



General data

POPULATION, 2023

1,877,445

PHYSICIANS / 1,000 INH, 2021

3.37

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

22,502

HEALTH EXPENDITURE (% GDP), 2021

9.03

UNIVERSAL HEALTH COVERAGE, 2021

75



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC

LEVEL OF DEVELOPMENT



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National Association: Palliative Care Association of Latvia.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Latvia

F Provision of PC (Specialised Services)

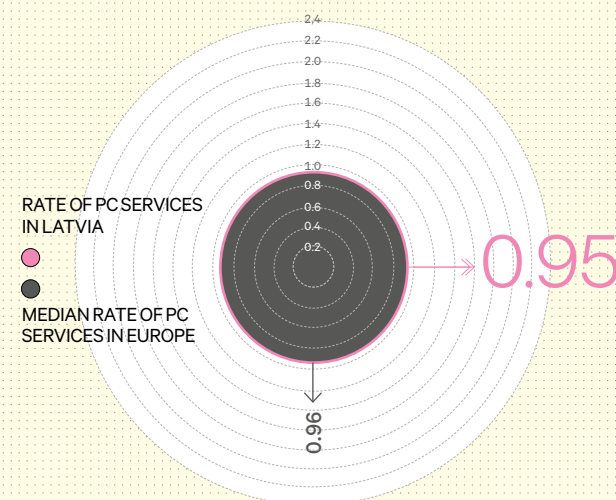
Total number of Specialised PC services

18

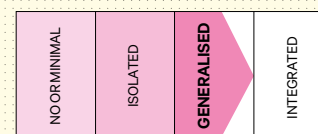
Rate of PC services per 100,000 inhabitants

0.95

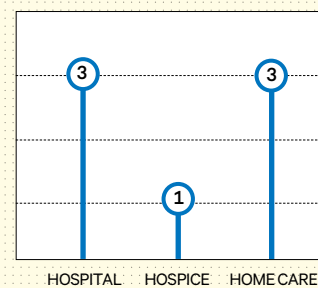
Latvia in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER

3



Latvia

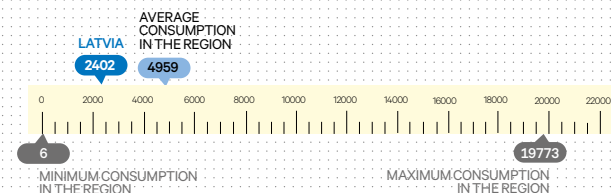
D Use of essential medicines



Opioids consumption (excluding methadone)

2,402
S-DDD/MILL INHABITANTS/DAY

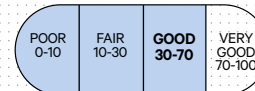
Latvia in the context of European region



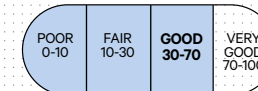
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

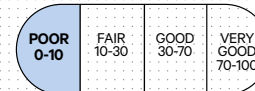


IN RURAL AREAS %

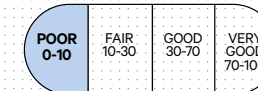


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

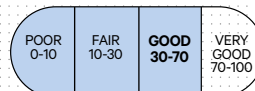


IN RURAL AREAS %

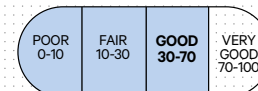


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



8/8

Nursing schools with mandatory PC teaching



N/A

PC Full Professors



1

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



Inclusion of PC in the basic health package at the primary care level



A Empowerment of people and communities











Groups promoting the rights of PC patients




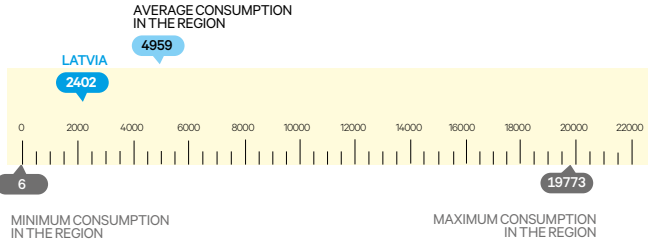








Advanced care planning-related policies








Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).	The Children's Palliative Care Society, and the Foundation 'Hospiss LV' and Palliative Care Association of Latvia are groups in the country promoting the rights of patients in need of palliative care, their caregivers, and disease survivors.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	No evidence.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, and actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Palliative care is under the responsibility of the MoH and the Ministry of Welfare. In 2024, the Cabinet of Ministers approved Regulation No 112 'Palliative Care Regulations'. Palliative care is widely included in the Rare Diseases Plan 2023-2025, in regulation No 774, 25 October 2022 "On the conceptual report <i>On the situation in palliative care in Latvia and necessary changes to ensure access to palliative care services</i> , in Order No 774, 15 December 2020 "On Social Protection and Labour Market Policy Guidelines 2021-2027", in regulation No 616, 1 September 2021 <i>On the Social Services Improvement and Development Plan 2022-2024</i> , in regulation No 231, 30 March 2022 <i>On the Latvian Recovery and Resilience Mechanism Plan</i> , regulation No 292, 28 April 2021; the Latvian National Development Plan 2021-2027, Public Health Guidelines 2021-2027, Regulation No 359, 26 May 2022 <i>On the Health Service Improvement Plan for Oncology 2022-2024</i> , and in regulation No 493, 6 July 2022. Indicators on the "Pro-

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators exist, but have not been updated (implemented out of the determined period).	vision of palliative care at the patient's place of residence, day hospital, inpatient, including the procedure for transition (...) and for 'Referral of cancer patients to rehabilitation or palliative care based on evidence based on internationally recognised assessment tools (...)', have been developed under two European Social Fund projects.
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	According to Medical Treatment Law, the Cabinet of Ministers shall determine the procedure for organising, financing and receiving palliative care. Other regulations include the <i>Procedures for the Organisation of and Payment for Health Care Services</i> , Cabinet of Ministers Regulation No. 555, 28 August 2018; or the regulation n° 112 Palliative Care Regulations, ruling the organisation, reception and financing of palliative care (February 2024). Additionally, Latvia has the Law on Social Services and Social Assistance, and the <i>Regulations on psychosocial rehabilitation services for children in palliative care and their family members</i> , by the Cabinet of Ministers Regulation No 766 of 19 December 2017.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  Does not have concrete functions or resources (budget, staff, etc.)	In Latvia, palliative care is under the responsibility of two ministries: the Ministry of Health and the Ministry of Welfare.

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>4</p> <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>There are a number of palliative care-related conferences such as the 1st Latvian International Palliative Care Conference, the first Baltic Palliative Care Specialists Conference, the International Palliative Care Summer School 2024, the International Palliative Care Summer School 2023, and the International Palliative Care Summer School 2022.</p>
<p>Ind7:1</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	<p>1</p> <p>Minimal or nonexistent number of articles published on the subject.</p>	<p>Although there is some research presented regularly in poster and oral presentations at international conferences and congresses, there have been nearly no publications registered in biomedical databases in the last 5 years.</p>
<p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p>	<p>1</p> <p>There are no national research calls at all.</p>	<p>No evidence found.</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>2,402</p> <p>S-DDD PER MILLION INHAB / DAY</p> <p>COUNTRY VS REGION</p>  <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p>	

<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>	<p>3</p> <p>3</p>	<p>Essential medicines for pain in palliative care in the country are available. The available registered medicines can be found in the State Agency of Medicines Republic of Latvia- National Register of Medicinal Products. However, there is a need to improve the planning and organisation processes of opioid supplies in pharmacies across the country.</p>
<p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>1</p> <p>1</p>	<p>As per information obtained from the State Agency of Medicine of the Republic of Latvia website, there is not immediate-release oral Morphine forms; however it is possible to prepare the solution individually.</p>
<p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>	<p>3</p> <p>3</p>	<p>According to the State Agency of Medicine of the Republic of Latvia, opioids are available in different forms: oral (tablets, solution, buccal), transdermal patches, solutions for intramuscular and intravenous, subcutaneous administration. However, the market for medicines in Latvia is small and there may be delays in the delivery. However, there is a need to improve the planning and organisation process of opioid supplies in pharmacies across the country. The list of reimbursable medicines is regularly reviewed and updated.</p>

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p>	<p>8/8</p> <p>0/8</p> <p>N/A</p> <p>N/A</p> <p>1</p> <p>Yes</p>	<p></p> <p>As per <i>Regulations on the competence of medical practitioners and medical students in medical education programmes and the scope of their theoretical and practical knowledge</i> Cabinet of Ministers Regulation No 617, 24 September 2024' palliative care is included in mandatory teaching in all medical schools: 1st) Riga 1st Medical College of the University of Latvia, 2nd) P. Stradiņš Medical College, University of Latvia, 3rd) Riga Medical College, University of Latvia, 4th) Riga Stradiņš University Red Cross Medical College, 5th) Daugavpils University Agency 'Daugavpils Medical College of Daugavpils University', 6th) Riga Stradiņš University, University of Latvia, 7th) Daugavpils University. In summary, medical study programmes for doctors, nurses, physician assistants and nurse assistants as theoretical and practical training in palliative care exists as a separate course or as integrative part in other courses. In Latvia, there are 16 certified palliative care specialists (doctors). Palliative care specialists, as well as other specialties such as oncologists, etc., provide training in palliative care for students.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>Palliative care is a subspecialty under the name 'Palliative Care Specialist' study course at Rīga Stradiņš University, Department of Residency.</p>

<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Not at all.</p> <p></p> <p>Found in many parts of the country.</p>	<p>PC specialists provide outpatient consultations in 4 hospitals: Pauls Stradiņš Clinical University Hospital, Riga East Clinical University Hospital, Jēkabpils Regional Hospital, and Liepāja Regional Hospital. A general practitioner or specialist may prescribe home healthcare services for a palliative patient if he has mobility problems. In-patient PC is provided through inpatient units in 7 hospitals: Pauls Stradiņš Clinical University Hospital, Riga East Clinical University Hospital and the five regional hospitals: Liepāja Regional Hospital, Mazsalaca Hospital, Irlava Hospital, Vidzemes hospital, Daugavpils Regional Hospital, North Kurzeme Regional Hospital. Since January 2024, a hospice service (for adults with a life expectancy of up to 6 months) provides by a mobile PC team, comprising healthcare, social care and psychosocial rehabilitation services. Mobile Home hospice services are provided by 4 service providers throughout Latvia. The National Health Service has set certain requirements for each service provider in terms of the number of specialists in mobile teams, based on the population.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>0.95</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>18</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>3</p> <p>PPC TEAMS</p>	<p>Two specialised palliative care services for children have been established in Latvia: at the Children's Clinical University Hospital and Liepāja Regional Hospital in collaboration with the Children's Palliative Care Society. These interdisciplinary palliative care teams (doctors, nurses, social workers, chaplains, psychologists) provide outpatient consultations to patients and their families members in palliative care offices, palliative home care, telephone consultations and online consultations throughout the country.</p>