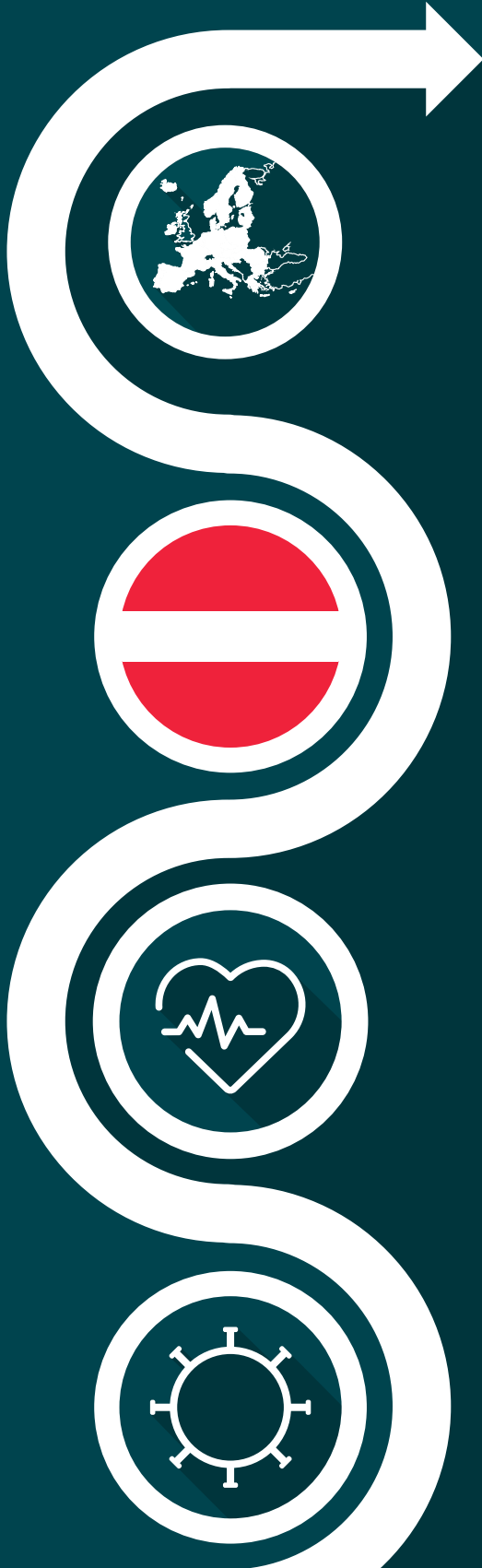




State of Health in the EU

Latvia

Country Health Profile 2023

The Country Health Profile Series

The *State of Health in the EU's Country Health Profiles* provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and voluntary exchange. For the first time since the series began, the 2023 edition of the Country Health Profiles introduces a special section dedicated to mental health.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

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Data and information sources

The data and information in the *Country Health Profiles* are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys

and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2023, based on data that were accessible as of the first half of September 2023.

Demographic and socioeconomic context in Latvia, 2022

Demographic factors	Latvia	EU
Population size	1 875 757	446 735 291
Share of population over age 65 (%)	20.9	21.1
Fertility rate ¹ (2021)	1.6	1.5
Socioeconomic factors		
GDP per capita (EUR PPP ²)	25 939	35 219
Relative poverty rate ³ (%)	22.5	16.5
Unemployment rate (%)	6.9	6.2

1. Number of children born per woman aged 15-49. 2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries. 3. Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat Database.

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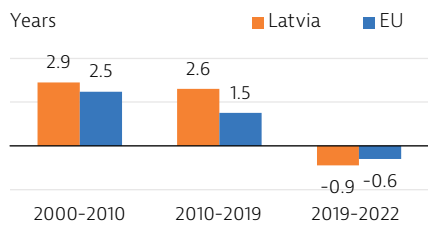
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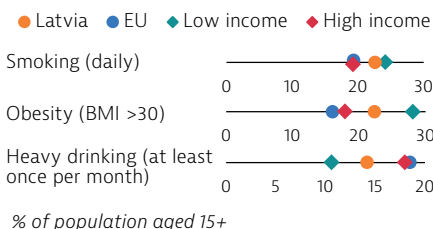
1 Highlights



Changes in life expectancy at birth

Health Status

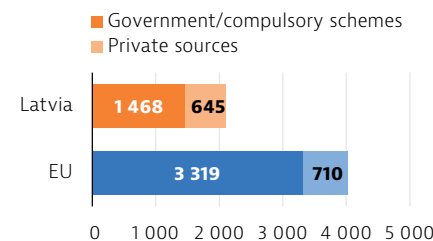
In 2022, life expectancy at birth in Latvia was 74.8 years. Life expectancy increased significantly since 2000: by 2.9 years between 2000 and 2010, and by 2.6 years between 2010 and 2019. However, the COVID-19 pandemic reversed this trend, and life expectancy fell by 0.9 years between 2019 and 2022, which was above the average decrease across the EU.



% of population aged 15+

Risk Factors

Just over two fifths of all deaths in Latvia can be attributed to behavioural and environmental risk factors. Socioeconomic differences in smoking, obesity and heavy drinking rates are considerable. People in the highest income quintile are less likely to smoke and be obese while, conversely, more likely to report heavy drinking than those in the lowest quintile.



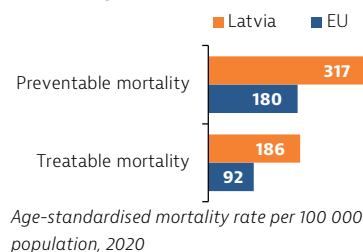
EUR PPP per capita, 2021

Health System

Health expenditure per capita in Latvia increased significantly over the last decade but remains far below the EU average, at EUR 2 114 in 2021. Some 27 % total health expenditure is paid out of pocket by households. The public share of funding rose to 69.5 % in 2021, mainly due to additional spending during the COVID-19 pandemic.

Effectiveness

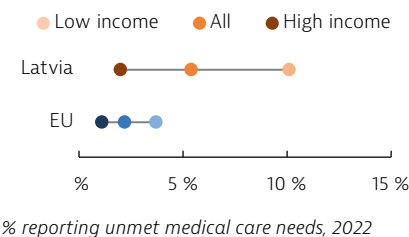
Latvia's mortality rates from preventable and treatable causes fell considerably between 2011 and 2019, but remained well above the EU averages. Preventable mortality increased in 2020 as COVID-19 deaths were included in the preventable mortality figures. The treatable mortality rate in Latvia was more than double the EU average in 2020, driven by ischaemic heart disease and stroke mortality.



Age-standardised mortality rate per 100 000 population, 2020

Accessibility

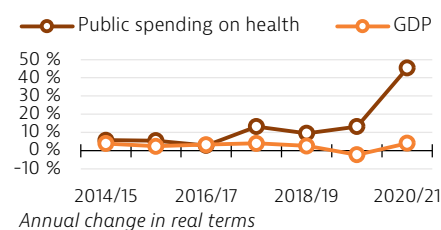
Latvia has among the highest rates of unmet medical care and dental care needs, at 5 % and 10 % of the population. Volume of service caps encourage long waiting times and direct payments that limit access to medical care, while access to dental care is limited by the statutory benefits package. This disproportionately affects people in lower-income groups.



% reporting unmet medical care needs, 2022

Resilience

Public spending on health in Latvia started to increase strongly in the years before the pandemic, and pandemic-related measures contributed to an even stronger growth rate in 2021. Further health system investments are being supported through the EU National Recovery and Resilience Plan. This has a particular focus on upgrading hospital and outpatient infrastructure and strengthening the health workforce.



Annual change in real terms

Mental Health

Some 16 % of people in Latvia lived with a mental health issue in 2019, which is just below the EU average of 17 %. Women more often experience depression than men. However, depression among Latvian men often goes undiagnosed, and the male suicide rate, which worsened during the COVID-19 pandemic, is a major concern. Mental health challenges have received increased policy attention recently, marked by the launch of a new mental healthcare plan.

2 Health in Latvia

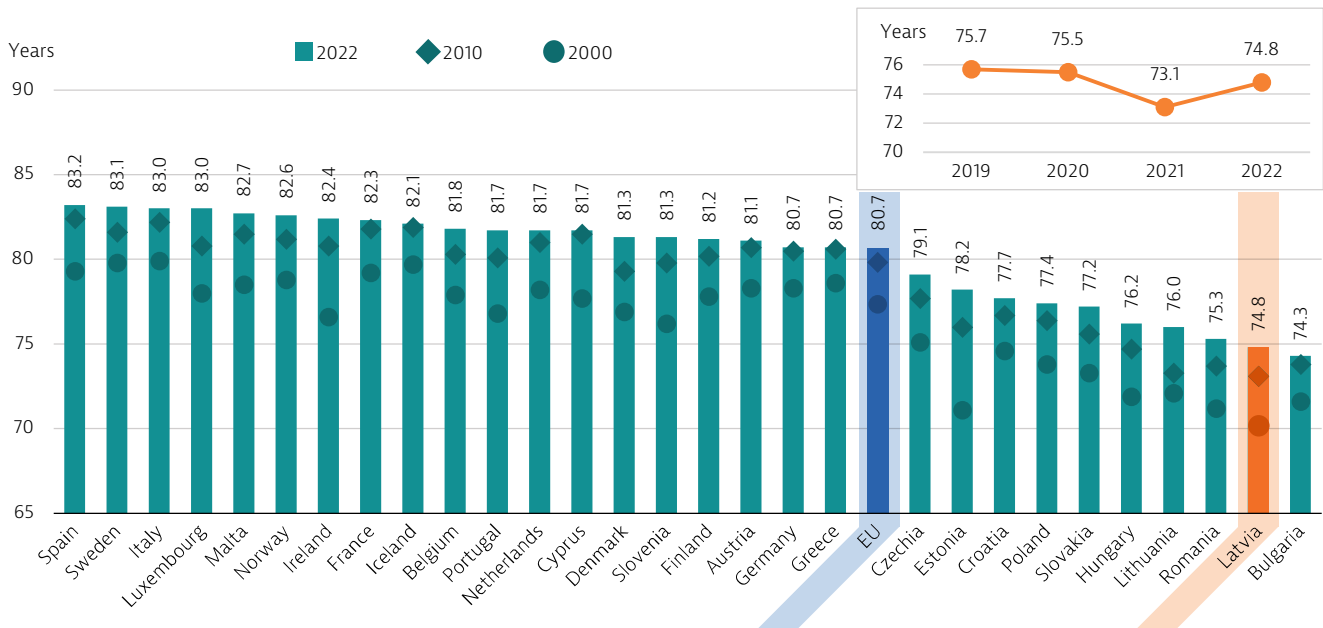
Life expectancy in Latvia is among the lowest in the EU and dropped sharply in 2021

In 2022, the life expectancy at birth in Latvia was 74.8 years, which is six years below the EU average and the second lowest in the EU. There was a sharp drop in life expectancy between 2020 and 2021 due to the COVID-19 pandemic, from 75.5 years in 2020 to 73.1 years in 2021, which was much more pronounced than the fall across the EU. Between

2021 and 2022, life expectancy increased again, although not to pre-pandemic levels (Figure 1).

The gender gap in life expectancy is nearly 10 years – one of the widest in the EU. On average, men lived to only 69.8 years in 2022 compared to 79.6 years for women. This is due at least in part to greater exposure among men to key risk factors – especially smoking and alcohol consumption.

Figure 1. Life expectancy at birth in Latvia is seven years below the EU average

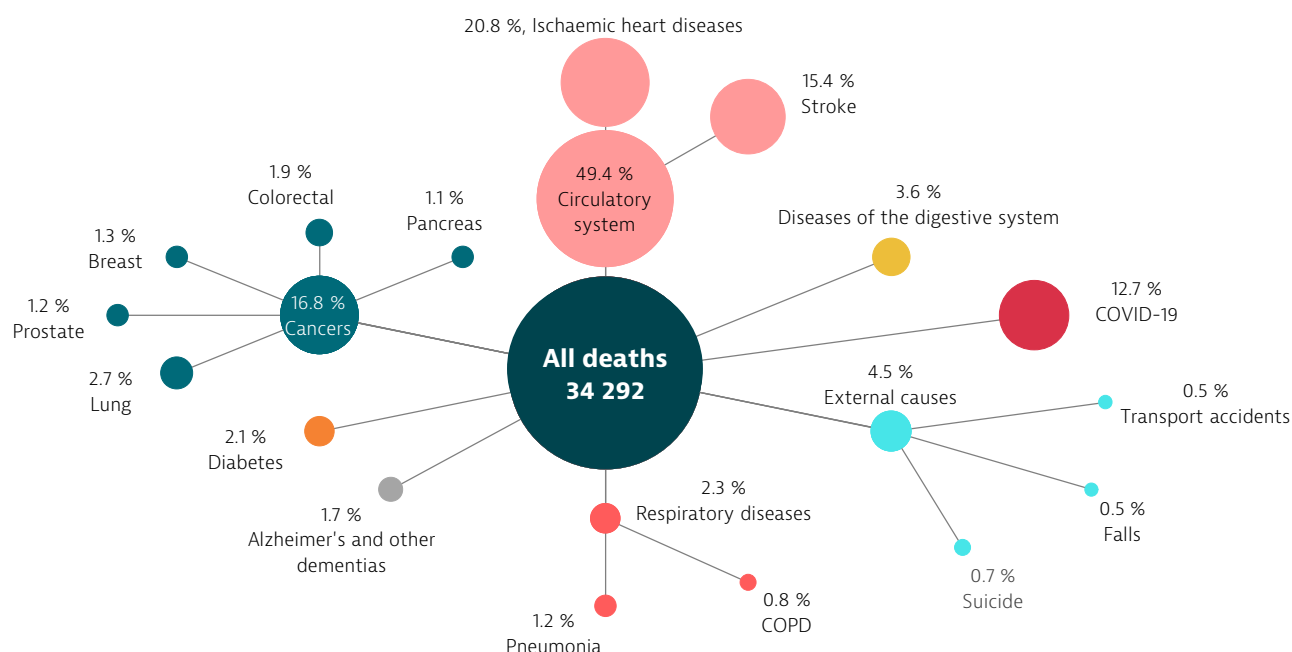


Cardiovascular diseases and cancer were the main causes of death in Latvia

Despite reductions compared to a decade earlier, circulatory diseases (particularly ischaemic heart disease and stroke) remained the leading causes of death in Latvia in 2021. Cancer was the second most frequent cause of death, with lung cancer the most common type, followed by colorectal cancer. In 2021, COVID-19 deaths accounted for one in eight (12.7 %) of all deaths in Latvia (Figure 2).

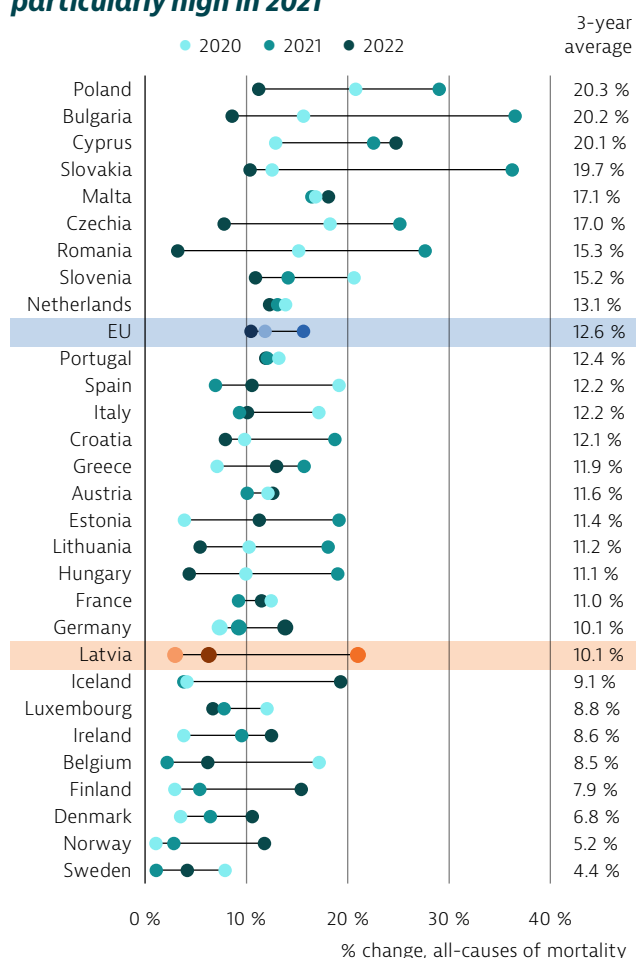
The broader indicator of excess mortality – defined as deaths that occurred (regardless of their cause) above average pre-pandemic levels (2015 – 2019) – can provide a more comprehensive account of the pandemic's impact on mortality. Excess mortality in Latvia was low until September 2020 but increased in the last quarter of 2020: the second

COVID-19 wave accounted for more than half of total excess deaths in 2020 (Gobiņa et al., 2022). The increase in excess mortality was even higher in 2021, with 21 % more deaths that year than before the pandemic (Figure 3).

Figure 2. Circulatory diseases account for most deaths in Latvia

Note: COPD refers to chronic obstructive pulmonary disease.

Source: Eurostat Database (data refer to 2021).

Figure 3. Excess mortality in Latvia was particularly high in 2021

Note: Excess mortality is defined as the number of deaths from all causes above the average annual number of deaths over the previous five years before the pandemic (2015-19).

Source: OECD Health Statistics based on Eurostat mortality data.

Rates of self-reported good health are low in Latvia

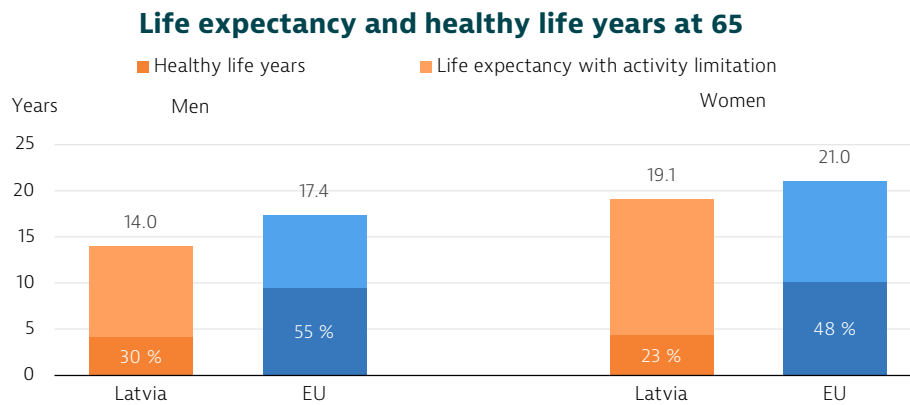
Only half of the Latvian population (50 %) reported being in good health in 2022 – a proportion substantially below the EU average (68 %). Moreover, 71 % of the population in the highest income quintile reported being in good health, compared to 30 % of those in the lowest. The gap in self-reported good health between men and women is also large: only 46 % of women reported being in good health compared to 56 % of men.

Healthy life expectancy for Latvians at age 65 is the lowest in the EU

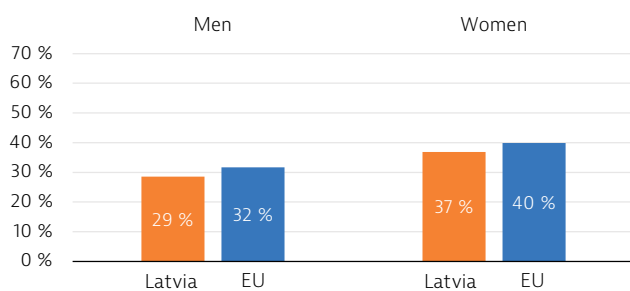
One in five people in Latvia was aged 65 and over, up from about one in seven (15 %) in 2000. This share is projected to increase to more than one in three by 2050. In 2020, men in Latvia at age 65 could expect to live another 14.0 years, and women could expect to live another 19.1 years; both figures are lower than the EU averages (17.4 years for men and 21.0 years for women). Moreover, the number of healthy life years at age 65 is the lowest in the EU for both Latvian men (4.2 years) and women (4.4 years) (Figure 4).

As in other EU countries, in Latvia more women than men aged 65 and over report having more than one chronic condition (37 % of women and 29 % of men), but this was lower than the EU average (40 % of women and 32 % of men). The share of Latvian women aged over 65 reporting limitations in daily activities (30 %) is twice as high as the share of men (15 %), as is also the case in other EU countries.

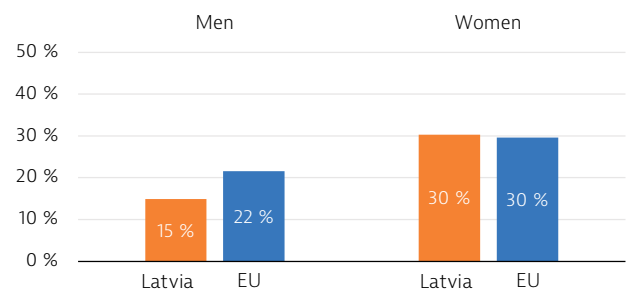
Figure 4. Older Latvians have lower healthy life expectancy, but do not report more disabilities than the EU average



Proportion of people aged 65 and over with multiple chronic conditions



Limitations in daily activities among people aged 65 and over



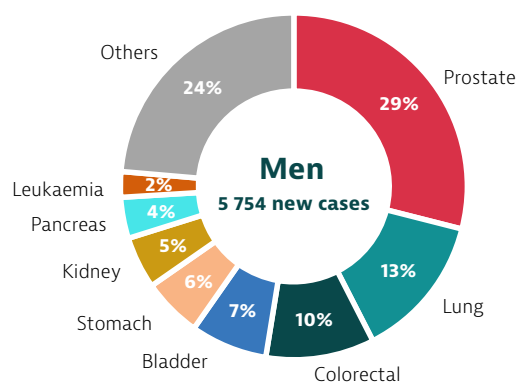
Sources: Eurostat Database (for life expectancy and healthy life years) and SHARE survey wave 8 (for multiple chronic conditions and limitations in daily activities). All the data refer to 2020.

Estimated cancer mortality is above the EU average

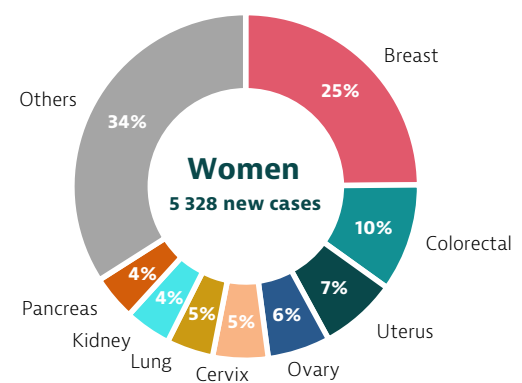
According to the latest estimates from the Joint Research Centre based on incidence trends from previous years, more than 11 000 new cases of cancer were expected in Latvia in 2022. Cancer

incidence rates are higher than the EU averages, particularly among men. The main cancer sites among men are prostate, lung and colorectal, while among women breast cancer is the leading cancer, followed by colorectal and uterine cancer (Figure 5).

Figure 5. More than 11 000 people in Latvia were expected to be diagnosed with cancer in 2022



Age-standardised rate (all cancer): 778 per 100 000 population
EU average: 684 per 100 000 population



Age-standardised rate (all cancer): 441 per 100 000 population
EU average: 488 per 100 000 population

Notes: Non-melanoma skin cancer is excluded; uterus cancer does not include cancer of the cervix.
 Source: ECIS – European Cancer Information System.

3 Risk factors

Lifestyle and environmental risk factors account for nearly half of all deaths in Latvia

Over two fifths (43 %) of all deaths in Latvia could be attributed to lifestyle and environmental risk factors in 2019 – far above the EU average of 39 %. Lifestyle risk factors include dietary risks, tobacco smoking, alcohol consumption and low physical activity (Figure 6). One quarter of all deaths registered in 2019 (6 600 deaths) were related to dietary risks (including low fruit and vegetable

intake, and high sugar and salt consumption), which is well above the EU average (17 %). Tobacco consumption, including direct and second-hand smoking, was associated with an estimated 15 % (4 100) of all deaths. About 6 % of deaths were associated with alcohol consumption and 4 % with low physical activity, which is above the EU average (2 %). Air pollution in the form of fine particulate matter (PM_{2.5}) and ozone exposure alone accounted for about 4 % of all deaths.

Figure 6. Dietary risks account for the largest share of all lifestyle-related risk factors in Latvia



Notes: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually, because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetable intake, and high sugar-sweetened beverages consumption. Air pollution refers to exposure to PM_{2.5} and ozone.

Sources: IHME (2020), Global Health Data Exchange (estimates refer to 2019).

Smoking is more prevalent in Latvia than in most EU countries, particularly among men and adolescents

Smoking remains a major public health issue in Latvia (see Section 5.1). While the smoking rate among adults fell from 25 % of daily smokers in 2014 to 23 % in 2019, it remains above the EU average of 19 % (Figure 7). There is also a large gender gap, with smoking rates nearly three times higher among Latvian men than women (35 % compared to 12 %). Smoking among adolescents is also an important public health issue in Latvia: 19 % of 15-year-olds reported that they had smoked during the past month in 2022 – a higher proportion than the EU average of 17 %. Moreover, the gender gap in regular smoking among adolescents is narrow: 18 % of Latvian 15-year-old

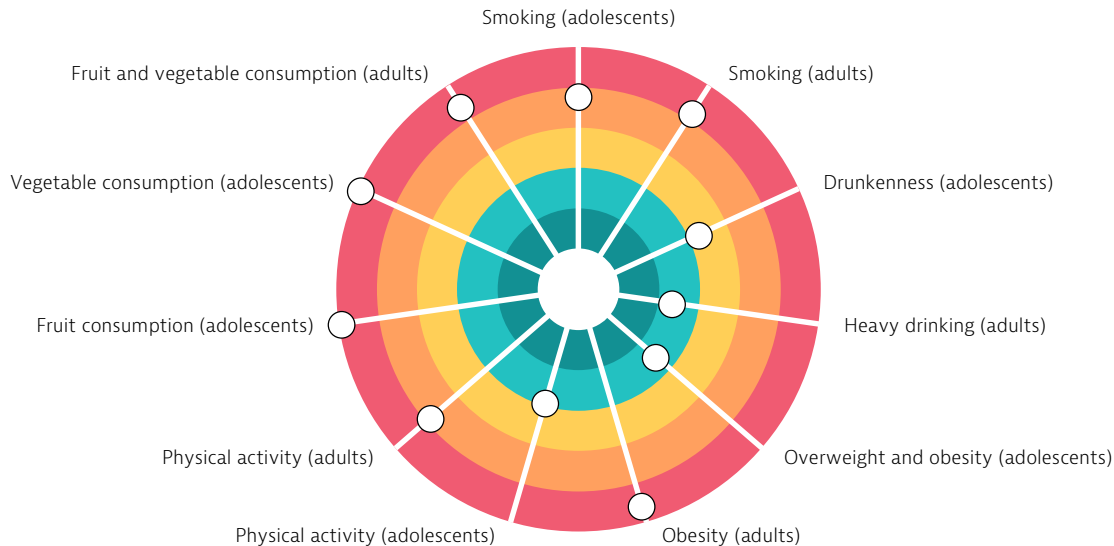
boys reported smoking at least monthly, compared to 20 % of 15-year-old girls.

Alcohol consumption among adults in Latvia is rising, but declining among 15-year-olds

Overall consumption of alcohol among adults in Latvia has increased over the past decade, from 9.8 litres of pure alcohol per capita in 2010 to 12.2 litres in 2021, which is the highest level in the EU. Heavy drinking is more frequent among men, with almost 1 in 4 reporting heavy drinking¹ at least once a month in 2019, compared to 1 in 15 women. This gap means that although overall adult heavy drinking is relatively low in Latvia, it is low for women (6.5 % reporting heavy drinking in 2019) and quite high for men (24 %). In contrast, the proportion of 15-year-olds who reported having been drunk more than once in their life has decreased: 47 % reported repeated drunkenness in

¹ Heavy drinking is defined as consuming six or more alcoholic drinks on a single occasion for adults.

Figure 7. Several behavioural risk factors are more prevalent in Latvia than in most EU countries



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.

Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; and EHIS 2019 for adults indicators.

2010, while the rate was 21 % in 2022 – close to the EU26 average (18 %).

Overweight and obesity rates among adults in Latvia are also relatively high

The measured adult obesity rate in Latvia has increased and was 24 %, or almost a quarter of all Latvian adults in 2020. In 2019, only 7 % of adults reported consuming the recommended five portions of fruit and vegetables per day. Additionally, only 20 % reported engaging in at least 150 minutes of moderate physical activity per week in 2019 and in the Eurobarometer survey, only 39 % of Latvians reported exercising with at least some regularity in 2022.

On a more positive note, overweight and obesity levels among 15-year-olds are below the EU average (20 % compared to 21 %). Young Latvians are also slightly more physically active. About 16 % of teenagers reported doing moderate to vigorous physical activity each day in 2022 – a share just above the EU average (15 %).

Socioeconomic inequality, particularly in education, contributes to health risks

Many behavioural risk factors in Latvia are more common among people with lower levels of education and income. In 2019, 23 % of adults who had not completed secondary education smoked daily, compared to only 12 % of those with tertiary education. When looking at the population by income level, 24 % of those with earnings in the lowest quintile smoked, compared to 19 % of those in the highest quintile. A similar gradient emerges for obesity: 28 % of Latvians on lower incomes were obese, compared to 18 % of those on higher incomes. Similarly, a lower proportion of people in the lowest income quintile ate the recommended five portions of fruit and vegetables per day. However, Latvians in the highest income quintile are more likely to report heavy drinking than those in the lowest quintile (18 % compared to 11 % in 2019).

4 The health system

Latvia has a national health service with a mix of public and private providers

Statutory healthcare is financed through general taxation and social security contributions in Latvia. The government plays a central role in

national policy setting, budgetary decisions and regulation. The Ministry of Health oversees the organisation of the health system and public health regulation, while the Centre for Disease Prevention and Control coordinates and implements public

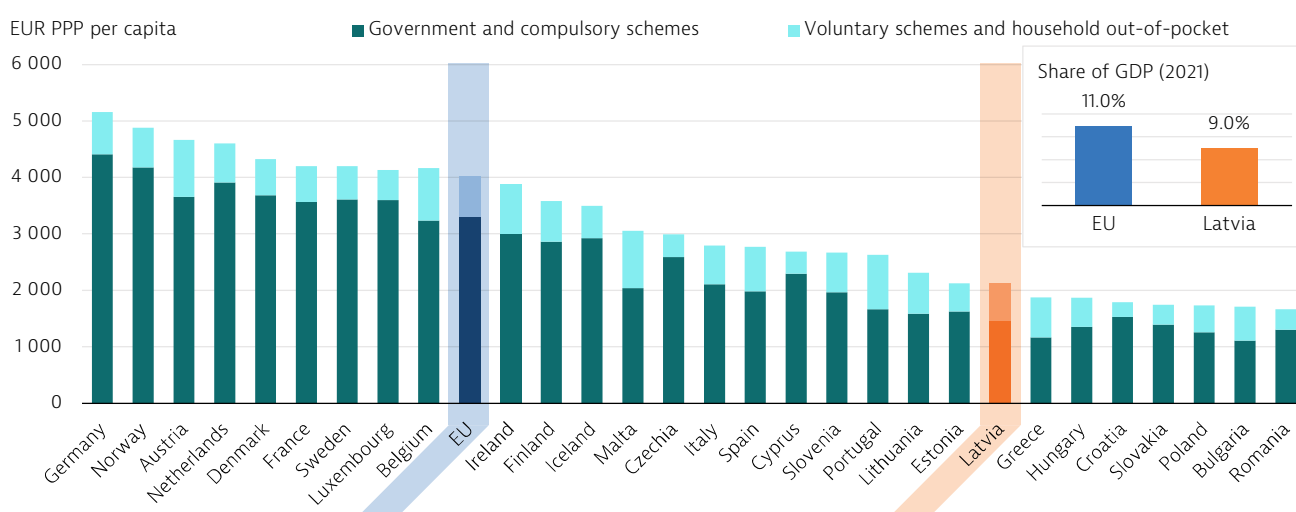
health activities. The National Health System acts as a single state purchaser, contracting with a mix of public and private providers. While primary care and diagnostic services providers are predominantly private, secondary care is provided through an even mix of public and private clinics or practices and tertiary care is provided mainly through public hospitals and clinics at municipal or national levels.

Health expenditure in Latvia is far below the EU average

Despite having more than doubled in the past decade, total health spending per capita in

Latvia is still considerably lower than the EU average, at EUR 2 114 per capita in 2021 (adjusted for differences in purchasing power) (Figure 8). Total health expenditure as a proportion of GDP increased from 6.6 % in 2019 to 9.0 % in 2021, although this was still below the EU average (11.0 %). The rise in spending reflects a continued trend from previous years, but also with the allocation of vital additional resources to the health system for the country's pandemic response.

Figure 8. Health expenditure in Latvia is among the lowest in the EU



Note: The EU average is weighted.

Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Out-of-pocket spending is among the highest in the EU

The proportion of public expenditure on health grew from 60.1 % in 2019 to 69.5 % in 2021, which was mainly related to additional public spending on health during the pandemic. Nevertheless, the public share of health spending remained well below the EU average of 81.1 %. Out-of-pocket payments remained high, at 27 %, which is nearly twice the EU average (15 %), while voluntary health insurance (VHI) schemes made up 3.6 % of total spending in 2021 – a lower proportion than the EU average (4.4 %).

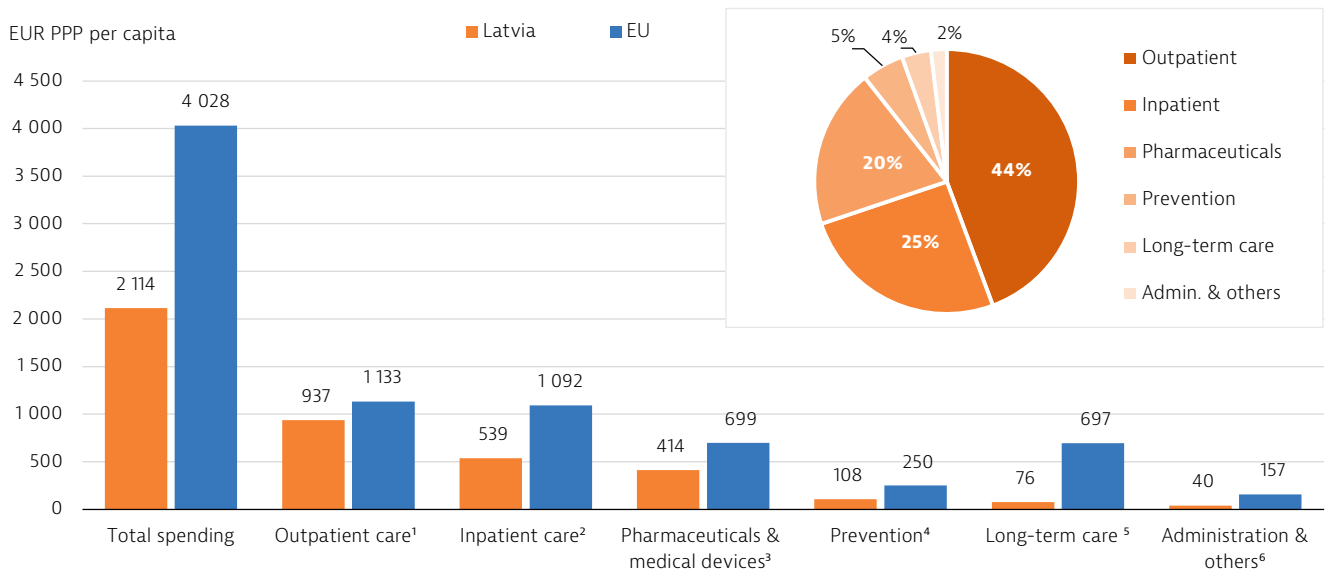
Population coverage is universal, but the benefits package does not cover some services, including dental care for adults, physiotherapy and outpatient pharmaceuticals. Waiting times are long because quotas limit the annual number of procedures to be financed from the statutory health budget, and criteria are provided to facilities by which they can prioritise certain categories

of patients, such as children. This leads many patients to access private healthcare. Low service tariffs also motivate health professionals to seek employment in the private sector, exacerbating staff shortages and constraining capacity in the public sector (see Section 5.2).

Pharmaceutical expenditure absorbs a larger proportion of the healthcare budget than in many other EU countries

Over the past 10 years, Latvia has progressively shifted service provision away from inpatient to outpatient care, spending a lower proportion of its healthcare budget on inpatient care (25 %) than the EU average (28 %) in 2021. However, given that Latvia's overall health expenditure is relatively low, spending on pharmaceuticals absorbed 20 % of health resources in 2021 compared to 18 % across the EU (Figure 9).

Figure 9. Over one third of Latvia's healthcare budget is spent on outpatient care



Notes: 1. Includes home care and ancillary services (e.g. patient transportation); 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only spending for organised prevention programmes; 5. Includes only the health component; 6. Includes health system governance and administration and other spending. The EU average is weighted.

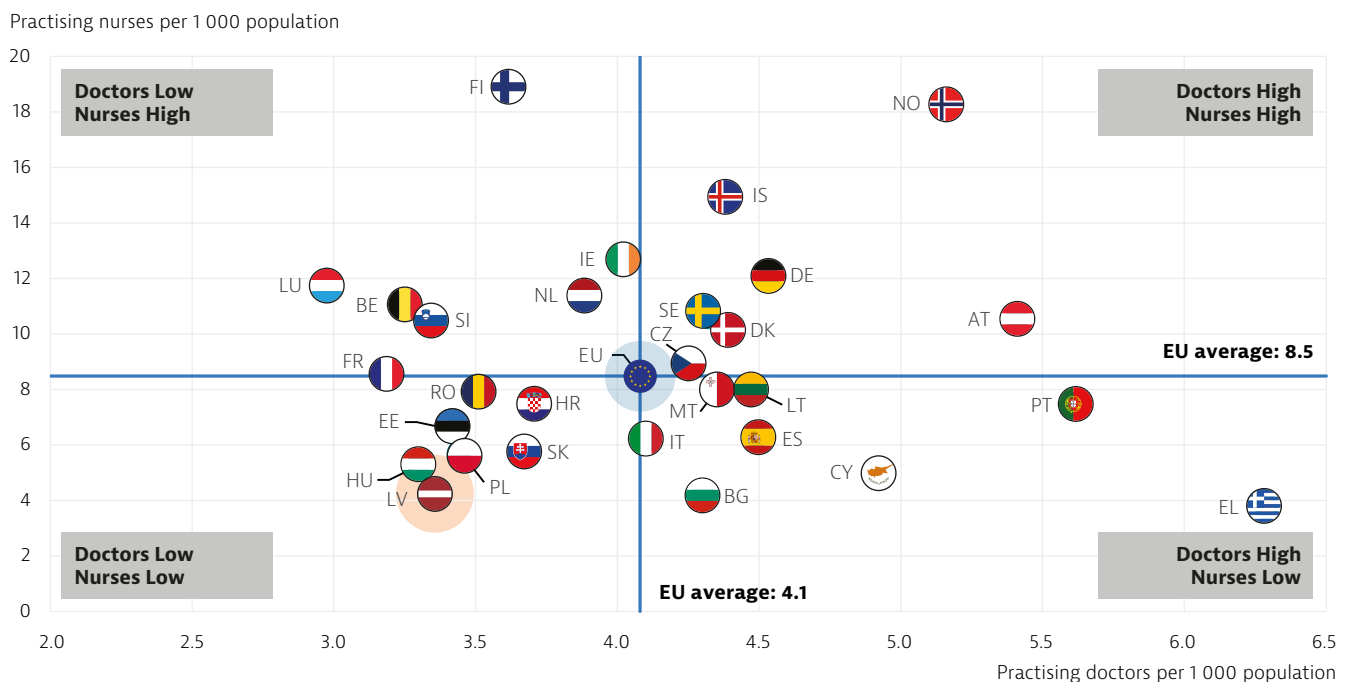
Sources: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

The number of health workers remains among the lowest in the EU

Despite persistent shortages, the number of health workers in Latvia has not substantially increased over the last decade. The number of physicians was just below the EU average in 2021, at 3.4 per 1 000 population (Figure 10). At the same time, the density of nurses was 4.2 per 1 000

population – less than half the EU average of 8.5 per 1 000. Various retention policies have been implemented over the years, including pay rises between 2018 and 2023 and financial incentives to counteract the urban–rural divide in health worker distribution. A new initiative to standardise remuneration procedures and improve pay and working conditions for medical professionals is currently under development (see Section 5.2).

Figure 10. Latvia has fewer doctors and nurses than most EU countries



Notes: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals.

Source: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

To increase the number of nurses, EUR 2.8 million has been directed to introducing a new profession of “general care nurse”. Moreover, a new procedure for certification of nurses was implemented in 2022.

Latvia’s hospital sector has seen a substantial reduction in hospital beds

The number of hospital beds decreased from 8.3 per 1 000 population in 2001 to 5.2 per 1 000 in

2021. At the same time, strengthening primary care has been high on the policy agenda. A new reform proposal aims to improve the quality of and access to primary care services, including through targeted use of digital health tools and better health workforce planning, and is expected to be launched soon (see Section 5.3).

5 Performance of the health system

5.1 Effectiveness

Mortality from preventable and treatable causes remains high despite positive trends

In Latvia, before the pandemic, the numbers of preventable and treatable deaths both fell by 20 % between 2011 and 2019. Despite this positive trend, the combined mortality rates for preventable and treatable causes remain among the highest in the EU in 2020, at nearly twice the EU average (Figure 11). The treatable mortality rate in Latvia was 186 deaths per 100 000 population in 2020, which is more than double the EU average of 92 per 100 000, driven in particular by high rates of mortality from ischaemic heart disease and stroke.

Preventable mortality increased in 2020 in Latvia due to the pandemic

In many European countries, preventable mortality increased in 2020 because COVID-19 deaths were classified as largely preventable through public health measures. In Latvia, preventable mortality increased by 7 %, rising from 296 deaths per 100 000 population in 2020 to 317 per 100 000 in 2020. Preventable mortality was more than 50 % higher in Latvia than the EU averages in 2020 for ischaemic heart diseases (57 deaths per 100 000 population in Latvia compared to 41 per 100 000 across the EU) and alcohol-related diseases (41 deaths per 100 000 population in Latvia compared to 18 per 100 000 across the EU), despite the country’s relatively restrictive alcohol and smoking policies. For example, smoking in the presence of children is classified as violence towards minors, it is forbidden to sell energy drinks to minors and to sell alcohol between 22:00 and 08:00 hours and to minors.

In 2016, a smoking cessation advisory helpline was developed, as part of the new National Cancer Plan for 2021 to 2030. An increase to the age limit to

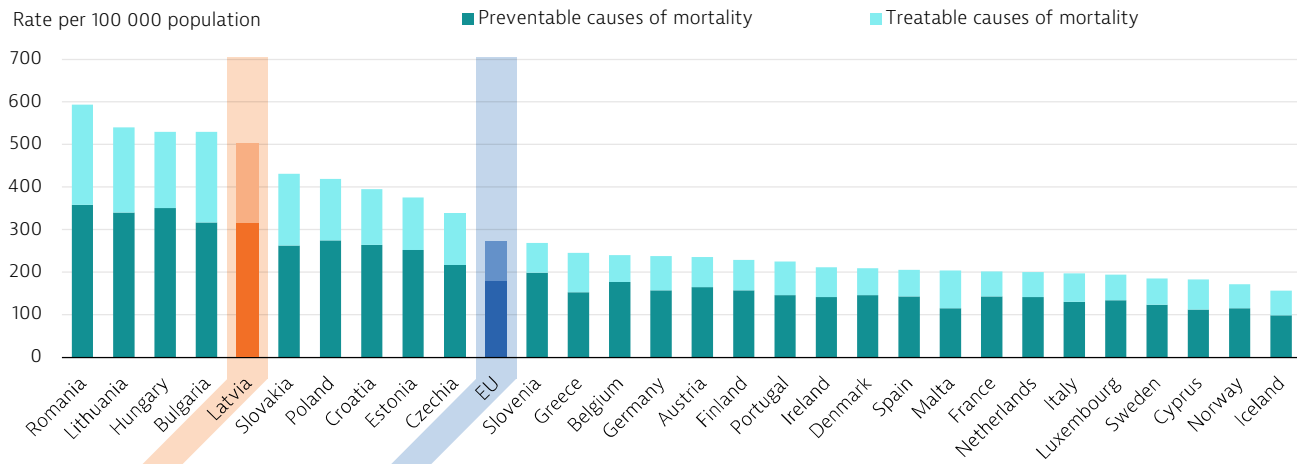
purchase tobacco and e-cigarettes and a ban on flavours in both heated tobacco and e-cigarettes is being debated in parliament. The Public Health Strategy 2021-27 aims to further strengthen regulation of tobacco and nicotine-containing products to reduce their availability, direct and indirect advertising and marketing. Given the high rate of preventable mortality, a continuous focus on public health and primary prevention interventions could improve the health of the population greatly.

Improving influenza immunisation coverage among people aged 65 and over is a continuing challenge

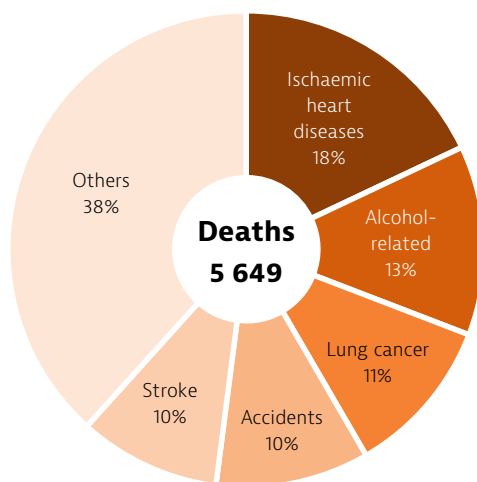
Historically, Latvia has achieved relatively low immunisation levels for adults. In 2021, about 8 % of people aged 65 and over were immunised against seasonal influenza, compared to 51 % across the EU. Immunisation coverage rates in Latvia saw a slight decrease that year despite the inclusion of influenza vaccination in the benefits package for people aged 65 and over, those suffering from chronic conditions, residents and employees of long-term social care institutions, and medical and support staff.

Routine vaccination coverage for childhood diseases has been more successful: vaccination rates for diphtheria, tetanus and pertussis for children aged 1 were close to the WHO-recommended level of 95 % in 2021, although this marks a decline from 100 % coverage in the previous two years. Human papillomavirus (HPV) vaccination uptake among 15-year-old girls decreased by 5 percentage points between 2017 and 2022; at 44 % in 2022 the HPV vaccination rate in Latvia is well below the EU average (63 %).

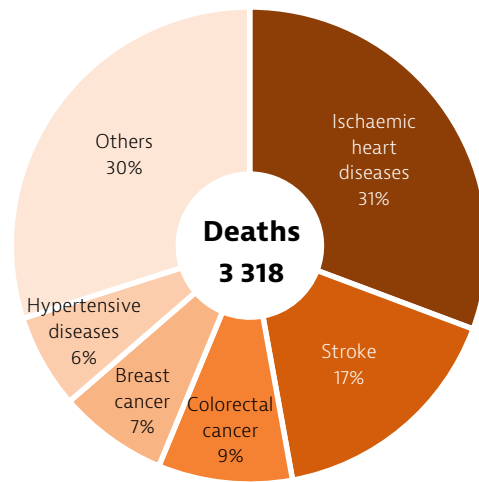
Figure 11. Mortality rates from preventable and treatable causes in Latvia are above the EU averages



Preventable causes of mortality



Treatable causes of mortality



Latvia

Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death.

Source: Eurostat Database (data refer to 2020).

Population-based cancer screening programmes are in place

Since 2009, mammography screening has been offered biennially to women aged 50-69, while cervical cancer screening is offered to women aged 25-70 every three years. Cervical and breast cancer screening programmes are population-based, but screening for colorectal cancer is opportunistic. All major cancer screening (for colorectal, breast, cervical and prostate cancer) is provided free of charge.

The participation rates in screening programmes have improved in recent years, in part due to national promotion efforts to encourage uptake (OECD, 2023). However, this positive trend was interrupted by the COVID-19 pandemic, which led to an overall decrease in cancer screening – in

particular for breast and cervical cancer – that was much larger than the decline across the EU. In 2020, cancer screening rates among target populations in the past two years were among the lowest in the EU. An increase was observed in 2021 but breast and cervical cancer screening rates have not yet returned to pre-pandemic levels.

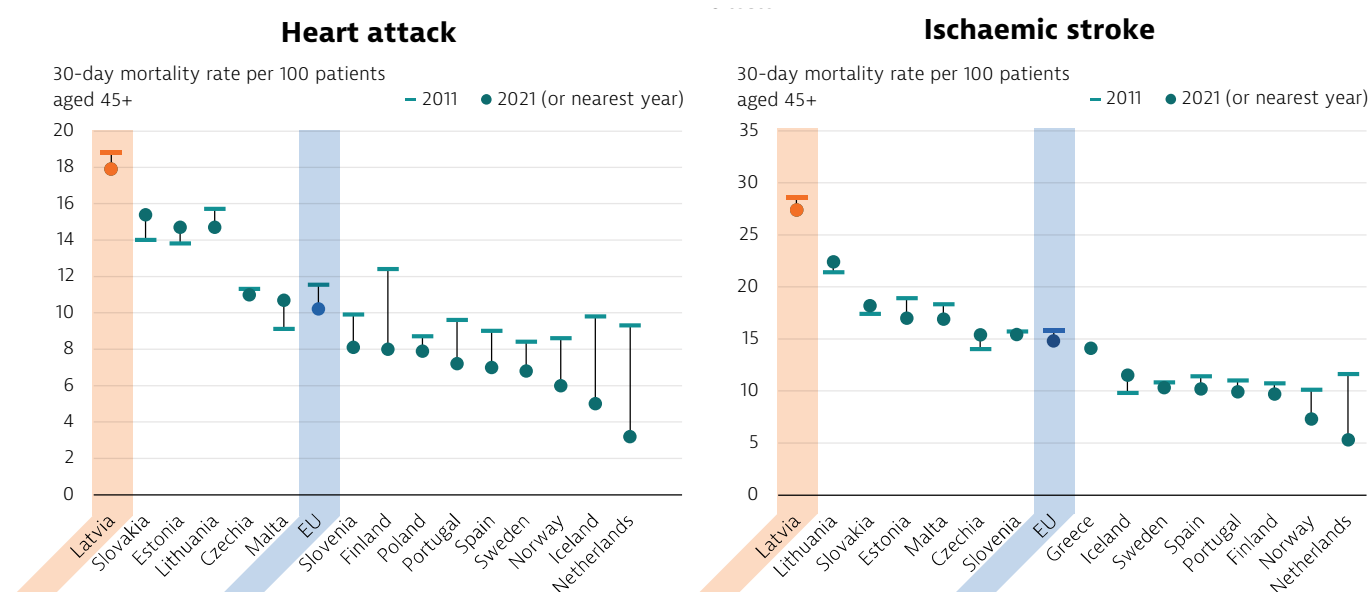
Improving primary care effectiveness has helped reduce avoidable hospital admissions

In the past decade, Latvia has focused on improving the effectiveness of primary care. The rate of avoidable admissions for asthma and chronic obstructive pulmonary disease (COPD) has seen important decreases in the past 15 years and is now below the EU average. Avoidable hospital admission rates for diabetes are also just below the EU average. Both changes reflect the improvements made in disease management interventions in outpatient settings. Different initiatives have been dedicated to strengthening primary care, including the development of quality indicators. However, the decline in avoidable hospital admissions since 2020 must also be interpreted in the context of disrupted services for patients with chronic conditions due to the COVID-19 pandemic and the reduced access to diagnostic examinations, secondary and inpatient care.

Problems persist with assuring the quality of care in some hospitals

As noted above, mortality rates for ischaemic heart disease and stroke are very high compared to the EU averages. Indeed, Latvia reported the highest average rates of mortality within 30 days of hospital admission for heart attack (acute myocardial infarction – AMI) and (ischaemic) stroke in the EU in 2021. While many countries saw improvements in this metric for both these conditions between 2011 and 2021, in Latvia the rate stagnated for heart attack and stroke in this period (Figure 12). Furthermore, the rate of case fatality after stroke is also well above the EU average, with strong regional variations in mortality by hospital.

Figure 12. There has been no significant improvement in mortality within 30 days of hospital admission for heart attack and stroke



Note: Figures based on patient data age- and sex-standardised to the population admitted to hospital for heart attack/ischaemic stroke.
Source: OECD Health Statistics 2023.

5.2 Accessibility

The proportion of Latvian people with unmet health needs has decreased but remains high

According to the EU-SILC survey, the proportion of the Latvian population reporting unmet needs for medical treatment due to costs, distance to travel or waiting times has fallen since 2013, although it remained above the EU average in 2022 (5.4 % compared to 2.2 %). The share of the population that reports unmet needs for dental

care (9.7 %) is considerably higher than the share for medical care, and is the second highest in the EU (Figure 13). Moreover, lower-income groups were disproportionately affected: Latvians in the lowest income quintile were much more likely to report unmet needs than those in the highest, and these disparities by income are proportionally higher for dental care.

Figure 13. Unmet needs for medical and dental care are among the highest in the EU

Notes: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.

Source: Eurostat Database, based on EU-SILC (data refer to 2022, except Norway (2020) and Iceland (2018)).

The COVID-19 crisis and related physical distancing measures also limited access to health services. The number of consultations with outpatient providers decreased for many conditions during the first wave of COVID-19 infections. While the number of GP consultations dropped for prostate cancer screening (-29 %) and diabetes care (-24 %), those for COPD and asthma remained stable. For specialist care, the largest decrease was seen in consultations for hypertension, coronary heart disease and heart failure (Kursīte et al., 2022).

A Eurofound survey² on unmet needs for healthcare during the pandemic found that 29 % of the Latvian population reported having forgone a needed medical examination or treatment in spring 2021, compared to 17 % across the EU; the rate increased even further to 31 % in spring 2022 – the highest reported level of unmet needs across the EU, the EU average being 18 %.

Digital transformation of the health system is a priority

To maintain delivery of routine services, the Latvian Government simplified the regulatory framework for delivery of teleconsultations during the COVID-19 pandemic. In spring 2020, the proportion of remote GP consultations for different types of noncommunicable diseases varied between 32 % and 51 % in Latvia (Kursīte et al., 2022). However, there is still a lack of regulation of telemedicine services. To develop an appropriate regulatory framework and an open digital health ecosystem, the Ministry of Health established the Digital Health Council in 2022. This involves health sector specialists, state and local government institutions, information and communication technology experts and representatives of patients' organisations, who will work together on a strategic approach to digital health.

² The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

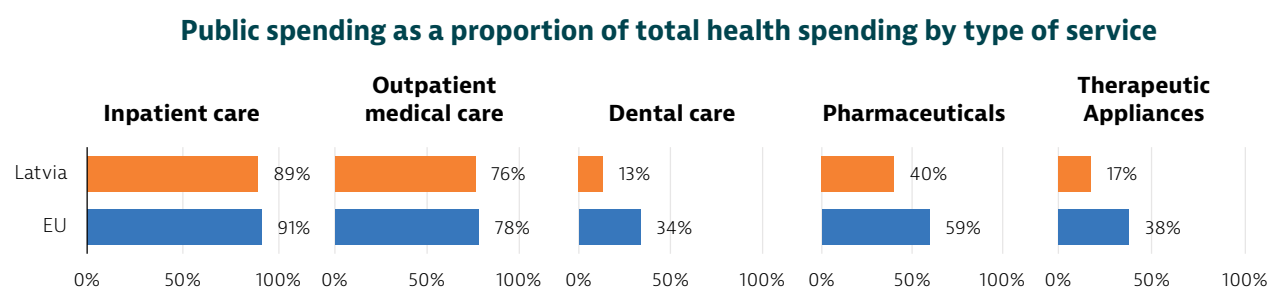
On 15 August 2023, the Cabinet of Ministers approved the Digital Health Strategy (2023-29). The Strategy sets out plans for digitisation of patient medical records; digitalisation of healthcare data at the facility level; and interoperability of data systems in different facilities, regardless of ownership, so that health professionals can access complete medical records for their patients. The Strategy also anticipates that digital solutions will enable patients to participate more actively in their healthcare; it promotes use of remote solutions and other digital technologies more widely in treatment and prevention, to provide more accessible, higher quality, more efficient and more convenient healthcare services in all regions. The Strategy also plans to increase awareness of digital health solutions among health professionals so that they can make full use of the opportunities provided by new technologies.

Population coverage in Latvia is universal, but some services are excluded

Universal health coverage is guaranteed by the Latvian constitution. Nevertheless, the benefits

package is not as broad as in many other European countries, including in neighbouring Estonia and Lithuania. Many health services are explicitly excluded from coverage, such as dental care for adults, medical check-ups for occupational purposes, hearing aids for adults, sight correction, psychotherapy and pregnancy termination if there are no medical or social grounds (Behmane et al., 2019). Moreover, basic health services – such as GP visits, specialist visits, hospital stays and pharmaceuticals – are subject to copayments, although these are capped by ceilings on the maximum annual expenditure, and there is a cap on copayments for a single hospitalisation episode. Several groups of patients are exempted from copayments – including children, people with disabilities and women before and after childbirth. The limited coverage by public funding means that services such as dental care for adults have to be paid fully out of pocket (Figure 14).

Figure 14. Public funding covers only a limited share of several health services



Notes: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines and medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. N/A means data not available. The EU average is unweighted.

Source: OECD Health Statistics 2023.

The availability of health services is restricted by annual quotas

Although the benefits package formally includes hospital and specialist care, in practice, the volume of services provided is restricted and tightly controlled through an annual quota system. Once providers reach the defined annual cap, patients have to either wait until the following year when the quota is renewed or purchase health services privately. The results are reflected in both lower volumes for certain procedures and long waiting times. This is an issue of particular concern in paediatric care, and forces patients to seek care in emergency departments or to pay out of pocket to access private services.

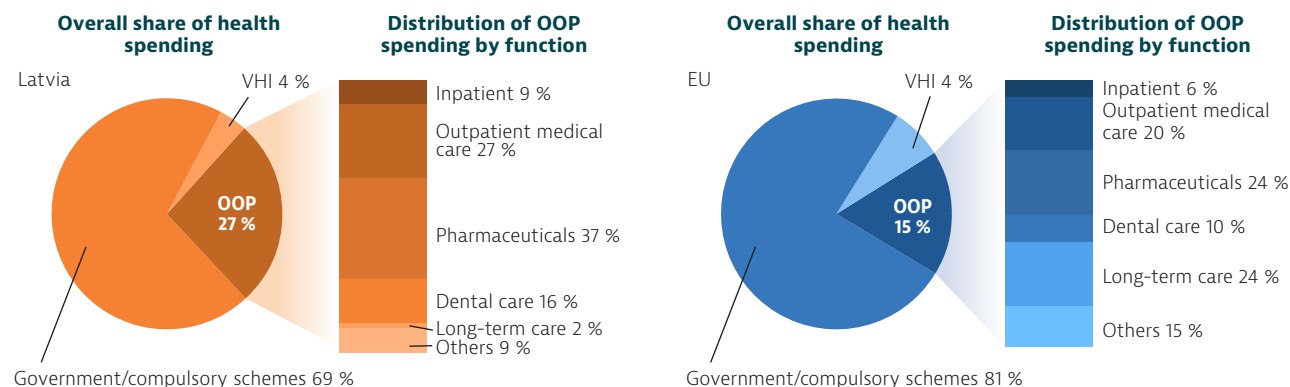
To address the issue, the government is seeking to increase cost and service coverage to improve availability of public services for certain population groups – in particular, cancer patients and children. For cancer care, coverage for medicines, diagnostics and treatment will be improved with a total earmarked funding of EUR 30 million in 2023. However, for some public services, the National Health System reimbursement tariffs are still below the cost of providing the service. This results in fewer specialists willing to contract with the National Health System, which has an impact on the availability and quality of services offered in public hospitals.

Out-of-pocket payments represent more than a quarter of total health spending

The limitations on publicly funded health services mean that the Latvian health system has lower levels of financial protection and higher out-of-pocket spending. In 2021, 27 % of health expenditure in Latvia was paid for out of pocket, which is far above the EU average

of 15 %. Most out-of-pocket spending goes on outpatient pharmaceuticals (Figure 15). Current reimbursement mechanisms mean that patients face percentage copayments (rather than a flat rate), and there is no cap on out-of-pocket payments for outpatient pharmaceuticals.

Figure 15. Pharmaceuticals absorb most out-of-pocket spending in Latvia



Notes: VHI also includes other voluntary prepayment schemes. The EU average is weighted.

Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

High out-of-pocket expenditure results in catastrophic health spending for many Latvians

In 2016, 15 % of Latvian households reported that they experienced catastrophic health expenditure³ – far above the average recorded for the 24 EU countries with available data (6.8 %). Moreover, almost half of all households incurring catastrophic health expenditure are in the poorest quintile, with more than one in four low-income households facing catastrophic out-of-pocket spending. Some mechanisms are in place to protect people from catastrophic spending. Very poor households have been exempted from all user charges since 2009. Other exempt groups include children under 18, pregnant women and people with severe disabilities. However, the main driver of out-of-pocket spending is outpatient medicines.

Various measures aim to address the lack of health professionals and improve access to care in underserved areas

Health workers and health facilities in Latvia are mainly concentrated in urban areas, leading to equity and accessibility issues, especially for rural populations. Most GPs and specialists are based in the Greater Riga Area, with the accessibility of primary care gradually decreasing with increasing distance from the capital. There are general

shortages of health professionals due to ageing and migration, as well as low salaries. To improve access to care in rural areas, Latvia has introduced a number of policies. GPs practising in underserved areas receive monthly bonuses, a higher capitation rate and other financial incentives. Since April 2015, medical universities have been required to give priority to applicants who have agreed to practise in a rural area on completion of their training. The Improving the Availability of Medical Treatment and Medical Support Persons Outside Riga Project, funded through the European Social Fund, provides financial incentives to qualified health workers and their families in priority health areas (including cardiovascular diseases, oncology, perinatal and neonatal care and mental health) to relocate and work in regions outside the capital.

Recruitment and retention policies also introduced salary increases in 2018 for doctors and nurses, with further annual increases applied between 2019 and 2022. The current remuneration system in Latvia is complex and lacks transparency, resulting in large pay inequalities among medical professionals. The government has endorsed a report that proposes implementation of a new remuneration model, including a measure to introduce flat-rate payments in public hospitals. Selected healthcare facilities have

³ Catastrophic expenditure is defined as household out-of-pocket spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).

piloted this model, and the results are being evaluated by a government-appointed working group. A new regulation to harmonise salary composition and calculation for different medical professional categories is expected later in 2023, although stakeholder discussions around the appropriateness and feasibility of the new model are ongoing.

5.3 Resilience

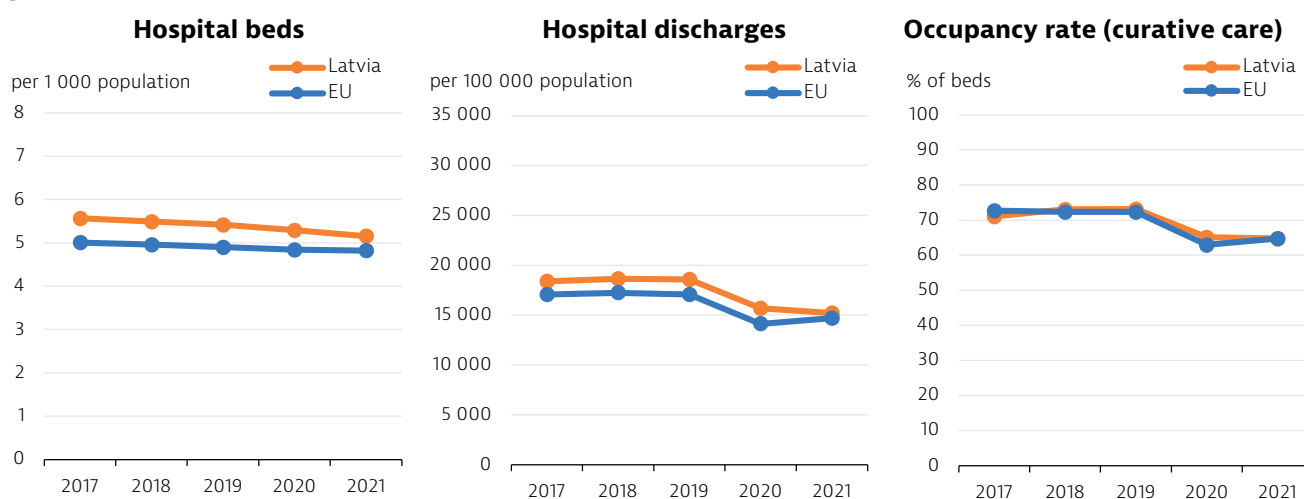
The COVID-19 pandemic has proved to be the most significant disruption to health systems in recent decades. It has shed light on the vulnerabilities and challenges within countries' emergency preparedness strategies and on their ability to provide healthcare services to their populations. In response to the enduring effects of the pandemic – as well as other recent crises, such as cost-of-living pressures and the impact of conflicts like the war against Ukraine – countries are implementing policies to mitigate the ongoing impacts on service delivery, invest in health system recovery and resilience,⁴ improve critical areas of the health

sector, and fortify their preparedness for future shocks.

Hospital occupancy rates fell sharply, while intensive care capacity expanded to meet increasing demand during the COVID-19 pandemic

Between 2000 and 2010, Latvia substantially reduced the number of hospital beds, starting the process of shifting service provision away from inpatient and towards outpatient care. Although still above the EU average, the total number of hospital beds has remained stable since then, including in 2021 (5.2 per 1 000 population) (Figure 16). During the first year of the COVID-19 pandemic, when non-emergency hospital activity was at times temporarily suspended, hospital discharges fell sharply by nearly 3 000 per 100 000 population over the whole year in 2020, a trend in line with decreases observed across the EU. Occupancy rates of available hospital beds decreased from 73.2 % to 64.8 %, along similar lines to the EU-wide trend.

Figure 16. Inpatient care activity in Latvia echoed trends across the EU in response to the COVID-19 pandemic



Note: The EU average is unweighted.

Sources: OECD Health Statistics 2023; Eurostat Database

Fewer than one in ten people aged over 60 received a second COVID-19 booster vaccination at the end of 2022

Latvia began rolling out COVID-19 vaccinations in December 2020 through state and municipal medical institutions and GP practices. This was also supplemented by additional vaccination sites set up in pharmacies and other non-medical

facilities. Vaccination uptake was initially high, but it waned over time. While 71.1 % of the general population had received at least one dose (close to the average of 75.6 % in EU/European Economic Area (EEA) countries), only 29.1 % had received a first booster shot (compared to the EU/EEA average of 54.8 %) and 3.5 % a second booster shot (compared to the EU/EEA average of 14.3 %) by April 2023 (ECDC, 2023).

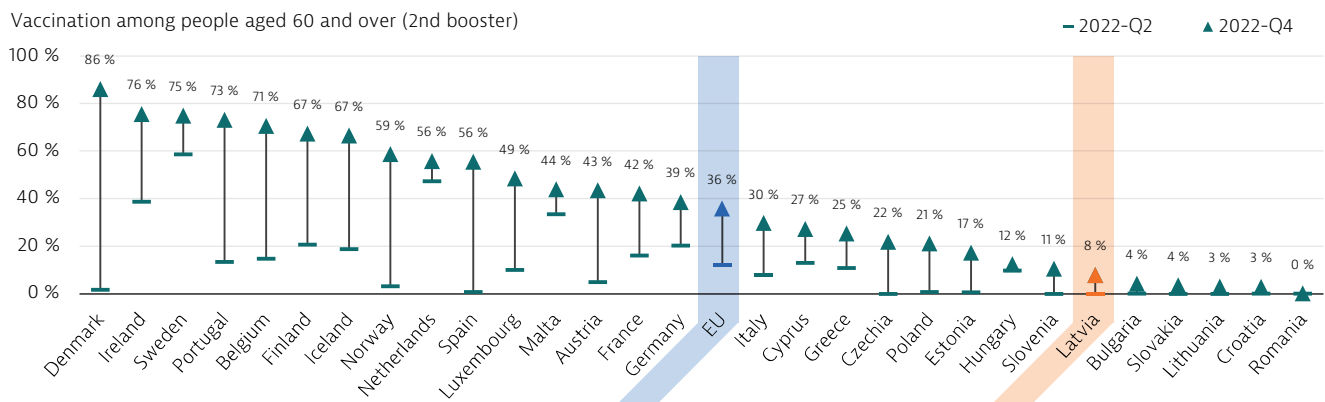
⁴ In this context, health system resilience has been defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks (EU Expert Group on Health Systems Performance Assessments, 2020).

Even among vulnerable populations such as people aged 60 and over, Latvia reported one of the lowest take-up rates for COVID-19 booster vaccinations in the EU. In the fourth quarter of 2022 only 8 %

of the population in this age group had received a second booster, as opposed to 36 % across the EU (Figure 17).

Figure 17. Latvia had one of the lowest rates of COVID-19 booster vaccination coverage among older people at the end of 2022

Vaccination among people aged 60 and over (2nd booster)



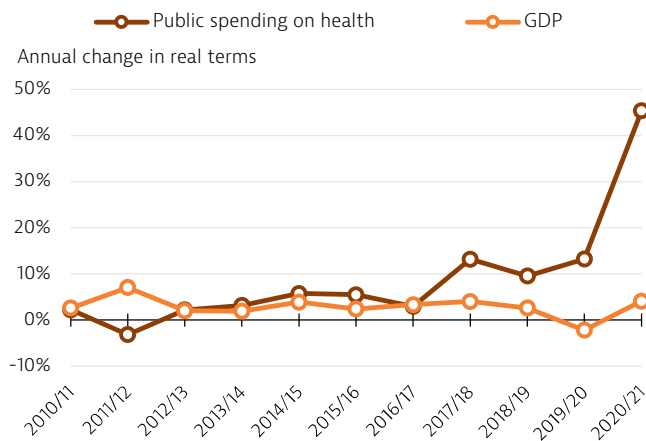
Note: The EU average is unweighted.

Source: ECDC.

Latvia has increased health spending in recent years

Latvia has one of the lowest levels of spending on health among EU countries, ranking below its neighbours Lithuania and Estonia (see Section 4). However, public spending on health increased in the years before the pandemic and the strong growth continued in 2020 and 2021 despite much lower increases in GDP (Figure 18). This strong growth has increased the public share of health spending by over 12 percentage points between 2017 and 2021, from 57.3 % to 69.5 % of all health spending, although the high share in 2021 may only be temporary and related to public spending on the COVID-19 response.

Figure 18. Public spending on health has increased strongly in Latvia in recent years



Source: OECD Health Statistics 2023.

Apart from the additional budget allocations to support the country's pandemic response, this trend is partly due to a general rise in public revenue earmarked for healthcare. In 2017, the parliament decided to expand the revenue base for the Latvian health system by raising social security contributions by one percentage point as part of the Law on Healthcare Financing, a measure that yielded an additional EUR 80 million for the healthcare budget. Although this measure was revoked in 2021, the proportion of social security contributions reserved for the health system remained unchanged at 2.78 %. Plans to raise the salaries of the health workforce and increase the volume of health services in 2018 triggered an additional injection of EUR 113.4 million. Funding from the Recovery and Resilience Facility and from the EU Cohesion Policy funds will support further investments in the Latvian health system.

Latvia is planning substantial healthcare investments as part of its Recovery and Resilience Plan and its Cohesion Policy funds allocations

Latvia is receiving EUR 1.8 billion in grants through the Recovery and Resilience Facility to sustain its recovery from the COVID-19 pandemic and promote its planned green and digital transitions. The national Recovery and Resilience Plan, which sets out how the allocated funding will be spent until 2026, dedicates approximately 10 % of overall funding to healthcare investment (EUR 181.5 million). The largest investment

concerns improvements to university and regional hospital health infrastructure, at close to EUR 150 million. Other key priorities include infrastructure developments in the outpatient sector (EUR 8.5 million) and financing reforms to improve the sustainability and efficiency of the health system (EUR 18.6 million). A further EUR 3.5 million will flow into developing the health workforce (Figure 19).

These initiatives are complemented by targeted investments under the 2021-27 EU Cohesion Policy funds, through which Latvia has allocated

a total of EUR 184 million towards its healthcare system, 85 % of which will be co-financed by the EU. EUR 144 million from the European Regional Development Fund (ERDF) will be invested in health infrastructure, medical equipment and the digitalisation of healthcare. Furthermore, EUR 40 million will be dedicated to improving the accessibility, effectiveness and resilience of the health system as part of the European Social Fund Plus (ESF+) allocations for Latvia.

Figure 19. Latvia's Recovery and Resilience Plan prioritises investments for the improvement of university and regional hospital health infrastructure



Notes: These figures refer to the original Recovery and Resilience Plan. The ongoing revision of the Plan might affect its size and composition. Some elements have been grouped together to improve the chart's readability.
Source: European Commission – Recovery and Resilience Scoreboard.

Latvia is planning a reform of primary healthcare to streamline and improve care provision

The Ministry of Health announced a new primary healthcare reform in mid-2022. In co-operation with GP representatives, a package of essential services and quality indicators to ensure equity in primary care provision is being developed. Beyond securing more uniform service provision, the reform seeks to develop a primary care ecosystem based on four main pillars of action: strengthening quality of care through streamlined criteria; enhancing the accessibility of primary care infrastructure; improving the range and delivery of available health services; and improving the skill mix and planning of health workers to strengthen primary care teams. Cross-cutting elements of the reform plans include better use of digital health tools, better training and professional development opportunities, and changes to the current GP remuneration system.

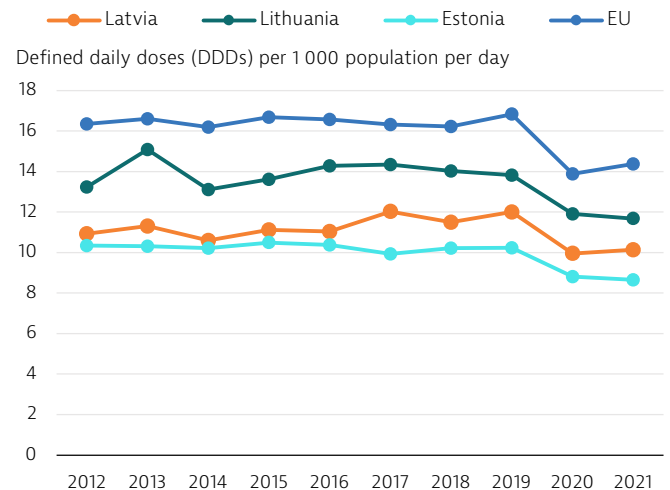
Tackling antimicrobial resistance is a policy priority in Latvia

Antimicrobial resistance (AMR) is an important public health issue across the EU, with estimates of about 35 000 deaths (ECDC, 2022) in the EU/EEA per year due to antibiotic-resistant infections and healthcare-associated costs of around EUR 1.1 billion per year (OECD/ECDC, 2019). Because antibiotic overprescription and overuse in humans are major contributors to the development of antibiotic-resistant bacteria, antibiotic consumption data are a useful tool to evaluate the risk of AMR and the efficacy of programmes to promote appropriate use of antibiotics.

Latvia has one of the lowest rates of antibiotic consumption in the EU, together with Estonia (Figure 20). In 2021, the daily consumption of antibiotics in the community measured as defined daily doses (DDDs) per 1 000 population (10.1) was 30 % below the EU/EEA average (14.4 DDDs per

1 000). In line with neighbouring countries, overall use of antibiotics declined between 2019 and 2020, a trend that is due at least in part to fewer infections and related hospitalisations because of COVID-19 restriction measures. Nevertheless, consumption levels remained stable in 2021 in both Latvia and other EU/EEA countries. Latvia developed and adopted the National One Health Plan for containing AMR and encouraging prudent use of antibiotics for 2019-20, which promoted coordinated action across the organisations involved in fighting AMR at the national level. Beyond strengthening collaboration, the main priorities of the plan included improving AMR monitoring and laboratory capacity, as well as promoting awareness and responsible use of antimicrobials.

Figure 20. Community antibiotic consumption in Latvia is below the EU average



Note: The EU average is unweighted.

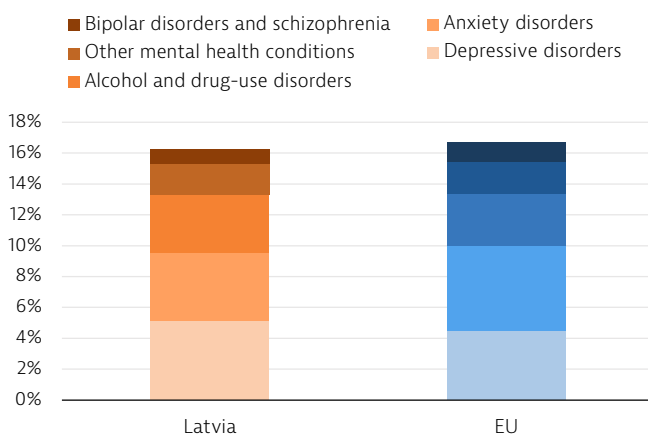
Source: ECDC ESAC-Net.

6 Spotlight on mental health

The burden of mental health is high in Latvia

According to modelled estimates from the Institute for Health Metrics and Evaluation (IHME), one in six people (16 %) in Latvia had a mental health issue in 2019, which is just below the EU average (17 %). The most common mental health conditions in Latvia are depressive disorders (estimated to affect 5 % of the population), anxiety disorders (4 %), and alcohol and drug-use disorders (4 %) (Figure 21). According to a report on mental health policies in Latvia, the economic impact of mental health disorders on the economy was estimated at approximately EUR 327 million in 2020, which is equivalent to 1.3 % of the country's GDP (WHO, 2021).

Figure 21. Depressive disorders are the major mental health issue in Latvia



Note: The EU average is unweighted.

Source: IHME (data refer to 2019).

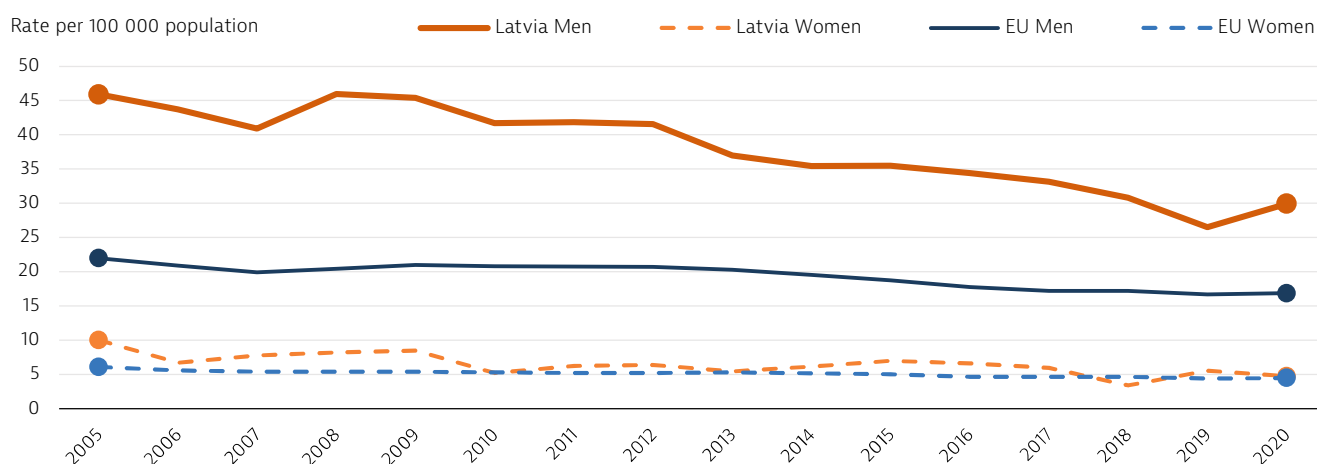
Depression is more often reported by women in the lowest income group

Population survey data from the European Health Interview Survey (EHIS) in 2019 show a higher prevalence of depression, with 8.4 % of Latvian adults reportedly experiencing depression before the pandemic, which is above the EU average of 7.2 %. Depression was reported more often by women in the lowest income quintile. Women in the lowest income quintile were almost twice as likely to report depression as those in the highest quintile, while this difference was less pronounced for men. However, Latvia has a high rate of undiagnosed depression among men (Cabinet of Ministers, 2022).

Latvia has high suicide rates compared to the EU average

The suicide rate in Latvia in 2020 (15.6 deaths per 100 000 population) was among the highest in the EU, and significantly above the EU average of 10.2 per 100 000. The male suicide rate in Latvia is especially high (Figure 22). In 2020, nearly 250 men died by suicide compared to only about 50 women, and numbers among men increased during the first year of the COVID-19 pandemic. An online survey among 2 608 people in Latvia revealed that suicidal thoughts increased among 13 % of those with a history of clinical depression and among 27 % of those with a history of suicide attempts in 2020 (Vrublevska et al., 2021). Before the pandemic, there had been a steady reduction in the male suicide rate since 2008.

Figure 22. Suicide rates for men have decreased but remain among the highest in the EU



Source: Eurostat Database.

A significant number of people reported unmet needs for mental healthcare during the pandemic

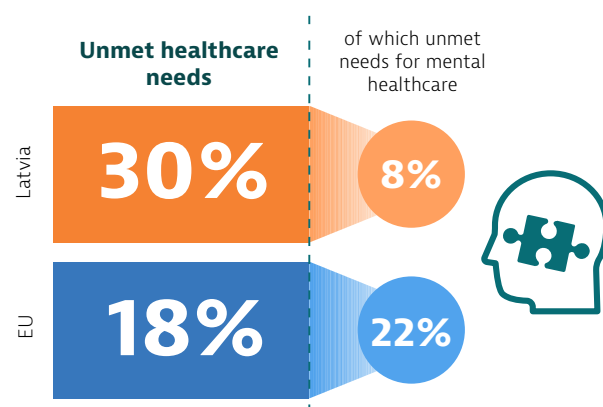
Outpatient psychiatric care in Latvia is provided by independent psychiatric practices and assistance centres, outpatient departments at psychiatric and general hospitals and municipal psychiatric consulting rooms in primary care centres. Patients with milder conditions are more often treated in primary care. This is partly a matter of choice rather than necessity, as social stigma is still associated with the need for psychiatric care. Hospital admission is by referral from a psychiatrist, a GP or an emergency medical service. Inpatient care is provided by specialised psychiatric hospitals or departments and general hospitals throughout the country. In Latvia, mental healthcare has traditionally focused on inpatient care, and attempts to move towards outpatient, community-based mental health services were mainly triggered by calls from WHO (Taube & Quentin, 2020).

As in many other EU countries, a significant number of Latvians reported unmet needs for mental healthcare during the pandemic. According to a Europe-wide survey carried out in spring 2021 and spring 2022, 30 % of Latvians reported unmet needs for healthcare, of which 8 % was related to mental healthcare (Figure 23).

Mental healthcare has been made a major priority area in health policy

Since May 2021, people can receive state-funded psychological and psychotherapeutic support to mitigate the mental health impact of the COVID-19 pandemic. A referral for a consultation can be issued by a GP or a psychiatrist. Mental health was also an important focus area of the Public

Figure 23. Fewer people EU reported unmet needs for mental healthcare during the pandemic than the EU average



Note: Survey respondents were asked whether they had any current unmet healthcare needs and, if so, for what type of care, including mental healthcare.

Source: Eurofound (2022).

Health Strategy 2014-20. In 2019, a state-funded programme was launched to provide early help to adolescents aged 11-18 with mental and behavioural disorders, with the aim of reducing their risk of depression and suicide. In December 2022, a new Plan for the Improvement of the Organisation of Mental Health Care 2023-25 was approved (Cabinet of Ministers, 2022). It focuses on the development of outpatient and community-based mental health services, and aims to reduce the number of psychiatric hospital beds. It also emphasises the importance of promoting early diagnosis of mental illnesses, ensuring timely and subsequent treatment, and providing high-quality medical rehabilitation. The main barrier to implementation has been ensuring availability of resources as the plan was not funded.

7 Key findings

- At 74.8 years, life expectancy at birth in Latvia in 2022 was 6 years below the EU average, but this masks a very wide gender gap: life expectancy for men was only 69.8 years in 2022, which is nearly 10 years less than for women (79.6 years). During the three-year period of the pandemic, there was a drop in life expectancy in Latvia of 0.9 years, and despite gains in 2022, it has not yet reached pre-pandemic levels. Only half of the Latvian population reports being in good health.
- Smoking and alcohol consumption are important contributors to ill health in Latvia, especially among men. Although the smoking rate among adults fell to 23 % in 2019, this is still much higher than the EU average (19 %). Obesity is also much more prevalent in Latvia than across the EU. In contrast, overall heavy drinking among Latvians is much lower than the EU average, but this masks considerable differences in consumption by gender, with 6.5 % of women but 24 % of men reporting heavy drinking. In recent years, a wide range of health promotion activities have been put in place to raise awareness and encourage behaviour change.
- Latvia has a tax-based national health service. The state is the main purchaser of health services from a mix of public and private providers. Health spending per capita has more than doubled in Latvia in the past decade, although it remains among the lowest in the EU. During the COVID-19 pandemic, additional resources were allocated to the health system, and these were instrumental in supporting the country's pandemic response.
- Out-of-pocket spending on healthcare is high in Latvia, particularly for outpatient pharmaceuticals, and 5.4 % of Latvians reported unmet needs for medical care in 2022. Access to healthcare is also hampered by annual treatment quotas and low service tariffs, which result in long waiting times and lead many patients to pay for private healthcare. Some mechanisms are in place to protect people from catastrophic spending or underutilisation of required services, but socioeconomic inequalities in access to healthcare persist.
- Between 2011 and 2019 there was a decrease in mortality from both preventable and treatable causes. Nevertheless, the treatable mortality rate in Latvia was more than double the EU average in 2020, driven by high rates of mortality from ischaemic heart disease and stroke. There was no significant reduction in mortality rates within 30 days of hospital admission for heart attack and stroke between 2011 and 2021, and they remain high.
- Health workforce shortages also contribute to waiting times for elective care and geographical inequalities in access to medical care. Latvia has implemented a range of retention policies in recent years to improve availability of services, particularly in rural areas. These included significant pay rises between 2018 and 2021 and other financial incentives. A new initiative to standardise remuneration procedures and improve both pay and working conditions for medical professionals is under development.
- The COVID-19 pandemic has highlighted the need for major investment in the Latvian health system to strengthen its resilience. Some 10 % of the total budget of EUR 1.8 billion for Latvia's Recovery and Resilience Plan is for investments and reforms in the health sector, with a particular focus on upgrading hospital and outpatient infrastructure. Advancing digitisation of the health system and increasing the uptake of digital solutions to ensure access to care are also key components of a new Digital Health Strategy (2023-29).
- Latvia has one of the highest male suicide rates in the EU, and undiagnosed depression among men is an important public health issue. Mental healthcare was made a major priority area in health policy. A new Plan for the Improvement of the Organisation of Mental Health Care 2023-25 was recently approved, focusing on development of outpatient and community-based mental health services, provided the necessary funding can be found.

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Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovakia	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

State of Health in the EU

Country Health Profile 2023

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2023 edition of the Country Health Profiles provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- For the first time in the series, an account of the state of mental health and related services within the country.

Complementing the key findings of the Country Health Profiles is the Synthesis Report by the European Commission.

For more information, please refer to: ec.europa.eu/health/state

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