

# Latvia.

## Background information (2008)



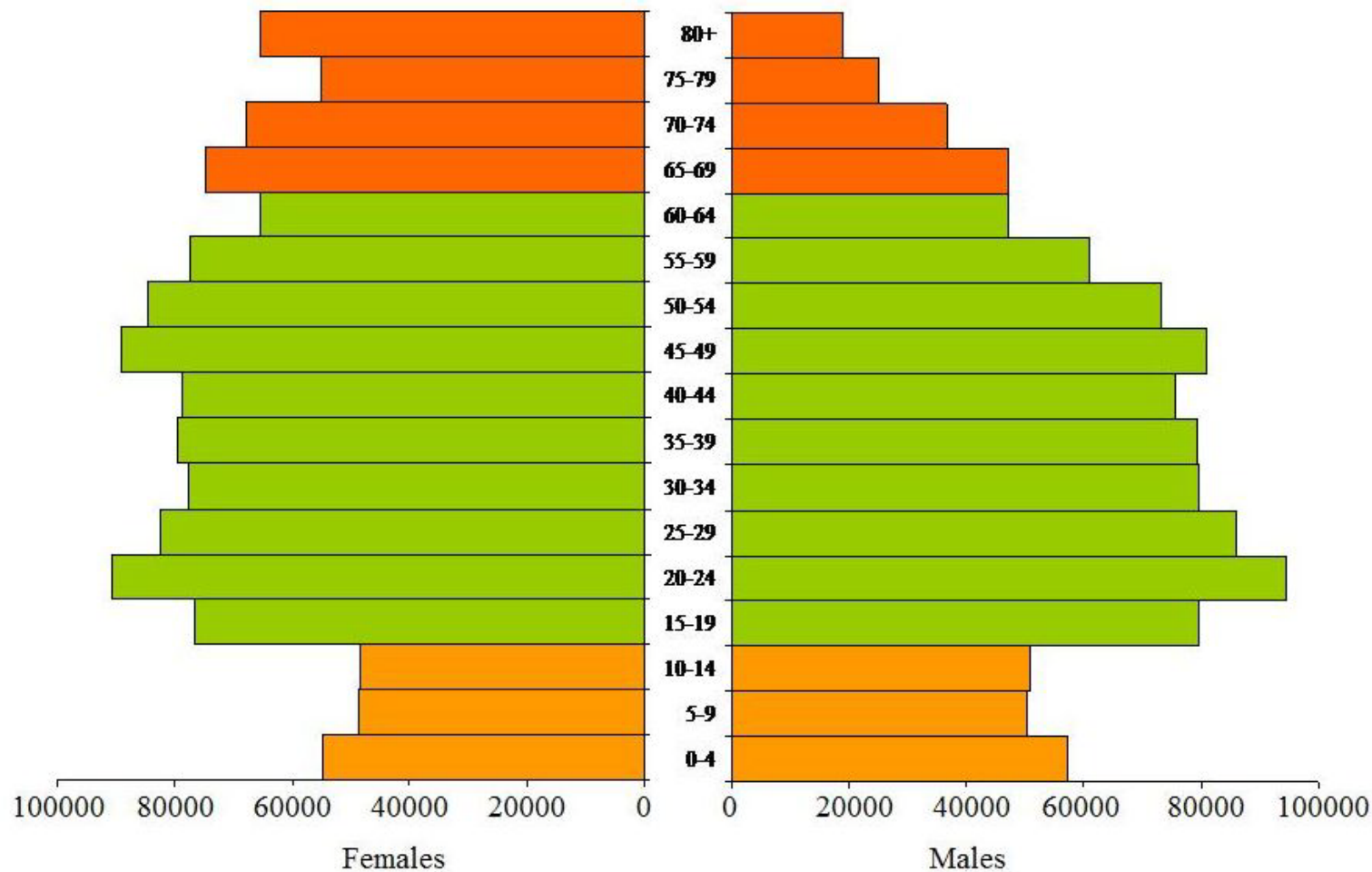
- ☐ Member state of EU (since May, 2004)
- ☐ The capital – Riga
- ☐ Official language – Latvian
- ☐ Area - 64 589 km<sup>2</sup>

### Population:

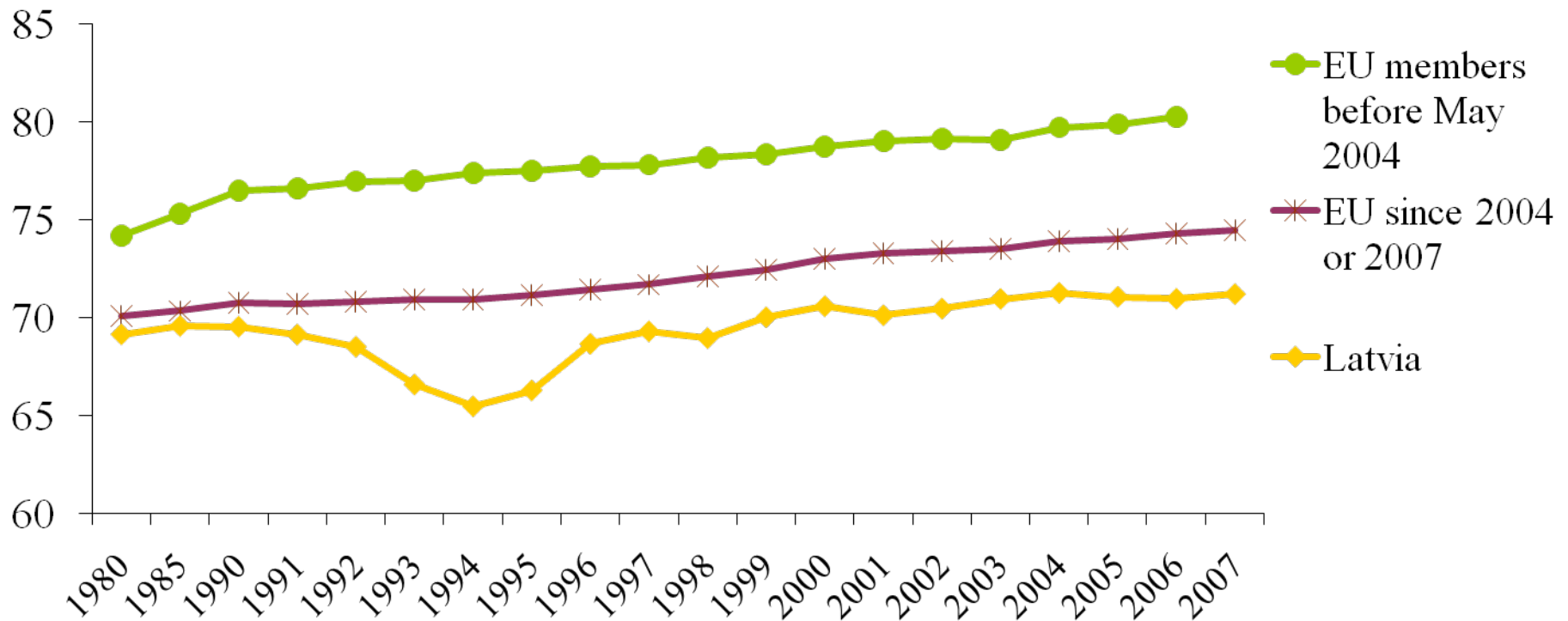
- ☐ 2.3 mll.;
- ☐ 67.8% urban, 32.2% rural;
- ☐ Population density: 35 persons/km<sup>2</sup>;
- ☐ 46.1% male, 53.9% female;
- ☐ 59.2% Latvians, 28.0% Russians, 12.8% others;
- ☐ 65.6% of working age; 20.6% over working age, 13.8% under working age
- ☐ Average life expectancy at birth: **65.8** (males) and **76.5** (females)

# Population age and gender structure, beginning of year 2009

*(Central Statistical Bureau of Latvia - CSB)*

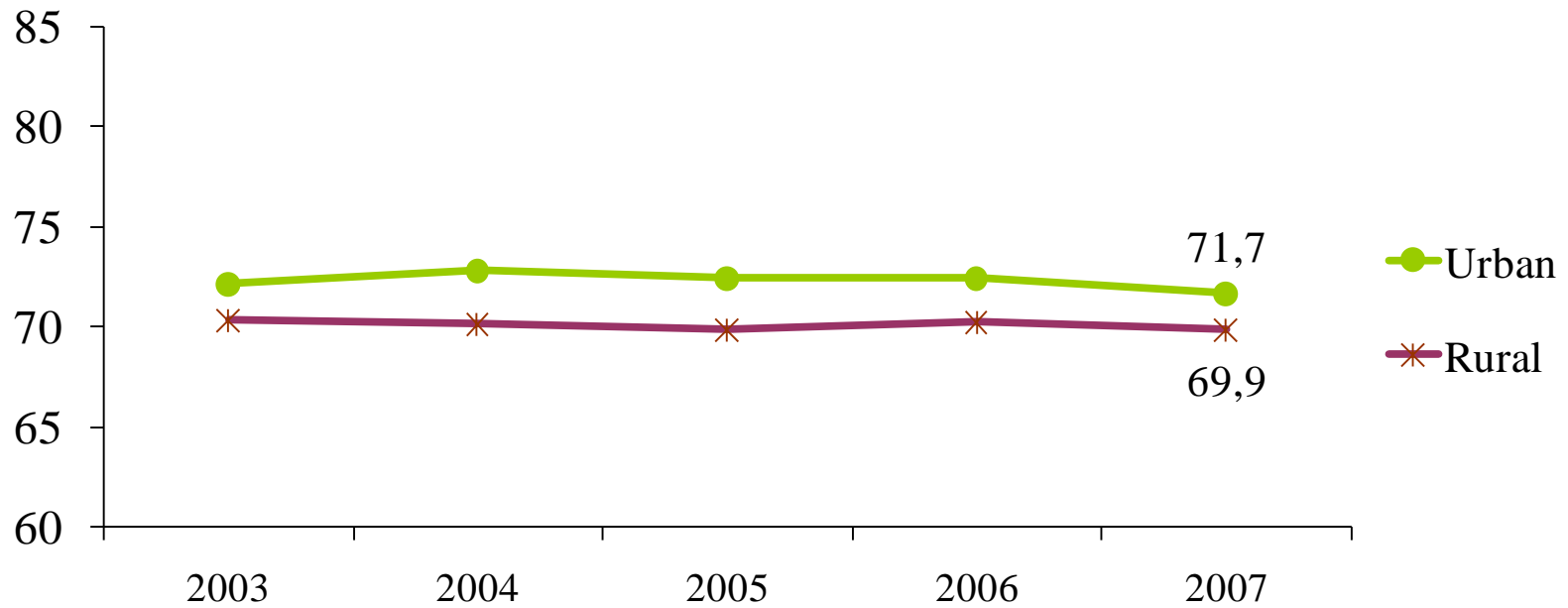


# Life expectancy at birth in Latvia and the EU

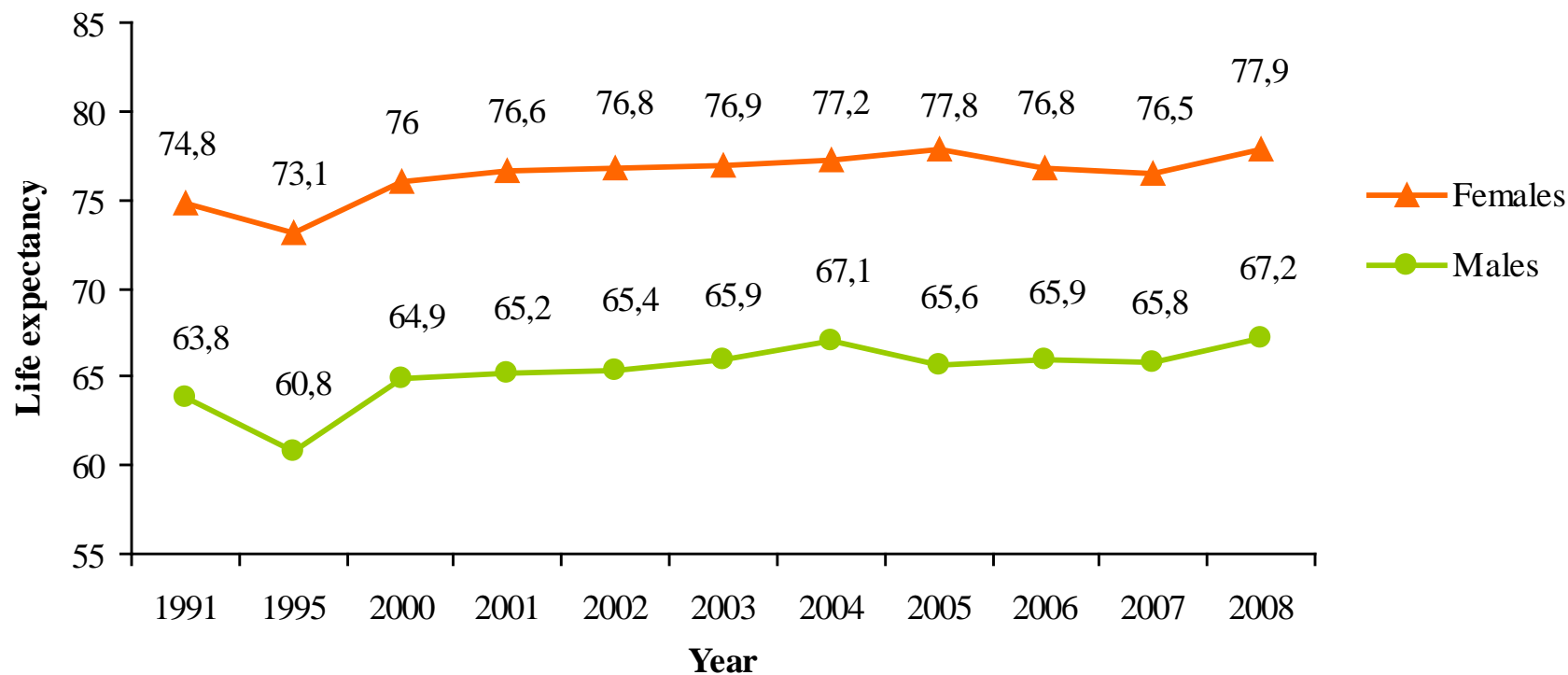


**Life expectancy , Latvia - 71.2 (male 65.78, female 76.52)**

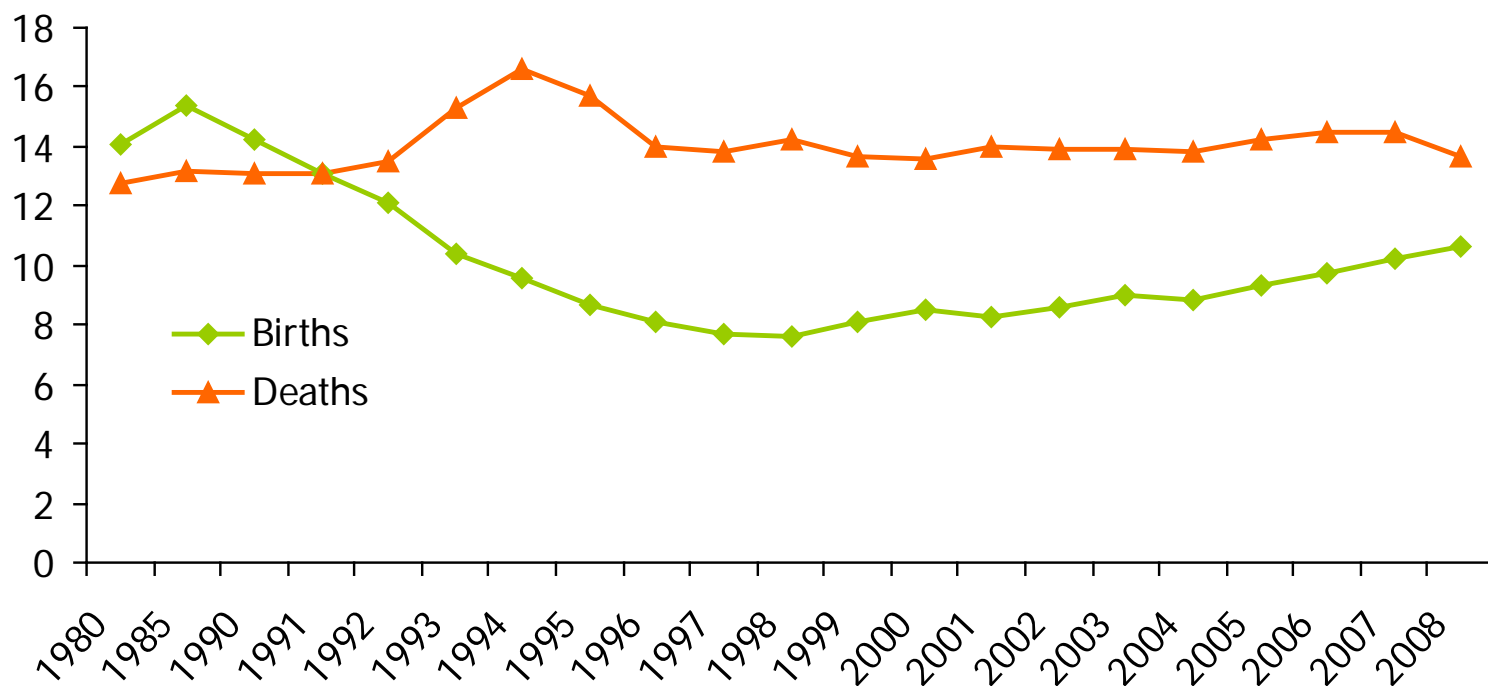
## Life expectancy at birth, by area (CSB)



# Life expectancy at birth, by gender (CSB)

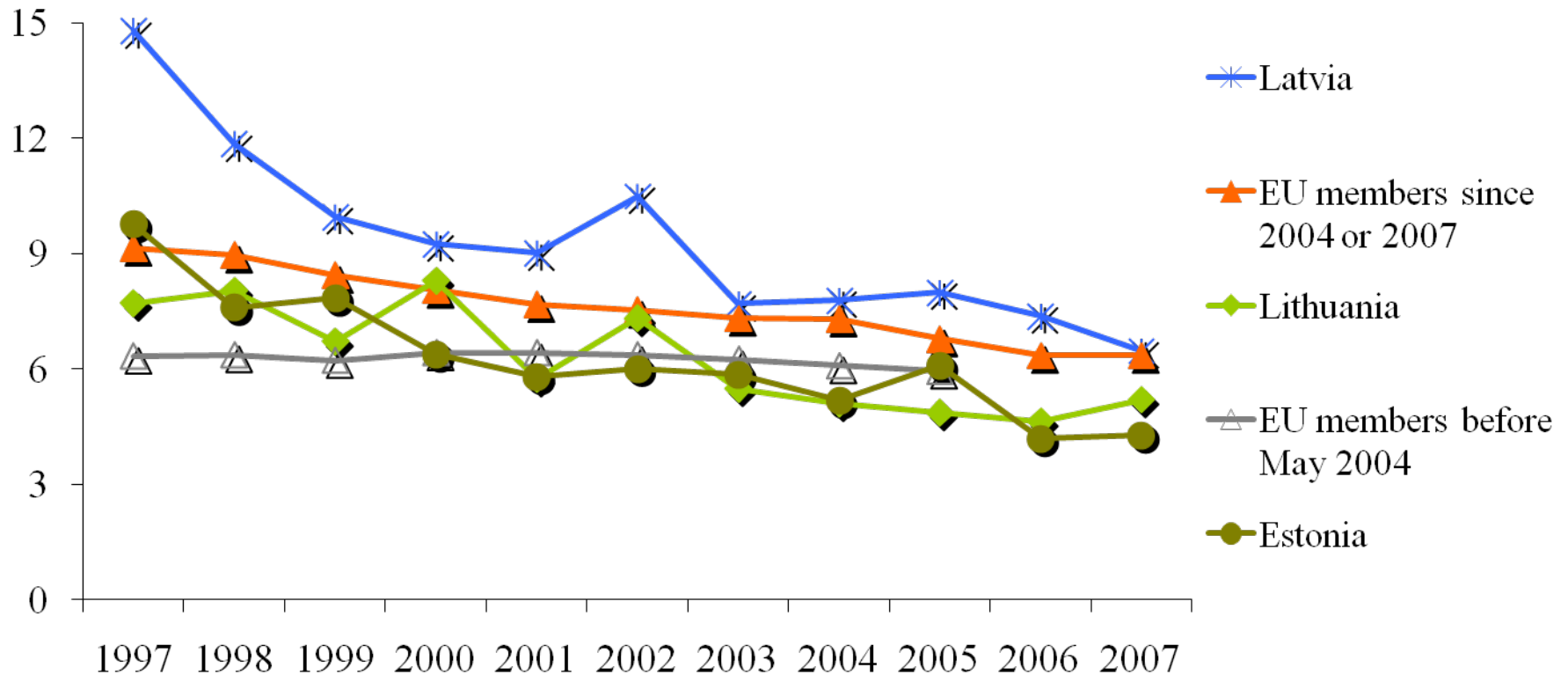


# Birth, death and natural increase rates, per 1 000 inhabitants (CSB)



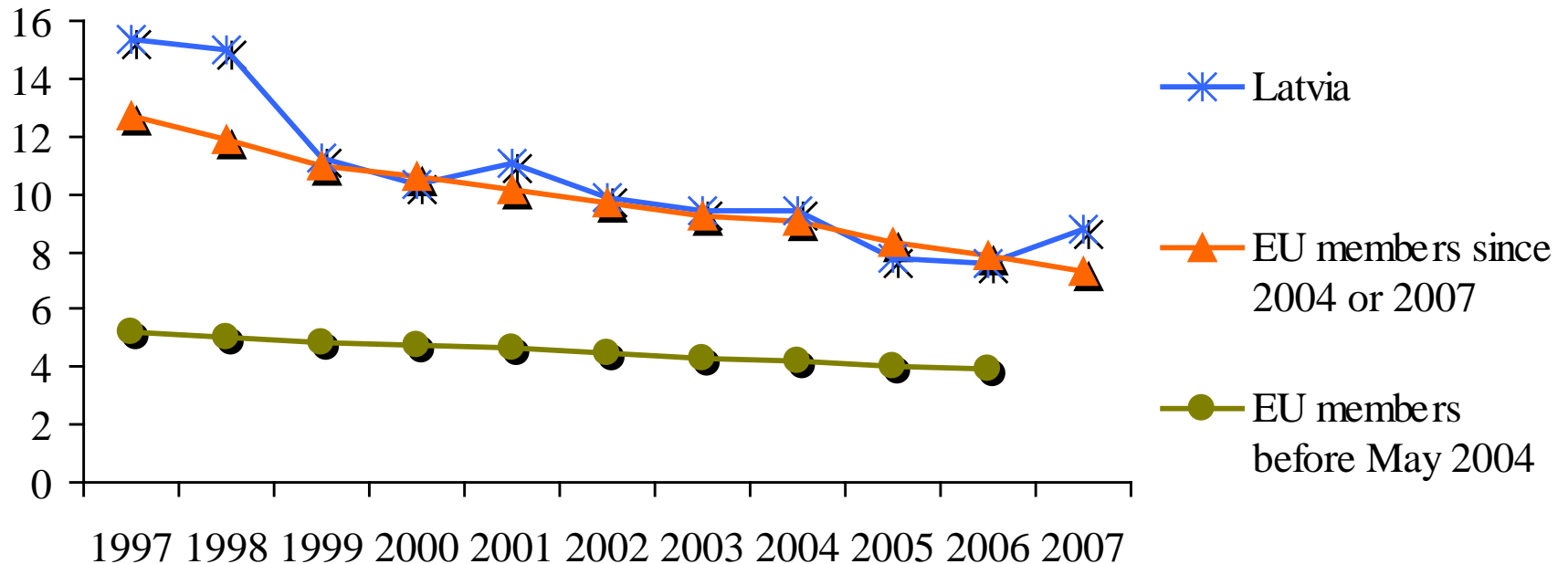
**Natural increase per 1000 inhabitants – 3,1 (2008)**

## Perinatal deaths per 1000 births



\* WHO, European Health for All databases

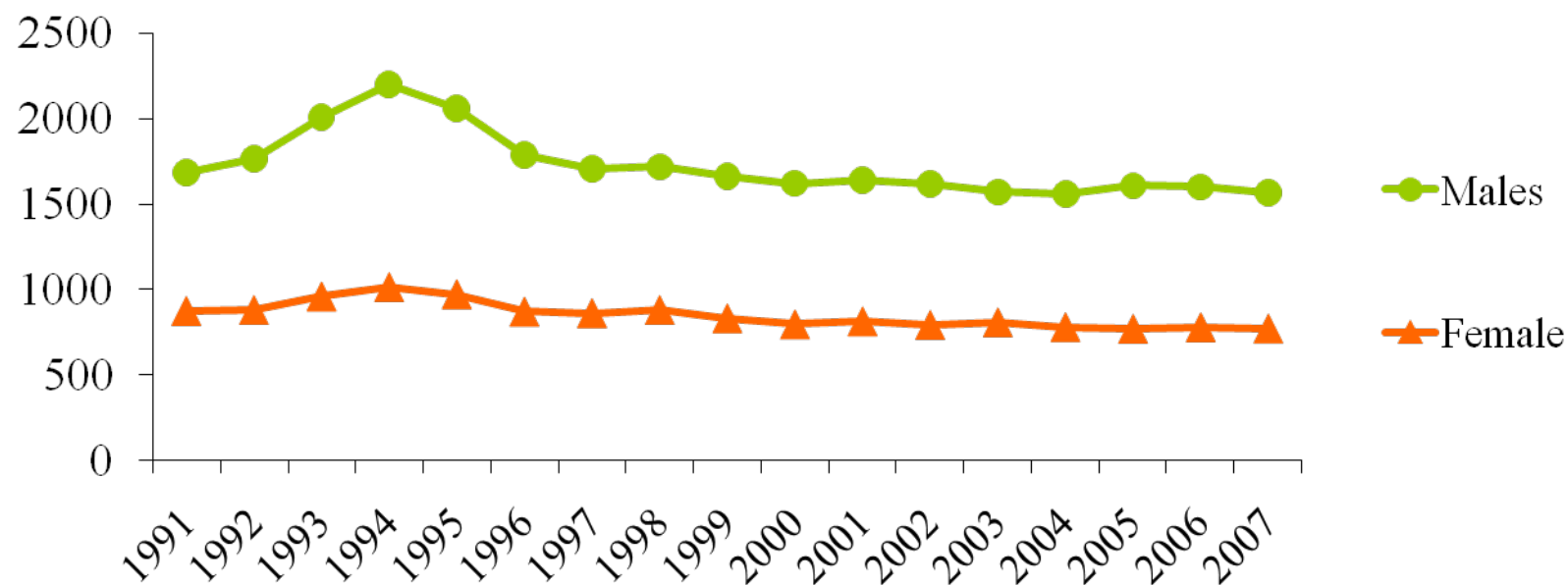
## Infant (0-1) mortality per 1,000 live births



\* WHO, European Health for All databases

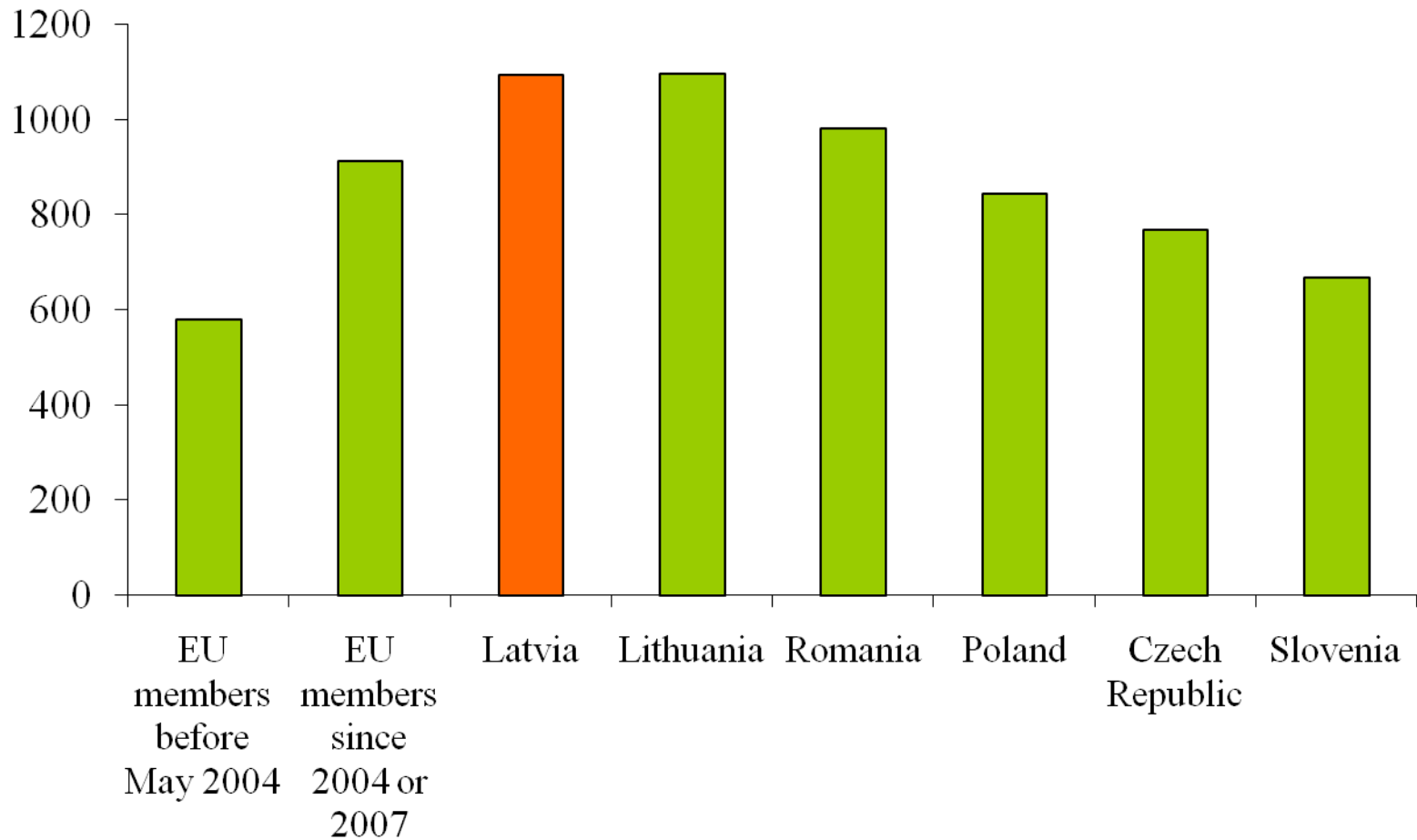


## Standardized death rates (SDR) in Latvia, by gender, per 100,000 inhabitants



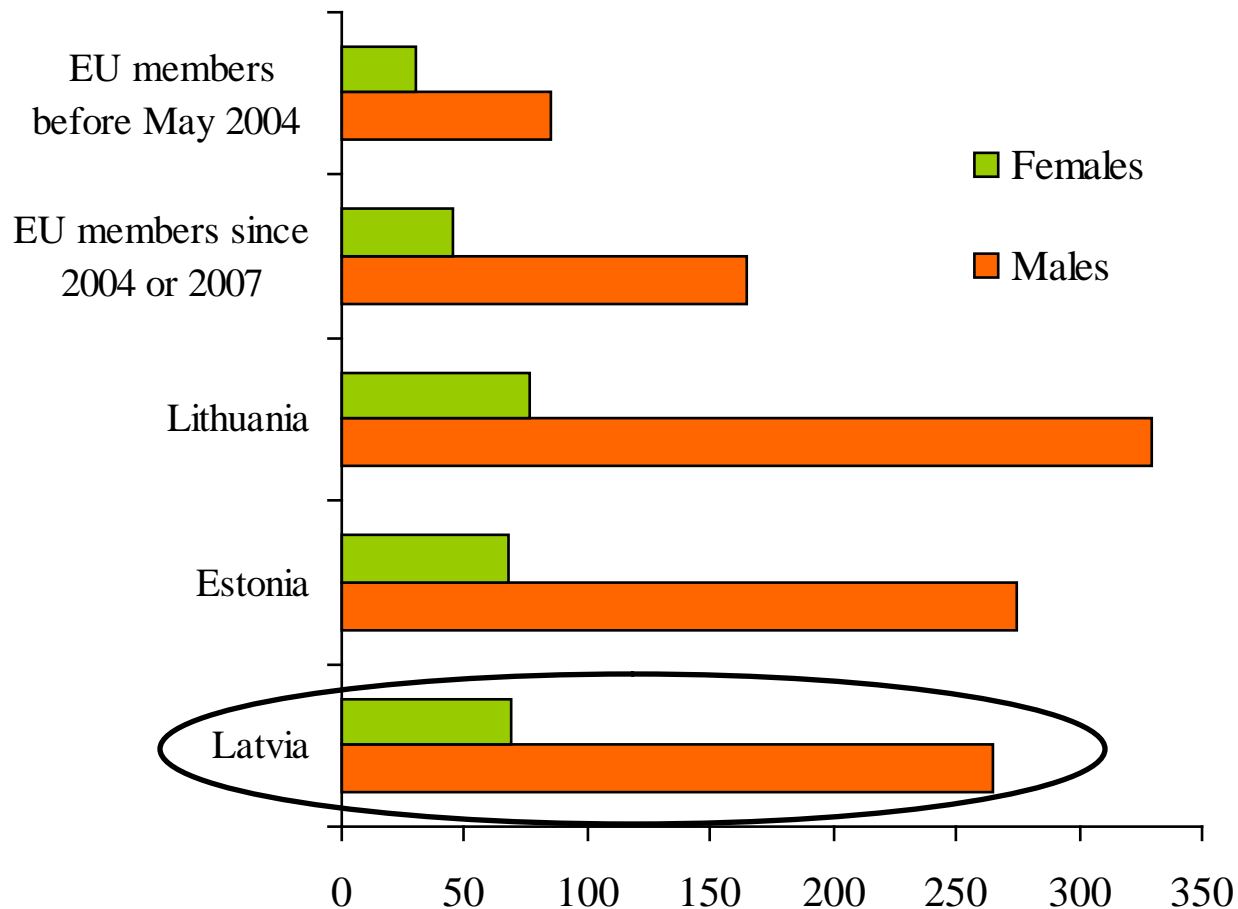
\* WHO, European Health for All databases

## Standartized death rates (SDR), per 100,000 inhabitants, 2006-2007



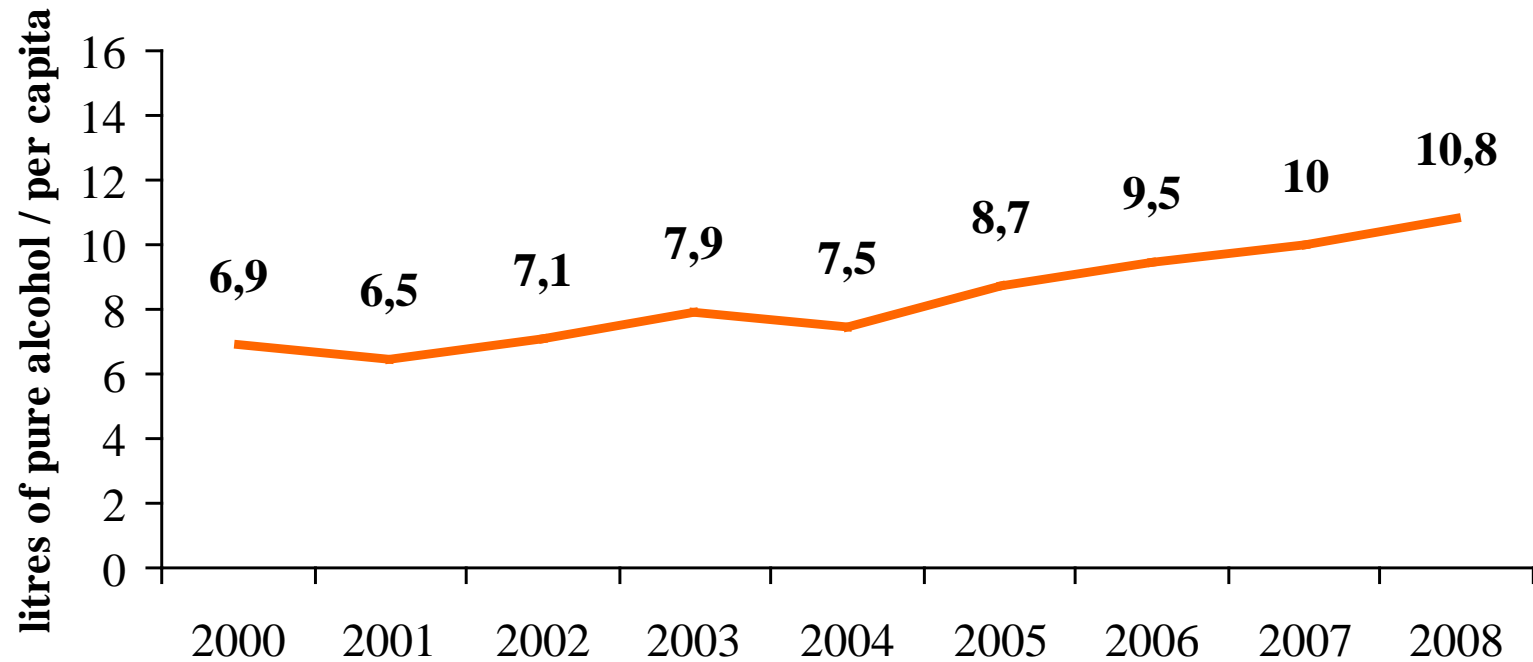
\* WHO, European Health for All databases

# Standardized death rates, selected alcohol related causes, per 100,000 inhabitants, 2005

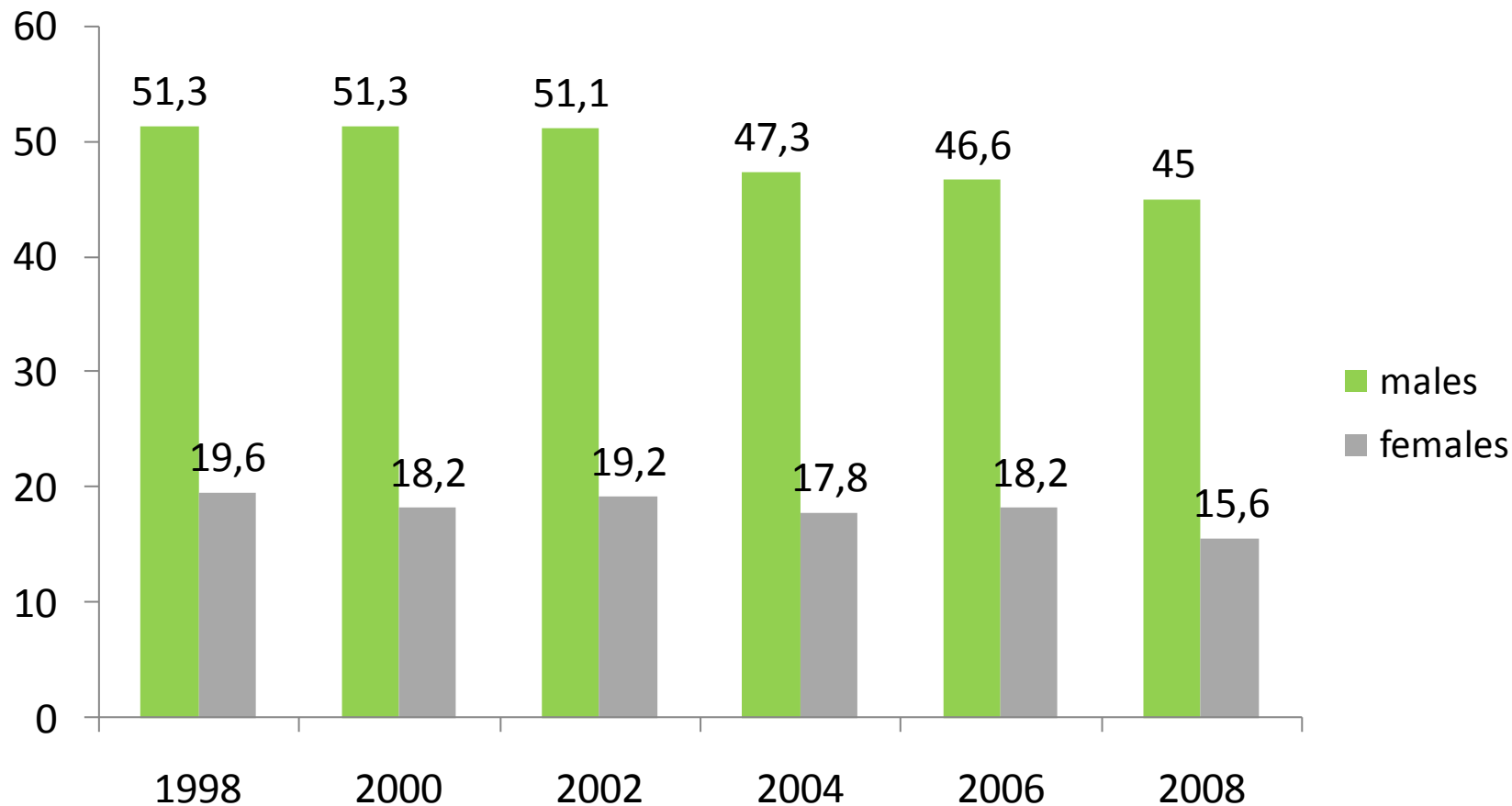


\* WHO, European Health for All databases

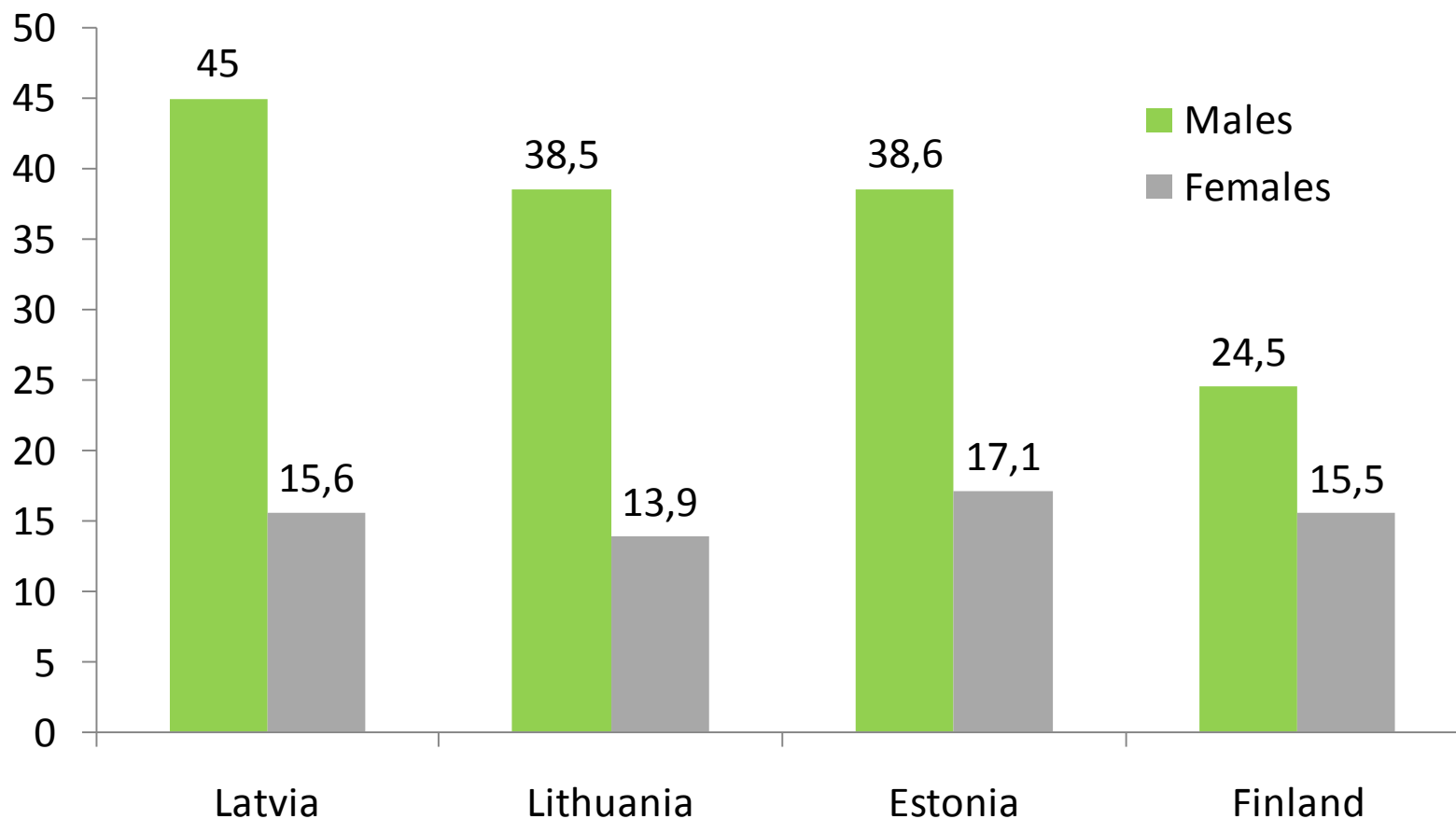
## Alcohol consumption (CSB)



## Proportion of daily smokers, Latvia (FinBalt monitoring)



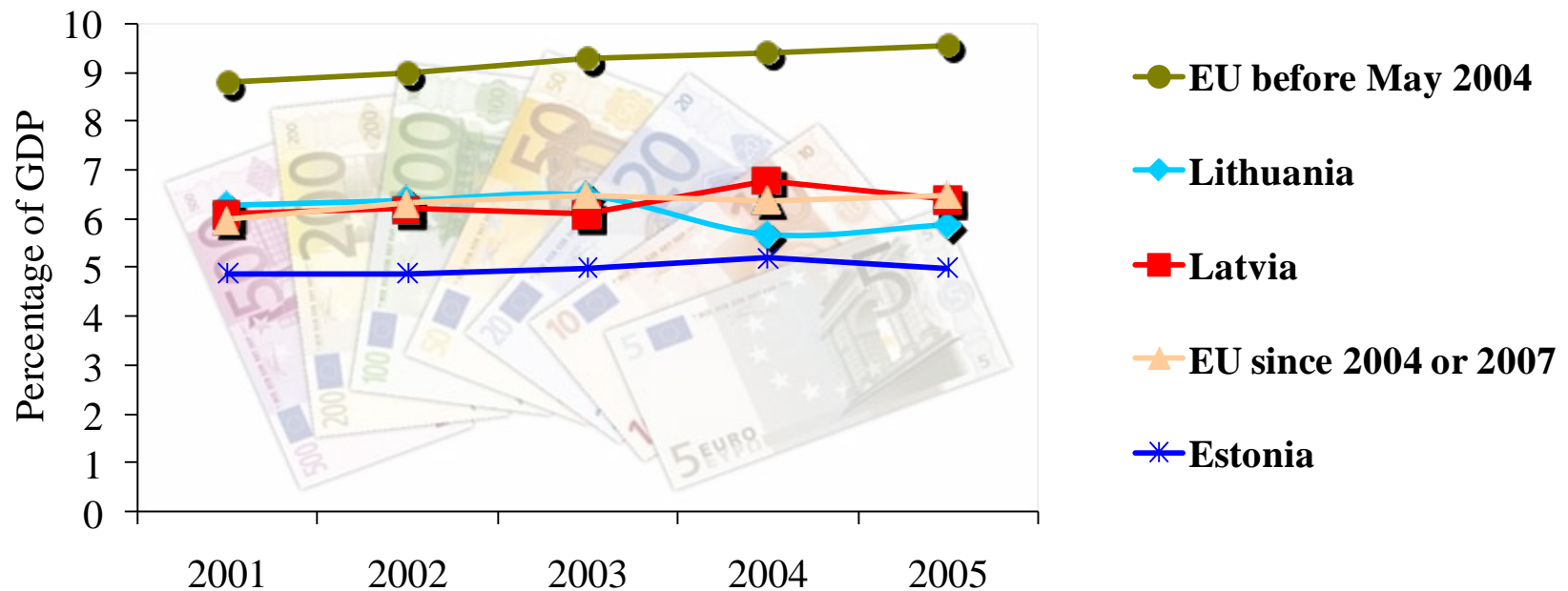
# Proportion of daily smokers in FinBalt countries (FinBalt monitoring, 2008)



## Some social indicators

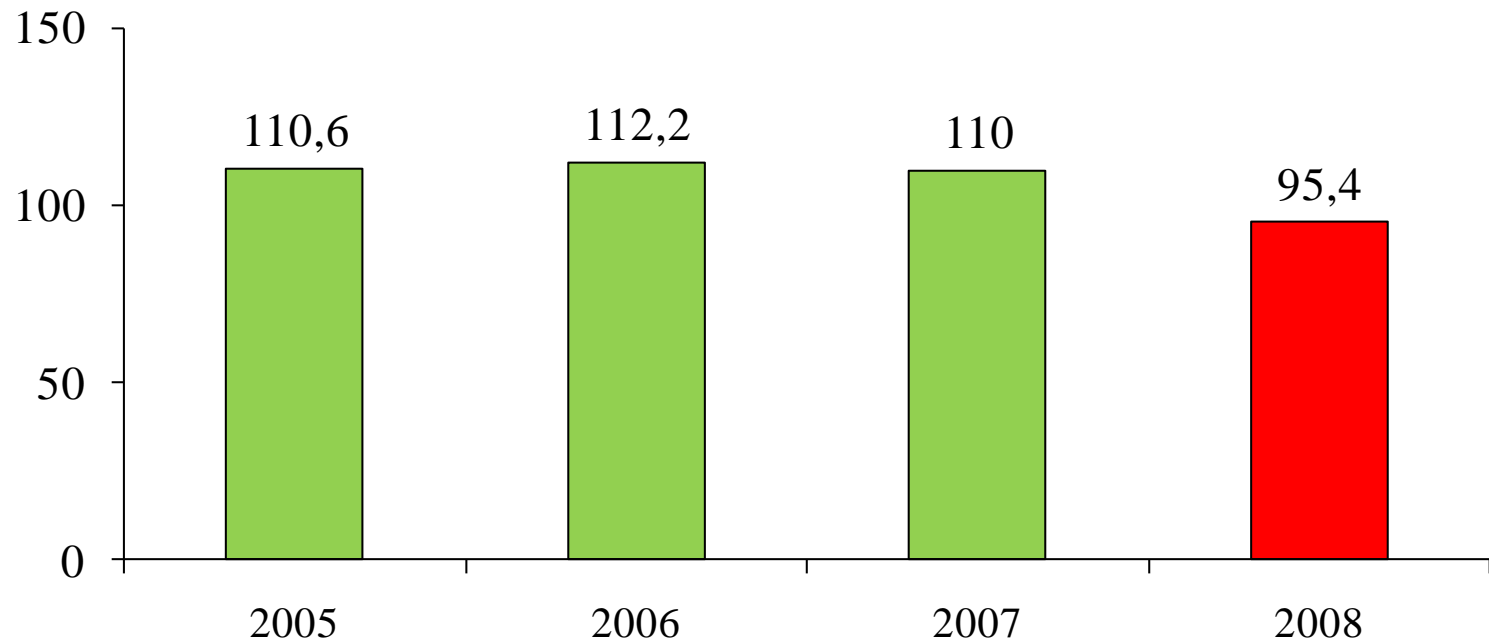
- ✓ **Total expenditure** on health care services per capita – **987 \$** (OECD, 2005.)
- ✓ **Social protection** expenditure as a percentage of GDP - **12.2%** (2006.)
- ✓ Total expenditure on **social protection** per head of population in PPS (Purchasing Power Standards) - **1547.3** (2006.)
- ✓ **Public sector health expenditures** per capita – **EUR 258** (2008)
- ✓ Public sector expenditures on health (% GDP) - **3,65** (2008)
- ✓ **GDP per capita** in PPS - **57.9** (Eurostat, 2007)
- ✓ **24%** of the population did **not access** the health services they needed (EU-SILC, 2007)
- ✓ **Risk of poverty rate** - **21%** ; man -19%, woman -23% (2007)

# Total health expenditure as % of gross domestic product (GDP), WHO estimates



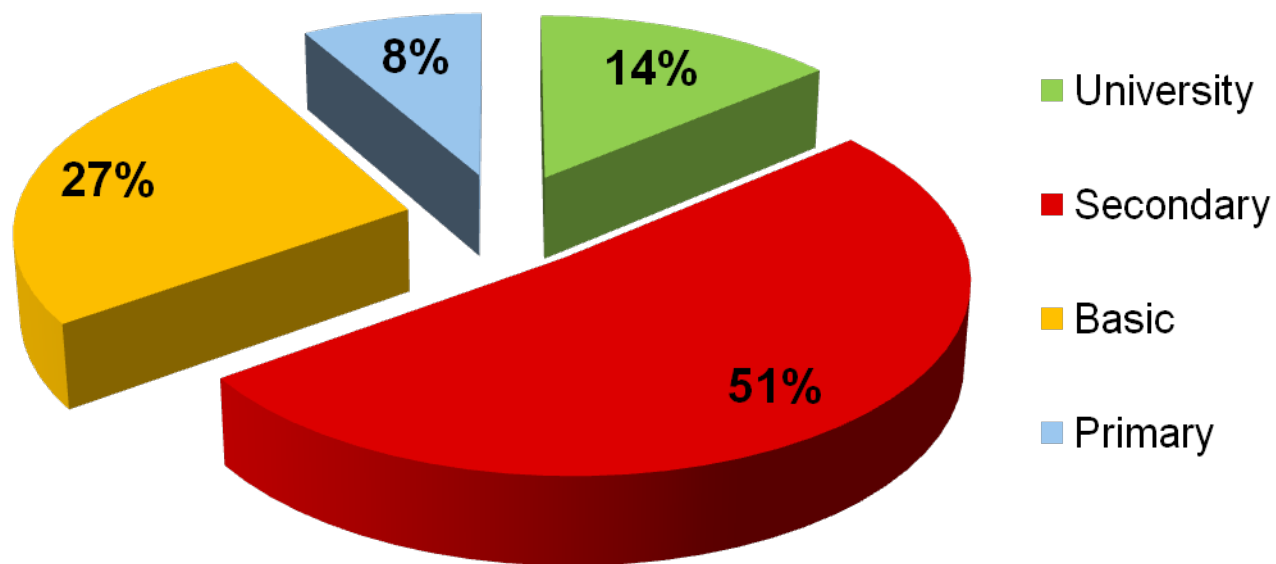


## Growth rates of gross domestic product at constant prices of previous year

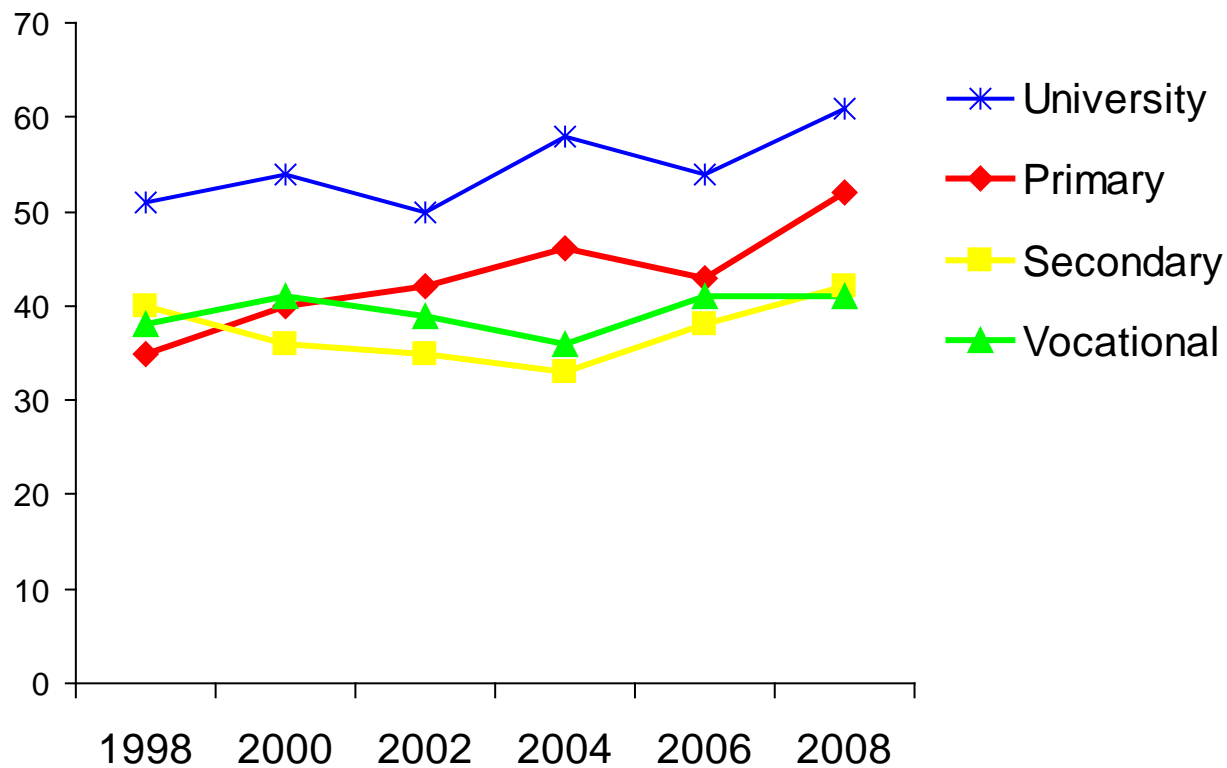


Previous year = 100

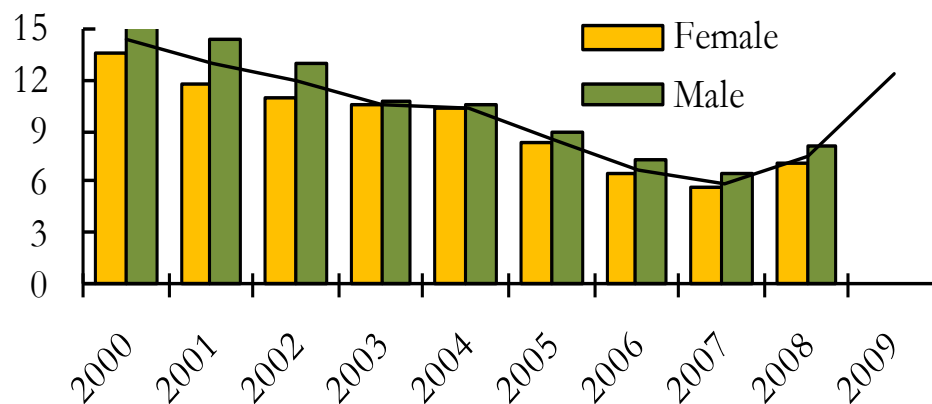
# Population structure by education (CSB, 2000)



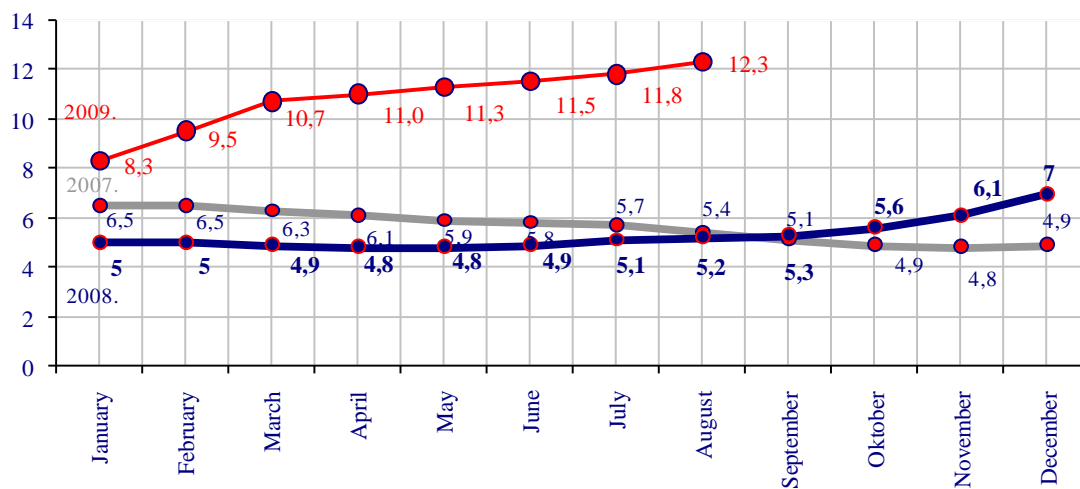
## Proportion of persons (age15-64) (%) who evaluate their health status as good or fair by education level (*Finbalt monitoring*)



# Unemployment rate (CSB)

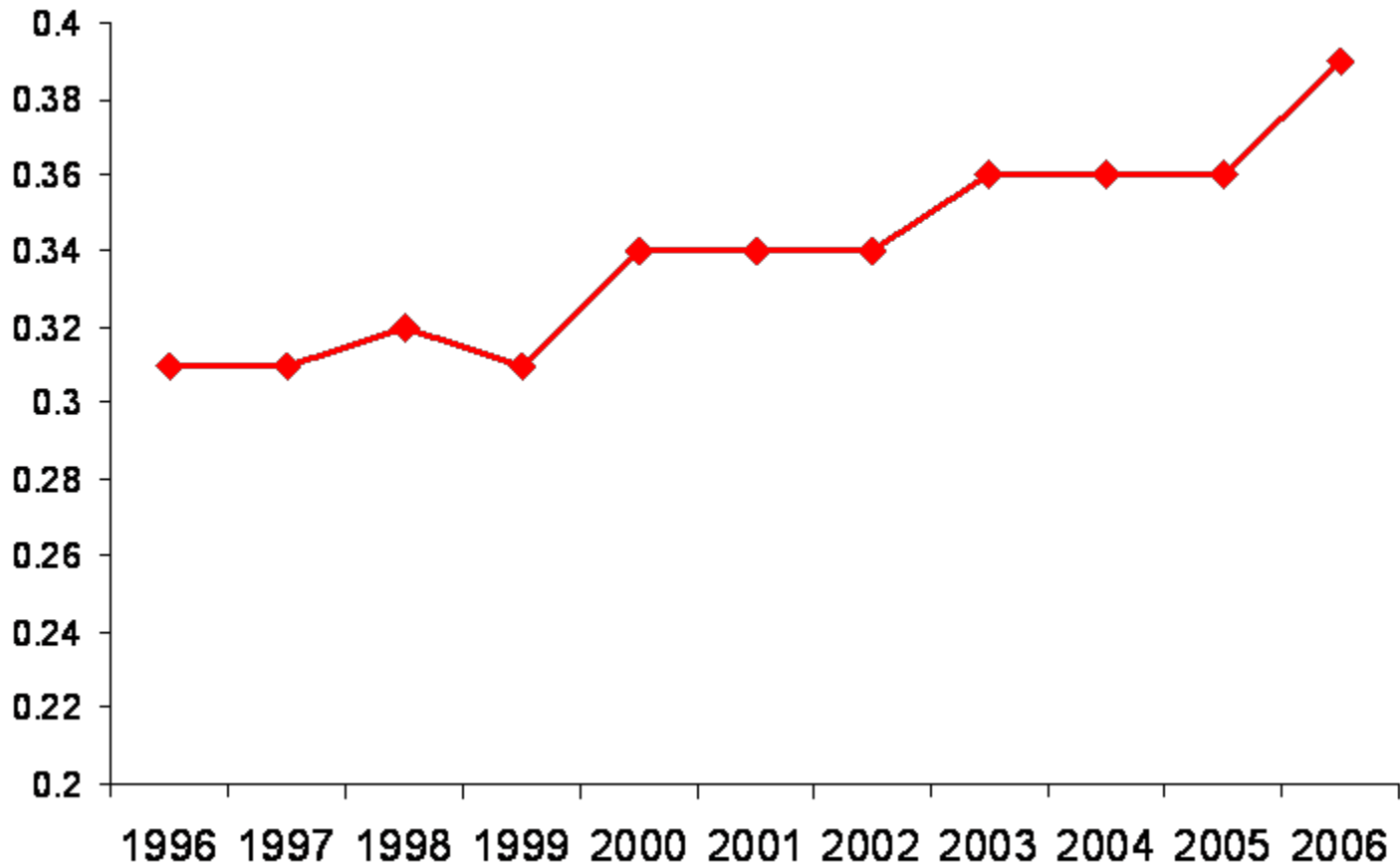


Unemployment rate trend



# Gini coefficient

*(measure of inequality of income distribution)*



# Health inequalities: policy documents

## Public Health Strategy (2001)

- 2nd goal – Fairness and Solidarity; sub-goal 3 of the Public Health Strategy states that ‘the proportion of low-income residents should be reduced significantly’

## Action Plan for the implementation of the Public Health Strategy 2004 – 2010 (2004)

# What we have done?

## 1. Monitoring report on 2nd goal of Public Health Strategy (2008)

### Indicators:

- Morbidity, disability and death rate (urban and rural areas, socioeconomic status)
- Number of ambulatory visits per person
- Number of family doctors per 100 000 inhabitants
- Proportion of public buildings accessible to disabled people
- Proportion of unemployed (place of residence, sex, age, education level)
- The poverty risk index (amount of residents living below the relative poverty line, %)
- Gini coefficient
- etc.

# What we have done?

## 2. Participation in several working groups:

- Expert Group on Social Determinants of Health Inequalities
- Within Ministry of Welfare – working group on Reduction of Poverty and Social Exclusion
- Capacity Building project group

## 3. Participation in several projects (*Capacity Building, Closing the Gap*)

## 4. Health Care Reform

## 5. Developed National Health and Long-term Care Strategy



# Future

- Periodical assessment of situation
- Cooperation with other institutions working in the field
- Participation in working groups, projects

# Health Care System

1. Primary health care
2. Secondary health care
3. Tertiary health care

# Health Care Resource Allocation

- State budget subsidy (public financing through general taxation)
- Paid services
- Foreign technical assistance

# Health Care Organization I

- Health care system is based on the residence principle
- Basic Care Program (Basket of healthcare services)
- Health care benefits are available at the state, municipality and private hospitals and outpatient health care institutions

## Health Care Organization II

- ✓ General practitioner (family doctor) has a gate-keeping role
- ✓ Patient contribution: EUR 0,7
- ✓ Exempted groups from a patient contribution:
  - children up to 18 years of age
  - pregnant women
  - politically repressed persons
  - poor persons etc.
- ✓ Patient contribution ceilings:
  - each hospitalization: EUR 355
  - outpatient and inpatient health care services: EUR 570