Financing of the Lithuanian Healthcare System

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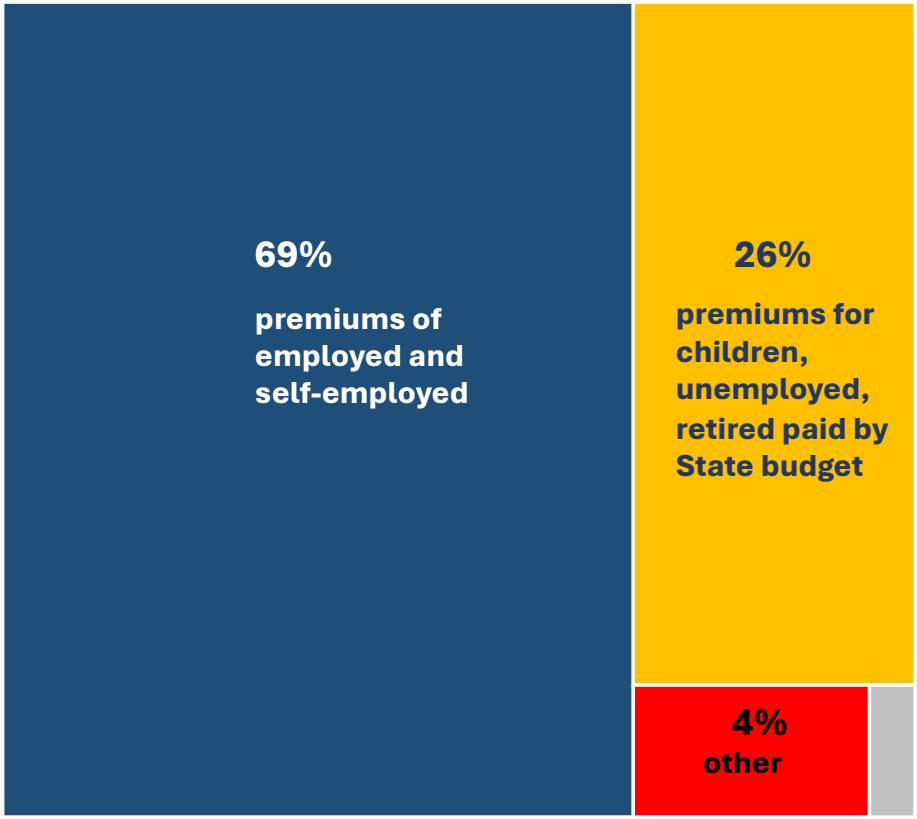
National Health Insurance Fund of Lithuania
Bern, 2026 01 06

income

National Health Insurance Fund is financed through taxes and state budget transfers plus small contributions from municipalities.



Annual premium from state bydget eur

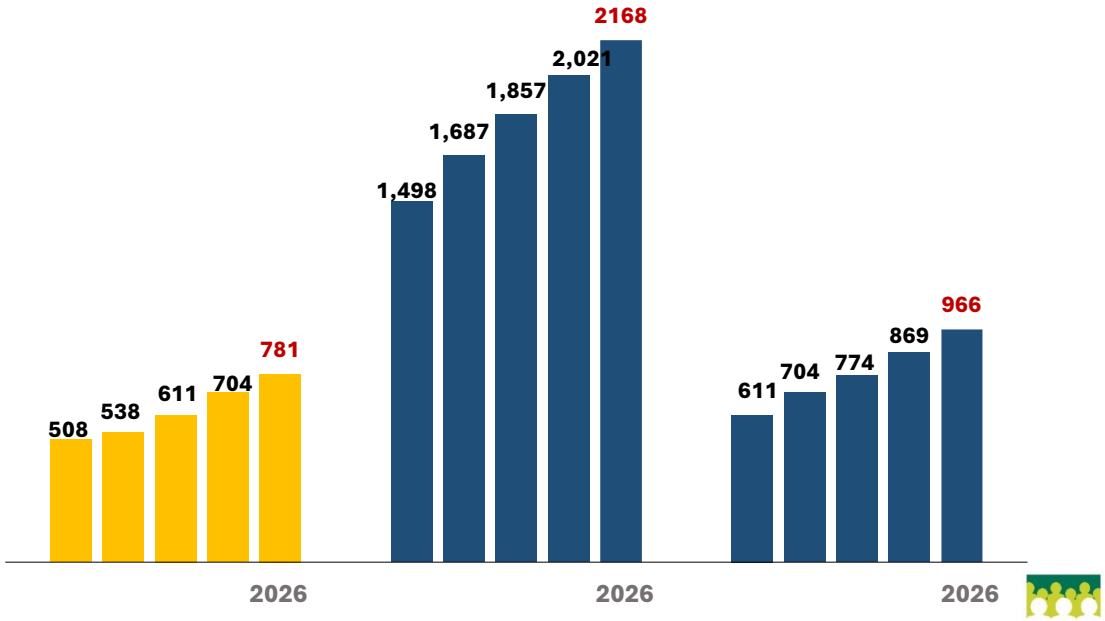
Min salary x 6.98% x 1.448.000 persons

Annual premium of employed, eur

Salary x 6.98% x 1.440.000 persons

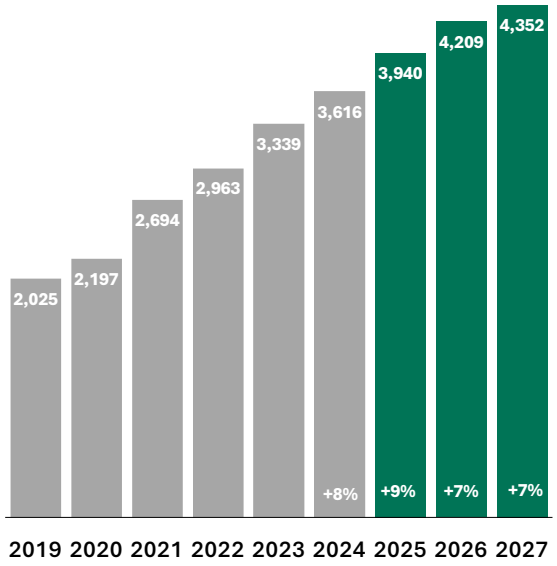
Annual premium of self-employed, eur

Income x 6.98% x 30.000 asmenų

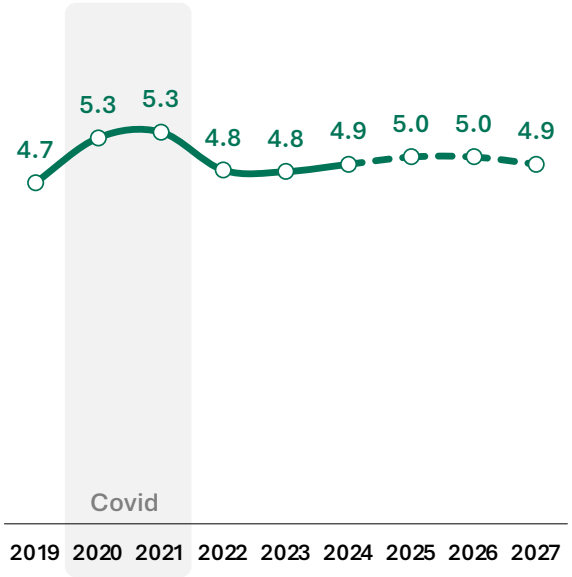


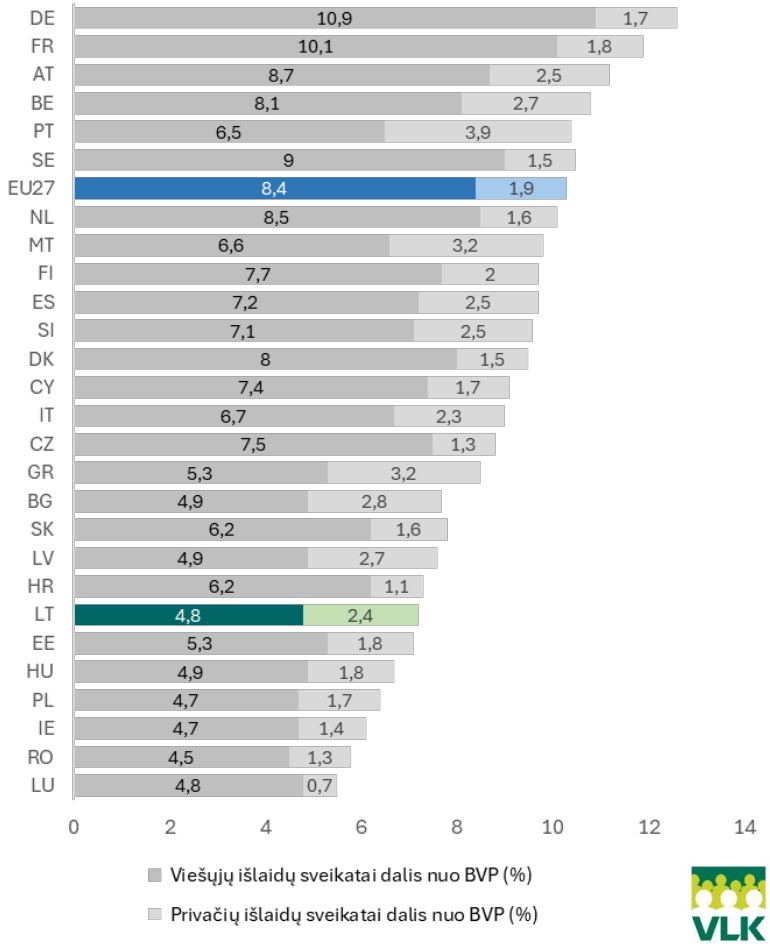
NHIF_LT stagnates at 5% GDP. Financing reform will be needed to ensure sustainable progress of healthcare services.

NHIF_LT is constantly growing at 7-9%, bEUR.



Public healthcare financing is at 5% of GDP.

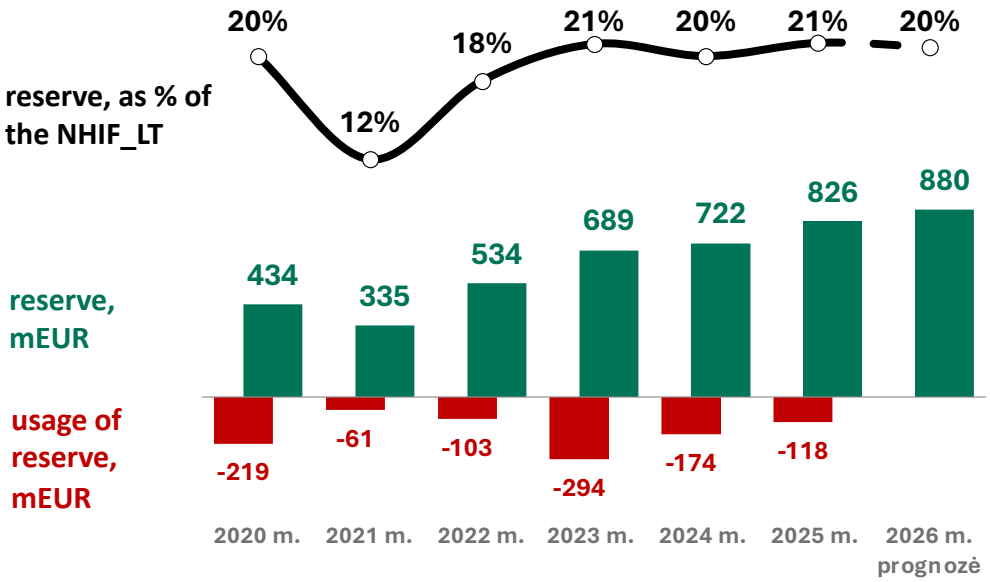




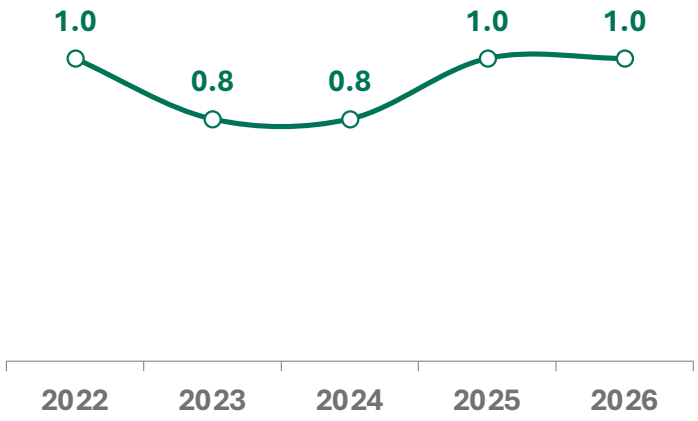
VLK

NHIF_LT is rather efficient: tax collection costs 0.13% plus overall management costs 1.0% of annual income. We keep 20% in reserve.

NHIF_LT keeps reserve of 20% for unforeseen financing disruptions.



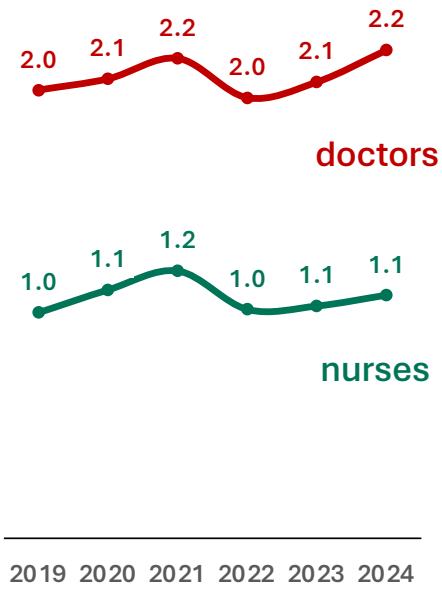
Spending on overall NHIF_LT management is approx. 1%.



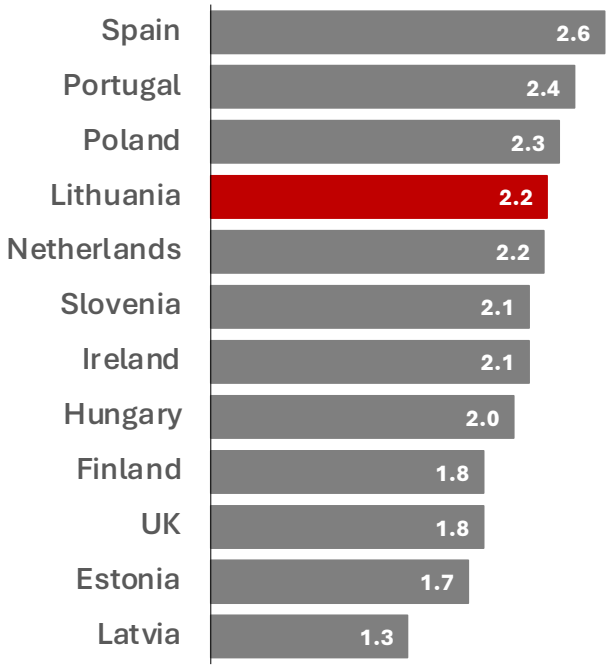
expenses

Doctors' and nurses' salaries in 2025 should grow similarly to the average salary in Lithuania (about +7.9%)

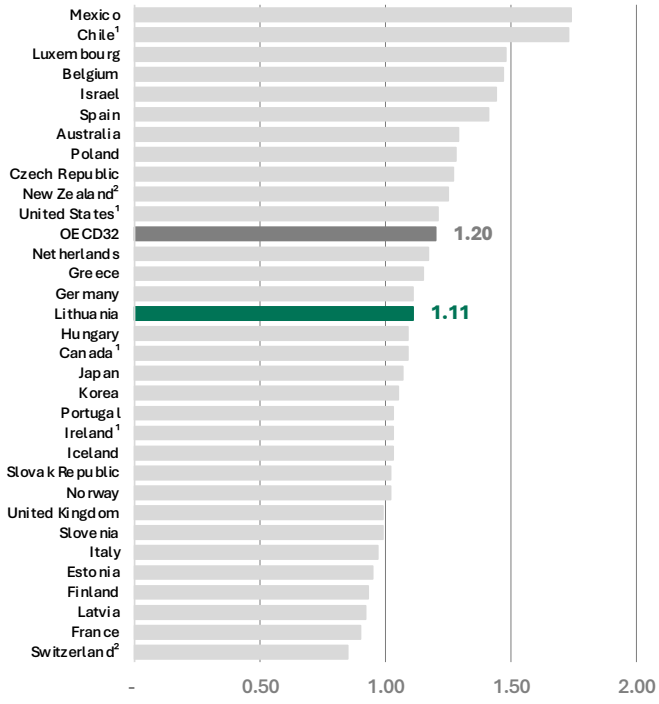
Ratio of the average salary of **doctors and nurses** to average salary in Lithuania



Ratio of the average salary of **doctors** to average salary in Lithuania is similar to EU



Ratio of the average salary of **nurses** to average salary in Lithuania is similar to EU



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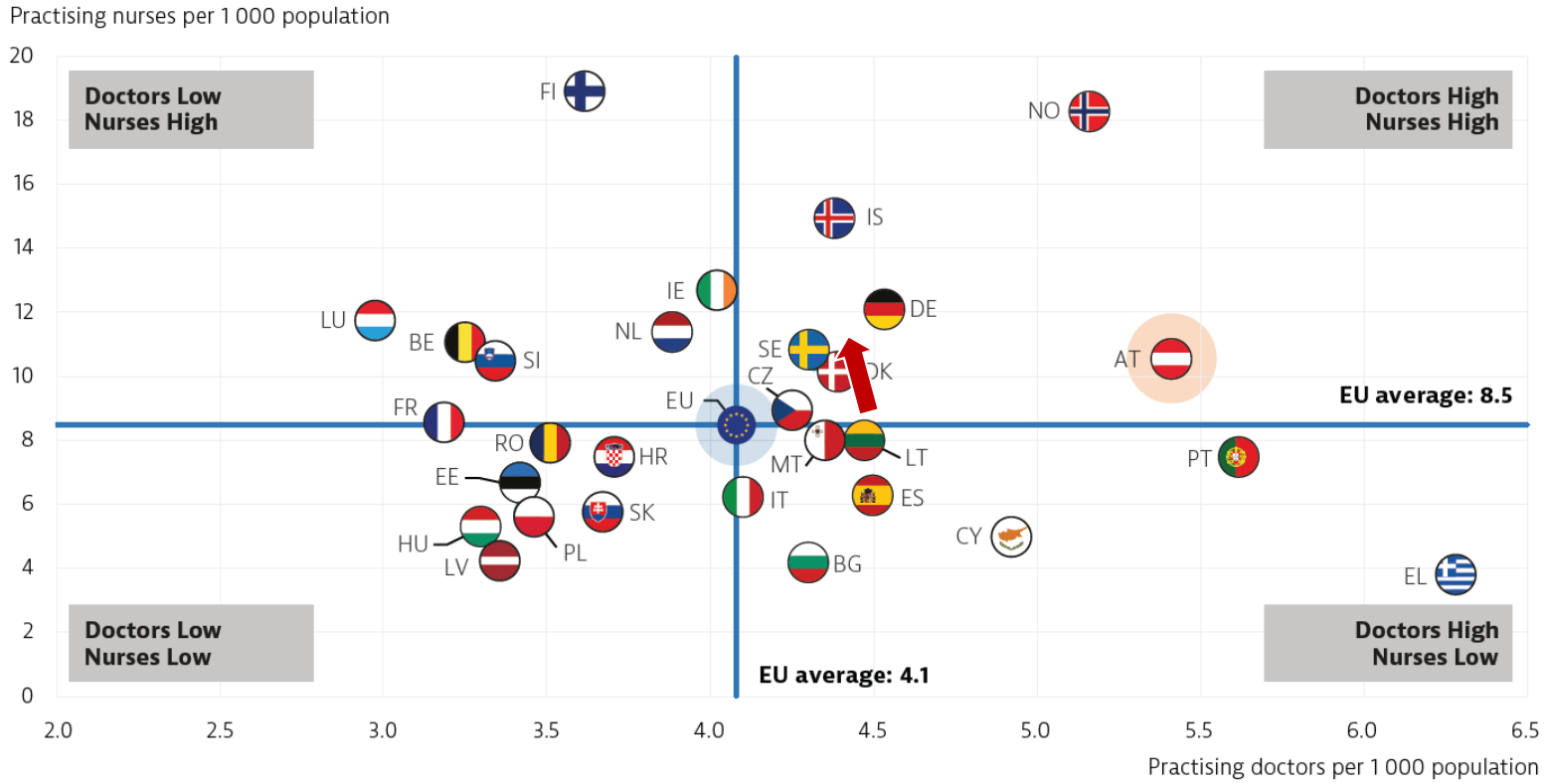
In the long run Lithuania needs more nurses and approximately the same number of doctors.

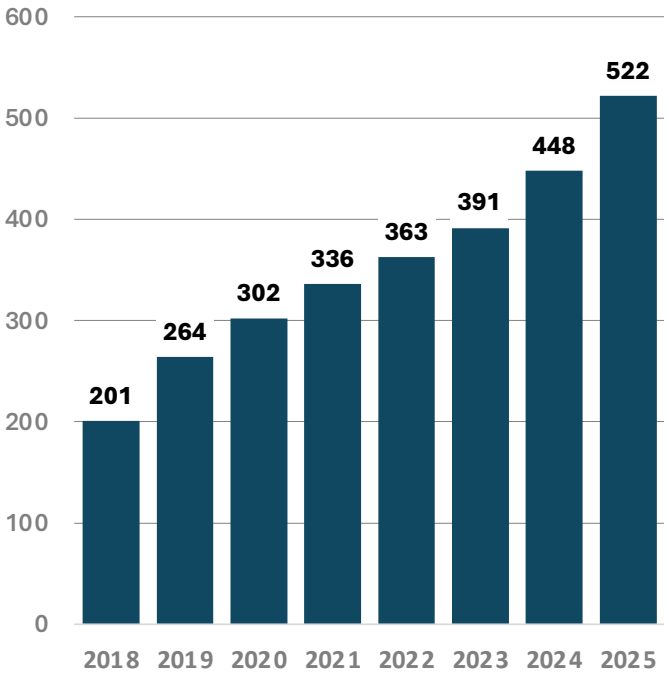


Notes: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals.
Source: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

Funding structure of the primary health care service in Lithuania

Funding of the primary health care services – 13.2% of total NHIF budget.

mil. Eur

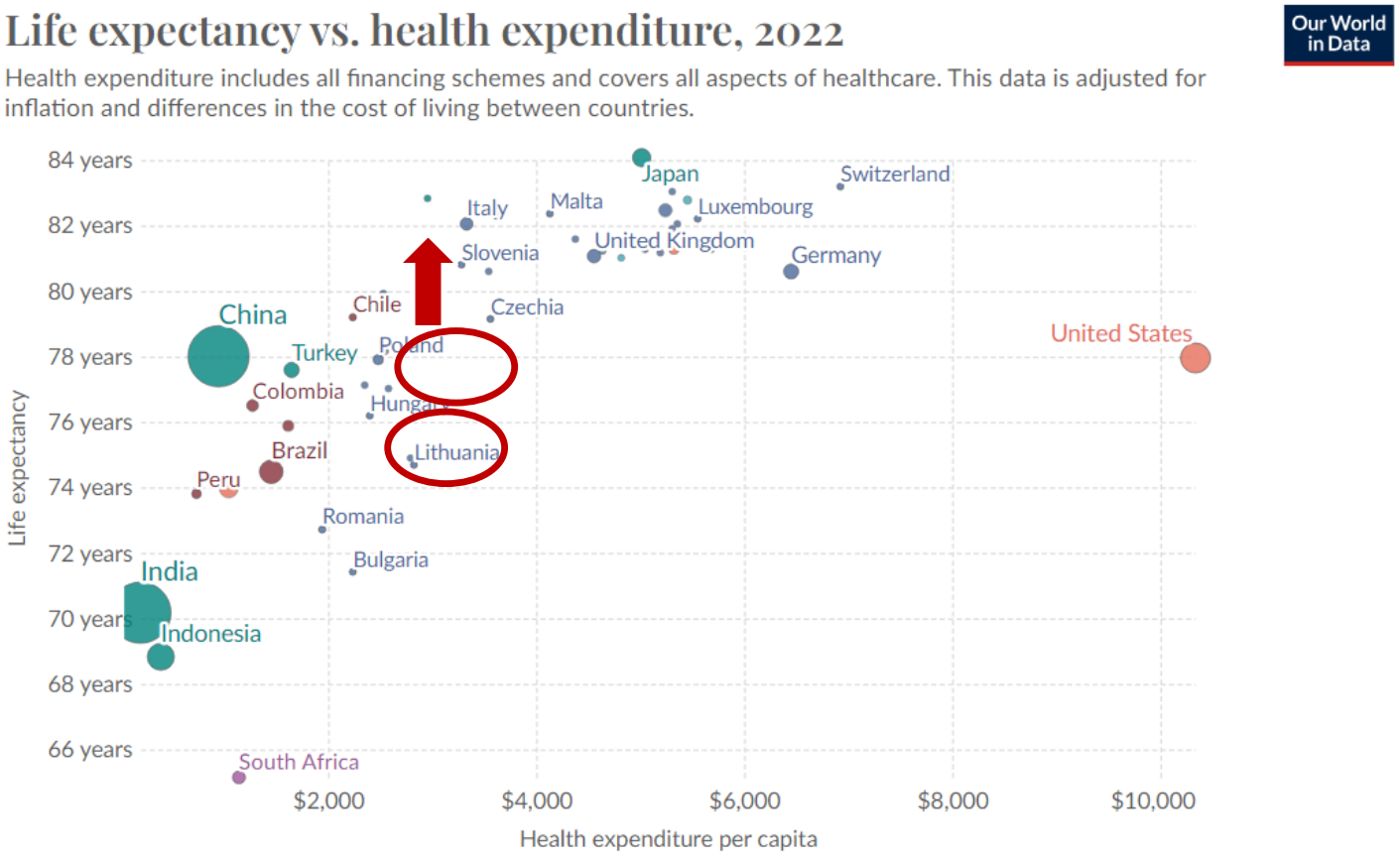


CAPITATION FEE	ADD-ON CAPITATION	VALUE-BASED PAYMENTS	FEE-FOR-SERVICE
397.9 mln. EUR **75%**	29.5 mln. EUR **6%**	53.9 mln. EUR **10%**	47.7 mln. EUR **9%**
Covers all services to be provided by family doctor and his team (according to the competence established in the family doctor's norm approved by the Minister of Health)	extra capitation fee for every rural resident – 27,79 Eur extra capitation fee for the service of persons with special needs – 31,79 Eur extra capitation fee for enrolled with a family doctor – 1,30 Eur extra capitation fee for services in accredited GP institutions – 2,30 Eur	Family medicine - 9 P4P indicators Mental healthcare – 2 P4P indicator Dental care - P4P indicator	Total number of incentive services is 75: assessment of blood coagulation system, glycosylated haemoglobin test, early diagnosis of malignant tumours, care of regular pregnancy, supervision of children under one year, home care of disabled etc.

Type of service	Payment method
Preventive programs	Payment per service
Primary healthcare services	Capitation fee for the listed population + additional payment for incentive services + additional P4P payment for achieved performance results
Ambulance services	Global budget
Specialised out-patient services	Payment per consultation / episode (up to 3 visits for the same reason)
Day-care services	Payment per case
Day-surgery services	Payment per case
emergency department	Monthly fee + per case
In-patient services	DRG + for certain expensive medical devises, blood components
Long-term care	Payment per day (in patient service) / payment per service (out-patient, day care services) (limit of days)
diagnostic tests and procedures for out patient	Payment per procedure or examination (MRT, CT, hemodialysis, etc.)
Rehabilitation services	Payment per day (in patient service) / payment per service (out-patient, day care services)

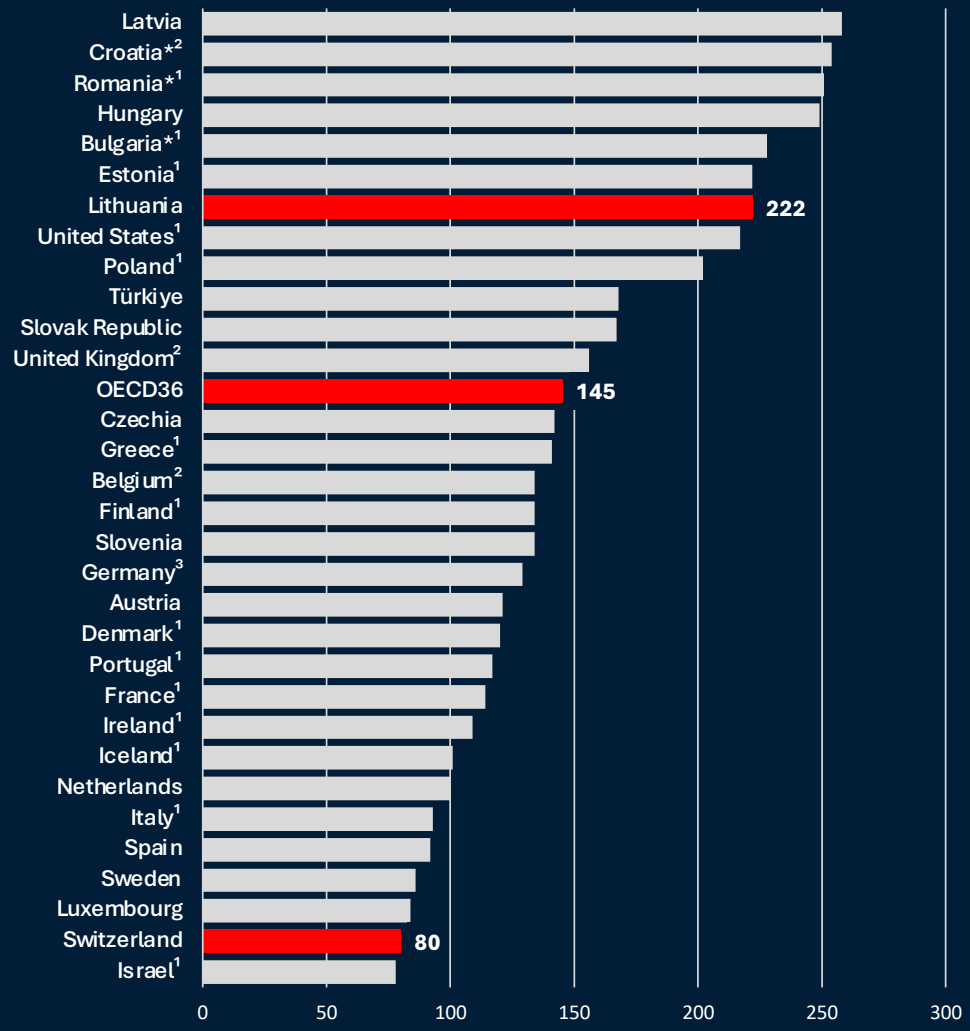
problems

With current spending Lithuania could do better on life expectancy.

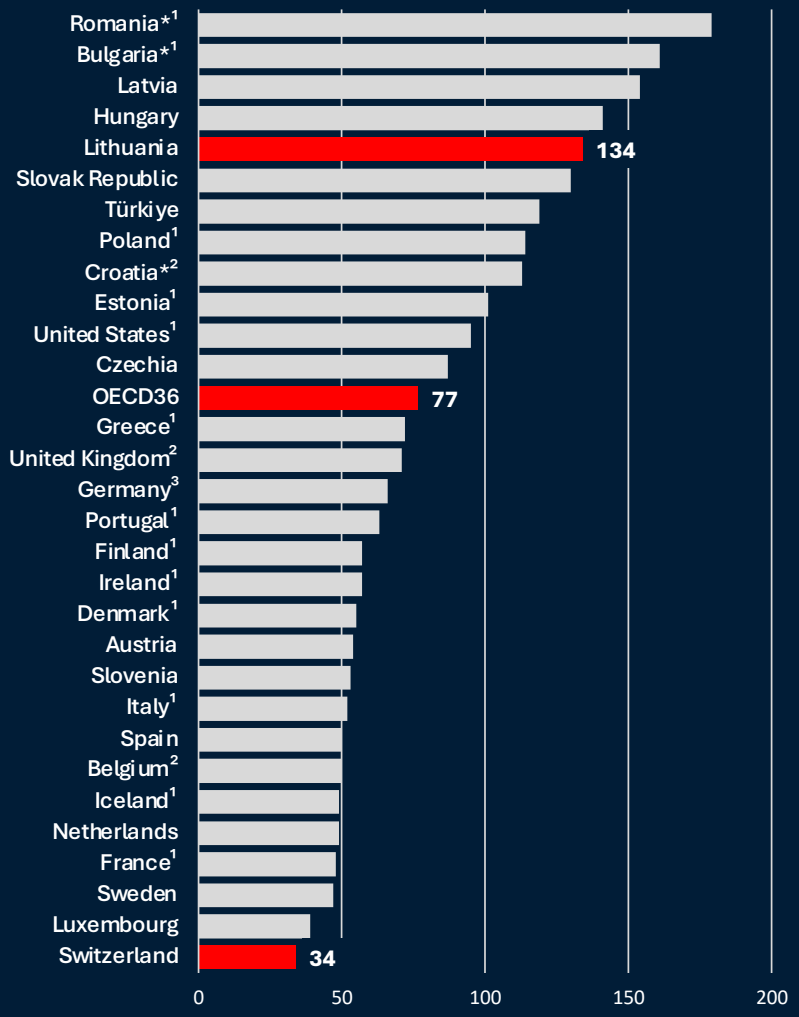


Data source: UN, World Population Prospects (2024); OECD Health Expenditure and Financing Database (2023)
Note: Health expenditure data is expressed in international-$[1] at 2015 prices.
OurWorldinData.org/financing-healthcare | CC BY

Preventable causes mortality, OECD 2023

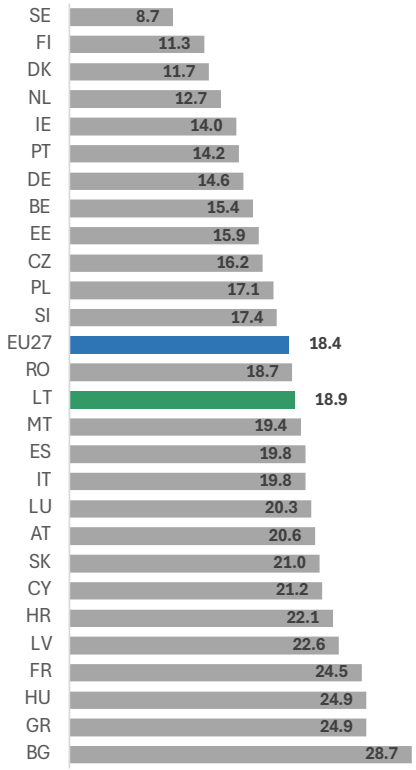


Treatable causes mortality

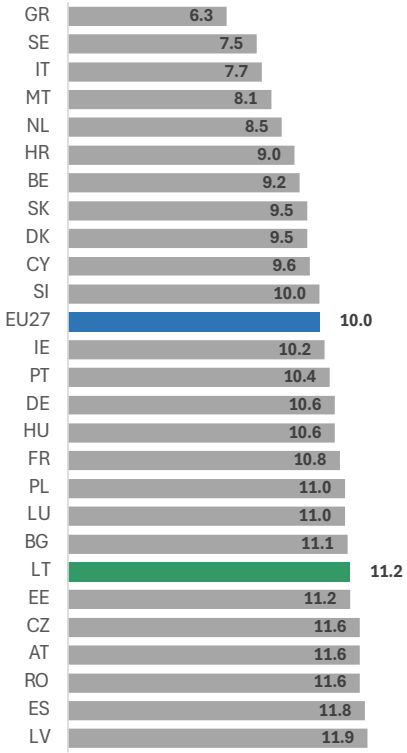


Citizens do not care much about their own health.

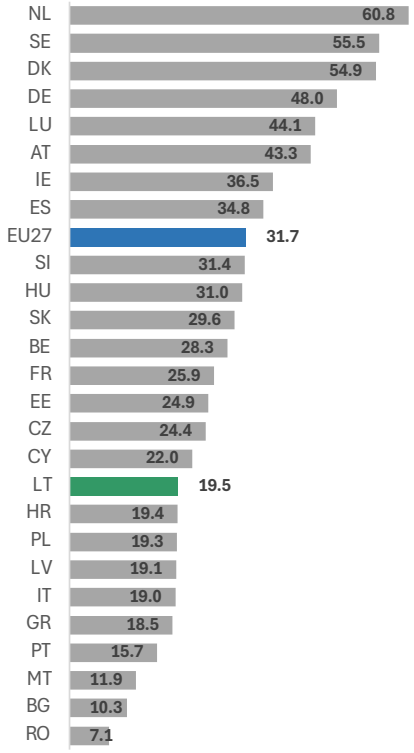
Smoking, %



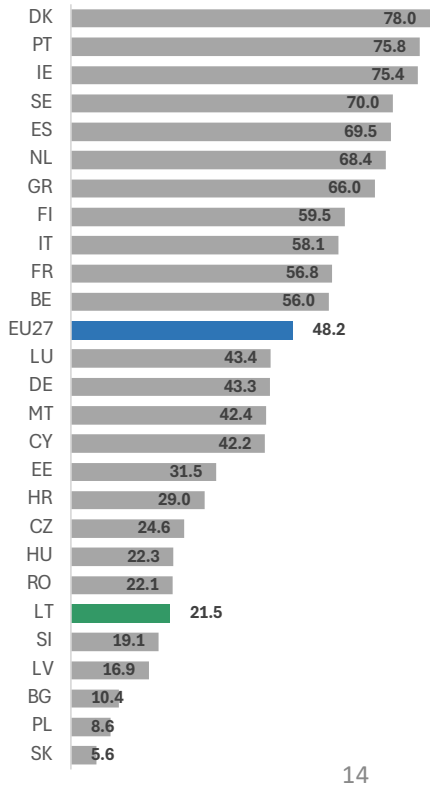
Alcohol consumption, in liters for 15+ population



Physical activity, % of population active 150 min per week



Flu vaccination for 65+, %



Šaltinis: EBPO

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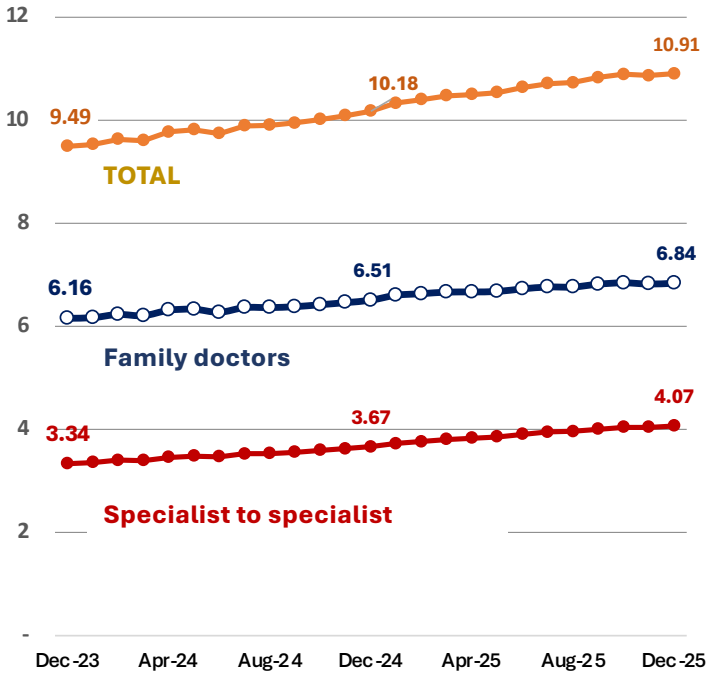
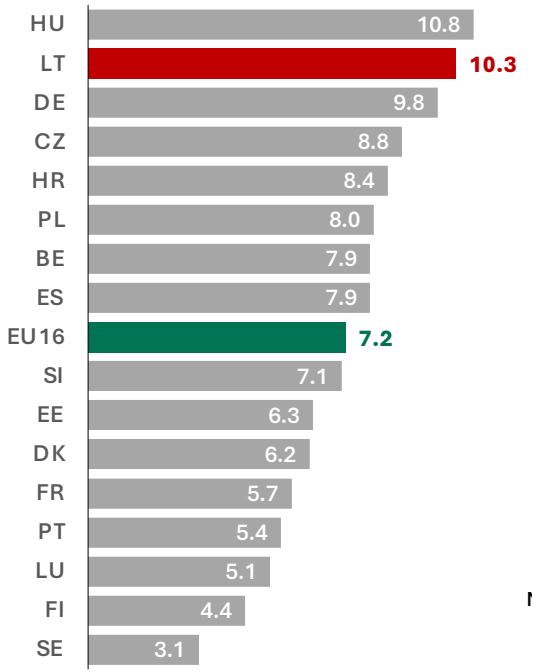
Quantity beats quality: fee-for-service payments, lack of patient co-payment and limited number of medical standards lead to provider induce demand.

Referrals to specialist for a consultation are growing

Moving annual total of referrals in millions



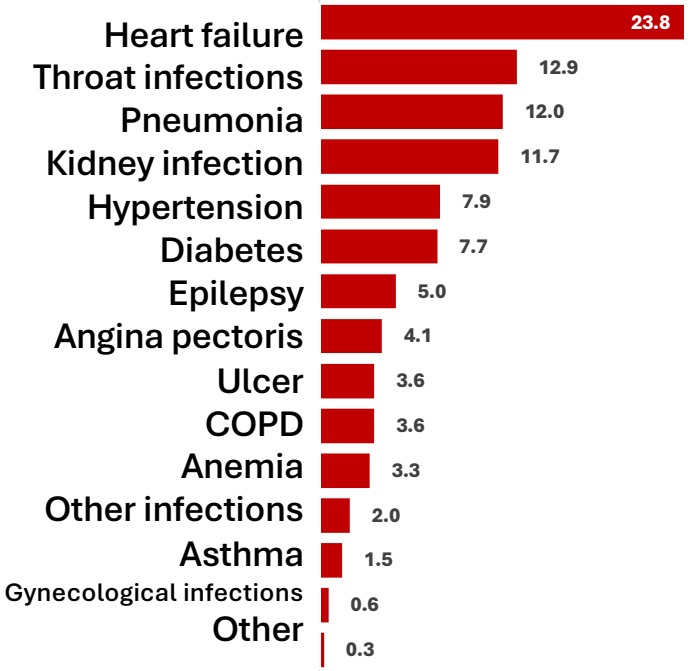
Doctor visits per year per person



EBPO: „Health at a glance 2024“

Avoidable hospitalization – 13.4% or 130 mEUR.

Structure in Lithuania in 2023, %



solutions

Empowerment of Family Doctor Teams

More funds for testing, removal of administrative barriers that hinder patient care (e.g., reimbursed prescriptions after all consultations). Envolvement of the nurses.

Optimization of in-patient Treatment

We want to allocate sufficient funds for important services (intensive therapy, emergency care) and not for unnecessary ones (patients who do not need emergency care in the emergency department, avoidable hospitalizations, day surgery-type operations in inpatient settings, repeated expensive tests). More serious use of quality indicators, informing stakeholders, and encouraging their involvement.

Excessive Consultations

This year, a record 8.3 million consultations should be enough to solve patients' health problems. However, waiting time is shortening slowly, and patients' expectations are even higher. The problem is complex: patients demand referrals, family doctors do not want to solve issues within their competence, we fund tests and reimburse medicines only after a specialist consultation, low consultation rates and episode payment encourage overbooking, administration pressures to fill empty slots, poor quality consultations need to be repeated, patients do not show up at the appointed time, etc.

Data transparency and feedback

Feedback of KPIs on quality and efficiency can help improve both.

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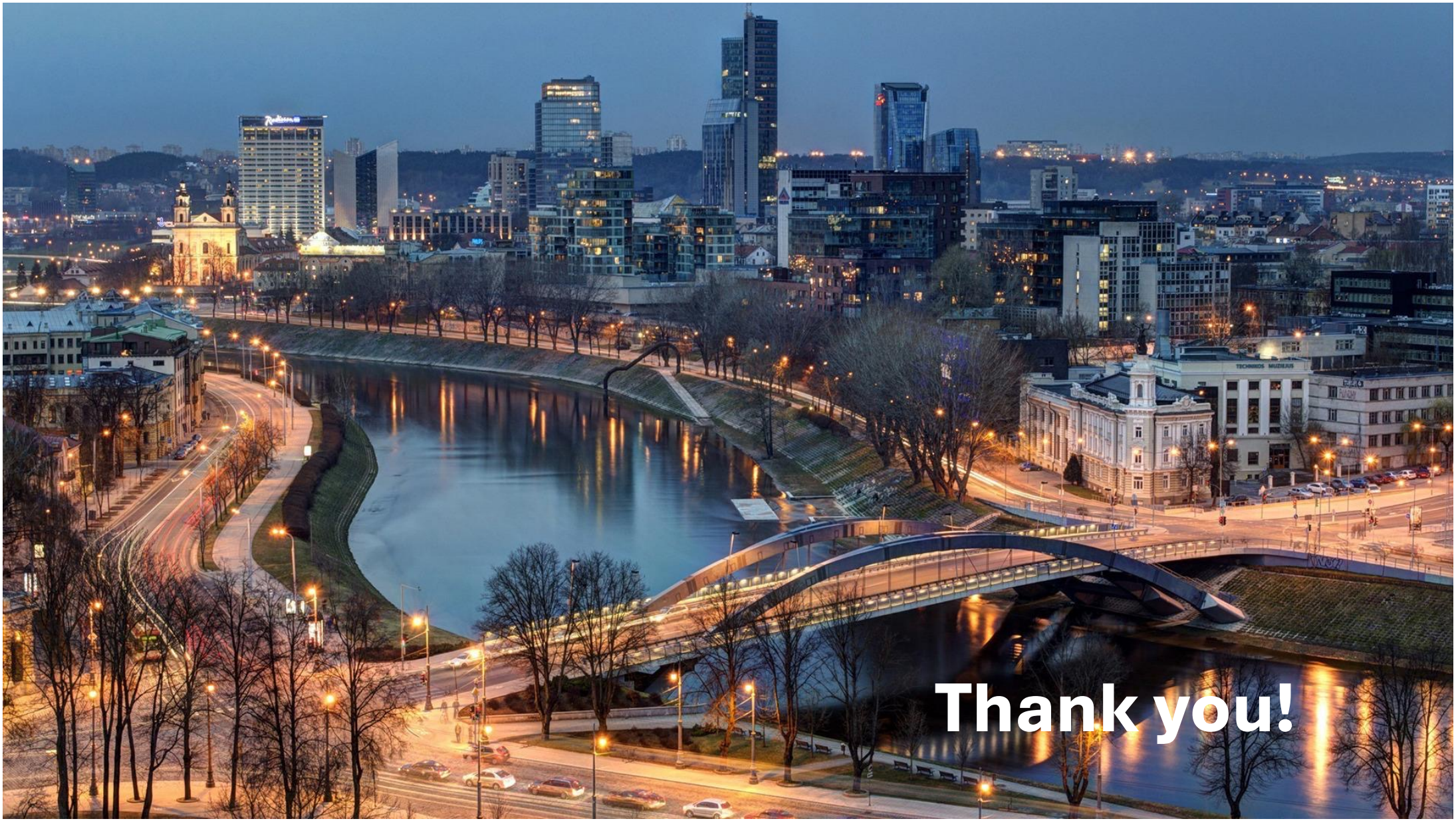
Thank you!