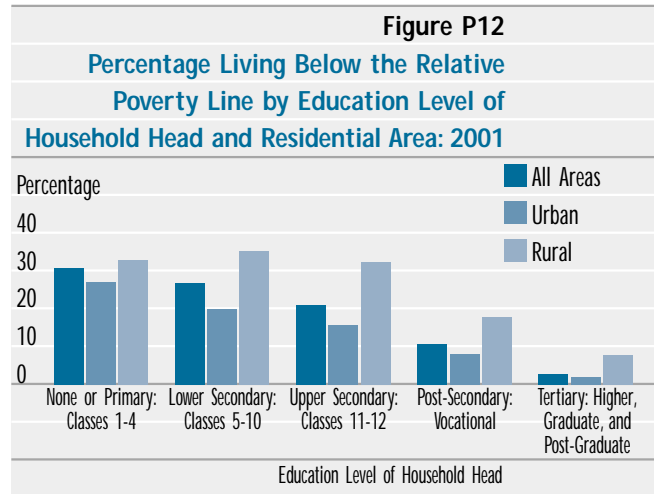
Number of Children less than 18 Years Old in the Household by Residential Area

Figure P14 shows the extent of poverty when the number of children less than 18 years old in the household is combined with residential area for 2001. We have previously seen in Figure P6 the direct relationship that exists between the number of children and poverty, i.e., as the number of children increases, so does the level of poverty. This same direct relationship exists among rural households but at a higher poverty level. In each household category, the poverty experienced among rural households was considerably higher

photo by Jurga Vilimaite

Figure P13

Percentage Living Below the Relative Poverty Line by Household Type and Residential Area: 2001

Figure P14

Percentage Living Below the Relative Poverty Line by Number of Children Less Than 18 Years in Household and Residential Area: 2001
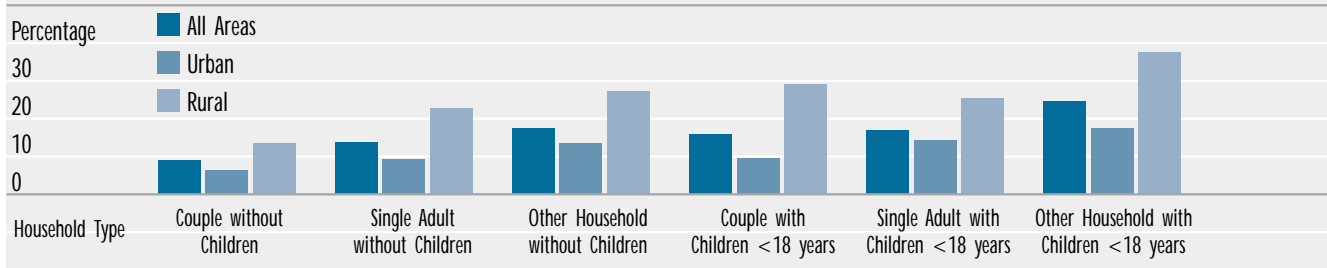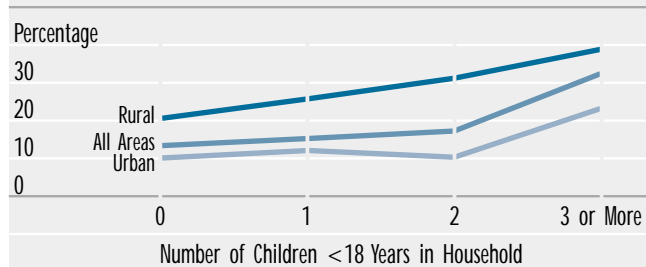

(from 68% to 207% higher) than among urban households. The relationship between number of children and poverty is not as direct when only urban households are considered. The poverty rate in urban households with 2 children was less than in urban households with only 1 child (10.2% vs. 12%). But as expected, rural households with 3 or more children were the most vulnerable to poverty. Their poverty level reached a high of 39% in 2001.

Recommendations

Poverty reduction has been a major concern for the Lithuanian authorities since the late 90s. The Copenhagen Declaration on Social Development and Programme of the world Summit for Social Development of 1995 and the United Nations General Assembly special session of June-July 2000 (Social summit +5) to assess the achievements made at the Social Summit of Copenhagen and to discuss new initiatives provided the necessary starting point for setting up a national policy for the country.

Lithuania has prepared in 2000 through a consultative process and under the auspices of the National Social Committee established by the President, a National Poverty Reduction Strategy (NPRS). The Strategy presents a concept of poverty, defines its measures, describes the spread and nature of it, identifies the most vulnerable groups of the society, and defines poverty goals

prevention and its elimination. According to the strategy, the task is to eliminate extreme poverty in Lithuania by 2003 (from 0,9% in 1999). Every starving individual, every person who needs housing for the night, and those who lack sufficient warm clothing will be supplied with the necessary items. Moreover, everyone will be granted essential medical care, and every child or adolescent under 16 will be given an educational opportunity. Attempts will be made to reduce poverty (according to the relative poverty line) to at least 13% by 2005 (from 15,8% in 1999). By 2005, the poverty level of the poorest social groups (single parents, large families, the unemployed, and agricultural workers) will be reduced to at least 20%. As a follow-up, the UNDP has provided support for the consultative process of the transformation of the NPRS into a practical National Poverty Reduction Action Plan (NPRAP). The Lithuanian authorities have endorsed the NPRAP for the period 2002-2004 in October 2002. The first report of the Poverty Monitoring Commission, established by a Presidential decree in 2001, helped to identify the most urgent issues for the country: the limitations and passive nature of poverty; the high level on unemployment leading to persistent poverty; low agricultural productivity; and a limited availability of government assistance in rural areas. The anti-poverty actions being taken by the authorities will assist Lithuania in planning the Joint Inclusion Memorandum with the European Union. Extreme poverty, although on decline (0,8% in 2000), has not yet been reduced to a level to make a difference. If we consider the overall poverty data, we might conclude that Lithuania is almost on track (with a 9% decrease in years 6-11 of the MDG time period: 1990-2015) in significantly reducing relative poverty (or halving it by 2015). However, because poverty reduction is not evenly distributed throughout the country and because the rates have been unstable, we must conclude that Lithuania needs to continue its laudable efforts, launched almost three years ago, on reducing and eliminating the conditions that leads to poverty in all segments of the population as well as taking measures to alleviate its impact. Therefore, Lithuania should persistently work on securing funds, and implement the National Poverty Reduction Action Plan.

Goal 2: Achieve universal primary education

The second Millennium Development Goal (MDG) is to achieve universal primary education. Since Figure E1 shows that Lithuania has essentially achieved this goal in 2001 by having a net primary school enrollment of 95.7% (96.1% for boys and 95.3% for girls), Lithuania's second Millennium Development Goal (MDG) could be reworded to achieve universal secondary education. In addition, Lithuania has room for extending equal access to master and doctorate education and could work on improving the quality of education at all levels in all parts of the country. Lithuania's target for this goal can be selected to ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of secondary schooling.

Secondary Education

Net Enrollment Rates

Figure E1 displays the net enrollment rates for secondary education by gender from 1996 to 2001. These net enrollment rates increased 11% from 83.9% (84.5% for girls and 83.3% for boys) in 1996 to 93.4% (93.6% for girls and 93.2% for boys) in 2001. One should note that in secondary education, girls had a slightly higher net enrollment than boys (1,004 girls to every 1,000 boys in 2001), which was the reverse in primary education, where boys had a slight edge (992 girls to every 1,000 boys in 2001).

photo by Aleksandras Ceiko

Figure E1

Net Enrollment Rate in Primary and Secondary Education by Gender: 1996-2001

Legend:
- Primary: All Students
- Primary: Male Students
- Primary: Female Students
- Secondary: All Students
- Secondary: Male Students
- Secondary: Female Students

Figure E2

Basic and Upper-Secondary School Graduates as Percentage of Specified Population: 1992-2001

Figure E3

Gross Enrollment Rate in Tertiary Education by Gender: 1992-2001
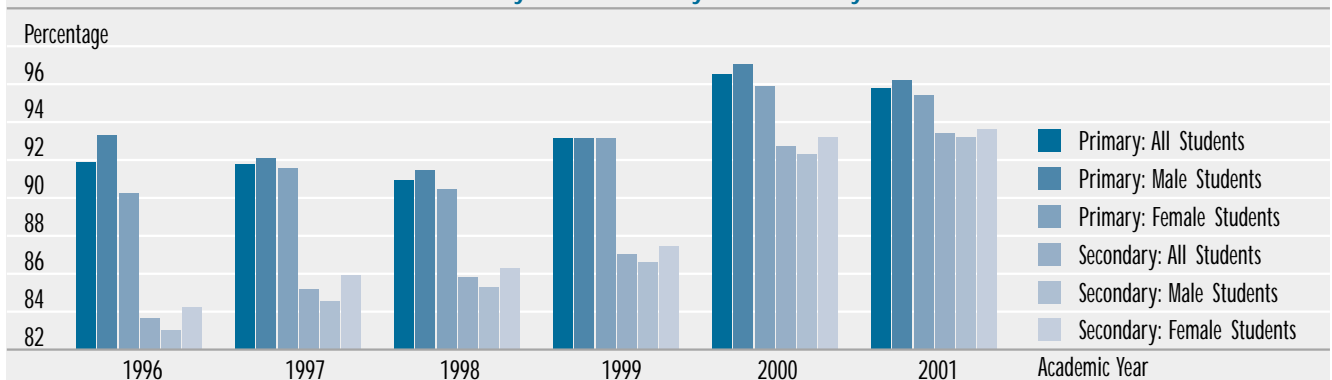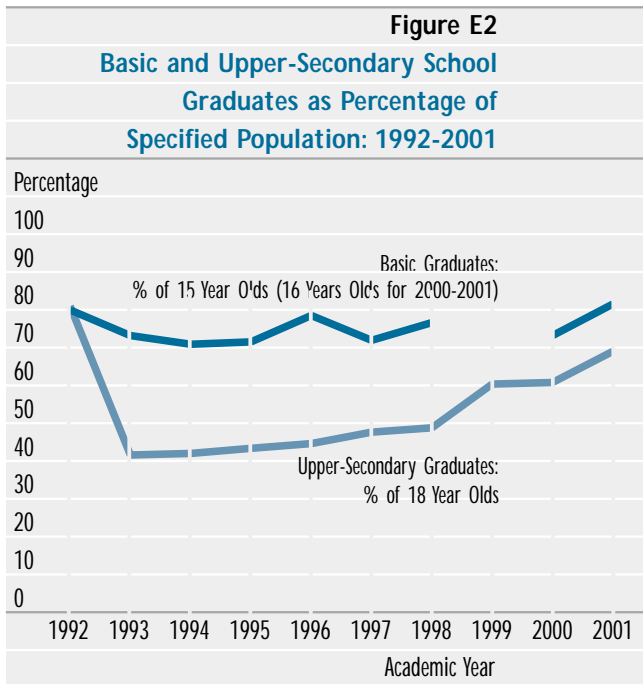
Secondary education is a combination of basic or lower secondary education (classes 5-10), which is mandatory, and upper secondary education (classes 11 and 12), which is not mandatory. When secondary education is separated into these components, we find that boys continued to have a slightly higher net enrollment than girls in basic or lower secondary education, but in upper secondary education, girls began to exceed boys in net enrollment, which produced the overall slightly higher net enrollment for girls that we see in combined secondary education.

Graduation Rates

Figure E2 shows the graduation rates for basic (lower secondary) and upper secondary education as percentages of their respective populations, 15-year olds (16-year olds for 2000 and 2001) for basic school graduates and 18-year olds for upper secondary school graduates. Basic school graduation rates fluctuated in the range of 71.5% and 81.7% during the last 9 years. Overall, the rate had only increased 1.9%, from 80.2% in 1992 to 81.7% in 2001. In 1993, the graduation rate for upper secondary school took an unexplained plunge to 43.4% from 81.2% just a year earlier. But since then, the rate continued to climb to 69.7% in 2001, an increase of 60.6% in 8 years.

Tertiary Education

Gross Enrollment Rates

More and more Lithuanians are pursuing higher (tertiary) education than ever before. Figure E3 shows that gross enrollment in tertiary institutions [professional (vocational) colleges, colleges, and universities] increased 148.8%, from 12.7% in 1992
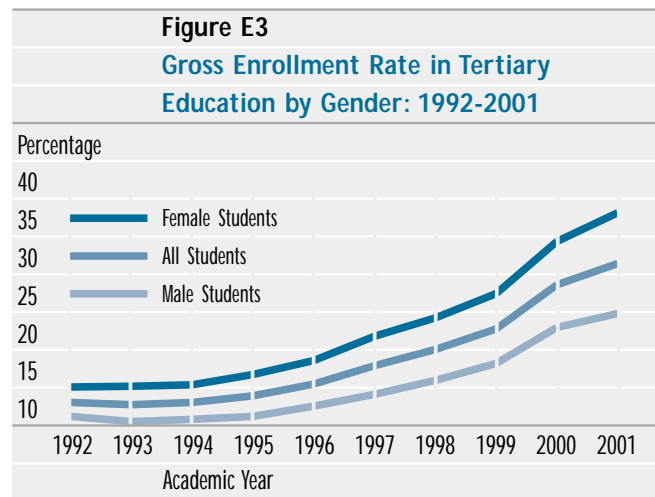
to 31.6% in 2001. We notice that women dominated men in enrollment statistics for tertiary education. In 1992, the gross enrollment ratio was 137 women to 100 men. By 2001, this ratio had increased to 155 women to 100 men.

Enrollment in Science, Mathematics, and Engineering Fields of Study

But women still lag behind when it comes to studying science, mathematics, or engineering. Figure E4 shows the percentage of tertiary students who were enrolled in these "hard science" fields of study by gender in 2001. Overall, 34% of students were enrolled in science, mathematics, or engineering fields of study. But the sex stereotype prevails when you compare women to men. In all tertiary education programs combined, only 22.9% of women studied these

Figure E4

Percentage of Tertiary Students Enrolled in Science, Math, and Engineering by Program and Gender: 2001
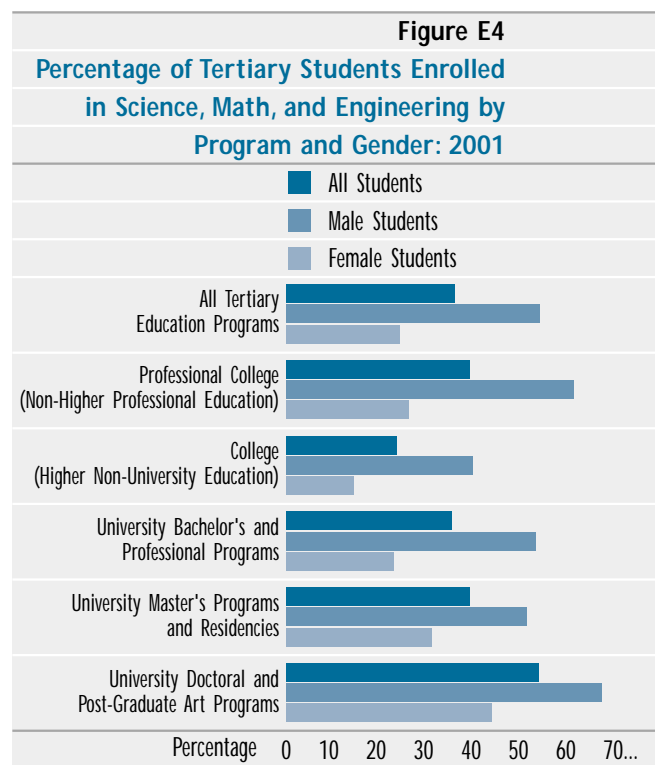
"hard science" fields, compared to 51% of men. However, in master's and doctoral level education programs, the women-to-men gross enrollment ratio increased from 0.45 (45 women to every 100 men) overall to 0.60 (60 women to every 100 men) and 0.65 (65 women to every 100 men), respectively.

Female Share of University Graduates

Figure E5 looks at the percentage of university graduates who were women from 1995 to 2001. Combining all university programs, we see that the percentage of graduates who were women increased 13%, from 53.6% in 1995 to 60.8% in 2001. But this was not the case for all university programs. Only in the bachelor's level programs have the women graduates outnumbered the men throughout the 6 years, from 55.5% to 61.7%. In the master's level programs, women graduates began to outnumber men only in 1997 with 56.3%. This percentage increased to 60.2% in 2001. However, women graduates were outnumbered by men in the doctoral level programs throughout the 6 years. Their graduation percentages went from 46.3% in 1995, fell to 23.9% in 1996, and rose again to 47.8% in 2001.

Figure E5

Percentage of University Graduates Who Are Female by Program

- Bachelor's and Professional Programs
- All University Programs
- Master's Programs and Residencies
- Doctoral and Post-Graduate Art Programs

Recommendations

Lithuania has made tremendous progress towards ensuring that all children complete a full course of secondary schooling by 2015. This is above and beyond the expectation of the original MDG of universal primary education. Net secondary school enrolment rates have increased 11% from 83.9% to 93.4% in 5 years. Essentially full enrolment (above 95%) should be achievable in the next few years. However, Lithuania must still be diligent at increasing the graduation rates of both lower and upper secondary education to above 95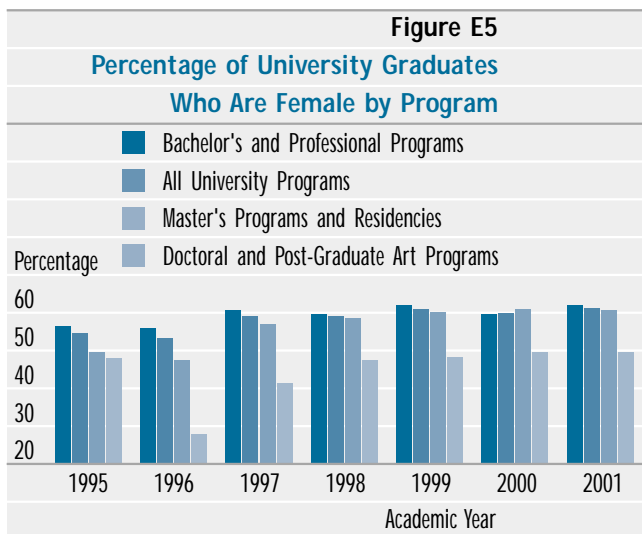% from their 2001 rates of 81.7% and 69.7%, respectively. Only then can Lithuania claim achievement of their MDG of universal secondary education.

Lithuania should endeavour to motivate young college and university women to study in the fields of *science, mathematics, and engineering*. This in turn will increase the number of women who work in "hard science" occupations, which should assist women in achieving wage parity with men. Overall, having more women in "hard science" occupations will help Lithuania in its technological development and in its participation in the global marketplace.

Lithuania should persistently continue to implement the Programme of the Government of the Republic of Lithuania for 2001-2004 on Education and Science. During the implementation process priority should be given to the integration of the disabled pupils and persons by launching a specific National Integration Programme for the disabled persons. As stated in the National Programme for 2001-2003 Lithuania should "achieve the implementation of possibilities for children with special needs to integrate into comprehensive schools and obtain education". In order to create equal opportunities between rural and urban pupils, a special effort should be made on the quality of education in rural areas and school renovations and affordable transportation programmes should be also developed for these areas. Another important issue has to do with the qualification of teachers by innovative means, long life learning for example. As Information and Communication Technology (ICT) is becoming an integrating part of life for every world citizen, and as the country already knows a digital divide (rural/

photo by Jurga Vilimaite

urban and men/women), Lithuania should imperatively achieve "computer literacy of each schoolchild on his/her finishing a comprehensive school" by implementing a programme "for teacher re-training, development of basic training software and facilities, and supply of schools with necessary facilities of information technologies and telecommunications (ITT)".

A working group, formed by President Adamkus has drawn up the draft strategy for the development of the Lithuanian education system for 2003-2012. Some important issues are "to create conditions for life long learning for (all) the people of Lithuania" and to "ensure overall accessibility and social justice in education" by for example "expanding the services of pre-school education and making them equally accessible to the families of all social backgrounds, as well as establishing a system of pre-school education". The draft strategy proposes also to "create an effective system of credits and social scholarships for all people of Lithuania seeking higher education". It is worthy to propose a ten-year strategy for the education system of the country. In addition, the strategy is progressive in the framework of the world education forum in Dakar in 2000. However, the government should not wait too long for implementing measures allowing equal access for all.

Goal 3: Promote Gender equality and empower women

The third Millennium Development Goal (MDG) is to promote gender equality and empower women. In the previous section "Education", we have seen that gender issues are not a major problem in the Lithuanian educational system. Female enrollment rates were comparable to men's in primary and secondary education, and they dominated men's in tertiary education. The only area for improvement with respect to gender equality in education is to promote the study of science, mathematics, and engineering among women. Therefore, Lithuania's targets for this goal should aim to promote gender equality in the work place and to increase women's share in governance by 2015.

The Work Place

Labor Force Activity and Employment

Figure G1 displays the labor force activity and employment rates among people 15-64 years old by gender (1995 to 2001 for labor force activity rates; 1997-2001 for employment rates), provided by the labor force surveys. Men's labor activity rates declined 10%, from 82% in 1995 to 73.8% in 2001. Though women's labor activity rates are at least 10% lower than men's, their rates have declined only 1.9% in the last 6 years (from 67.2% to 65.9%). Employment rates for men fell 10%

from 1997 to 2001 (65.3% to 59%), while the rates for women fluctuated somewhat. Actually women's employment rates rose 6% from 1997 to 1999 (56% to 59.6%), and then fell 5% by 2001 (56.4%). Over the entire 4-year period, women's employment rates changed little (0.7% increase).

Figure G1

Labor Force Activity Rate and Employment Rate in Ages 15-64 Years by Gender: 1995-2001*
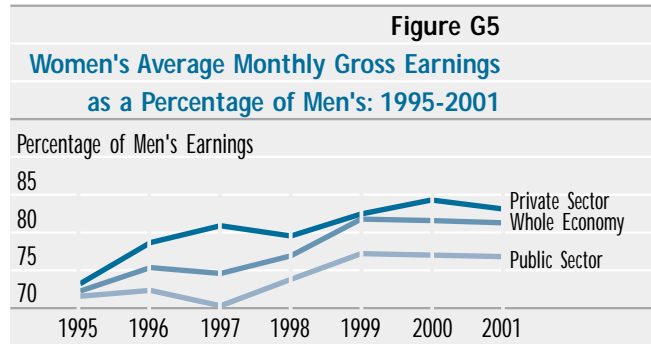

Percentage of Population, Ages 15-64 Years

Labor Force Activity Rate - Males
Labor Force Activity Rate - Females
Employment Rate - Males
Employment Rate - Females

*Labor Force Survey

photo by Jurga Vilimaite

Figure G2

Unemployment Rate in Labor Force, 15-64 Years, by Gender: 1997-2001*

Percentage of Labor Force, Ages 15-64 Years

Unemployment Rate - Males

Unemployment Rate - Females

*Labor Force Survey
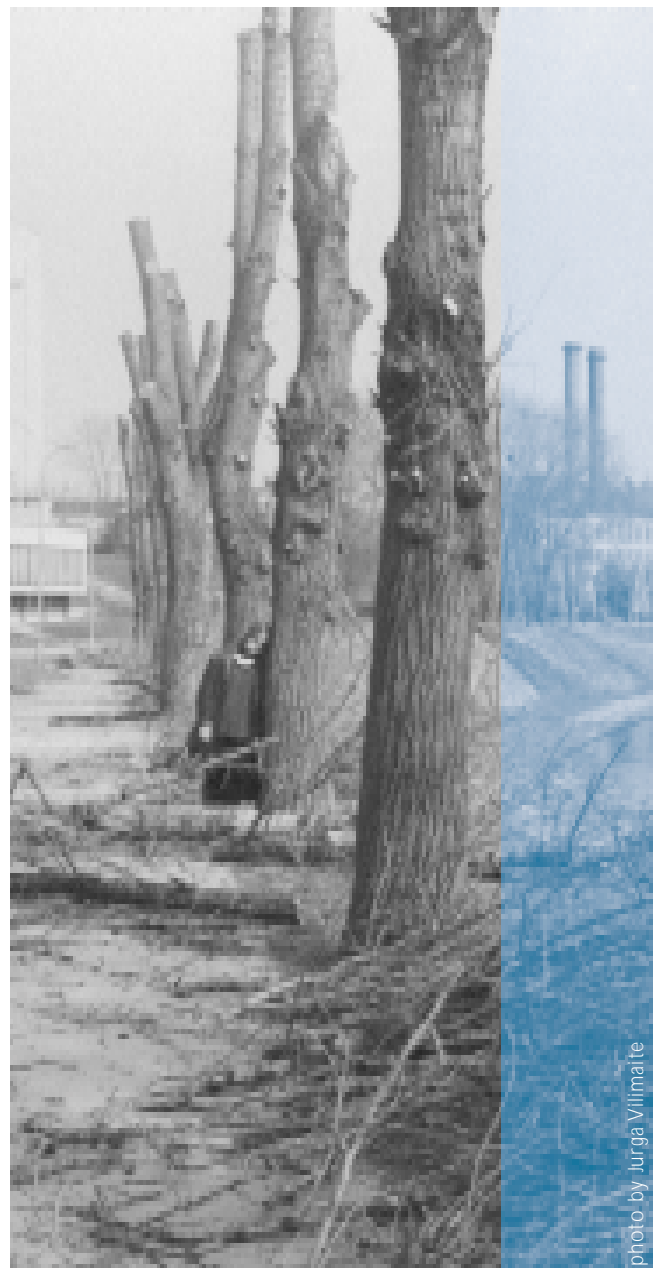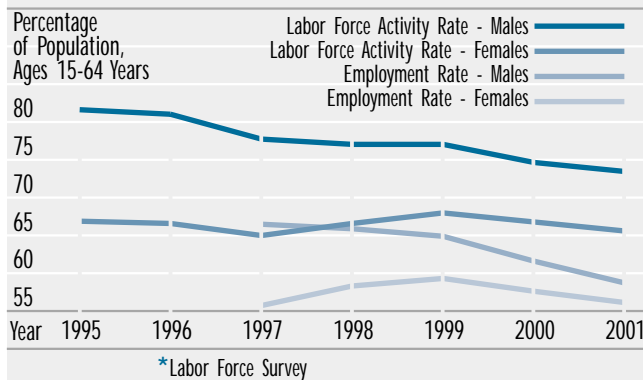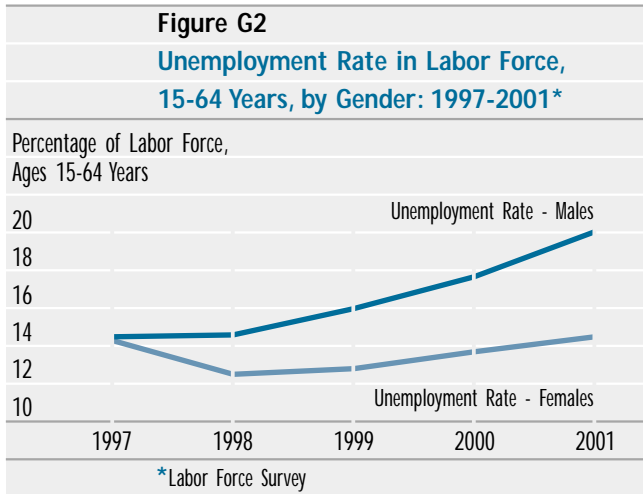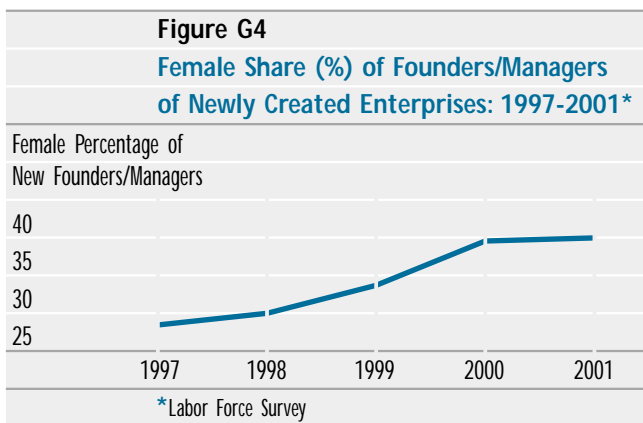
Unemployment

Figure G2 indicates that the female unemployment rate (percentage of the female labor force: 15-64 years old) remained quite stable during the last 4 years, fluctuating between 12.4% and 14.4%. On the other hand, the male unemployment rate (percentage of the male labor force: 15-64 years old) climbed 39%, from 14.4% in 1997 to 20% in 2001.

Female Share of Employed Population and Management

Figure G3

Female Share (%) of Employed Population (Ages 15+) by Sector: 1997-2001*

Female Percentage of Employed Population

Non-Agricultural Sector

Employed Population

Agricultural Sector

*Labor Force Survey

Figure G4

Female Share (%) of Founders/Managers of Newly Created Enterprises: 1997-2001*

Female Percentage of New Founders/Managers

*Labor Force Survey

Figure G5

Women's Average Monthly Gross Earnings as a Percentage of Men's: 1995-2001

Percentage of Men's Earnings

Private Sector
Whole Economy

Public Sector

The female share (%) of the total employed population (15 years and over) slowly, but steadily climbed from 47.2% in 1997 to 50.4% in 2001, as shown in Figure G3. The female share (%) of the employed population in the non-agricultural sector was even greater; it rose from 48.9% in 1997 to 52.8% in 2001.

Figure G4 displays the remarkable rise in the female share (%) of founders and managers of newly created enterprises from 28.8% in 1997 to 40% in 2001.

Wages

But the concept of "equal pay for equal work" is probably of more concern to every workingwoman in Lithuania than anything else. Figure G5 shows that women's average monthly gross earnings as a percentage of men's rose 13%, from 72.1% in 1995 to 81.4% in 2001. While this rise is laudable, Lithuania must make greater progress toward achieving wage parity by 2015. It is of interest to note that in the private sector that women's percentages of men's earnings are higher than they are in the public sector. But what is not shown in the figure is the fact that wages in general are higher in the public sector than they are in the private.

Female Share of Governance

Parliament

The last figure, G6, indicates the dismal share (%) that Lithuanian women have in governing their country. In the 1992 national election, 10 women (7.1%) gained seats in Lithuania's parliament (Seimas) out of 141 seats. At the election of 1996, women increased their membership in the Seimas by 15 for a total of 25 women (18%) out of 139 elected members. But then in the 2000 election, women lost 10 of their 25 seats and kept only 15 (10.6%) out of the total 141 seats in parliament.

However, the Government of the Republic includes three women out of thirteen (23%) cabinet ministers. This relatively high figure is also most encouraging since these women are heading ministries overseeing complex issues, e.g. the Ministry of Finance and the Ministry of Social Security and Labour for example.

Figure G6

Elected Membership of Government Entities

Women ■					
Men ■					
VII Seimas (1992)	VIII Seimas (1996)	IX Seimas (2000)	Local Gov't. Councils (1997)	Local Gov't. Councils (2000)	Mayors (2000)
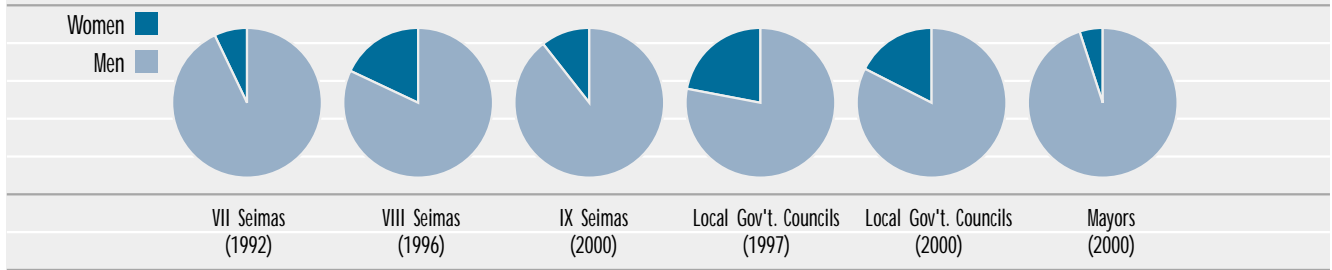
Local Government Councils and City Hall

In 1997, women had 326 (22%) of the 1,484 seats of the local government councils. By 2000, the female share of local governance decreased to 274 (17.5%) of the 1,562 seats. With respect to city hall, there were only 3 (5%) women out of the 60 mayors who were elected in 2000.

Recommendations

In conclusion, while Lithuania has made good progress in bringing gender equality to the work place, more work is needed to promote the upward mobility of women to managerial positions and to ensure their "equal pay for equal work" by 2015. However, Lithuania has not made much progress since independence on promoting women to share fully in the governance of their own democratic country. A more diligent approach is needed to promote women for office at all levels of government in Lithuania. In addition, while Lithuania sees an extraordinary economical development, the country should not accept the spread of a gender digital divide that is already taking place.

The Government has taken in 2002 the necessary steps to put forward the second National Programme for Equal Opportunities of Men and Women for the period 2003-2004. The main objective of the Programme is to support equal opportunities in Lithuania, i.e., to increase the representation of men and women in the areas they are least represented. The programme proposes a set of practical actions to be taken by the authorities. However, the State has not yet secured the necessary allocation for the implementation of the Programme and the Government has not yet endorsed the Programme. Lithuania has to continue the good work that has been done the last years. Therefore,

the first short-term objective should be the rapid implementation of the National Programme for Equal Opportunities of Men and Women.

Lithuania should also put a greater emphasis on two important issues: trafficking is human beings and domestic violence. Trafficking in human beings is becoming an issue of concern. Lithuania is mainly a transit country. However, still too many lithuanian women are victims of the traffic. In 2002, the Ministry of Interior has launched a three-year "Programme for the Control and Prevention of Trafficking in Human Beings and Prostitution".

The other issue that should be seriously taken into account is the persistent problem of domestic violence against children and women. According to a study conducted in January-February 2002 in the framework of the UNIFEM "regional public awareness campaign for women's rights to a life free of violence", 87% of inhabitants consider that violence against women exists in Lithuania; 10% of women experience often physical violence in family and 20% of women experience sometimes violence in family; and only 20% of female respondents have not experienced psychological harassment in family.

On 1 December 1998 the President of Lithuania promulgated the Law on Equal Opportunities. The Law came into effect on 1 March 1999. Later on, in order to guarantee the proper implementation of the Law, the Parliament appointed the Equal Opportunities Ombudsman and established the Equal Opportunities Office. The Law has been amended in June 2002 in order to broaden the areas where the equal opportunities of women and men have to be implemented and all forms of discrimination to be eliminated, e.g. discrimination by age. The latest version is harmonized with the provisions of the United Nations Convention on Elimination of All Forms of Discrimination Against Women. This regulation is a very positive outcome.

Goal 4: Reduce child mortality

The fourth Millennium Development Goal (MDG) is to reduce child mortality. Lithuania could adopt the target for this goal as to reduce by two-thirds, between 1990 and 2015, the child under five years mortality rate. To assess Lithuania's progress toward meeting this target, we will examine Lithuania's overall child (<5 years) and overall infant (<1 year) mortality rates from 1990 to 2001 and childhood immunization coverage from 1990 and 1995-2000.

Children's Health

Child Under 5 Years Mortality

In 1991, the minimum standards for the registration of births, both live and stillborn, were officially changed. The standards were lowered to 500 grams and 22 weeks of gestation. Since the children born alive at these new lower limits had an increased risk of dying, the infant mortality rate shot up dramatically in the following year 1992. Before this official change, children born alive at these lower limits, who subsequently died, were not even counted. Every year since 1992 the same standards for registering births have been applied, therefore we will use the year 1992 as the starting point for our comparisons.

Figure H1 displays the overall child (<5 years) mortality rates from 1990 to 2001. It also shows the components of the overall child (<5 year)

mortality rate: the overall infant (<1 year) mortality rate and the early childhood (1 - 4 years) mortality rate. We notice that the mortality rate among children, 1 through 4 years of age, remained fairly steady, fluctuating in the range of 2.6 to 4.2 deaths per 1,000 live births. From 1992 to 2001, there was a 17% decrease in this figure, from 3.5 to 2.9 deaths per 1,000 live births. However, the more interesting component of the overall child (<5 years) mortality rate is the overall infant (<1 year) mortality rate. We can see that there has been a dramatic 53% drop in the overall infant (<1 year) mortality rate since 1992, from 16.5 to 7.8 deaths per 1,000 live births. Consequently, the overall infant (<1 year) mortality rate is the component driving the 47% decrease in the overall child (<5 years) mortality rate from 1992 to 2001, from 20 to 10.7 deaths per 1,000 live births.

Infant (<1 year) Mortality

Figure H2 takes a more detailed look at the components of the overall infant (<1 year) mortality rate: early neonatal (0-6 days), late neonatal (7-27 days), and post-neonatal (28 days to <1 year) mortality rates. The biggest improvement (a 71% decrease) in infant mortality came in the early neonatal (0-6 days) period. Its mortality rate from 1992 to 2001 decreased from 9.5 to 2.8 deaths per 1,000 live births. The other periods showed more modest decreases since 1992 (late neonatal: a 43% decrease; post-neonatal: a 21% decrease).

Figure H1

Overall Child (<5 years), Infant (<1 year), and Early Childhood (1-4 years) Mortality Rates: 1990-2001

Number of Deaths per 1,000 live births

- Overall Child (< 5 years)*
- Infant (< 1 year)
- Early Childhood (1-4 years)*
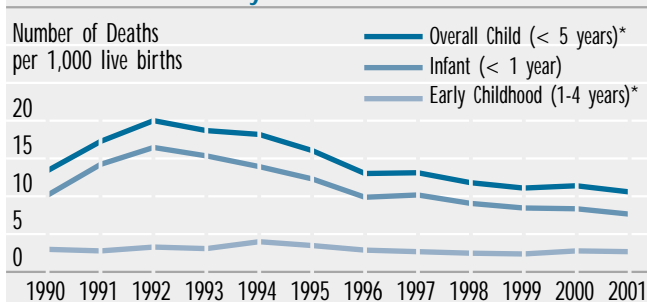
*Approximate rates; number of live births in current year used as denominator.

Figure H2

Infant, Early Neonatal, Late Neonatal, and Post-Neonatal Mortality Rates: 1990-2001

Number of Deaths per 1,000 live births

- Overall Infant (< 1 year)
- Early Neonatal (0-6 days)
- Post-Neonatal (28 days to < 1 year)
- Late Neonatal (7-27 days)

Figure H3

Perinatal (Stillbirths + Early Neonatal) Mortality Rates: 1990-2001

Number of Deaths per 1,000 births

— Perinatal (Stillbirths + Early Neonatal) Deaths per 1,000 births
— Stillbirths per 1,000 births
— Early Neonatal (0 - 6 days) Deaths per 1,000 live births

Perinatal (0-6 days) Mortality

Figure H3 takes an even more detailed look at infant mortality by examining infant deaths during the perinatal period. Perinatal mortality includes stillbirths (infants born dead) and early neonatal (0-6 days) deaths of infants born alive. From 1992 to 2001, the perinatal mortality rate decreased 54%, from 17.5 to 8.1 deaths per 1,000 births. Again, we see that the real strides in reducing perinatal mortality came in the early neonatal (0-6 days) period with a 71% decrease. Improvement (a 34% decrease) in reducing the rate of stillbirths has been more modest in the last 9 years, from 8 to 5.3 stillbirths per 1,000 births.

Figure H4

Infant Mortality Rate by Residential Area: 1990-2001

Number of Deaths of Infants (less than 1 year of age) per 1,000 live births

— Rural
— All
— Urban

Infant (<1 year) Mortality by Residential Area

Figure H4 looks at the overall infant (<1 year) mortality rate by residential area. As we have seen in the previous section "Eradicate extreme poverty and hunger", rural people bear a higher burden than urban people regarding matters of life importance. Therefore, not unexpectedly, we see that the infant mortality rate was higher in rural areas than in urban areas during the 11-year period. Rural infant mortality reached a high of 18.7% in 1993. Nonetheless, it too has decreased 52%, from 17.4% in 1992 to 8.4% in 2001. The urban infant mortality ra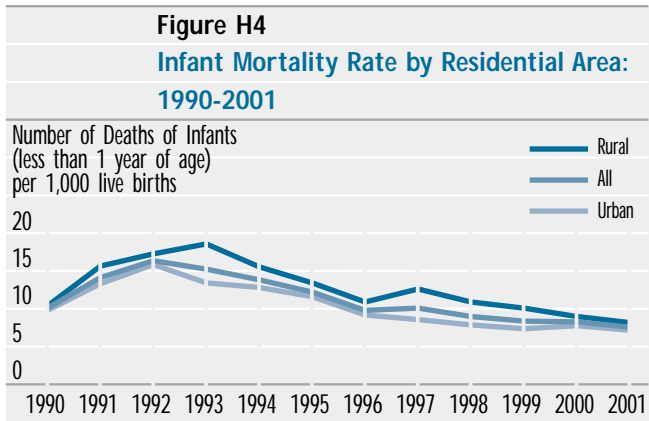tes mirror the national rates, just slightly lower. Similarly, their rates decreased 54%, from 16% in 1992 to 7.4% in 2001.

Child (<5 years) Mortality by Residential Area

Figure H5 examines the 2001 mortality rates of all the periods that comprise child (<5 years) mortality by residential area. It is interesting to note that the real differences in child (<5 year) mortality between urban and rural areas occurred in the post-neonatal (28 days to < 1 year) and early childhood (1-4 years) periods, i.e., after most infants leave the hospital. Rural infants were 33% more likely to die in the post-neonatal (28 days to <1 year) period than urban infants (4.4 vs. 3.3
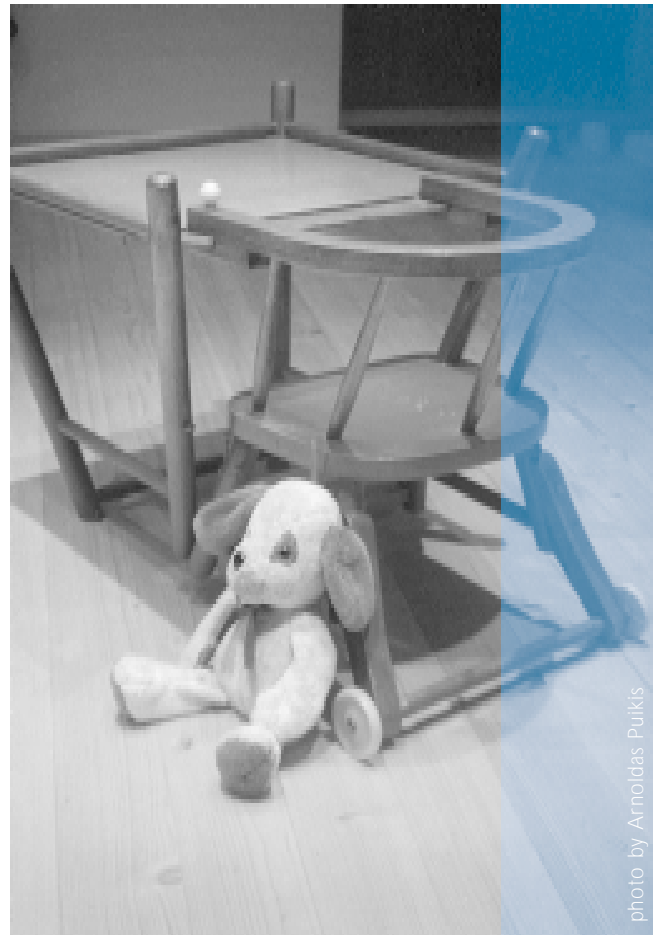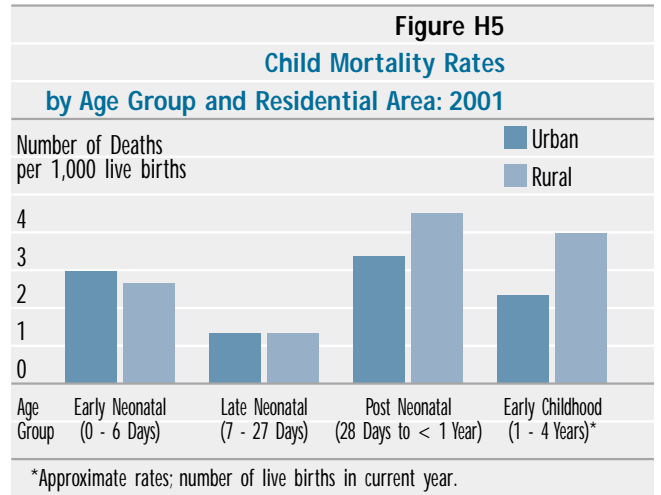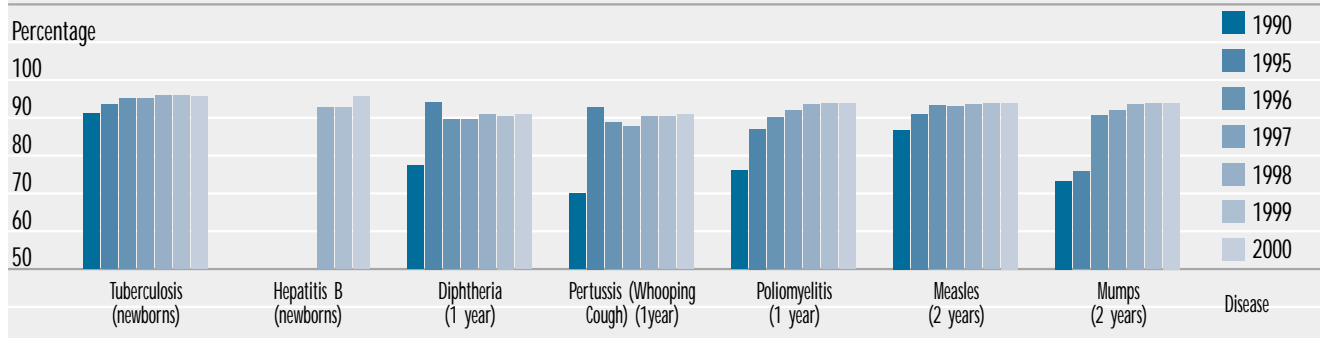
Figure H5

Child Mortality Rates by Age Group and Residential Area: 2001

Number of Deaths per 1,000 live births

■ Urban
■ Rural

*Approximate rates; number of live births in current year.

photo by Arnoldas Pukis

Figure H6

Childhood Immunization Coverage: 1990-2000

Legend: 1990, 1995, 1996, 1997, 1998, 1999, 2000

deaths per 1,000 live births). And, during the early childhood (1-4 years) period, they were 70% more likely to die (3.9 vs. 2.3 deaths per 1,000 live births).

Childhood Immunization Coverage

Figure H-6 displays the childhood immunization coverage from 1990 to 2000, excepting years 1991-1994. The Lithuanians have impressively increased childhood immunization coverage for all childhood diseases. In 2000, they achieved 99% coverage for tuberculosis and hepatitis b. Measles and mumps had 97% coverage. And poliomyelitis had 96.9% coverage. Only diphtheria (93.5% coverage) and whooping cough (93.6% coverage) fell short of 95% coverage.

Recommendations

Lithuania has shown steady progress in reducing overall child (<5 years) mortality by 47% in the past 9 years. But this progress has come primarily during the early neonatal (0-6 days) period. We found that the infant mortality rates during the entire neonatal (0-27 days) period were similar in urban and rural areas. The urban/rural divide in overall child (<5 years) mortality became apparent only in the post-neonatal (28 days to <1 year) and early childhood (1-4 years) periods; i.e., after most infants leave the hospital. Thus, we recommend two areas for the improvement of young children's health. First, Lithuania should ensure that rural infants and young children have the same access as their urban counterparts to quality pediatric care on a regular basis. Second,

all pregnant women should be provided with more thorough prenatal care during their entire pregnancies to help reduce the number of stillbirths.

Overall, we conclude that Lithuania is ahead of schedule in meeting the target of a 66.7% reduction in overall child (<5 years) mortality by 2015.

As mentioned previously, the quantitative values of the MDGs are to be set be each country, depending on their respective baseline and targets. In some cases, Lithuania can adjust its targets higher in order to be consistent with the relatively high Human Development level of the country. The Outcome Document approved at the United Nations Special Session of the General Assembly on Children on 10 May 2002 propose to "leave no child behind". Lithuania could therefore go beyond the basic objectives set by the MDGs. The priority should be given to the development of multi sectoral programmes focusing on early childhood and support to families.

As stated in the Outcome Document, Lithuania should (as other countries), also proceed further on "to adopt and enforce laws, and improve the implementation of policies and programmes to protect children from all forms of violence, neglect, abuse and exploitation, whether at home, in school or other institutions, in the workplace, or in the community". The Minister of Social Security and Labour has recently ordered a series of immediate actions to be taken after the outbreak of several cases of violence against children. However the government should rapidly develop a comprehensive programme devoted to children's issues. The securing of funds and the rapid implementation of the programme will help Lithuania to improve children's situation.

Goal 5: Improve maternal health

The fifth Millennium Development Goal (MDG) is to improve maternal health. Lithuania's target for this goal is to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio. Lithuania has reduced the number of maternal deaths from 13 in 1990 to 4 in 2001. The calculated maternal maternity ratios for 1990 and 2001 are 22.9 and 12.7 maternal deaths per 100,000 live births, respectively. There has been a 45% decrease in these ratios over the last 11 years. But because the number of actual deaths is so small, the calculated ratios are highly unreliable. Therefore, we can only report the data; we cannot make any conclusions about Lithuania being on target for this goal, except to say that the country in moving in the right direction.

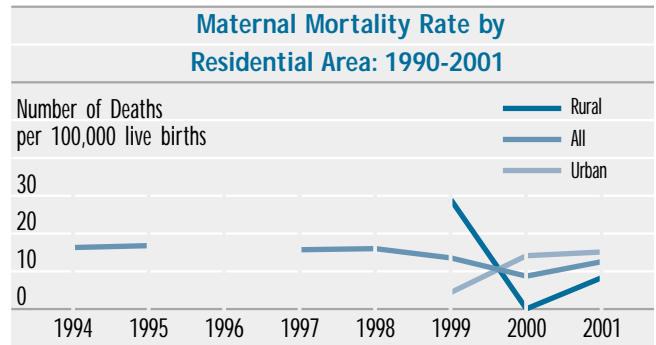**Maternal Mortality Rate by Residential Area: 1990-2001**

Number of Deaths per 100,000 live births

— Rural
— All
— Urban

	1994	1995	1996	1997	1998	1999	2000	2001

(chart axis values: 0, 10, 20, 30)

Goal 6: Combat HIV/AIDS, malaria and other diseases

The sixth Millennium Development Goal (MDG) is to combat HIV/AIDS, malaria, and other diseases. Lithuania should achieve two targets for this goal: to reduce the incidence of HIV/AIDS by 2015 and to reduce the incidence of respiratory tuberculosis by 2015.

Infectious diseases

HIV/AIDS

Incidence and prevalence

In 1988, the first HIV-positive person was diagnosed in Lithuania. As of December 1st, 2002, a total of 730 people have been diagnosed HIV-positive. The spike in HIV incidence occurred in May of 2002, when 207 new patients tested HIV-positive in Alytus prison. Since then, Alytus prison has had 81 more patients diagnosed HIV-positive. As of November 1st, 2002, 643 (91%) of the patients have been male, and the predominant mode of transmission (for 572 patients-81%) has been intravenous drug use. Except for Alytus prison, which has had 41% of the patients, the city of Klaipeda has had the largest number of patients (174 patients-25%). To date, 55 patients (8%) have been diagnosed with AIDS, and 38 patients (5%) have died. Of the 38 patients who have died, only 22 (58%) actually died from AIDS.

Recommendations

Although it still has one of the lowest prevalence rates in Europe, Lithuania faces an uphill battle in fighting HIV/AIDS in light of the recent outbreak of HIV in Alytus prison. Under the leadership of the Ministry of Health (MOH) and the Lithuanian AIDS Centre (LAC), an orchestrated effort by other ministries such as the Ministry of Social
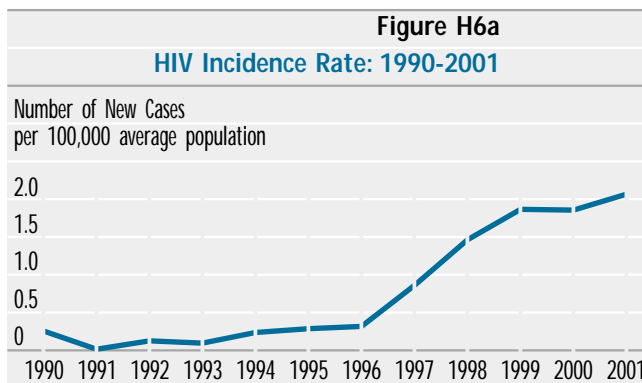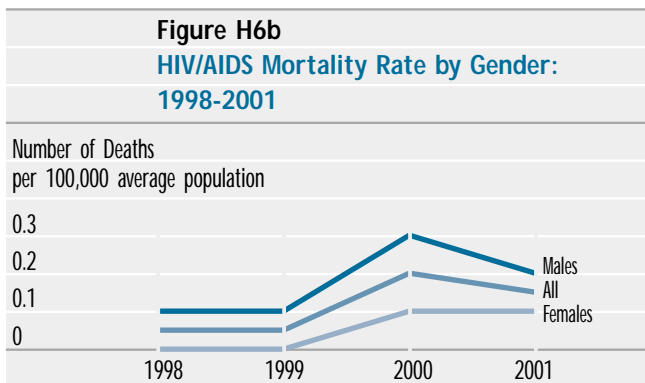
Figure H6a

HIV Incidence Rate: 1990-2001

Number of New Cases
per 100,000 average population

Figure H6b

HIV/AIDS Mortality Rate by Gender: 1998-2001

Number of Deaths
per 100,000 average population

photo by Arnoldas Pulkis

Security and Labour, Ministry of Justice, Ministry of Interior Ministry of Education and Science and integrating all stakeholders could be seen as one aspect to assure a truly holistic and multisectoral response to the HIV epidemic. This effort should be based on the Declaration of Commitment on HIV/AIDS made during the United Nations General Assembly Special Session on HIV/AIDS in June 2001.

State resources should also be made available for the implementation of the next national AIDS prevention programme.

The launch by the MOH of a 2nd generation surveillance system, which will allow to obtain more data regarding the vulnerable groups and better analysis and use of Sexually Transmitted Infections (STI) and HIV/AIDS related data is a positive indicator of the determination of the Lithuanian authorities to tackle the issue. However, a rapid assessment of the situation in all Lithuanian prisons should be undertaken in order to design and implement an effective range of measures, including blocking the way of drugs into prisons, improving the general conditions of the imprisoned, provision of harm reduction methods (clean syringes, needles and disinfectants), psychological support, information and education to both prisoners and prison personnel regarding harm reduction need to be applied in such circumstances. While immediate action is taken inside prisons, efforts should also ensure the follow-up of prisoners when released.

Lithuania should also work on promoting the human rights with regard to any context or aspect of HIV/AIDS issue, including better public sensitization on People Living With HIV/AIDS (PLWHA), access to treatment, access to information and prevention services, blood safety and prisons' environment.

Lithuania needs to implement specific effective prevention strategies in the major urban centers of Klaipeda and Vilnius, while ensuring all advocacy, prevention and care efforts are scaled-up nation-wide at all levels. Because most of the people contracted HIV through intravenous drugs, the authorities needs, as well, to look very carefully to the development of the spread from this at risk population to other spheres of society. A massive effort should also be made to enable and empower young people to become active partners in the effort against AIDS, to reduce their vulnerability and their sexual and drug infecting risk behavior. Despite the fact that Lithuania has still a low prevalence rate, it is extremely important that the Lithuanian authorities take into account the dramatic situation surrounding the region in terms of prevalence rate and spread of the disease.

Respiratory Tuberculosis
Incidence

Figure H7a displays the incidence rates of respiratory tuberculosis in 1990 and from 1995 to 2001. There were 1,265 new patients registered with respiratory tuberculosis in 1990

(34.2 new cases per 100,000 average population). By 1998, the incidence of tuberculosis had increased 133% with 2,826 new patients (79.6 new cases per 100,000 average population). Since then, the number of newly registered patients declined to 2,225 cases in 2001 (63.9 new cases per 100,000 average population). The incidence rates for men have been over double that of women. For example, the rates for men and women in 2001 were 90.1 and 40.9 new cases per 100,000 average population, respectively. Over the entire 11-year period, the respiratory tuberculosis incidence rate in Lithuania has increased 87%, from 34.2 to 63.9 new cases per 100,000 average population.

Figure H7a

Respiratory Tuberculosis Incidence Rate by Gender: 1990-2001
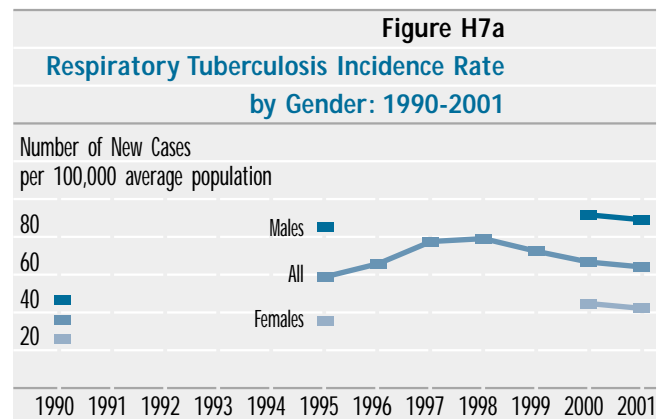
Prevalence

Figure H7b shows, from 1990 to 1999, that the prevalence rate for respiratory tuberculosis increased 64%, from 204.4 to 335.2 people sick with active tuberculosis (per 100,000 pop. as of 12/31). Since 1999, the prevalence rate declined 17% to 278.2 people sick with active tuberculosis (per 100,000 pop. as of 12/31) in 2001. Over the entire 11-year period, the state's burden of caring for people sick with active tuberculosis has increased 36%.

Mortality

From 1990 to 1995, the mortality rate for respiratory tuberculosis doubled from 6.4 to 12.8 deaths per 100,000 average population (Figure H7c). Since 1995, the mortality rate decreased
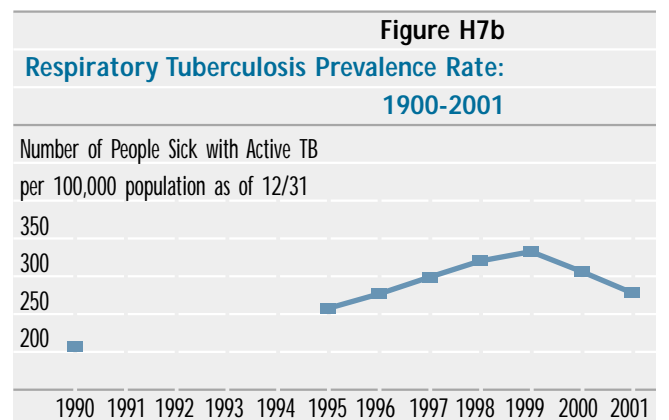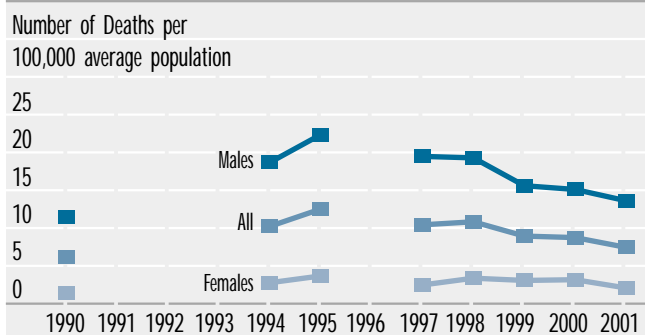

Figure H7b

Respiratory Tuberculosis Prevalence Rate: 1900-2001

photo by Aleksandras Ceiko

Figure H7c

Respiratory Tuberculosis Mortality Rate by Gender: 1990-2001

Number of Deaths per 100,000 average population

40% to 7.7 deaths per 100,000 average population. in 2001. Over the entire 11-year period, respiratory tuberculosis mortality has climbed 20%. In 2001, the mortality rate for men with respiratory tuberculosis was 6 times that of

Figure H7d

Respiratory Tuberculosis Mortality Rate by Residential Area and Gender: 1999-2001

Number of Deaths per 100,000 average population

women (13.9 vs. 2.3 deaths per 100,000 average population).

Figure H7d shows the mortality rate by residential area and gender, taken in combination, from 1999 to 2001. Despite the decline, rural men were 40% more likely to die from tuberculosis than urban men in 2001. The mortality rates for rural and urban women in 2001 were similar (2.4 vs. 2.3 deaths per 100,000 average population).

Recommendations

Even though the respiratory tuberculosis incidence rate has been in decline since 1998, Lithuania is behind in meeting its target by 2015. A better surveillance and early treatment program is needed in areas where the risk for respiratory tuberculosis is high, i.e., prisons, poor people living in crowded conditions, the homeless, and people with HIV/AIDS. Not only is the prognosis for recovery much better when tuberculosis can be detected and treated in its latent stage, but the communicability of the disease is lessened, which in turn decreases its incidence.

Life Expectancy

The health of a nation is often measured by two international criteria: infant mortality and life expectancy. Lithuania has made tremendous progress in reducing its infant mortality, as we have seen in the discussion of the United Nation's fourth Millennium Declaration Goal (MDG). So we will now direct our attention to life expectancy for Lithuanians.

Figure H8a

Life Expectancy at Birth by Residential Area and Gender, Taken Singly: 1990-2001

Years of Life

Figure H8b

Life Expectancy at Birth by Residential Area and Gender, Taken in Combination: 1990-2001

Years of Life
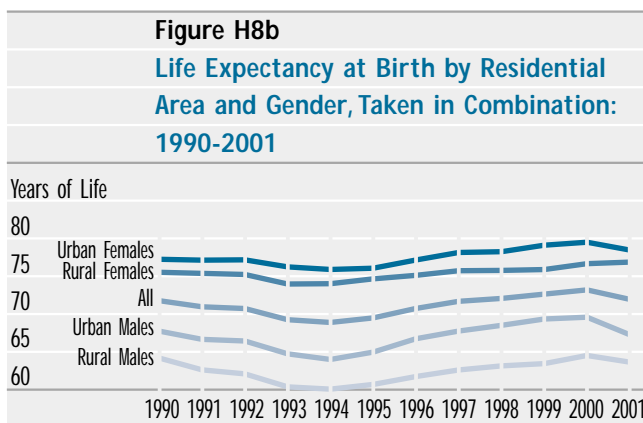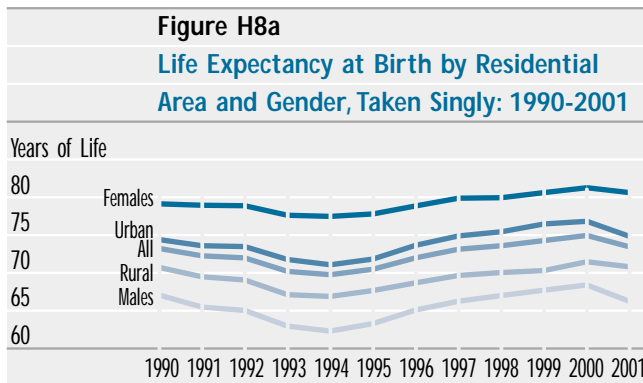
The average life expectancy at birth for all Lithuanians in 2001 was 71.7 years. That means that a baby born in 2001 could expect to live on average 71.7 years. The United Nations has developed the life expectancy index, which measures a country's relative achievement in life expectancy at birth. The minimum goalpost for this index is 25 years; the maximum is 85 years. Applying this standard to Lithuania, we calculate their life expectancy index for 2001 to be 0.778. By using this index, we can then compare Lithuania's achievement to any other country. For example, the U.S. life expectancy index is 0.86, while the index for Pakistan is only 0.58.

Overall, life expectancy at birth has fluctuated during the past 11 years between a low of 68.7 years in 1994 to a high of 72.9 years in 2000 and has taken a dip to 71.7 years in 2001. Figures H8a and H8b display Lithuania's life expectancy at birth from 1990-2001 by two factors: residential area and gender, taken singly and in combination. Figure H8a shows the factors taken singly, and we see that gender is a more important factor than residential area on life expectancy at birth, because the differences between females and males are greater than the differences between urban and rural. A woman born in 2001 can expect to live 11.5 years longer than a man born the same year (77.4 vs. 65.9 years). And a city dweller born in 2001 can expect to live 3.2 years longer than a rural resident born the same year.

Figure H8b looks at the effect of the two factors taken in combination. We can see that urban women have the highest life expectancy at birth throughout the 11 years. An urban woman born

in 2001 can expect to live 10.9 years longer than an urban man born the same year (78 vs. 67.1 years). Rural women have the next longest life expectancy throughout the period. They can expect to live 12.8 years longer than their male counterparts, if they were born in 2001 (76.4 vs. 63.6 years).

Mortality

Figures H9a and H9b examine the mortality experience of the Lithuanian people from 1990 to 2001 by residential area and gender, taken singly and in combination. Overall, the mortality rate increased 7% from 1990 to 2001 (from 10.8 to 11.6 deaths per 1,000 average population, respectively). The mortality rate reached its peak in 1994 with 12.7 deaths per 1,000 average population, and it had been on decline until 2000 with 11.1 deaths per 1,000 average population. Figure H9a shows us the mortality rates by residential area and gender taken singly. Unlike life expectancy, residential area was a more important factor than gender in affecting the mortality experience of the Lithuanian people, because the differences between residential areas were greater than the gender differences. Rural people died at a rate 55% higher than urban

Figure H9a

Mortality Rate by Residential Area and Gender, Taken Singly: 1990-2001

Number of Deaths per 1,000 average population

Figure H9b

Mortality Rate by Residential Area and Gender, Taken in combination 1990-2001

Number of Deaths per 1,000 average population

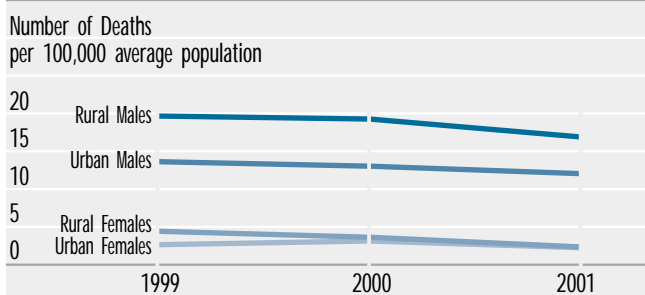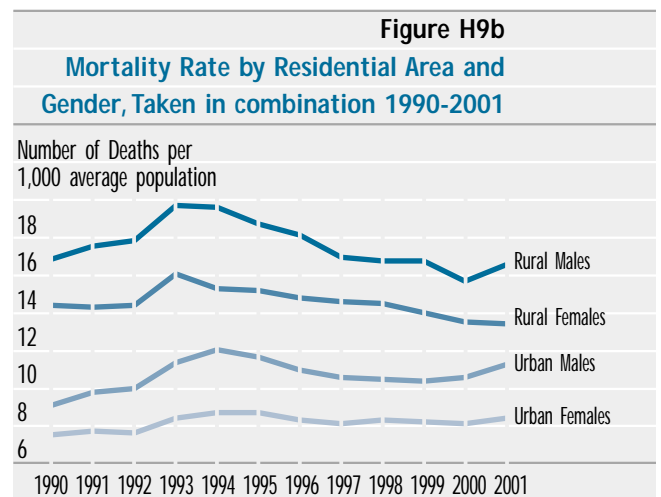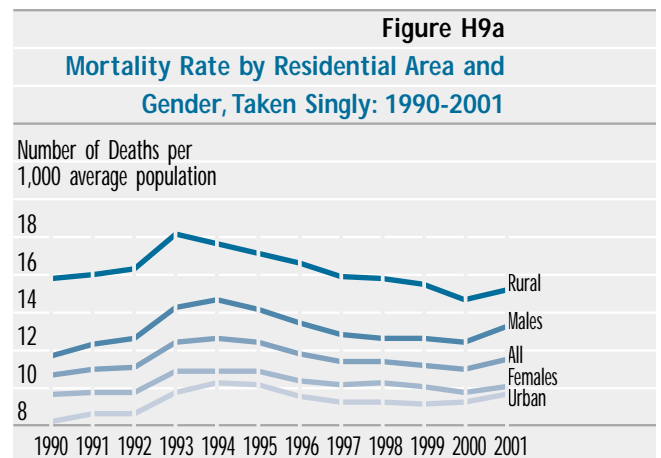people in 2001 (15.2 vs. 9.8 deaths per 1,000 average population). And, men died at a rate 30% higher than women in 2001 (13.3 vs. 10.2 deaths per 1,000 average population).

Figure H9b displays the mortality rates by residential area and gender taken in combination. We see that rural men had the highest mortality rates throughout the period, but with a tiny 1.8% decrease (from 17.1 to 16.8 deaths per 1,000 average population). Rural women had the next highest mortality rates, but they experienced a 6.8% decrease in mortality during the period (from 14.6 to 13.6 deaths per 1,000 average population). In 2001, rural men died at a rate 47% higher than urban men (16.8 vs. 11.4 deaths per 1,000 average population). And rural women died at rate 60% higher then city women in the same year (13.6 vs. 8.5 deaths per 1,000 average population).

The Leading Causes of Death

Cardiovascular diseases, cancer, and external causes are the three leading causes of Lithuanian deaths. In 2001, they were responsible for 87% of all deaths. For men, cardiovascular diseases caused 11% more deaths than those caused by cancer and external causes, combined (44.9% vs. 20.2% + 20.1%). For women, it is striking that cardiovascular diseases caused 166% more deaths than those caused by cancer and external causes, combined (64.8% vs. 18.2% + 6.2%).

Figure H10 shows the 2001 mortality rates for these three leading causes of death by residential area and gender taken in combination. For cancer and external causes, rural men and urban men died at higher rates than both rural women and urban women. Only in cardiovascular diseases, did women's mortality rates exceed men's. The reason for this apparent inconsistency in pattern is that men tend to die earlier than women and from other causes. But all people have to die sometime; and if they survive long enough, bypassing cancer and other causes of death, they tend to wind up dying from cardiovascular diseases. Thus, since women tend to outlive men by at least 11 years, they wind up having a higher cardiovascular

mortality rate than men. For rural men, the death rate from external causes exceeded that of cancer (343.2 vs. 313.8 deaths per 100,000 average population). But for the rest of the groups, the diseases ranked: cardiovascular diseases, cancer, and external causes in that order.

Cardiovascular Diseases

Cardiovascular diseases are the leading cause of death for Lithuanians. Figures H11a and H11b display the cardiovascular mortality rates from 1990 to 2001 by residential area and gender, taken singly and in combination. During this 11-year period, the mortality rates fluctuated mildly and ranged from a high of 680.2 deaths per 100,000 average population in 1993 to a low of 598.1 deaths per 100,000 average population in 2000. In 2001, the overall cardiovascular mortality rate was 628.2 deaths per 100,000 average population, less than a 1% increase over the rate in 1990 (622.3 deaths per 100,000 average population).

Figure H11a shows the cardiovascular mortality rate by residential area and gender taken singly. Residential area was a more important factor than gender in affecting the cardiovascular mortality experience of the Lithuanian people, because the differences between residential areas were greater than the gender differences. Rural people died at a rate 71% higher than urban people in 2001 (870.5 vs. 508.5 deaths per 100,000 average population). And, women died at a rate 11% higher than men in 2001 (657.7 vs. 594.6 deaths per 100,000 average population).

Figure H11b displays the cardiovascular mortality experience by residential area and gender taken in combination. Rural women had the highest cardiovascular mortality rates throughout the 11-year period. Their mortality rate peaked in 1993 with 1,094.3 deaths per 100,000 average population and reached its lowest point in 2000 with 937.3 deaths per 100,000 average population From 1990 to 2001, the cardiovascular mortality rate for rural women declined 9%, from 1,055 to 960.3 deaths per 100,000 average population Rural men had the next highest cardiovascular

Figure H10

Mortality Rate by Main Cause of Death, Residential Area, and Gender: 2001

Number of Deaths per 100,000 average population

Figure H11a

Mortality Rate Due to Cardiovascular Diseases by Residential Area and Gender, Taken Singly: 1990-2001

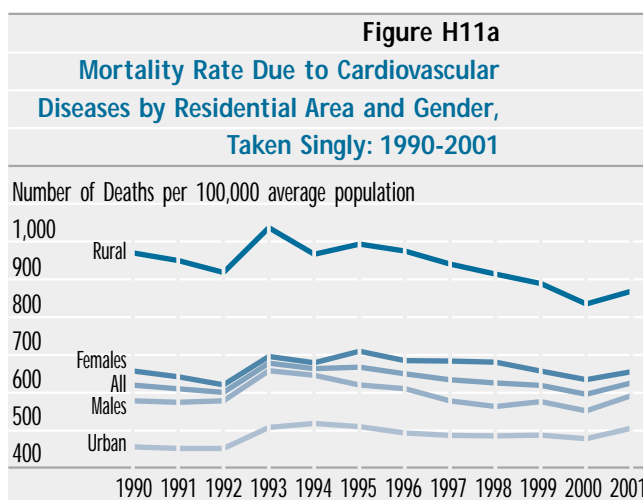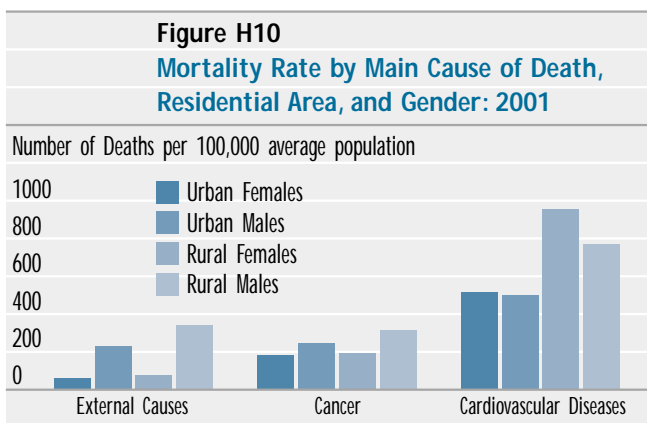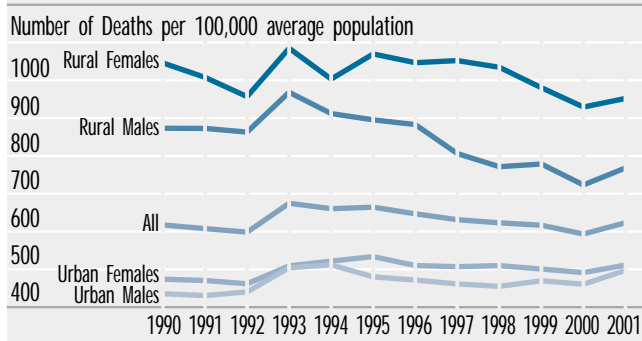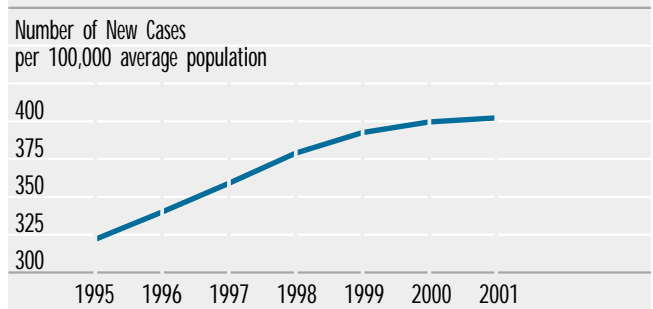Number of Deaths per 100,000 average population

Figure H11b

Mortality Rate Due to Cardiovascular Diseases by Residential Area and Gender, Taken in Combination: 1990-2001

Number of Deaths per 100,000 average population

Figure H12a

Cancer Incidence Rate: 1995-2001

Number of New Cases
per 100,000 average population

mortality rates. Similarly, their rate peaked in 1993 with 976.8 deaths per 100,000 average population and fell to its lowest point in 2000 with 729.2 deaths per 100,000 average population Overall, rural men had a 12% decline in their cardiovascular mortality rates during the 11-year period, from 880.6 to 774.6 deaths per 100,000 average population. In 2001, rural women died at a rate 86.5% higher than urban women and 24% higher than their own rural men. Urban women and urban men had similar cardiovascular mortality rates in 2001 (514.9 vs. 501 deaths per 100,000 average population).

Cancer

Cancer is the second leading cause of death for Lithuanians. Figure H12a shows that the incidence (new cases) of cancer climbed 25% in the last 6 years, from 323 to 403.9 new cancer patients per 100,000 average population. And Figure H12b shows that cancer prevalence (people sick with cancer) had increased even more, 37.5% in the past 6 years (from 1,301 to 1,788.5 people sick with cancer per 100,000 population as of 12/31). Figures H12c and H12d display the cancer mortality rates from 1990 to 2001 by residential area and gender, taken singly and in combination. The overall cancer mortality rate climbed slowly, but steadily, from a low of 188.2 deaths per 100,000 average population in 1990 to a high of 223.9 deaths per 100,000 average population in 2001, an increase of 19%. For 2001, gender was the more important factor than residential area in influencing cancer mortality, because the differences between men and women were greater than the differences between rural and urban areas.

Figure H12c shows that men were 45% more likely to die from cancer than women in 2001 (268.1 vs. 185.2 deaths per 100,000 average population). And rural people were 20% more likely to die from cancer than urban people in 2001 (251.6 vs. 210.3 deaths per 100,000 average population).

In Figure H12d, we see that rural males had the highest cancer mortality rates throughout the 11-year period, but their rate only increased 6%, from 296.1 to 313.8 cancer deaths per 100,000 average population. The cancer mortality rates for urban males, though lower than for rural males, had the steepest increase (27%) from 1990 to 2001 (from 191.9 to 244.4 deaths per 100,000 average

photo by Aleksandras Ceiko

Figure H12b

Cancer Prevalence Rate: 1995-2001

Number of People Sick with Cancer
per 100,000 population as of 12/31

Figure H12c

Cancer Mortality Rate by Residential Area and Gender, Taken Singly: 1990-2001

Number of Deaths per
100,000 average population

Figure H12d

Cancer Mortality Rate by Residential Area and Gender, Taken in Combination: 1990-2001

Number of Deaths per
100,000 average population

Figure H12e

Mortality Rate by Primary Cancer Site, Residential Area, and Gender: 2001

Number of Deaths per 100,000 average population
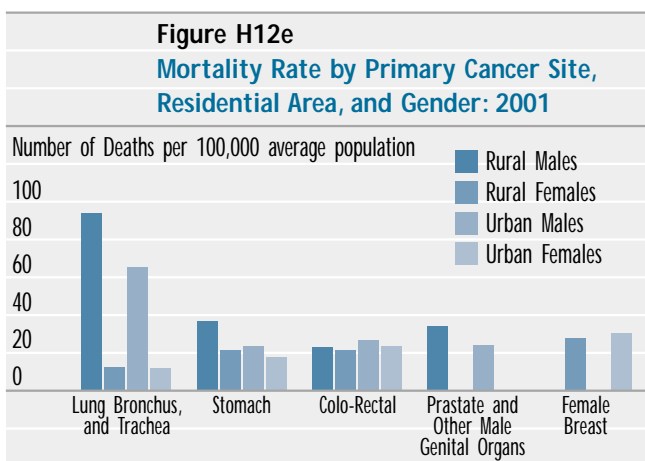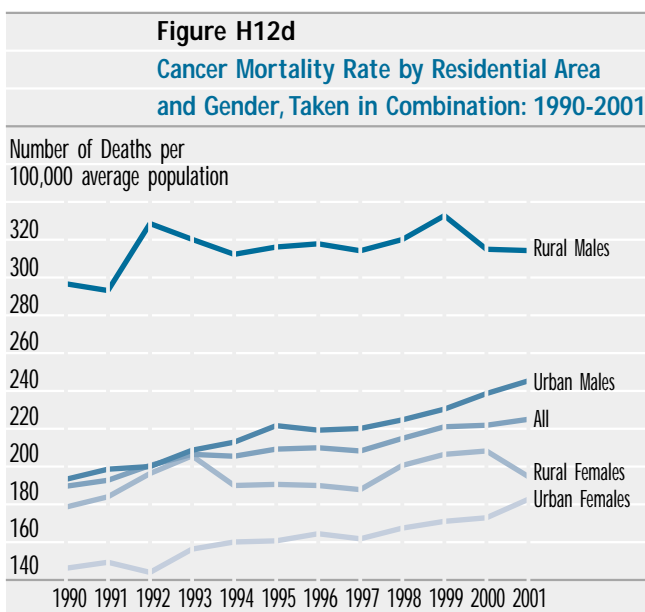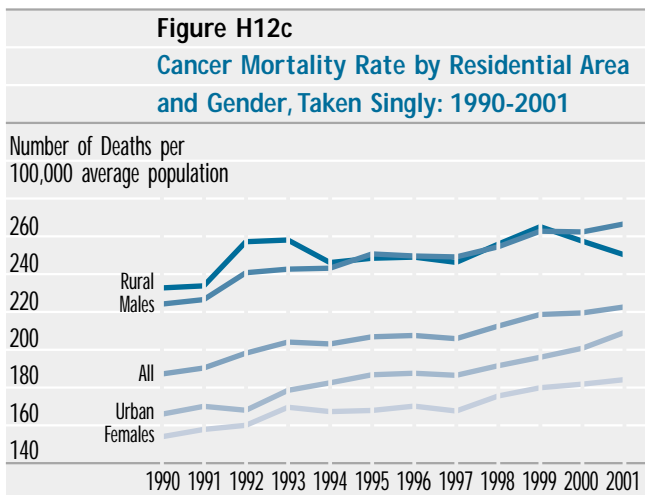

population) of any group. Urban females, while having the lowest cancer mortality rates of any group, had a 25% rise in their rates during the 11-year period (144.5 to 181.3 deaths per 100,000 average population), compared to a 9% increase for rural females (177.1 to 193.3 deaths per 100,000 average population). In 2001, rural men were 28% more likely to die from cancer than

urban men and 62% more likely to die from cancer than their rural women. Urban men were 35% more like to die from cancer than their urban women. Rural and urban women had similar cancer mortality rates in 2001 (193.3 vs. 181.3 deaths per 100,000 average population).

Figure H12e shows the mortality rate by primary cancer site, residential area, and gender for 2001. Overall, cancer of the lung, bronchus, and trachea accounted for 18.6% of the cancer deaths. The 2001 lung (and bronchus and trachea) cancer mortality rate was 43.6% higher for rural men than for urban men (93.9 vs. 65.4 deaths per 100,000 average population). It accounted for 29.9% and 26.8% of the cancer deaths of rural and urban men, respectively. Stomach cancer explained 11.7%, cancer of the prostate and other male genital organs explained 10.8%, and colo-rectal cancer explained 7.3% of the cancer deaths of rural men. Colo-rectal cancer accounted for 11.0%, and prostate (and other male genital organs) cancer accounted for 9.8%, and stomach cancer accounted for 9.5% of the cancer deaths of urban men.

Breast cancer is the predominant cancer for women. The 2001 breast cancer mortality rate was 9.8% higher for urban women than for rural women (30.3 vs. 27.6 deaths per 100,000 average population). It accounted for 16.7% and 14.3% of the cancer deaths of urban and rural women, respectively. Colo-rectal cancer explained 13.1%, stomach cancer explained 9.7%, and lung (and bronchus and trachea) cancer explained 6.6% of the cancer deaths of urban women. Similarly, colo-rectal cancer accounted for 11.2%, stomach cancer accounted for 11.1%, and lung (and bronchus and trachea) cancer accounted for 6.5% of the cancer deaths of rural women.

**External
Causes**

External causes (suicide, auto accident, drowning, alcohol poisoning, homicide, etc.) are the third leading cause of death for Lithuanians. Figures H13a and H13b show the mortality rates due to external causes from 1990 to 2001 by residential area and gender, taken singly and in combination. Overall, the rate rose 31% during the 11-year period, from 120.6 to 157.9 deaths per 100,000 average population The rate had been in decline since its peak in 1994, with 189.2 deaths per 100,000 average population, to 2000, with 145.8 deaths per 100,000 average population, but it rose again in 2001. In Figure H13a, we see that gender is a more important factor than residential area in its influence on external causes of death, because the differences between men and women are much greater than the differences between rural and urban areas. In 2001, men died from external causes at a rate 322% higher than women (266 vs. 63 deaths per 100,000 average population). And rural people died from external causes at a rate 53% higher than urban people (205.3 vs. 134.5 deaths per 100,000 average population).

Figure H13a

Mortality Rate Due to External Causes by Residential Area and Gender, Taken Singly: 1990-2001

Number of Deaths per 100,000 average population

Figure H13c

Suicide Mortality Rate by Residential Area and Gender, Taken Singly: 1990-2001
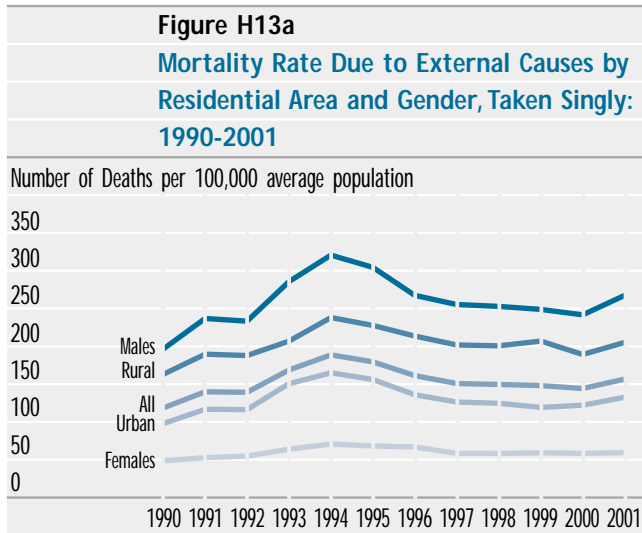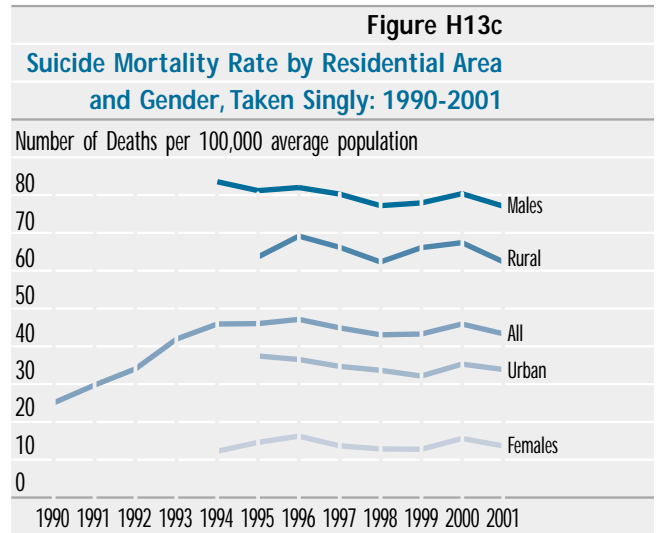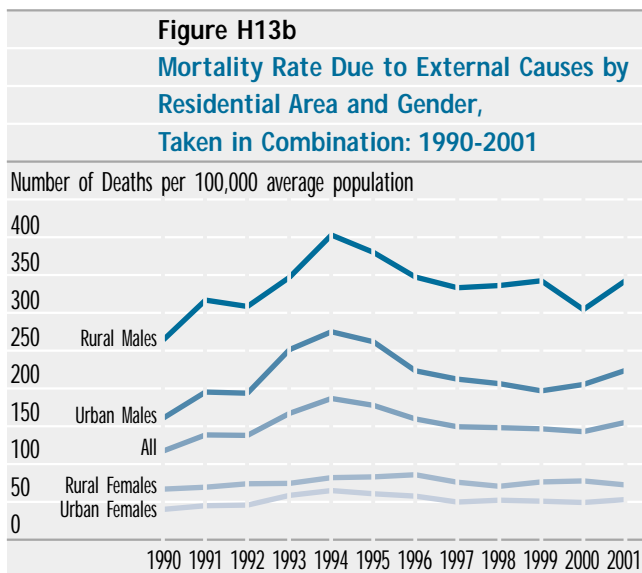
Number of Deaths per 100,000 average population

Figure H13b shows that rural men had the highest mortality rates due to external causes of any group. From 1990 to 2001, their mortality rate rose 29%, from 266 to 343.2 deaths per 100,000 average population. After peaking in 1994, with 403.1 deaths per 100,000 average population, their rate had been in decline until 2000, with 305.5 deaths per 100, 000 average population, but it rose again in 2001. Urban men had the next highest mortality rates due to external causes, which showed a similar pattern of rise and fall as the rates of rural men, only at a lower level. The mortality rates for rural and urban women fluctuated minimally and at much lower levels than the men during the 11-year period. In 2001, rural men were 52% more likely to die from external causes than urban men (343.2 vs. 225.9 deaths per 100,000 average population), and 351% more likely to die than their rural women (343.2 vs. 76.1 deaths per 100,000 average population). Similarly, urban men were 297% more likely to die from external causes than their urban women (225.9 vs. 56.9 deaths per 100,000 average population) in the same year. And rural women were 34% more likely to die from

external causes than urban women (76.1 vs. 56.9 deaths per 100,000 average population).

Suicide is the leading external cause of death for Lithuanians. Figures H13c and H13d show the trend in suicide rates from 1990 to 2001 by residential area and gender, taken singly and in combination. Overall, the suicide rate has risen 68% during the period, from 26.2 to 44.1 deaths per 100,000 average population. The peak came in 1996 with a rate of 47.8 deaths per 100,000 average population. In Figure H13c, we can see that gender is a more important factor influencing suicide than residential area. In 2001, men were 415% more likely to commit suicide than women (77.2 vs. 15 deaths per 100,000 average population), and rural people were 80% more likely to commit suicide than urban people (62.8 vs. 34.8 deaths per 100,000 average population).

Figure H13d shows that rural men had by far the highest suicide rates of any group. Their rates remained fairly stable from 1995 to 2001, with only a tiny 2.4% decline (113.5 to 110.8 deaths per 100,000 average population). In 2001, rural men committed suicide at a rate 85% higher than urban men (110.8 vs. 59.8 deaths per 100,000 average population) and 522% higher than their rural women (110.8 vs. 17.8 deaths per 100,000

Figure H13b

Mortality Rate Due to External Causes by Residential Area and Gender, Taken in Combination: 1990-2001

Number of Deaths per 100,000 average population

Figure H13d

Suicide Mortality Rate by Residential Area and Gender, Taken in Combination: 1990-2001

Number of Deaths per 100,000 average population

Figure H13e

Mortality Rate by External Cause of Death, Residential Area, and Gender: 2001

Number of Deaths per 100,000 average population

Legend: Rural Males, Rural Females, Urban Males, Urban Females

Recommendations

Even though there are no Millennium Declaration Goals to cover this section of health, we would like to recommend a couple of areas for improvement in the health status of Lithuanians. The first area for improvement is cancer. The cancer incidence and prevalence rates have increased 25% and 37.5% in the past 6 years, respectively, and there has been a 19% increase in the cancer mortality rate over the past 11 years. We have seen that lung cancer accounted for 18.6% of the cancer deaths in 2001, and we know that smoking is the leading cause of preventable death. Therefore, we recommend a national anti-smoking campaign be established to stem the high rates of lung cancer. We also suggest that the budget of the Lithuanian health system be increased in order to provide all Lithuanian people, not just the wealthy few, with the common cancer screening tests (Pap test, mammogram, PSA, occult blood, etc.) that are readily available in western countries.

The second area for improvement is suicide. Lithuania has one of the highest suicide rates in the world (44.1 deaths per 100,000 average population in 2001). According to Professor Danute Gailiene of Vilnius University, the majority of suicides (50% to 70%) are committed under the influence of alcohol. The suicide problem is especially acute among rural men (110.8 deaths per 100,000 average population in 2001). No doubt the high level of poverty (27.3%) in rural areas contributes greatly to this problem. Apart from improving the general economic situation, we recommend that the national health system implement a suicide prevention strategy, that promotes mental well-being in the general population, discourages alcohol abuse, raises public awareness of the potential warning signs of suicide, and assigns more community mental health professionals to help deal with the problem, especially in the rural areas.

average population). Urban men committed suicide at a rate 336% higher than their urban women (59.8 vs. 13.7 deaths per 100,000 average population). And rural women committed suicide at a rate 30% higher than urban women (17.8 vs. 13.7 deaths per 100,000 average population).

In Figure H13e, we see the ranking of the leading external causes of death for 2001. Following suicide--transport accident, accidental drowning, accidental alcohol poisoning, and homicide are the leading external causes of death for Lithuanians, in that order. Except for alcohol poisoning, rural men dominate the mortality rates for external causes. Rural men were 80% more likely to die in an auto accident, 95% more likely to drown, and 5% more likely to be murdered than urban men. But urban men were 6% more likely to die from alcohol poisoning than rural men. Both rural and urban women had significantly lower mortality rates than their men for all external causes of death. But when we compare just the women, we notice that rural women were 12% more likely to die in an auto accident, 69% more likely to drown, 11% more likely to die from alcohol poisoning, and 24% more likely to be murdered than urban women.

Goal 7: Ensure environmental sustainability

The seventh Millennium Development Goal (MDG) is to ensure environmental sustainability. Lithuania's targets for this goal could be: (1) to protect the quality of the landscape for maintaining biological diversity and (2) to reduce air and water pollution.

Landscape

The five most valuable landscapes needing protection are: (1) the seashore, which includes the continental Baltic seashore, the Curonian Spit, and the Nemunas River delta; (2) the Zemaiciai highlands, which include forests and cultivated fields between massive hills; (3) the Aukstaiciai highlands, which include forest islands and small and medium-sized lakes between hills; (4) Dzukai highlands, which include large forest areas, river valleys, and continental dunes; and (5) the Middle Nemunas River Valley, which includes forests, pastures, and meadows.

Restoration of private ownership and increasing urbanization, along with new economic priorities, have changed the structure of the Lithuanian landscape during the past 12 years. For centuries the prevailing structure of the landscape has been agrarian with varying degrees of forest coverage. One of the most important functions of the forest today is the maintenance of biological diversity.

As of January 1, 2002, 60.6% of the Lithuanian landscape is dedicated to agriculture and 30.1% is forest, as seen in Figure F1. However, forest coverage varies depending on the region. Some regions of southeastern Lithuania (the sandy plains) are covered by almost 65% forest, while some of the most fertile regions of southern Lithuania (clay plains) have less then 15% forest coverage. In

photo by Loreta Aksomaityte

1991, private ownership of land was restored, resulting in an increase in land fragmentation. The size of the average farm in 1930 was 15 ha. Currently, the average farm plot is only 3-6 ha, which contributes greatly to the economic inefficiency of the agricultural sector.

Since 1990, the reconstruction of the Klaipeda Seaport, the construction of the Butinge Oil Terminal, and the accompanying development of new housing and recreational infrastructure have caused a decrease in the migrating sand drift, which in turn has intensified the erosion of the seacoast. It is estimated that about 8 ha of coastal area are lost every 10 years; this loss makes the seashore narrower and wetter.

Today, Lithuania has 36 laws in force that regulates environmental protection and the use of natural resources. During the past 12 years, the Lithuanian territory under protection has increased from

Figure F1

Territory of Lithuania as of January 1, 2002: 6,530,000 ha
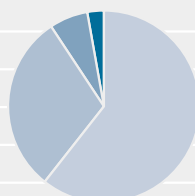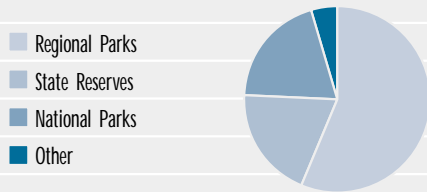

- Agriculture
- Forest
- Other
- Inland Water

Figure F2

Protected Land Areas in Lithuania as of January 1, 2002: 774,273 ha

- Regional Parks
- State Reserves
- National Parks
- Other

4.7% to 11.9%. Figure F2 displays the percentage distribution of the protected land areas, as of January 1, 2002. Thirty regional parks comprise the largest area (56.3%) of protected land. There are also 5 national parks and 258 state reserves, which account for 19.7% and 19.4% of the protected land areas, respectively.

Air Pollution

During the past 11 years the emission of pollutants into the atmosphere has greatly decreased, mainly as a consequence of the economic decline experienced after independence was reestablished. Air pollutants can be categorized by their source: (1) stationary, pollutants which are emitted by industry and the energy sector; and (2) mobile, pollutants which are emitted by transport vehicles. Figure F3 shows the total atmospheric pollution from stationary sources for 1990 and from 1995-2001. Each year's column is divided into its components: (1) pollutants neutralized after treatment, (2) pollutants not neutralized after treatment, and (3) pollutants without treatment. The total pollution emitted into the atmosphere from stationary sources decreased 87.6%, from 2,245.8 to 279.3 thousand tons during the past

11 years. After treatment neutralization, the actual amount of pollutants emitted into the air decreased 74.5%, from 385.4 to 98.3 thousand tons during the same period.

Figure F4 takes the actual amount of pollutants emitted into the air after treatment neutralization and separates them into their main components: solids (dust), sulfur dioxide, carbon monoxide, nitrogen oxides, and other gases and liquids. Emission of solids (dust) from stationary sources has decreased 91% in this 11-year period, from 59.7 to 5.4 thousand tons. Sulfur dioxide emissions have decreased 75.2%, from 142.6 to 35.4 thousand tons. Carbon monoxide emissions have declined 78.1%, from 91.5 to 20 thousand tons. And nitrogen oxides have declined 70.5%, from 35.2 to 10.4 thousand tons.

Global climate warming began in earnest with the dawn of the Industrial Revolution in the 19th Century. Greenhouse gases (carbon dioxide, methane, nitrous oxide, and chlorofluorocarbons) are emitted as byproducts of industrial processes. In the past decade, Lithuania has established national programs for implementing the requirements of the United Nations Framework
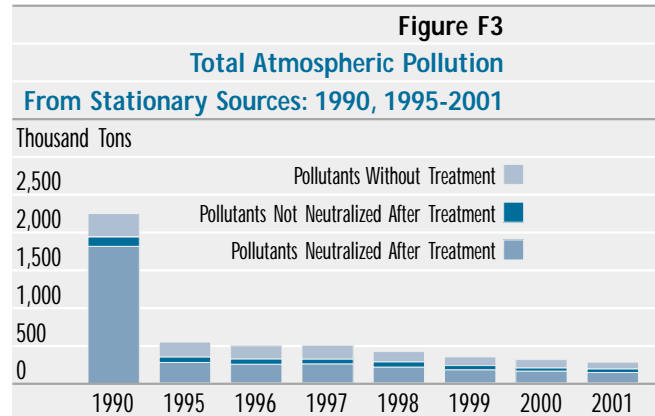
Figure F3

Total Atmospheric Pollution From Stationary Sources: 1990, 1995-2001

Thousand Tons

- Pollutants Without Treatment
- Pollutants Not Neutralized After Treatment
- Pollutants Neutralized After Treatment

Figure F4

Atmospheric Pollution From Stationary Sources After Treatment: 1990, 1995-2001

Thousand Tons

- Other Gases and Liquids
- Nitrogen Oxides
- Carbon Monoxide
- Sulfur Dioxide
- Solids
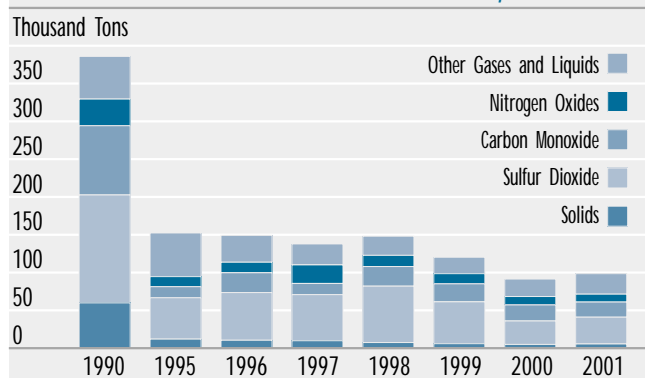
Convention on Climate Change and the Kyoto Protocol. Building renovations have introduced more energy efficient central heating systems, and in many cases, bio-fuel (timber, straw) has been substituted for fossil organic fuel. Carbon dioxide, the gas emitted when fossil organic fuel is burned and human beings exhale, is the biggest single factor causing global warming by trapping heat. Emissions of carbon dioxide in Lithuania have fallen 64.4%, from 45 million tons in 1991 to 16 million tons in 2000.

Table F5

Consumption of Substances Depleting the Ozone Layer (ODS): 1995-2001

	1995	1996	1997	1998	1999	2000	2001
CFC (AI)	360,5	288,7	99,9	103,8	85,3	36,5	0,0
Halons (AII)	0,0	0,9	14,7	0,0	0,0	0,0	0,0
Carbon Tetrachloride (BII)	10,5	8,3	14,6	11,8	12,1	0,0	0,0
HCFC (CI)	18,8	2,6	2,1	4,8	2,6	4,3	7,3
Methylbromide (EI)	31,4	27,4	18,1	9,0	9,6	9,6	6,0
Total	421,6	328,6	149,4	129,4	109,6	50,4	13,3

Methane is a naturally occurring gas emitted into the atmosphere from various sources, such as cattle herds, garbage dumpsites (as a byproduct of decomposition), wastewater treatment facilities, industrial production, and rice cultivation. It is the second leading greenhouse gas, which contributes to global warming by trapping solar heat like a layer of insulation. In Lithuania, methane emissions have decreased 34.4%, from 350 thousand tons in 1991 to 230 thousand tons in 2000.

The growth in greenhouse gases has slowed since its peak in 1980, primarily due to international cooperation in the phase-out of chlorofluorocarbons

(ozone depleting gases), which was initiated by the Montreal Protocol. Lithuania does not manufacture any substances depleting the ozone layer. However, some industrial enterprises use these substances for manufacturing refrigerators and aerosols. Table F5 shows that the total quantity of all Ozone Depleting Substances (ODS) consumed in Lithuania has dramatically decreased by 96.8%, from 421.6 ODS tons in 1995 to 13.3 ODS tons in 2001.

Water Pollution

Table F6 shows that the total quantity of wastewater discharged into surface waters has fluctuated in the range of 3,525 to 5,597.9 million cubic meters in the last 11 years. The percentage of quality water, plus adequately treated polluted water, increased from 91.4% to 98.4% of the total wastewater discharged between 1990 and 1999. However, the percentage of quality water, plus adequately treated polluted water, decreased to 95.9% in 2000. And in 2001, this percentage rose again slightly to 96.6%.

Figure F7 indicates that the total quantity of polluted wastewater (polluted water without treatment, plus polluted water inadequately treated) discharged into surface waters decreased from 348.4 million cubic meters (8.6% of the total wastewater discharged) in 1990 to 72 million cubic meters (1.6% of the total wastewater discharged) in 1999. However, the amount of polluted wastewater increased to 144 million cubic meters (4.1% of the total wastewater discharged) in 2000. And in 2001, the amount of polluted wastewater decreased slightly to 141 million cubic meters (3.4% of the total wastewater discharged).

Recommendations

Environment is not a very problematic issue in Lithuania and the country has made substantial progress in reducing air and water pollution during the past 11 years. However, there is still a lot to do in the field of wastewater management, water management and air quality. Protection of the landscape has also been more difficult, because Lithuania has had to balance the demands for economic growth and development with the needs of the environment.

Lithuania has the technological and institutional tools and, to some extent, the necessary political awareness for improving its environment in the

TableF6

Discharge of Wastewater into Surface Waters (in Million Cubic Meters per Year)

	1990	1995	1996	1997	1998	1999	2000	2001
Total Discharged	4.040,4	4.492,6	5.597,9	4.709,0	5.047,0	4.561,0	3.525,0	4.171,0
Water Meeting Quality Standards	3.594,3	4.188,8	5.345,9	4.476,0	4.830,0	4.379,0	3.357,0	3.999,0
Polluted Water Adequately Treated	97,7	77,9	99,5	115,0	117,0	110,0	24,0	31,0
Polluted Water without Treatment	121,7	54,1	42,0	39,0	34,0	21,0	3,0	2,0
Polluted Water Inadequately Treated	226,7	171,8	110,5	79,0	66,0	51,0	141,0	139,0

Figure F7

Discharge of Polluted Wastewater into Surface Waters: 1990, 1995-2001

Million Cubic Meters
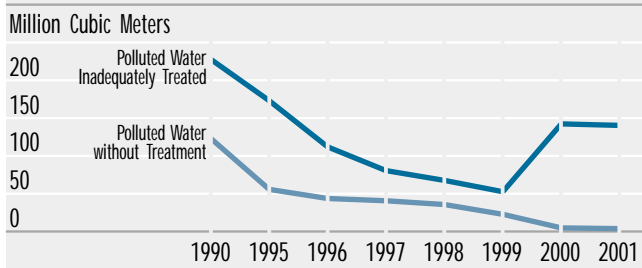
coming years. In addition, while the European Union acquis and prerequisite in the field of environmental protection exert an extensive impact on the accession countries, the EU structural funds will permit Lithuania to develop some extensive projects mainly in water management.

As the Lithuanian National Report on Sustainable Development from Rio to Johannesburg, from Transition to Sustainability points out, one of the main challenges for Lithuania will be to manage the advancement of sustainable development "as a compromise between environmental, economic, and social objectives allowing to reach commonwealth of the society for itself and future generations without exceeding allowable limits of environmental impact". While, about four times less energy is used in order to create one GDP unit in 2000 than in the early 90s, the main environmental challenge for the country in the coming decade will be to prevent a sudden increase of energy use because of the rapid GDP

expansion. The World Summit on Sustainable Development (WSSD) that took place in Johannesburg in August-September 2002 encouraged, among other issues, the development of a 10 year framework of programmes to accelerate the shift towards sustainable consumption and production that will help Lithuania to meet European standards objectives. Lithuania has still some issues to work on. The country has a legacy from Soviet times of around 2,000 tonnes of obsolete pesticides. The pesticide is becoming out of date, and turned from being an agrochemical substances into a toxic chemical waste. Lithuania should rapidly secure a proper storing of the chemical waste and then deal with its destruction.

Lithuania should also go on with the problem of domestic waste disposal. The country should continue its efforts towards the reduction of the number of landfill sites. It is expected that Lithuania will replace the large number of improperly managed sites with 10 to 12 regional household waste site complying with EU standards.

A third issue of concern could arise in the near future with the growing level of traffic pollution in towns and the closing down of the Ignalina Nuclear Power Plant (INPP) by 2009. Lithuania will have to switch to an alternative source of electricity production that could put Lithuania below EU standards on air pollution and obstruct the capacity of the country to meet Kyoto requirements. Therefore, the imminent ratification of the Kyoto protocol by Lithuania will be seen as a very positive step towards the continuing implementation of sustainable development.

Goal 8: Develop a global partnership for development

Positioned between the Millennium Summit in New York in September 2000, the International Conference on Financing for Development in Monterrey in March 2002 and the World Summit on Sustainable Development in Johannesburg in August - September 2002, the Millennium Development Goals are the working framework for development in the coming decade.

"The MDGs represents also an unprecedented political consensus on time bound quantified indicators. Hence, the MDGs are more a tool of political mobilization, rather than a new model of development"* . However, the implementation of the MDGs requires an additional effort of financing. Therefore, the implications of Goal 8 are quite clear. Each goal requires, in any case, financial and political resources. Without developing a global partnership for development, it will be impossible to achieve the MDGs by 2015.

In Monterrey, the United Nations organised an International Conference of Financing for Development for the first time. The objective of the conference, two years after the World Summit in New York, was to maintain a global partnership to mobilise resources for development priorities, i.e. for implementing the MDGs. Indeed, for implementing the MDGs by 2015 Official Development Assistance (ODA) should reach between US$ 96 and 116 billion a year instead of the US$ 56 current annual ODA.

While Goal 8 has no quantitative target and cannot be reduced to one specific target, one should see the ODA target of 0,7% of GDP set by the United Nations General Assembly in 1970 as an indispensable pre-requisite of the MDGs. Today, only few countries of the Development Assistance Committee (DAC) of the Organization for Economic Co-operation and Development (OECD) are matching this long-standing objective.

Hopefully, the Conference on Financing for Development witnessed two major steps towards an increase of ODA. The European Union (EU) committed itself to an average 0,39% ODA target by 2006 towards the 0,7% target, which will represent an additional US $7 billion a year. As for the United States (USA), the administration proposed, in March 2002 to increase its ODA by 50% in three years. This means that the USA would provide an additional US$ 5 billion a year.

The success of the MDGs heavily depends on every country's involvement. The role that Lithuania could play in development will first and foremost be influenced by its accession to the EU

photo by Aleksandras Ceiko

* The Millennium Development Goals and Human Development, statement by Sakiko Fukuda-Parr, International Symposium of Tokyo, 2002.

in May 2004. As an EU member and a high Human Development Index (HDI) country, Lithuania will have to develop and strengthen its own ODA policy.

Lithuania is an emerging donor, which has already formulated a draft ODA strategy, and committed human and financial resources for its implementation. The strategy has identified geographic and thematic priorities and is supporting cross-border activities. Alongside with bilateral humanitarian assistance, through UNICEF and UNHCR, relief is provided to children and refugees. Through UNDP, third-party cost sharing for technical assistance is provided in various fields of governance. Lithuania has a great potential in the framework of East-East technical cooperation to be developed with other countries in transition, in the region, as well as elsewhere. The country's experience in promoting democratization and good governance, human rights and poverty eradication is invaluable to other countries going through similar processes.

Achieving the MDGs by 2015 is not only a question of additional funds but also of access to technology, trade and debt relief. Indeed, too many developing countries spend more on debt service than on social services. Beyond debt relief, it is as well imperative for achieving the MDGs by 2015 to expand market opportunities for trade that can stimulate economic growth and to reduce tariffs and eliminate barriers. Lithuania could be a pioneer in helping to create a system of global decision-making as we confront the new social, economic and security concerns posed by globalization.

Key Statistical Indicators

Government budget

	1999	2000	2001(1)
National Budget revenue as % of GDP	21.1	19.4	19.3
National Budget expenditure as % of GDP	21.4	21.1	20.6

(1) Provisional data.

Economic development

	1993	1994	1995	1996	1997	1998	1999	2000	2001
GDP at current prices (million litas) (1)	11590	16904	24103	31569	38340	42990	42655	44930	47958
GDP at current prices (million USD)	2662 (1)	4227	6026	7892	9585	10747	10664	11232	11989,5
Change over previous year, at constant prices 1995 (%)	-16,2	-9,8	3,3	4,7	7,3	5,1	-3,9	3,8	5,9

(1)1 Litas = 0.25 USD from 25 June 1993 to 1 March 2002

GDP at current prices, by county (million litas)

	1996	1997	1998	1999	2000
Alytus	1459	1753	1884	1886	1926
Kaunas	6163	7744	8526	8369	8654
Klaipeda	3916	4556	5189	5262	5590
Marijampole	1333	1635	1812	1536	1702
Panevezys	2792	3359	3532	3143	3404
Siauliai	3064	3636	3654	3545	3586
Taurage	824	871	928	909	999
Telsiai	1410	1658	1863	1829	1987
Utena	1611	1882	2109	2064	2096
Vilnius	8997	11246	13492	14113	15200

GDP at current prices, by county (million USD)

	1996	1997	1998	1999	2000
Alytus	365	438	471	471	481,5
Kaunas	1541	1936	2131	2092	2163
Klaipeda	979	1139	1297	1315	1398
Marijampole	333	409	453	384	425,5
Panevezys	698	840	883	786	851
Siauliai	766	909	914	886	896,5
Taurage	206	218	232	227	250
Telsiai	352	414	466	457	497
Utena	403	471	527	516	524
Vilnius	2249	2811	3373	3528	3800

	1993	1994	1995	1996	1997	1998	1999	2000	2001
GDP per capita at current prices (litas)	3147	4621	6637	8757	10711	12094	12082	12877	13768
GDP per capita at current prices (USD)	723 (1)	1156	1659	2189	2678	3023	3020	3219	3442
Change over previous year, %		-9,8	3,3	4,7	7,3	5,1	-3,9	3,8	5,9
GDP per capita based on purchasing power standards (2)				6170	6850	7380	7310	8080	8730
Change over previous year, %				11	7,7	-0,94	10,5	8

(1) 1 Litas = 0.25 USD from 25 June 1993 to 1 March 2002.

(2) Purchasing Power Parities used for calculation (Eurostat new Cronos database, 17 September,2002.

GDP per capita at current prices, by county (thousands litas)

	1996	1997	1998	1999	2000
Alytus	7,2	8,7	9,3	9,3	10,2
Kaunas	8,2	10,3	11,3	11,1	12,2
Klaipëda	9,4	11	12,5	12,7	14,4
Marijampolë	6,7	8,2	9,1	7,7	9
Panevëþys	8,6	10,4	11	9,8	11,2
Ðiauliai	7,6	9	9,1	8,8	9,6
Tauragë	6,3	6,7	7,1	7	7,4
Telðiai	7,7	9,1	10,2	10	11
Utena	8	9,3	10,5	10,3	11,2
Vilnius	10	12,6	15,1	15,8	17,8

Gross Value Added by sector (%)

	1993	1994	1995	1996	1997	1998	1999	2000	2001 (1)
Agriculture, hunting, forestry, and fishing (A+B)	14,2	10,7	11,7	12,2	11,7	10,3	8,4	7,6	7
Industry (C+D+E)	34,2	27	26,1	25,8	25,2	23,9	22,9	26,2	28,3
Construction (F)	5,1	7,2	7,1	7,1	7,7	8,6	7,9	6,2	6,1
Services	46,5	55,1	55,1	54,9	55,4	57,2	60,8	60	58,6

(1) Provisional data

Employment by sector (%)

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Agriculture, hunting, forestry, and fishing (A+B)	22,5	23,4	23,8	24,2	21,8	21,5	20,2	19,6	17,8
Industry (C+D+E)	25,7	22,4	21,2	20,1	20	20	19,8	20,1	20,4
Construction (F)	7,1	6,6	7	7,2	7,1	7,1	6,6	6,1	6,2
Services	44,7	47,6	48	48,5	51,1	51,4	53,4	54,2	55,6

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Inflation: December compared to December of previous year	188,7	45,1	35,7	13,1	8,4	2,4	0,3	1,4	2
Current account deficit % to GDP	-3,1	-2,1	-10,2	-9,2	-10,2	-12,1	-11,2	-6,0	-4,8

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Export in million litas	8707	8077	10820	13420	15441	14842	12015	15238	18332
Import in million litas (1)	9798	9356	14594	18235	22577	23174	19338	21826	25413

Export, by country (%)

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Russian Federation	33,1	28,2	20,4	24	24,5	16,5	7	7,1	11
Germany	6,8	11,5	14,4	12,8	11,4	13,1	16	14,3	12,6
Belarus	7,4	6,5	10,8	10,2	10,3	8,8	5,9	2,9	3,9
Latvia	7,3	8,4	7,1	9,2	8,6	11,1	12,8	15,0	12,6
Ukraine	11,2	6,1	7,5	7,7	8,8	7,8	3,7	4,4	3,4
Netherlands	2,8	5,2	4,9	3,3	2,8	2,5	3,5	4,8	2,9
Poland	7	5	3,9	3,2	2,3	3	4,5	5,5	6,3
United Kingdom	1,6	2,3	3,1	2,8	3,2	3,5	5,1	7,8	13,8
Italy	2,2	1,9	1,9	2,7	3,1	4,1	4,2	2,3	2
Denmark	1,5	1,7	2,7	2,6	3,4	4,1	6,2	4,9	4,5
Estonia	2,5	2,5	2,2	2,5	2,5	2,6	2,4	2,3	3,2
Sweden	1,8	3,1	2,5	1,7	1,9	2,6	4,2	4,4	3,7
France	0,8	1,2	1,7	1,6	2,2	3,5	4,7	4,4	3,3
USA	0,3	0,6	0,7	0,8	1,6	2,8	4,4	4,9	3,8
Others	13,7	15,8	16,2	14,9	13,4	14	15,4	15,1	11,4

* Imported goods by country are broken up according to the county of origin of goods

Import, by country (%)

	1996	1997	1998	1999	2000	2001
Russian Federation	29,0	25,3	21,2	20,1	27,4	25,3
Germany	15,4	17,5	18,2	16,5	15,1	17,2
Belarus	2,4	2,3	2,2	2,2	1,8	1,9
Latvia	1,7	1,7	1,8	2,0	1,6	1,5
Ukraine	3,3	2,1	1,9	1,5	1,5	1,6
Netherlands	2,0	2,2	2,2	2,3	2,3	2,4
Poland	4,4	4,9	5,5	5,7	4,9	4,9
United Kingdom	3,3	3,4	3,7	4,2	4,5	3,4
Italy	3,8	4,1	4,4	4,1	3,6	4,2
Denmark	3,6	3,8	3,8	3,9	3,1	2,9
Estonia	1,3	1,3	1,5	1,5	1,2	1,1
Sweden	3,1	3,3	3,7	3,4	3,4	3
France	2,1	2,8	3,4	3,6	4,2	3,8
USA	2,6	2,9	2,9	3,8	2,4	3
Others	22,0	22,4	23,6	25,2	23,0	21,8

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Foreign direct investment (million litas)	136	125	290	610	1418	3702	1946	1516	1783
Stock of direct investment capital at the end of the year (million litas)		1406	2801	4162	6501	8252	9337	10458,5	
Foreign debt at the end of the year, (million USD)		496,2	839,8	1203,0	1401,8	1684,4	2428,8	2474,3	2464

Employment

	2000	2001
Labour force (thousands)	1790,9	1745,3
Employed (thousands)	1586	1521,8

Employment, by Labour force survey

	1997	1998	1999	2000	2001
Labour force participation (%)	61,5	61,7	61,9	60,4	58,9
Urban	63	63,6	64,5	62,8	
Rural	58,3	58,2	57	55,9	
Males	70,3	69,6	69,2	67,1	65,5
Females	53,9	54,9	55,7	54,8	53,3

Employment, by Labour force survey

	1997	1998	1999	2000	2001
Employment rate (%)	52,8	53,5	53,2	51,2	48,9
Urban	52,9	54,4	53,9	52,3	
Rural	52,6	51,8	51,9	48,8	
Males	60,3	59,6	58,4	55,5	52,6
Females	46,4	48,2	48,7	47,5	46,8

Employment, by Labour force survey

Employment rate (in % by age group)	1997	1998	1999	2000	2001
14-19	13,9	12,9	11,2	7,2	4,6
20-24	55,4	55,1	51,7	47	42,6
25-29	73,5	76,9	77,7	76,8	72,8
30-34	76	76,6	78,8	73,2	74,9
35-39	81,1	81,1	81,5	77,9	77,1
40-44	81,3	83,7	81,3	78,4	75,6
45-49	80,7	81,8	82,3	76,9	73,1
50-54	73,5	76,8	78,8	72,2	69,5
55-59	52,8	55,4	56,9	54,7	55,2
60-64	25	23,5	25,4	25,2	23
65 +		6,4	5,6	7,7	5,6

Unemployment, by Labour force survey

	1997	1998	1999	2000	2001
Unemployment rate (%)	14,1	13,3	14,1	15,4	17
Urban	15,9	14,4	16,5	16,7	
Rural	9,8	11,1	9	12,8	
Males	14,2	14,3	15,6	17,3	19,7
Females	13,9	12,2	12,6	13,3	14,2

Official unemployment rate (Labour Exchange data)

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Unemployment rate (%)	4,4	3,8	6,1	7,1	5,9	6,4	8,4	11,5	12,5
Urban	5	3,8	5,7	6,6	5,6	6,2	8,5	12,3	
Rural	3,7	3,8	6,6	7,7	6,3	6,6	8,2	10,8	

Unemployment, by Labour force survey

Unemployment rate (in % by age group)	1997	1998	1999	2000	2001
14-19	34,9	27,4	30,9	43	45,9
20-24	21,8	20,6	25,2	26,4	27,8
25-29	14,1	13,7	13,3	13,1	16,2
30-34	12,9	15,4	15	17	15,6
35-39	11,4	12,2	13	12,1	16
40-44	14,1	11,2	14,5	14,1	16,6
45-49	13,9	12,4	10,4	13,7	16,5
50-54	12,4	11,2	12,6	17	16,4
55-59	10,1	8,6	9,2	13	14,4
60-64	0,2	2,5	2,3	6,6	8,7
65 +		0,3		2,9	1,4

Youth unemployment, by Labour force survey

	1997	1998	1999	2000	2001
Youth unemployment rate (%)	25,2	22,2	26,5	29	30.2
Urban	28,3	24,9	31,1	28,5	
Rural	19,9	18,4	19,7	29,9	
Males	27,4	23,5	27,9	30,8	34.9
Females	21,9	20,3	24,6	26,3	23.7

Duration of unemployment, by Labour force survey

Duration of unemployment (%)	1997	1998	1999	2000	2001
0-5 months	26,9	37,7	48,1	38,5	25.9
6-11 months	23	32,6	31,7	27,7	15.0
1 year and more	50,1	29,7	20,2	33,8	59.1
Urban					
0-5 months	27,6	36,4	49	39,7	26.3
6-11 months	21,5	33	32,4	27,9	15.3
1year and more	50,9	30,6	18,6	32,3	58.5
Rural					
0-5 months	24,2	41	46,8	34,9	25.2
6-11 months	28,7	31,5	25,8	27,1	14.1
1 year and more	47,1	27,5	27,4	37,9	60.8
Males					
0-5 months	28,2	39,3	47,5	36,9	26.0
6-11 months	24,8	31	30,5	29,2	13.0
1 year and more	47	29,7	22	33,9	61.0
Females					
0-5 months	25,4	35,8	48,9	40,6	25.9
6-11 months	21	34,5	33,2	25,6	18.0
1 year and more	53,6	29,7	17,9	33,8	56.1

Employment, by Labour force survey

	1997	1998	1999	2000	
Employees with a second job (%)	7,9	6,6	8,6	7	

Wages and salaries

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Average gross wages and salaries (Litas)	166	325	481	618	778	930	987	971	991
Change (%)		95,9	47,8	28,6	25,9	19,5	6,2	-1,7	2
Average net wages and salaries (Litas)	128	251	363	467	577	684	722	692	705
Change (%)		96,6	44,5	28,7	23,5	18,6	5,7	-0,9	1.9

Average gross wages and salaries by county (Litas)

	1993	1994	1995	1996	1997	1998	1999	2000
Alytus			448	545	701	844	888	849
Kaunas			456	590	738	865	915	885
Klaipeda			500	654	801	950	993	976
Marijampole			379	498	625	755	771	786
Panevezys			436	558	721	851	880	887
Siauliai			421	531	676	807	812	800
Taurage			380	475	607	724	793	766
Telsiai			449	615	782	936	1008	982
Utena			550	692	832	982	1031	1011
Vilnius			543	695	877	1061	1138	1118

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Average monthly labour costs for the employer (Litas)	216	423	625	804	1012	1209	1283	1320	NA
Tax wedge (%)	40,9	40,7	42	41,9	43	43,4	43,7	45,8*	NA
Official minimum standard of living (Litas)	29,7	50,1	69,2	90,8	110,8	123,3	125	125	125
Change over previous period (%)	130,8	68,7	38,1	31,2	22	11,3	1,4	0	0
Official minimum monthly earning (Litas)	32,7	56,5	134,6	240	374,2	417,5	430	430	430
Change over previous period (%)	141	72,8	138,2	78,3	55,9	11,6	3	0	0

* Provisional data.

Income

Average disposable income

	1996	1997	1998	1999	2000	2001
Level per capita per month (Litas)	326,7	368,9	422,5	428	415,4	409,5
Change over previous year (%)		12,9	14,5	1,3	-2,9	-1,54
Urban (Litas)	352,7	403,1	463,5	475,2	464,9	455,4
Rural (Litas)	268,9	298,4	336,3	327,1	311	310,9

Average consumption expenditures

	1996	1997	1998	1999	2000	2001
Level per capita per month (Litas)	348,1	382,6	426,8	425,4	404,4	411,4
Change over previous year (%)		9,9	11,6	-0,3	-4,9	1,7
Urban (Litas)	373,3	413,9	466,7	469,5	443	450,6
Rural (Litas)	292	317,8	343	331,1	322,9	327,3
Food share in household consumption expenditures (%)	55,2	52,2	48,1	45,7	44,4	42,4

Poverty head count ratio (The poverty line equals 50% of the average consumer spending)

	1996	1997	1998	1999	2000	2001
Level (%)	18	16,6	16	15,8	16	16,4
Man (%)	17,2	15,6	15	14,6	15,2	
Women (%)	17,4	15,5	15,2	14,5	14,9	
Children (%)	20,4	20	18,9	19,8	19,6	
Urban (%)	14,7	12,1	10,9	9,9	10,5	11,3
Rural (%)	26	25,9	26,5	28,2	27,6	27,3

Poverty

Type of household (%)	1996	1997	1998	1999	2000	2001
Single person	17,6	13,4	13,1	13,1	12,8	13,6
Single adult with children under 18	22,2	21,6	22	25,7	14,9	16,6
Couple with children under 18	15,9	15	13,9	15,5	15,3	15,7
Other household with children under 18	24,8	24	24,8	21,9	24,1	24,2
Couple without children	11,1	11,2	8,7	8,6	9,9	8,7
Other household without children	17,8	14,2	15,3	14,7	15,2	17,1

Poverty

Socio - economic group (%)	1996	1997	1998	1999	2000	2001
Self employers in agriculture	26,3	30,2	32	39,9	35,3	34,9
Hired workers	13,8	12,8	12,1	11,5	11	11,6
Self employers	8,1	7,7	5,7	7,5	7,7	8,2
Pensioners	25,2	22,1	20,9	19,1	20,4	21,2
Others	42,8	39,6	40,8	40,4	41,1	34,3
Poverty gap*	25	24	23	23	23	

$$pg = \frac{1}{q} \sum_i \frac{z - y_i}{z}$$

z - poverty line; y_i - consumer expenditure of poor persons; q - number of poor.

1993 - 1995 data, data by country, average income shortfall, human poverty index 2 are not available.

Composition of the poor population

Type of household (%)	1996	1997	1998	1999	2000
Single person	7,3	6,3	6,8	7,1	7,4
Single adult with children under 18	5,2	5,3	7	7,4	5,1
Couple with children under 18	31,9	31,5	31,9	36,1	33,7
Other household with children under 18	31,7	33,3	31,4	25,3	29,4
Couple without children	7,9	9,3	7,4	8	8,6
Other household without children	16	14,4	15,5	16,1	15,9

Composition of the poor population

Socio - economic group (%)	1996	1997	1998	1999	2000
Self employers in agriculture	9,8	12,5	12,5	15,1	15,4
Hired workers	48	50,5	49,3	46,6	41,9
Self employers	2,3	1,6	1,4	2,1	2,2
Pensioners	29,4	29	27,6	27	29,9
Others	10,6	6,4	9,1	9,1	10,6

Expenditure inequality

	1996	1997	1998	1999	2000
D10/d1	8,7	8,5	8	8,1	7,9
D5/d1	5,5	5,3	5,1	5,1	5,1
Gini - coefficient	0,32	0,32	0,31	0,31	0,32

Population

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Population 01/01 (thous ands)	3,693.9	3,671.3	3,643	3,615.2	3,588	3,562.3	3,536.4	3,512.1	3,487	3,475.6
Change over previous year (%)	-0.3	-0.6	-0.8	-0.8	-0.8	-0.7	-0.7	-0.7	-0.7	-0.3
Urban	2,510.4	2,486.4	2,459.6	2,432.5	2,428.6	2,399.4	2,377.2	2,357.1	2,334.2	2,326.2
Rural	1,183.5	1,184.9	1,183.4	1,182.7	1,159.4	1,162.9	1,159.2	1,155.0	1,152.8	1,149.4
Urban (%)	68.0	67.7	67.5	67.3	67.7	67.4	67.2	67.1	66.9	66.9
Rural (%)	32.0	32.3	32.5	32.7	32.3	32.6	32.8	32.9	33.1	33.1
Males	1,746.0	1,733.4	1,717.2	1,701.6	1,685.8	1,671.7	1,657.6	1,644.3	1,630.9	1,624.5
Females	1,947.9	1,937.9	1,925.8	1,913.6	1,902.2	1,890.6	1,878.8	1,867.8	1,856.1	1,851.1
Males (%)	47.3	47.2	47.1	47.1	47.0	46.9	46.9	46.8	46.8	46.7
Females (%)	52.7	52.8	52.9	52.9	53.0	53.1	53.1	53.2	53.2	53.3
Urban-Males	1,180.8	1,167.2	1,151.2	1,134.9	1,129.1	1,112.0	1,098.7	1,086.6	1,073.3	1,068.5
Urban-Females	1,329.6	1,319.2	1,308.4	1,297.6	1,299.5	1,287.4	1,278.5	1,270.5	1,260.9	1,257.7
Urban-Males (%)	32.0	31.8	31.6	31.4	31.5	31.2	31.1	30.9	30.8	30.7
Urban-Females (%)	36.0	35.9	35.9	35.9	36.2	36.1	36.2	36.2	36.2	36.2
Rural-Males	565.2	566.2	566.0	566.7	556.7	559.7	558.9	557.7	557.6	556.0
Rural-Females	618.3	618.7	617.4	616.0	602.7	603.2	600.3	597.3	595.2	593.4
Rural-Males (%)	15.3	15.4	15.5	15.7	15.5	15.7	15.8	15.9	16.0	16.0
Rural-Females (%)	16.7	16.9	16.9	17.0	16.8	16.9	17.0	17.0	17.1	17.1

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Average Annual population (thousands)	3,700.1	3,682.6	3,657.2	3,629.1	3,601.6	3,575.1	3,549.3	3,524.2	3,499.5	3,481.3
Total Live Births	53,617	47,464	42,376	41,195	39,066	37,812	37,019	36,415	34,149	31,546
Birth Rate per 1,000 average population	14.5	12.9	11.6	11.4	10.8	10.6	10.4	10.3	9.8	9.1
Total deaths	41,455	46,107	46,486	45,306	42,896	41,143	40,757	40,003	38,919	40,399
Mortality rate per 1,000 average population	11.2	12.5	12.7	12.5	11.9	11.5	11.5	11.3	11.1	11.6
Natural Increase	12,162	1,357	-4,110	-4,111	-3,830	-3,331	-3,738	-3,588	-4,770	-8,853
Natural Increase per 1,000 average population	3.3	0.4	-1.1	-1.1	-1.1	-0.9	-1.1	-1.0	-1.3	-2.5
Average Annual Urban population (thousands)	2,520.9	2,498.4	2,473.0	2,446.1	2,430.6	2,414.0	2,388.3	2,367.1	2,345.6	2,330.2
Live Births Urban	34,920	30,675	27,281	26,597	24,740	23,732	23,066	22,796	21,008	19,672
Birth Rate per 1,000 average population-Urban	13.8	12.3	11.0	10.9	10.2	9.8	9.7	9.6	9.0	8.4
Urban Mortality	22,257	24,697	25,653	25,045	23,466	22,616	22,413	22,040	21,932	22,962
Death Rate per 1,000 average population-Urban	8.8	9.9	10.4	10.3	9.7	9.4	9.4	9.3	9.4	9.8
Natural Increase-Urban	12,663	5,978	1,628	1,552	1,274	1,116	653	756	-924	-3,290
Natural Increase per 1,000 average population-Urban	5.0	2.4	0.6	0.6	0.5	0.4	0.3	0.3	-0.4	-1.4
Average Annual Rural population (thousands)	1,179.2	1,184.2	1,184.2	1,183.0	1,171.0	1,161.1	1,161.0	1,157.1	1,153.9	1,151.1
Live Births-Rural	18,697	16,789	15,095	14,598	14,326	14,080	13,953	13,619	13,141	11,874
Birth Rate per 1,000 average population-Rural	15.9	14.2	12.8	12.3	12.2	12.1	12.0	11.8	11.4	10.3
Rural mortality	19,198	21,410	20,833	20,261	19,430	18,527	18,344	17,963	16,987	17,437
Mortality Rate per 1,000 average population-Rural	16.3	18.1	17.6	17.1	16.6	15.9	15.8	15.5	14.7	15.2
Natural Increase-Rural	-501	-4,621	-5,738	-5,663	-5,104	-4,447	-4,391	-4,344	-3,846	-5,563
Natural Increase per 1,000 average population-Rural	-0.4	-3.9	-4.8	-4.8	-4.4	-3.8	-3.8	-3.7	-3.3	-4.9

Marriages

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Marriages-Total	34,241	30,112	23,709	23,337	22,150	20,433	18,796	18,486	17,868	16,906	15,764
Marriages-Urban	23,965	20,527	16,296	16,196	15,077	13,699	12,686	12,423	12,150	11,705	11,036
Marriages-Rural	10,276	9,585	7,413	7,141	7,073	6,734	6,110	6,063	5,718	5,201	4,728

Births and abortion

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Live Births-Total	56,219	53,617	47,464	42,376	41,195	39,066	37,812	37,019	36,415	34,149	31,546
Legally Induced Abortions (on request and therapeutic)	40,765			30,355	31,278	27,832	22,680	21,022	18,846	16,259	13,677
Abortion Rate (per 1,000 women aged 15-49 years)	43.5			32.8	33.7	29.9	24.3	22.4	20.0	17.2	15.4
Abortion Rate (per 100 live births)	72.5			71.6	75.9	71.2	60.0	56.9	52.1	48.1	44.0

Immigration - Emigration

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total Average Annual population (thousands)	3,700.1	3,682.6	3,657.2	3,629.1	3,601.6	3,575.1	3,549.3	3,524.2	3,499.5	3,481.3
Total International immigration	6,640	2,850	1,664	2,020	3,025	2,536	2,706	2,679	1,510	4,694
Total International Immigration Rate per 100,000 average population	179.5	77.4	45.5	55.7	84.0	70.9	76.2	76.0	43.1	134.8
Total International Emigration	31,172	26,840	25,859	25,688	26,394	24,957	24,828	23,418	21,816	7,253
Total International Emigration Rate per 100,000 average population	842.5	728.8	707.1	707.8	732.8	698.1	699.5	664.5	623.4	208.3
Net International Migration	-24,532	-23,990	-24,195	-23,668	-23,369	-22,421	-22,122	-20,739	-20,306	-2,559
Net International Migration Rate per 100,000 average population	-663.0	-651.4	-661.6	-652.2	-648.9	-627.1	-623.3	-588.5	-580.3	-73.5

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Divorce rate per 100 marriages	59	47	46	55	60	64	64	64	70
Urban divorce rate per 100 marriages	65	54	53	60	60	63	72	73	78
Rural divorce rate per 100 marriages	44	33	32	46	61	65	45	46	51

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Suicide rate per 100.000 inhabitants	42,1	45,8	45,6	46,4	44	42	41,9	44,1	
Urban suicide rate per 100.000 inhabitants	34	37	37,1	36	34	32,7	31,1	33,7	
Rural suicide rate per 100.000 inhabitants	59,6	64,4	63,5	68,7	65,7	61,8	65,3	66,4	
Male suicide rate per 100.000 inhabitants	73,5	81,9	79,1	79,3	77,1	73,6	73,8	75,6	
Female suicide rate per 100.000 inhabitants	13,9	13,4	15,6	17,1	14,5	13,7	13,6	16,1	

Crime

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Prisoners rate per 100.000 inhabitants	278	344	358	329	368	389	390	258	273
Change over the previous year (%)	4.9	23.7	4.1	-8.1	11.9	5.7	0.26	-33.8	5,8
Juvenile prisoners (% as of total prisoners)	4.2	4.3	3.9	3.6	4	3.1	2.7	2.1	2,1
Change over the previous year (%)	-8.7	2.4	-9.3	-7.7	11.1	-22.5	-12.9	-22.2	0
Homicides and attempt rate per 100.000 inhabitants	12.9	14.1	13.5	10.9	10.6	9.6	9.3	10.8	10,8
Change over the previous year (%)	59.3	9.3	-4.3	-19.3	-2.8	-9.4	-3.1	16.1	0
Drug crimes rate per 100.000 inhabitants	8.1	9	10.6	13.8	17	16.7	18.8	25.1	29,8
Change over the previous year (%)	26.6	11.1	17.8	30.2	23.2	-1.8	12.6	33.5	18,7
Reported rape rate per 100.000 inhabitants	5.3	4.4	5.4	4.5	4.5	4.5	6.1	5	5
Change over the previous year (%)	3.9	-17	22.7	-16.7	0	0	35.6	-18	0
Registered crime rate rate per 100.000 inhabitants	1619	1576	1637	1835	2046	2111	2190	2350	2275
Change over the previous year (%)	7	-2.7	3.9	12.1	11.5	3.2	3,7	7,3	-3,2

Social security

Average monthly pension of state social insurance	1995	1996	1997	1998	1999	2000	2001
Old age (litas)	151	192,4	242,6	287,2	310,1	312,6	317,6
Number of recipients, (thous.)	656,8	655,3	651	648	644,6	644,5	636,9
Total expenditures % of GDP	4,7	4,7	4,9	5,3	5,7	5,4	
Disability pension, (litas)	139,3	176,8	221,9	261	278,9	279,6	277,2
Number of recipients, (thous.)	139,2	147	152,2	158,8	165,9	173,6	181,1
Loss of breadwinner pension (litas)	102,6	122,7	149,9	174,6	183,1	184,3	185,6
Number of recipients, (thous.)	49,7	47,8	44,1	40,7	36,9	33,4	29,5
Total expenditures % of GDP							
Widow's, widower's and orphan's pension (litas)	91,9	92,6	71,2	58,1	60,5	60,2	60,6
Number of recipients, (thous.)	5,6	27,3	88,2	172,9	188,7	200,8	211,8

Health

Life expectancy at birth	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	71.49	70.71	70.49	69.06	68.71	69.29	70.50	71.41	71.78	72.33	72.87	71.66
males	66.55	65.28	64.92	63.26	62.73	63.53	64.97	65.90	66.50	67.07	67.62	65.88
Females	76.22	76.07	76.02	75.01	74.89	75.15	76.00	76.82	76.87	77.41	77.93	77.41
Urban	72.43	71.78	71.69	70.32	69.76	70.37	71.83	72.82	73.26	74.09	74.37	72.77
Urban-males	67.60	66.55	66.34	64.70	63.98	64.92	66.63	67.61	68.34	69.15	69.38	67.14
Urban-females	76.78	76.67	76.71	75.81	75.48	75.64	76.69	77.65	77.75	78.58	78.96	77.96
Rural	69.48	68.49	68.15	66.59	66.41	67.03	67.85	68.63	68.94	69.15	70.08	69.55
rural-males	64.16	62.65	62.14	60.48	60.19	60.79	61.80	62.64	63.16	63.45	64.49	63.64
rural-females	75.12	74.98	74.84	73.62	73.66	74.28	74.73	75.32	75.36	75.47	76.22	76.42

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Annual population (total, in thousands as of 01/01)	3,693.7	3,702.0	3,706.3	3,693.9	3,671.3	3,643.0	3,615.2	3,588.0	3,562.3	3,536.4	3,512.1	3,487.0
Annual average population (total, in thousands)	3,697.8	3,704.1	3,700.1	3,682.6	3,657.2	3,629.1	3,601.6	3,575.1	3,549.3	3,524.2	3,499.5	3,481.3
Total number of deaths	39,760	41,013	41,455	46,107	46,486	45,306	42,896	41,143	40,757	40,003	38,919	40,399
Mortality rate (per 1,000 average population)	10.8	11.1	11.2	12.5	12.7	12.5	11.9	11.5	11.5	11.3	11.1	11.6

Mortality rate by cause per 100,000 average population	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cardiovascular Diseases	622.3	612.5	603.1	680.2	665.8	669.7	652.1	636.3	628.0	621.5	598.1	628.2
External Causes	120.6	141.5	140.9	169.7	189.2	180.2	162.4	152.2	151.0	149.5	145.8	157.9
Transport Accidents	34.0	41.7	29.3	33.0	27.3	24.6	23.8	25.3	28.2	25.6	22.0	24.3
Accidental Drowning	11.2	-	-	-	20.6	16.5	-	12.8	11.4	14.9	10.3	13.0
Accidental Poisoning by Alcohol	6.9	7.0	7.9	13.2	19.8	20.3	16.3	11.6	11.3	9.4	9.8	12.2
Suicide	26.2	30.8	35.0	42.7	46.6	46.7	47.8	45.6	43.8	44.0	46.6	44.1
Homicide	7.6	9.2	10.6	12.6	13.6	12.0	9.6	9.4	8.5	8.4	9.9	10.2
Cancer	188.2	191.4	199.3	205.2	204.2	208.0	208.7	207.0	213.7	219.9	220.7	223.9
Lung, Bronchus, & Trachea Cancer	38.3	-	-	-	41.2	41.4	-	39.7	41.0	41.6	39.3	41.6
Stomach Cancer	27.9	-	-	-	24.0	25.9	-	24.1	23.7	24.3	24.2	23.1
Colo-Rectal Cancer	19.2	-	-	-	22.1	21.8	-	21.9	24.1	22.9	23.6	24.2
Respiratory Tuberculosis	6.4	-	-	-	10.5	12.8	-	10.7	11.1	9.2	9.0	7.7

Live Births	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	56,868	56,219	53,617	47,464	42,376	41,195	39,066	37,812	37,019	36,415	34,149	31,546
Urban	37,700	37,485	34,920	30,675	27,281	26,597	24,740	23,732	23,066	22,796	21,008	19,672
Rural	19,168	18,734	18,697	16,789	15,095	14,598	14,326	14,080	13,953	13,619	13,141	11,874

Infant Mortality (< 1 year)	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	581	806	887	746	603	514	395	391	343	315	294	250
Urban	378	508	561	425	360	314	235	210	188	174	172	148
Rural	203	298	326	321	243	200	160	181	155	141	122	102

Infant Mortality Rate (< 1 year) per 1,000 live births	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	10.3	14.3	16.5	15.4	14.0	12.4	10.0	10.3	9.2	8.6	8.5	7.8
Urban	10.0	13.5	16.0	13.6	13.0	11.8	9.4	8.8	8.1	7.6	8.0	7.4
Rural	10.6	15.8	17.4	18.7	15.7	13.6	11.1	12.8	11.1	10.3	9.2	8.4

Overall Child Deaths (< 5 years)	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	765	976	1,072	904	779	668	515	500	444	409	396	342
Urban	464				454	390	301	260	237	209	222	194
Rural	301				325	278	214	240	207	200	174	148

Overall Child Death Rate (< 5 years) (per 1,000 live births)	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total *	13.5	17.3	20.0	18.7	18.2	16.1	13.1	13.2	11.9	11.2	11.5	10.7
Urban *	12.3				16.6	14.7	12.2	11.0	10.3	9.2	10.6	9.9
Rural *	15.7				21.5	19.0	14.9	17.0	14.8	14.7	13.2	12.5

* Death rates for Early Childhood (1-4 years) and Overall Child (<5 years)

are approximate because only the number of live births from the current year were used in the denominator

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Physicians (as of 12/31)			14,737	14,763	14,757	14,622	14,578	14,034	14,031
Physicians (per 10,000 population as of 12/31)			40.8	41.1	41.4	41.3	41.5	40.2	40.4
Dentists (as of 12/31)			1,742	1,709	2,153	2,259	2,306	2,446	2,490
Dentists (per 10,000 population as of 12/31)			4.8	4.8	6.0	6.4	6.6	7.0	7.2
Hospital Beds (as of 12/31)			40,262	39,182	36,442	35,612	34,714	34,145	32,104
Hospital Beds (per 10,000 population as of 12/31)			111.4	109.2	102.3	100.7	98.8	97.9	92.4
Paramedical personnel (per 100,000 population)	1071.3	1077.4	1070.6	1067.8	1039.0	1025.9	1043.7	999.7	
Visits to physicians (in thousands)	30323.3	28898.8	26356.8	25314.4	26743.4	24506.5	24466.1	22155.5	
Change (%)		-6.0	-5.0	-9.0	-4.0	6.0	-8.0	-0.2	-9.0
Visits to dentists (thousands)			4810.2	4481.0	4346.6	5224.1	4438.3	4274.4	4052.6
Change (%)				-7.0	-3.0	20.0	-15.0	-4.0	-5.0

HIV/AIDS Incidence (number of confirmed new cases)

	1988	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	Total
Total HIV		10	1	5	4	9	11	12	31	52	66	65	72	397	**735**
Rate HIV (per 100,000 average population)		0.27	0.03	0.14	0.11	0.25	0.30	0.33	0.87	1.47	1.87	1.86	2.07		
Total AIDS	1	2	1	1	0	2	1	5	3	8	6	7	10	9	**55**
Deaths due to AIDS	1				2		2			2	3	7	2	4	**23**

Source: Lithuanian AIDS Center, Vilnius

Maternal Mortality

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	13			7	7		6	6	5	3	4	
Urban									1	3	3	
Rural									4	0	1	

Maternal Mortality Rate (per 100,000 live births)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	22.9			16.5	17.0		15.9	16.2	13.7	8.8	12.7	
Urban								4.4	14.3	15.3		
Rural								29.4	0.0	8.4		

Education

Enrollment rate (%)

Education Level	Population	ISCED 1997	Age Group	Enrollment Type	1996	1997	1998	1999	2000*	2001*
Primary	Total	ISCED 1	7-10 years	Net	91.9	91.8	91.0	93.1	96.4	95.7
Primary	Male	ISCED 1	7-10 years	Net	93.3	92.1	91.5	93.1	96.9	96.1
Primary	Female	ISCED 1	7-10 years	Net	90.3	91.6	90.5	93.1	95.8	95.3
Lower & Upper Secondary	Total	ISCED 2+3	11-18 years	Net	83.9	85.4	86.0	87.2	92.7	93.4
Lower & Upper Secondary	Male	ISCED 2+3	11-18 years	Net	83.3	84.8	85.5	86.8	92.3	93.2
Lower & Upper Secondary	Female	ISCED 2+3	11-18 years	Net	84.5	86.1	86.5	87.6	93.2	93.6
Tertiary	Total	ISCED 5+6	19-28 years	Gross	15.2	17.7	19.9	22.7	28.7	31.6
Tertiary	Male	ISCED 5+6	19-28 years	Gross	12.2	13.8	15.7	18.0	22.9	24.8
Tertiary	Female	ISCED 5+6	19-28 years	Gross	18.4	21.7	24.2	27.5	34.6	38.5

Indicator was recalculated basing on new population numbers after 2001census.

Female Enrollment Rate as Percentage of Male Enrollment rate

Education Level	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Primary					97	100	99	100	99	99
Lower & Upper Secondary					101	102	101	101	101	100
Tertiary	137	147	146	153	150	157	155	153	151	155

Environment

	1995	1996	1997	1998	1999	2000	2001
Discharge of polluted water, million (cubic m.)	226	152,5	118	100	72	144	141
Air pollutants Emission, (thous. tonnes)	152	149	138	148	120	91	98
Major protected areas of the national territory (%)	11,1	11,2	11,4	11,4	11,5	11,5	11,8
Generation hazardous waste (tonnes)	153129	101040	131643	131496	105593	89849(1)	

(1) Since 2000 - new calculation of waste.

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United Nations Research Institute for Social Development :	http://www.unrisd.org
United Nations University :	http://www.unu.edu
United Nations Volunteers:	http://www.unv.org
World Health Organization :	http://www.who.int
World Trade Organization :	http://www.wto.org
International Organization for Migration:	http://www.iom.int

Europe:

Council of the Baltic Sea States :	http://www.baltinfo.org
European Bank for Reconstruction and Development :	http://www.ebrd.org
European Central Bank :	http://www.ecb.int
European Council :	http://ue.eu.int
European Parliament :	http://www.europarl.eu.int
European Union :	http://www.europa.eu.int
European Commission:	http://www.europa.eu.int/comm/index_en.htm
European Commission Delegation to Lithuania:	http://www.eudel.lt

Lithuania :

Citizens Advice Bureau :	http://www.lrs.lt
Lithuanian centre for Human Rights:	http://www.lchr.lt
Lithuanian National Committee for UNICEF:	http://www.un.lt/UNICEF
Lithuanian UNESCO National Commission:	http://www.un.lt/UNESCO
Lithuanian Parliament (Seimas) :	http://www.seimas.lt
Ministry of Agriculture :	http://www.zum.lt
Ministry of Education and Science :	http://www.smm.lt
Ministry of Environment :	http://www.gamta.lt
Ministry of Foreign Affairs :	http://www.urm.lt
Ministry of Finance :	http://www.finmin.lt
Ministry of Health :	http://www.sam.lt
Ministry of Internal Affairs :	http://www.vrm.lt
Ministry of Justice :	http://www.tm.lt
Ministry of Social Security and Labour :	http://www.socmin.lt
Non-governmental organization Information and Support Centre :	http://www.nisc.lt
Nordic Council of Ministers Information Office in Vilnius :	http://www.nmr.lt
Open Society Fund :	http://www.osf.lt
Prime Minister of Lithuania :	http://www.lrvk.lt
Social Policy Unit :	http://www.spg.lt
Women's Issues information Center :	http://www.undp.lt/wiic

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CCA	Common Country Assessment
CCF	Country Co-operation Framework
CIS	Commonwealth of Independent States
CSD	Commission on Sustainable Development (in Lithuania)
EBRD	European Bank for Reconstruction and Development
ECHR	European Convention for the Protection of Human Rights and Fundamental Freedoms
EU	European Union
FAO	Food and Agriculture Organisation of the United Nations
GDP	Gross Domestic Product
GEF	Global Environment Facility
GVA	Gross value added
HDR	Human Development Report
IAEA	International Atomic Energy Agency
IBRD	International Bank for Reconstruction and Development
ICT	Information and Communication Technologies
IDU	Injecting Drug Users
IMF	International Monetary Funds
IOM	International Organization for Migration
ITT	Information, Technologies and Telecommunications
MDGs	Millennium Development Goals
MSSL	Ministry of Social Security and Labour (in Lithuania)
NGO	Non-governmental Organization
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
ODS	Ozone Depleting Substance
PHARE	Pologne Hongrie Assistance aux Réformes Economiques
PPP	Purchasing Power Parity
UNAIDS	Joint United Nations programme on HIV/AIDS
UNCED	United Nations Conference on Environment and Development
UNHCR	United Nations High Commissioner for Refugees
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNS	United Nations System
WB	World Bank
WHO	World Health Organization
WSSD	World Summit on Sustainable Development
WTO	World Trade Organization