

Latvia



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Total population (millions, 2006) ¹	2.3
% population 0–14 years old (2005) ¹	15
% population rural (2005) ¹	34
Life expectancy at birth (years, 2005) ²	71
Mortality rate among children <5 years per 1000 live births (2005) ²	9.5
Maternal mortality rate per 100 000 live births (2005) ²	4.6
Total expenditure on health as a % of GDP (2005) ³	7.1
General government expenditure on health as a % of general government expenditure (2005) ³	10.4
Human Development Index rank of 177 countries (2004) ⁴	45
Gross national income per capita, US\$ (2005) ⁵	10 210
Adult (15+ years) literacy rate (2004) ²	99.7
% of the population with sustainable access to an improved water source (2005) ⁵	99
% of the population with sustainable access to improved sanitation (2005) ⁵	82

Sources

- ¹ *World population prospects: the 2006 revision. Highlights.* New York, United Nations Department of Social and Economic Affairs, Population Division, 2006 (<http://www.un.org/esa/population/unpop.htm>, accessed 27 April 2007).
- ² European health for all database [online database]. Copenhagen, WHO Regional Office for Europe, 2007 (<http://www.euro.who.int/hfadb>, accessed 27 April 2007).
- ³ National health accounts: Latvia [web site]. Geneva, World Health Organization, 2007 (<http://www.who.int/nha/country/lva/en>, accessed 27 April 2007).
- ⁴ *Human development report 2006. Beyond scarcity: power, poverty and the global water crisis.* New York, United Nations Development Programme, 2006 (<http://hdr.undp.org/hdr2006>, accessed 27 April 2007).
- ⁵ *World development indicators 2005.* Washington, DC, World Bank, 2005 (<http://devdata.worldbank.org/wdi2005/Toc.htm>, accessed 27 April 2007).

Latvia is a Baltic country, located between Lithuania and Estonia. It also borders the Russian Federation and Belarus. Latvia has a land area of 64 590 km² and is divided administratively into 26 districts (rajons) plus the seven largest cities, including the capital, Riga.

Latvia regained its independence in August 1991. Latvia has now progressed through the turmoil of transition from a centralized economy to become a growing market economy and, in 2004, a full member of the North Atlantic Treaty Organization (NATO) and the European Union (EU).

Latvia has a democratic political system with a parliamentary form of government.

EU membership has positively influenced economic development. Although Latvia started as the poorest of the new EU countries in 2004, by 2006 the growth in gross domestic product (GDP) was among the highest in the EU (11.7%), and the overall economic indicators have improved since 2003.

HEALTH AND DEVELOPMENT

Similar to many other countries in central and eastern Europe, health indicators have worsened in Latvia during the past decade, but there are signs that the situation is improving.

Health for all by 2010. In 2001, the Cabinet of Ministers adopted the National Public Health Strategy of Latvia – Health for All by 2010. The Strategy is the main health policy document based on 21 targets to be achieved to improve the health of the population; to reduce inequality in health; to promote healthy lifestyles; to promote high-quality living standards; to promote the development of human resources for public health and improve the quality of health care; to promote health research; and to promote intersectoral collaboration for health.

Priority interventions. The Government of Latvia has firmly placed health care as one of the top priorities in domestic affairs – together with tackling corruption in private and public environments and advancing economic development. Reforms carried out during the past decade have set the conditions for continued development. A policy framework has been established, and key decisions on the structure of the health system have been taken. The main components of the system focus on enhancing public health, primary care and reforming the hospital sector. For instance, 94.3% of the population are registered with a GP (May 2006). Latvia has made positive steps towards optimizing the hospital sector: strengthening of primary care and social assistance and then reducing the number of beds, mainly by converting several small rural hospitals into long-term social care facilities. All residents of Latvia are entitled to comprehensive health benefits determined by the Government.

The pharmaceutical sector has developed rapidly. Medicines are basically regulated in accordance with EU legislation and other requirements and systems, and the EU provides substantial support. The system is well developed technically with modern approaches to pricing and reimbursement. However, public spending on pharmaceuticals is still insufficient and behind the other Baltic states.

Human resources for health. In 2005, the Cabinet of Ministers approved a Policy on Development of Human Resources for Health 2006–2015. The number of physicians and nurses declined dramatically in the early 1990s and now is still below the EU average. The distribution of human resources in health care is imbalanced geographically and by speciality.

Main causes of mortality. Circulatory diseases remain the main cause of mortality: 56% of all deaths among women and 44% among men (2005). Cancer is the second most frequent cause of death. Neglected cervical cancer is common: 46.6% in 2005 were diagnosed at a late stage. External causes are the third most frequent cause of death. Smoking continues to be a serious health hazard, with more than 50% of the men and almost 20% of the women smoking daily. The incidence of drug dependence and alcohol consumption is alarming, especially among children and adolescents. The incidence of communicable diseases is high: 0.8% of people 15–49 years old are living with HIV infected according to UNAIDS. Co-infection with HIV and tuberculosis (TB) and multidrug-resistant TB are serious problems.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Joining the EU has created new opportunities for strengthening public health services and scaling up investment in the health sector Health has been a high priority for the last three governments, and the government has clearly articulated a long-term health care reform plan Improved management of the health system through a recently introduced centralized health management information system Residence-based health care funding organized through general tax collection provides the opportunity to cover the basic health needs of the whole population 	<ul style="list-style-type: none"> The health sector has been inadequately funded for many years Rapid increase in health care costs, high inflation and rapid increase in expenditure on pharmaceuticals High co-payments for services A high prevalence of lifestyle-related risk factors and inadequate funding of health promotion and disease prevention An ageing population Insufficient coordination between the levels of the health system Human resource imbalance in the health sector Frequent changes of government, resulting in the problem of consistency A weak stewardship role of the Ministry of Health in developing policy and regulating the health sector

PARTNERS

Latvia has extensive cooperation with various countries and international organizations. Integration with the EU provides new opportunities as well as challenges for the health sector. A World Bank health loan to the Ministry of Welfare in 2001 has provided the main support for health care reform, and in 2002, the World Bank Group and the Government of Latvia agreed on a country assistance strategy for 2002–2005 supporting the crucial public sector reforms. The Council of the Baltic Sea States provided support for preventing communicable diseases. In accordance with the recommendations of a task force in 2000, the action addressed was: surveillance; TB; HIV; and antimicrobial resistance and hospital infections. The United Nations agencies have had active and broad coordination (including the United Nations Development Programme, the Office of the United Nations High Commissioner for Refugees and the United Nations Children's Fund (UNICEF)), but most agencies have completed their role with Latvia joining the EU.

Bilateral partners such as Canada, Denmark, Finland, France, Germany, the Netherlands, Norway, Switzerland, Sweden, the United Kingdom and the United States of America provide continual support for education, training and research initiatives.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Integration with the EU • Compliance with the health system standards • Potential financial assistance from the EU Structural Funds in various sectors, including health 	<ul style="list-style-type: none"> • Moderate stewardship, coordination and management capacity of the Government • Frequent changes of government, resulting in the problem of consistency of the reform process

WHO STRATEGIC AGENDA

1. **Health policy and health system development.** The last three governments (since 2002) have been leading a process of fundamental reforms in health care system. As a key objective of the country cooperation strategy, WHO will work with the Ministry of Health to support further development of equitable, efficient and client-oriented health system, including such areas as health care funding, decentralization, improved coordination between different levels and quality assurance.
2. **Promoting healthy lifestyles.** This will include further development of a national mental health policy, providing further assistance in implementing a national alcohol action plan and facilitating health promotion in schools.
3. **Tobacco.** WHO will support Latvia in activities to support the Tobacco Free Initiative and foster advocacy on the WHO Framework Convention on Tobacco Control.
4. **Control of communicable diseases.** Latvia will specifically focus on HIV and TB.

FOR ADDITIONAL INFORMATION:

WHO headquarters country page: <http://www.who.int/countries/lva/en>

WHO Regional Office for Europe country page:

<http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=LVA&CTRYInputSubmit>

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