

ITEMS AND INDICATORS		DATA			Notes		
		2009	2010	2011			
		A DEMOGRAPHIC AND SOCIO-ECONOMIC INDICATORS		A1		Population	2.254.834	2.239.008	2.058.184
A2	Area (square Km)			64.560	64.510	64.480	
A3	Average population density per square Km			34,93	34,71	31,92	
A4	Birth rate per 1000 population			9,61	8,58	8,96	
A5	Death rate per 1000 population			13,27	13,43	...	
A6	Life expectancy at birth (years)			73,28	73,70	...	
A6a	Men			68,14	68,64	...	
A6b	Women			78,08	78,40	...	
A7	Real Gross Domestic Product (GDP) PPP\$ per capita			15.927,70	15.943,50	18.950,80	

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B	B1 Healthcare coverage of population	Coverage is universal.			
	B2 Gate-keeping system	Patients are free to choose their family doctor.			
	B3 Total health expenditure, PPP\$ per capita	1.083,08	...	...
	B4 Public sector health expenditure as % of total health expenditure	59,50%	...	...
	B5 Total health expenditure as % of Gross Domestic Product (GDP)	6,80%	...	...
	B5a Public sector health expenditure as % of GDP	4,08%	4,06%	3,62%	
	B5b Private sector health expenditure as % of GDP	2,54%	2,60%	2,56%	
	B6 Expenditure on inpatient care per capita (PPP\$)	...	...	...
	B7 Public inpatient expenditure as % of total inpatient expenditure	81,40%	...	...
	B8 Total inpatient expenditure as % of total health expenditure	28,70%	...	...
	B9 Public funding	Since 2012 a new national state agency (National Health serviss -NVD) distribute the funding of the Health Services. For its financing, it receives ~3.1% from GDP. The Agency have offices on regional level. Specific state aids may be added to this type of funding.			

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C HOSPITAL GOVERNANCE	C1 Administration and management				<p>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.</p> <p>All public and Municipal hospitals are enterprises 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 local politicians and owners (state and municipalities) for ratification. In Latvia five kind of hospital have been identified in 2011: day-care hospital; local hospital; regional hospital; University hospital; specialized hospital (mental care, oncology care, traumatology care).</p>
	C2 Surveillance authority				<p>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).</p> <p>The Statutory Healthcare Insurance Agency manages and redistributes the resources allocated to health.</p> <p>The local authorities (districts and municipalities) determine the location of their healthcare institutions and doctors.</p> <p>The municipalities are responsible for the access to health services.</p>

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D	HOSPITAL FINANCING	D1	Hospital financers		<p>The 42 Latvian hospitals sign financial contract with National Health service agency for the purchase of healthcare services and the funding of healthcare institutions on the basis of previous agreements. The National Healthcare service is directly responsible for the funding of specialistic(mental) and tertiary healthcare and special programs of the government.</p>	
		D2	Modes of payment		<p>Since 2011 the payment of hospital services is based on:</p> <ul style="list-style-type: none"> -previous agreements, - a system with pricelist for particular sevice(internal, surgical), - patient copayment per day. 	
		D3	Use of DRGs		<p>DRG system will be implemented in 2015 and it will consider several aspect such as the service, the lenght of stay, the kind of patient (in-patient or out-patient).</p>	
		D4	Hospital investments		<p>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. No program for long-term investment has been yet forecasted.</p>	

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E	E1	Public / Private ownership	Coexistence of public and private hospitals. At present, there are only two private hospitals. Primary care are mostly private.			
	E1a	% of hospitals private for profit				
	E1b	% of hospitals private not for profit				
	E2	Categories	The Latvian hospitals are classified in three categories, depending on the type of ownership:- state-owned hospitals;- municipal hospitals (the great majority); private hospitals. Also due to levels: Universty, regional, local, day care hospitals.			
	E3	Total number of hospitals	69	67	70	
	E4	All hospitals per 100.000 population	3,06	2,99	3,40	
	E5	Total number of hospital beds	14.434	11.920	12.111	
	E5a	Public inpatient hospital beds (number and % of all beds)	13.662 94,65%	11.154 93,57%	11.061 91,33%	
	E5b	Private inpatient hospital beds (number and % of all beds)	772 5,35%	766 6,43%	1.050 8,67%	
	E6	All hospital beds per 100.000 population	640,14	532,38	588,43	
	E7	Number of inpatient care admissions/discharges	425.974	380.449	391.770	
E8	Inpatient care admissions/discharges per 100 population	18,89%	16,99%	19,03%		

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E9	Average length of stay for all hospitals (bed-days)	8,51	8,54	8,44	

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F	F1	Number of acute care hospitals	42	42	37	
	F1a	Acute care hospitals as % of all hospitals	60,87%	62,69%	52,86%	
	F2	Acute care hospitals per 100.000 population	1,86	1,88	1,80	
	F3	Number of acute care hospital beds	9.710	7.503	7.439	
	F3a	Acute care hospital beds as % of all hospitals beds	67,27%	62,94%	61,42%	
	F4	Acute care hospital beds per 100.000 population	430,63	335,10	361,44	
	F5	Number of acute care hospital admissions/discharges	368.082	313.636	317.288	
	F6	Acute care admissions/discharges per 100 population	16,32%	14,01%	15,42%	
	F7	Average length of stay for acute care hospitals (bed-days)	6,12	6,15	5,97	
	F8	Bed occupancy rate for acute care hospitals	64,02%	71,09%	70,41%	

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G HEALTHCARE WORKFORCE	G1	Number of General Practitioners (GPs)	
	G1a	General Practitioners per 100.000 population	
	G1b	Population per one GP	...	...	...
	G2	Number of physicians	6.753	6.517	6.456	
	G2a	Number of physicians per 100.000 population	299,49	291,07	313,67	
	G3	% of physicians working in hospitals	54,26%	52,86%	54,04%	
	G4	Number of nurses	10.929	10.922	10.611	
	G4a	Nurses per 100.000 population	484,69	487,81	515,55	
	G5	% of nurses working in hospitals	68,23%	63,85%	...	
	G6	Number of nurses per doctor	1,62	1,68	1,64	

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