

ITEMS AND INDICATORS		DATA			Notes	DEF.	
		2005	2006	2007			
		<b>A</b> DEMOGRAPHIC AND SOCIO-ECONOMIC INDICATORS		A1			Population
A2	Area (square Km)			64.600	64.600	64.600,00	<a href="#">see def.</a>
A3	Average population density per square Km			35,61	35,42	-	<a href="#">see def.</a>
A4	Birth rate per 1000 population			9,36	9,75	10,23	<a href="#">see def.</a>
A5	Death rate per 1000 population			14,25	14,47	14,52	<a href="#">see def.</a>
A6	Life expectancy at birth (years)			71,06	70,96	71,20	
A6a	Men			65,44	65,42	65,78	<a href="#">see def.</a>
A6b	Women			76,62	76,44	76,52	
A7	Real Gross Domestic Product (GDP) PPP\$ per capita			13.646,00	15.389,00	-	<a href="#">see def.</a>

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B	B1	Healthcare coverage of population	Coverage is universal.				<a href="#">see def.</a>
	B2	Gate-keeping system	Patients are free to choose their family doctor.				<a href="#">see def.</a>
	B3	Total health expenditure, PPP\$ per capita	723,24	923,34	-		<a href="#">see def.</a>
	B4	Public sector health expenditure as % of total health expenditure	60,50%	63,20%	-		<a href="#">see def.</a>
	B5	Total health expenditure as % of Gross Domestic Product (GDP)	5,30%	6,00%	-		<a href="#">see def.</a>
	B5a	Public sector health expenditure as % of GDP	3,80%	-	-		<a href="#">see def.</a>
	B5b	Private sector health expenditure as % of GDP	2,50%	-	-		<a href="#">see def.</a>
	B6	Expenditure on inpatient care per capita (PPP\$)	-	-	-		<a href="#">see def.</a>
	B7	Public inpatient expenditure as % of total inpatient expenditure	-	-	-		<a href="#">see def.</a>
	B8	Total inpatient expenditure as % of total health expenditure	48,35%	44,60%	47,05%		<a href="#">see def.</a>
B9	Public funding	Since 1998, a state agency (Statutory Healthcare Insurance Agency) guarantees the funding of the Health Service. For its financing, it receives 28% of the country's income tax. The Agency is decentralised in eight regional not-for-profit health insurances. Specific state aids may be added to this type of funding.				<a href="#">see def.</a>	

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C	HOSPITAL GOVERNANCE	C1	Administration and management	In 1993, ownership of primary and secondary care institutions has been transferred to the municipalities. Institutions for tertiary care and very specialised institutions still belong to the state. Public hospitals usually have by-laws stipulating their not-for-profit orientation, or they are organised as stock companies. Nonetheless, the directors are not independent, as they have to submit their decisions to the regional health insurances and owners (state and municipalities) for ratification.		<a href="#">see def.</a>
		C2	Surveillance authority	The state government is responsible for the national health policy and defines a minimum health program (a list with primary and secondary healthcare services funded by the state budget). The Statutory Healthcare Insurance Agency manages and redistributes the resources allocated to health. The local authorities (districts and municipalities) determine the location of their healthcare institutions and doctors. The municipalities are responsible for the access to health services.		<a href="#">see def.</a>

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D	HOSPITAL FINANCING	D1	Hospital financers	All eight regional health insurances get their resources from the Statutory Healthcare Insurance of the central state for the purchase of healthcare services and the funding of healthcare institutions on the basis of contractual agreements. The Statutory Healthcare Insurance is directly responsible for the funding of tertiary healthcare and special programs of the government.			<a href="#">see def.</a>
		D2	Modes of payment	Since 1998 the payment of hospital services is based on: - a system of 64 different DRG, - a system with prices per day, - a system with point.			<a href="#">see def.</a>
		D3	Use of DRGs				<a href="#">see def.</a>
		D4	Hospital investments	Hospital investments are decided at national level. They are funded by the Ministry of Health on the basis of the state investment program and supervised by the Ministry of Economy and Finances. There is no procedure to ensure a geographically equitable distribution of investments.			<a href="#">see def.</a>

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E	TOTAL HOSPITAL CARE PROVISION	E1	<b>Public / Private ownership</b>		Coexistence of public and private hospitals. At present, there is a small but increasing number of private hospitals.	<a href="#">see def.</a>		
		E1a	% of hospitals private for profit			<a href="#">see def.</a>		
		E1b	% of hospitals private not for profit			<a href="#">see def.</a>		
		E2	<b>Categories</b>		The Latvian hospitals are classified in three categories, depending on the type of ownership: - state-owned hospitals; - municipal hospitals (the great majority); - private hospitals.	<a href="#">see def.</a>		
		E3	<b>Total number of hospitals</b>		109	106	94	<a href="#">see def.</a>
		E4	<b>All hospitals per 100.000 population</b>		4,74	4,63	4,13	<a href="#">see def.</a>
		E5	<b>Total number of hospital beds</b>		17.677	17.407	17.233	<a href="#">see def.</a>
		E5a	Public inpatient hospital beds (number and % of all beds)		16.765 94,84%	16.484 94,70%	16.155 93,74%	<a href="#">see def.</a>
		E5b	Private inpatient hospital beds (number and % of all beds)		912 5,16%	923 5,30%	1.078 6,26%	<a href="#">see def.</a>
		E6	<b>All hospital beds per 100.000 population</b>		768,39	760,81	757,13	<a href="#">see def.</a>
		E7	<b>Number of inpatient care admissions/discharges</b>		508.686	529.343	531.664	<a href="#">see def.</a>
		E8	<b>Inpatient care admissions/discharges per 100 population</b>		22,11%	23,14%	23,36%	<a href="#">see def.</a>
		E9	<b>Average length of stay for all hospitals (bed-days)</b>		10,00	9,65	9,44	<a href="#">see def.</a>

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F	F1	<b>Number of acute care hospitals</b>	74	74	70	<a href="#">see def.</a>
	F1a	Acute care hospitals as % of all hospitals	67,89%	69,81%	74,47%	<a href="#">see def.</a>
	F2	<b>Acute care hospitals per 100.000 population</b>	3,22	3,23	3,08	<a href="#">see def.</a>
	F3	<b>Number of acute care hospital beds</b>	12.253	12.066	11.910	<a href="#">see def.</a>
	F3a	Acute care hospital beds as % of all hospitals beds	69,32%	69,32%	69,11%	<a href="#">see def.</a>
	F4	<b>Acute care hospital beds per 100.000 population</b>	532,62	527,37	523,26	<a href="#">see def.</a>
	F5	<b>Number of acute care hospital admissions/discharges</b>	449.005	463.386	464.462	<a href="#">see def.</a>
	F6	<b>Acute care admissions/discharges per 100 population</b>	19,52%	20,25%	20,41%	<a href="#">see def.</a>
	F7	<b>Average length of stay for acute care hospitals (bed-days)</b>	-	-	-	<a href="#">see def.</a>
	F8	<b>Bed occupancy rate for acute care hospitals</b>	-	-	-	<a href="#">see def.</a>

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G	<b>HEALTHCARE WORKFORCE</b>					
	G1	<b>Number of General Practitioners (GPs)</b>	1.274	1.283	1.250	<a href="#">see def.</a>
	G1a	General Practitioners per 100.000 population	55,38	56,08	54,92	<a href="#">see def.</a>
	G1b	Population per one GP	1.805,74	1.783,28	1.820,88	<a href="#">see def.</a>
	G2	<b>Number of physicians</b>	7.259	7.200	6.940	<a href="#">see def.</a>
	G2a	Number of physicians per 100.000 population	315,54	314,69	304,91	<a href="#">see def.</a>
	G3	<b>% of physicians working in hospitals</b>	-	-	-	<a href="#">see def.</a>
	G4	<b>Number of nurses</b>	12.528	12.398	12.472	<a href="#">see def.</a>
	G4a	Nurses per 100.000 population	544,57	541,88	547,95	<a href="#">see def.</a>
	G5	<b>% of nurses working in hospitals</b>	75,20%	76,80%	76,80%	<a href="#">see def.</a>
G6	<b>Number of nurses per doctor</b>	1,73	1,72	1,80	<a href="#">see def.</a>	