



LATVIA

DEMOGRAPHIC & SOCIO-ECONOMIC INDICATORS		2012	2013	2014
A1	<u>Mid-year population</u>	2,034,319	2,012,647	1,989,354
A2	<u>Area (square km)</u>	64,480	64,490	64,490
A3	<u>Average population density per square km</u>	32	31	31
A4	<u>Live births per 1,000 population</u>	9.8	10.2	10.9
A5	<u>Crude death rate per 1,000 population</u>	14.3	14.3	14.1
A6	<u>Estimated life expectancy</u>	73.8	74.1	74.4
A6a	<u>Estimated life expectancy, female</u>	78.6	78.8	79.0
A6b	<u>Estimated life expectancy, males</u>	68.8	69.0	69.4
A7	<u>Gross domestic product (GDP) US\$ per capita</u>	13,775.0	15,016.0	15,692.0

HEALTHCARE SYSTEM		2012	2013	2014
B1	Healthcare coverage of population	Coverage is universal.		
B2	Gate keeping system	Patients are free to choose their family doctor.		
B3	<u>Total health expenditure, PPP\$ per capita, WHO estimates</u>	870.0	895.0	940.0
B4	<u>Public sector health expenditure as % of total health expenditure</u>	63.2	62.4	63.2
B5	<u>Total health expenditure as % of GDP, WHO estimates</u>	5.9	5.7	5.9
B5a	<u>Public-sector expenditure on health as % of GDP, WHO estimates</u>	3.6	3.5	3.7
B5b	<u>Private-sector expenditure on health as % of GDP, WHO estimates</u>	2.2	2.1	2.2
B6	<u>Expenditure on inpatient care, PPP\$ per capita</u>	n.a.	n.a.	n.a.
B7	<u>Public inpatient expenditure as % of total inpatient expenditure</u>	81.4	75.6	77.9
B8	<u>Total inpatient expenditure as % of total health expenditure</u>	28.7	26.5	22.6
B9	Public funding	Since 2012 a new national state agency (National Health service -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.		

HOSPITAL GOVERNANCE		2012	2013	2014
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. 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).		
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.		

HOSPITAL FINANCING		2012	2013	2014
D1	Hospital financiers	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.		
D2	Modes of payment	Since 2011 the payment of hospital services is based on: -previous agreements, - a system with pricelist for particular service(internal, surgical), - patient copayment per day.		
D3	Use of DRGs	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).		
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. No program for long-term investment has been yet forecasted.		

TOTAL HOSPITAL CARE PROVISION		2012	2013	2014
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	n.a.		
E1b	% of hospitals private not for profit	n.a.		
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: University, regional, local, day care hospitals.		
E3	Total number of hospitals	70	66	65
E4	Hospitals per 100,000	3.2	3.2	3.2
E5	Total number of hospital beds	11,972	11,673	11,279
E5a	Number of public inpatient hospital beds	10,918	10,599	10,174
	Public inpatient hospital beds as % of all hospital beds	91.2	90.8	90.2
E5b	Number of private inpatient hospital beds	1,060	1,076	1,109
	Private inpatient hospital beds as % of all beds	8.8	9.2	9.8
E6	Hospital beds per 100,000	589.0	580.0	566.0
E7	Number of all hospital discharges	386,691	377,307	369,804
E8	Inpatient care discharges per 100	19.0	18.8	18.6
E9	Average length of stay, all hospitals	8.3	8.3	8.3

ACUTE CARE HOSPITAL PROVISION		2012	2013	2014
F1	Number of acute (short-stay) hospitals	37	36	36
F2	Acute (short-stay) hospitals per 100,000	1.8	1.8	1.8
F3	Number of acute care hospital beds	7,242	7,053	6,748
F3a	Acute care hospital beds as % of all hospital beds	60.5	60.4	59.8
F4	Acute care hospital beds per 100,000	356	350	338
F5	Number of acute care hospital discharges	311,134	300,933	292,328
F6	Acute care hospital discharges per 100	15.3	14.9	14.7
F7	Average length of stay, acute care hospitals only	5.8	5.8	5.9
F8	Bed occupancy rate (%), acute care hospitals only	68.0	68.0	70.0

HEALTHCARE WORKFORCE		2012	2013	2014
G1	Number of general practitioners	n.a.	n.a.	n.a.
G1a	General practitioners per 100,000	n.a.	n.a.	n.a.
G1b	Population per one GP	n.a.	n.a.	n.a.
G2	Number of physicians	6,396	6,423	6,412
G2a	Physicians per 100,000	314.0	319.0	322.0
G3	% of physicians working in hospitals	54.4	54.9	56.9
G4	Number of nurses	10,283	10,226	10,010
G4a	Nurses per 100,000	505.0	508.0	502.0
G5	% of nurses working in hospitals	68.2	63.9	n.a.
G6	Number of nurses per physician	1.6	1.6	1.6

* Quantitative information has been extracted in January 2018

** Last updated qualitative information has been provided by HOPE LO in 2014