Lithuania

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

Summary of country assessment

Lithuania reports implementing 61% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a first quartile of 64%.

The country feedback was positive on all the key areas identified: national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

National policies

- There is an overall national policy for preventing unintentional injuries but not violence. There is a commitment to develop national plans or policies for violence prevention. There are specific national policies only for road safety and preventing poisoning and self-directed violence. Alcohol has not been identified as a risk factor for violence. National policies have not highlighted socioeconomic inequality in injury and violence as a priority.

Implementation of effective interventions

- Lithuania reported overall implementation of 47% of selected effective interventions for injury prevention and 71% for violence prevention. This is lower than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than regional figures for almost all the interventions, both for injuries and for violence.
- The consumption of illegal home- or informally-produced alcoholic beverages is a problem as is the use of alcohol which is not intended for human consumption. Lithuania reported overall implementation of 94% of selected effective interventions on alcohol, versus a median regional score of 76% (Table 2).

Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Lithuania acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health: As a consequence, the development of a hospital injury surveillance system is under way. Although there is no overall national policy on violence prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, capacity-building, exchange of best practice and evidence-based emergency care.

Next steps

- Greater attention needs to be given to national policy development, multisectoral collaboration and implementing evidence–based interventions for preventing road traffic injuries, drowning, poisoning, fires, youth violence, child maltreatment and elder abuse. Several interventions (falls, youth violence, child maltreatment and elder abuse) were implemented in selected regions rather than nationally, and this could be an area for future activity. Interventions to reduce socioeconomic inequalities were not implemented. Efforts to implement interventions to prevent suicides and alcohol-related harm need to be sustained in view of the high mortality rates for suicides, alcohol poisoning and alcoholic liver diseases.

Country profile

Table 1. Demographics

- Lithuania has a population of 3.4 million. Both the percentage of children 0–14 years old and of people 65+ years old are slightly lower than the European Region average.
- Life expectancy at birth is lower both than the European Region and European Union (EU) average, both for males and for females. There is a large discrepancy in life expectancy between males and females.

Indicator (last available year)	Lithuania	WHO European Region	European Union (EU27)
Mid-year population	3.4 million	890.9 million	493.8 million
% of population aged 0–14 years	15.6	17.5	15.7
% of population aged 65+ years	15.7	14.0	16.8
Males, life expectancy at birth, in years	64.9	71.4	76.0
Females, life expectancy at birth, in years	77.3	79.1	82.2

- Injuries are the third leading cause of death. The rate for all injuries combined is almost twice higher than the regional average.
- All the rates for unintentional injuries and the rates for interpersonal violence and suicides are much higher than European Region figures.
- There was a steep rise in injury mortality rates which peaked in the mid–1990s due to the political and socioeconomic transition and there is a downward trend which has levelled off now (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by poisoning (twice higher than the regional average), falls (more than twice), drowning (3 times), and fires.
- The leading causes of intentional injury-related death are suicide (twice higher than the regional average) followed by homicide. The rates interpersonal violence and for youth violence are seven times higher than the Regional average.
- The alcohol-related poisoning rate is 5 times higher than the regional average; the rates for road traffic injuries involving alcohol and for alcoholic liver diseases are higher than the EU average.
- The WHO Regional Office for Europe has been engaged in supporting focal persons and is working with the Ministry of Health in the areas of injury surveillance, capacity building and national policy development as part of biennial collaborations. Lithuania participated in the advocacy events of the First UN Global Road Safety Week, took part in the project on a global status report on road safety and in the subregional workshops for the Nordic and Baltic countries dealing with violence and injury prevention.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Lithuania, the WHO European Region and the European Union, 1980–2008

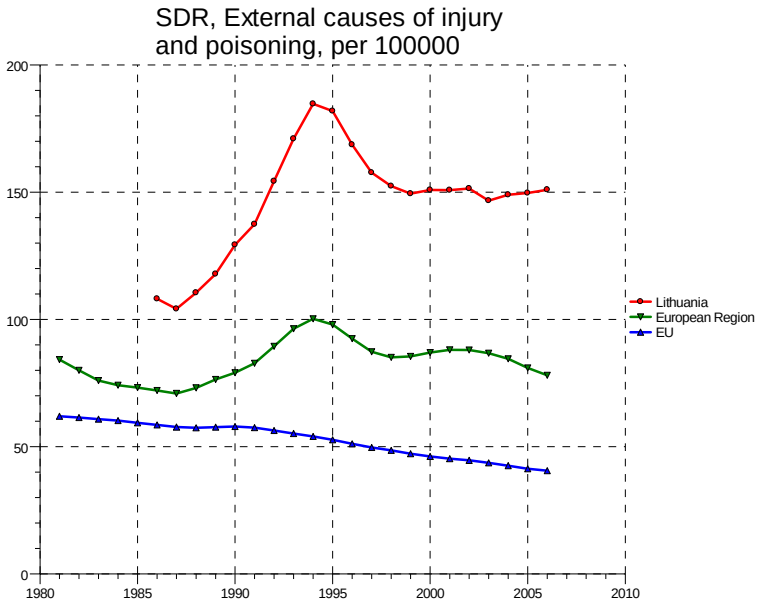

Table 2. Injury burden, policy response and effective prevention measures in place

Legend: ✓ Yes ✘ No ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality[a] (SDR per 100 000 population, all ages, last available year)[b]			National policy?	Intervention effectiveness (%)	
	Lithuania	WHO European Region	European Union[c]		Country score[d]	Regional median score[e]
All injuries	**146.7**	**75.8**	**40.0**	**NA**	**61**	**73**
Unintentional injury[f]	**99.2**	**45.9**	**25.9**	✓	**47**	**72**
Road traffic injuries	22.8	13.3	9.3	✓	56	81
Fires and burns	3.2	2.4	0.7	✘	40	60
Poisoning	22.3	10.7	2.3	✓	40	80
Drowning or submersion	10.7	3.4	1.3	✘	0	63
Falls	13.9	5.6	5.5	✘	75	75
Intentional injury	**NA**	**NA**	**NA**	✘	**71**	**81**
Interpersonal violence[g]	6.9	5.2	1.0	✘	NA	NA
Youth violence[h]	5.0	5.3	1.0	✘	57	86
Child maltreatment[i]	0.2	0.6	0.3	✘	60	100
Intimate partner violence	-	-	-	✘	75	75
Elder abuse and neglect	-	-	-	✘	33	67
Self-directed violence	28.4	14.0	10.2	✓	100	88
Alcohol[j]	**NA**	**NA**	**NA**	**NA**	**94**	**76**
Alcohol-related poisoning	13.9	2.8	0.9	NA	NA	NA
Alcoholic liver diseases[k]	12.3	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	28.8	18.0	19.2	NA	NA	NA
Fiscal and legal measures[l]	NA	NA	NA	NA	93	71
Health system-based programmes[m]	NA	NA	NA	NA	100	67

[a] Unless otherwise specified.
[b] Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/hfadb, accessed 15 January 2010).
[c] The 27 European Union countries.
[d] Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.
[e] Median of the proportion of effective interventions in place in countries in the WHO European Region.
[f] Standardized death rates (SDR) from accidents.
[g] Proxy for mortality: mortality from homicide and assault, all ages.
[h] Proxy for mortality: mortality from homicide and assault, 15–29 years.
[i] Proxy for mortality: mortality from homicide and assault 0–14 years.
[j] This score was calculated from 17 alcohol-related interventions.
[k] The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 15 January 2010).
[l] This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).
[m] This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

Table 3. Key elements of policy development in preventing injury and violence

Legend: ✓ Yes ✘ No ? Not specified or no response

National policies	
• Overall national policy on injury prevention	✓
• Overall national policy on violence prevention	✘
• Commitment to develop national policy	✓
• Alcohol identified as a risk factor for injuries	✓
• Alcohol identified as a risk factor for violence	✘
• Policies targeted to reduce socioeconomic differences in violence and injuries	✘
• National policies highlight socioeconomic inequality as a priority	✘
Political support for the agenda for injury and violence prevention	✓
Easy access to surveillance data	✓
Intersectoral collaboration	
• Key stakeholders identified	✘
• Secretariat to support the intersectoral committee	✘
• Questionnaire answered in consensus with other sectors and stakeholders	✓
• Can WHO help to achieve intersectoral collaboration in the country?	✓
Capacity-building	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✘
Emergency care	
• Evidence-based approach	✓
• Quality assessment programme	✓
• Process to build capacity identified	✓
EUR/RC55/R9 influenced the agenda for injury and violence prevention	✓
Recent developments in injury and violence prevention (during the past 12 months)	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✓
• Capacity-building	✓
• Evidence-based emergency care	✓