

how it leads to relational reflexivity, for which we provide a proxy quantitative indicator.

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Current Transformation And COVID-19 Pandemic

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Today's change units do not occur solely European East vs. European West, extended to America. The COVID-19-induced transformation leads to broad change in the world, not only in the above direction, but also north vs. south. The planet is the space with ongoing accelerated changes, with the most important ones in the field of geopolitical power, but also in people's everyday life. COVID-19 vaccine and medications have become a powerful weapon in realizing geopolitical influence. Vaccine (non)availability to poor countries (including some European countries such as Bosnia and Herzegovina, or North Macedonia) causes an increasing social gap globally.

It transpires that, particularly in EU, main concerns were military and economic power, energy and cyber security, while public health as a major legacy of the welfare state became neglected due to neoliberalism. Currently the main concern is health safety affecting not only countries, but also individuals. The absence of timely anti-epidemic solidarity with Italy and Spain – just as previously with the Greek financial crisis – led to huge disappointment regarding the EU ability to respond collectively in the times of crisis. Poor management of the COVID-19 vaccine acquisition process forced some EU countries (first of all Hungary) to begin acquiring vaccines independently from Russia and China at the very beginning of 2021.

Non-EU Serbia managed to obtain Pfizer, Sputnik-V and Sinofarm vaccines mid-January 2021 and organize mass voluntary vaccination, which ranked it as the second European country (after the UK) by the number of vaccinated people per population in February, confirming its proper strategic decision to cooperate both with the East and the West.

Keywords: COVID-19 pandemic, health safety, global geopolitical power redistribution.

Life Expectancy in Lithuania 20th Century: New Research Findings

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Life expectancy is one of most (if not the most) informative measures of human wellbeing. Its important advantage is cross-time and cross-country comparability. Such measures are necessary for measurement and comparison of the social transformations period over long run and to quantitatively explore changing depths of East and West divide. Life expectancy is estimated by constructing life tables from population distribution by age and mortality by age data. Largest collections of historical life tables are accumulated in the Human Mortality Database and Human Life Table Database. However, they contain large gaps on the interwar Baltic countries, where only interwar Estonian and Latvian national offices did construct life tables for census years. In addition, Estonian demographer Kalev Katus (1955-2008) did construct life tables for Estonia (1923-1938) and Latvia (1925-1938). Largest gaps persist for Lithuania, where for period before 1959 life tables are available only for 1897 (by Mikhail Ptukha) and 1925-26 (by Antanas Merčaitis). Main reason for this situation is lack census data. Between 1897-1959, there were only two censuses in Lithuania: in 1923 and 1942. However, only data of first census were processed and published, providing basis for estimates of A.Merčaitis. The life tables for 1925-34 period are presented, which were constructed by the author using formerly unknown sources. New findings are used to compare interwar Baltic mortality trends in the framework of the theory of demographic transition.

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