

Latvia

Health at a Glance provides the latest comparable data and trends on population health and health system performance. This Country Note shows how Latvia compares to other OECD countries across indicators in the report.

How does Latvia perform overall?

This section shows key indicators, and also how often Latvia is above the OECD average on relevant indicators (where data are available for Latvia).

Health status



Key indicators:

Life expectancy was 73.1 years, 7.2 years below the OECD average. Preventable mortality was 364 per 100,000 (higher than the OECD average of 158); with treatable mortality at 167 per 100,000 (higher than the OECD average of 79). 13.1% of people rated their health as bad or very bad (OECD average 7.9%). Diabetes prevalence was lower than the OECD average.

Latvia performs better than the OECD average on 16% of indicators

(Based on 19 indicators, data missing for 0 indicators)

Risk factors



Key indicators:

Smoking prevalence, at 22.6%, was higher than the OECD average of 16.0%. Alcohol consumption was higher than the OECD average; at 12.2 litres per capita versus 8.6. Obesity prevalence was 23.9%, close to the OECD average of 25.7%. There were 58.6 deaths from air pollution per 100,000 population (OECD average 28.9).

Latvia performs better than the OECD average on 50% of indicators

(Based on 12 indicators, data missing for 1 indicator)

Quality of care



Key indicators:

Acute care: 30-day mortality after stroke was 20.5% (OECD average 7.8%), and 15.9% after AMI (OECD average 6.8%). Primary care: Data on avoidable admissions was not available. Safe prescribing: Latvia prescribed less antibiotics than on average in the OECD. Preventive care: 31% of women were screened for breast cancer, less than the OECD average of 55%.

Latvia performs better than the OECD average on 56% of indicators

(Based on 25 indicators, data missing for 8 indicators)

Access to care



Key indicators:

All of the population is covered for a core set of services. 57% of people were satisfied with the availability of quality healthcare (OECD average 67%). Financial coverage, with 69% of spending covered by mandatory prepayment, was lower than the OECD average of 76%. Out-of-pocket spending, at 27% of health expenditure, was higher than the OECD average of 18%. 4% of the population reported unmet needs (OECD average 2.3%).

Latvia performs better than the OECD average on 29% of indicators

(Based on 14 indicators, data missing for 4 indicators)

Health system resources



Key indicators:

Latvia spends \$3445 per capita on health, less than the OECD average of \$4986 (USD PPP). This is equal to 8.8% of GDP, compared to 9.2% on average in the OECD. There are 3.4 practising doctors per 1,000 population (OECD average 3.7); and 4.2 practising nurses (OECD average 9.2). Latvia has 5.2 hospital beds per 1,000 population, more than the OECD average of 4.3.

Latvia is above the OECD average on 23% of indicators

(Based on 30 indicators, data missing for 2 indicators)

Note: Overall comparisons of health status, risk factors, access, quality and resources are unweighted and therefore not measures of performance; OECD averages for quality of care are based on Chapter 1 (and differ slightly from averages in Chapter 6 due to differences in country coverage)

On which indicators does Latvia perform well or badly?

The graphs below show selected indicators from *Health at a Glance 2023* where the performance of Latvia deviates markedly from the OECD on average. For more details on the data presented, please refer to the full report, using the graph references provided (e.g. g5.1).

Latvia: ● Better ● Worse ● Higher ● Lower ● OECD average ● Other OECD countries

