



Health in the Baltic Countries 2014

23rd edition



Slimību profilakses un kontroles centrs



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Health in the Baltic Countries 2014

23rd edition

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Abbreviations and symbols:

Estonia	EE	
Latvia	LV	
Lithuania	LT	
European Union (28 countries)	EU-28	
Data not available	...	

When using or quoting the data included in this issue, please indicate the source.

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PREFACE

“Health in the Baltic Countries 2014” is the twenty third edition of the series and is aimed at providing a basis for the comparison of health statistics of the three Baltic states – Estonia, Latvia and Lithuania.

The report presents an overview of the Baltics’ health related indicators in 2014 compared with previous years. The publication is divided into three chapters. The first chapter includes information concerning socio-economic data, population structure, life expectancy, healthy life years, health behaviour and fertility indicators. The second chapter focuses on mortality and morbidity. The last part compares health care services and resources and their use.

The most important sources of data for this publication were various institutions, registries and national statistics offices. World Health Organization Health for All database, Eurostat database and Organisation for Economic Co-operation and Development database were the sources for data of other European countries and the European Union average.

More information can be found from the countries’ health related institutions and national statistics offices websites, and their online databases. The main references are presented on the back cover.

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POPULATION AND HEALTH STATUS

General

The population in all three Baltic countries has been decreasing steadily during the last decades. At the beginning of 2015, the population of Lithuania was 2.92 million, in Latvia 1.99 million, and in Estonia 1.31 million people. Comparing to the year 2005, it is 13% less for Lithuania, 12% less for Latvia and 3% less population for Estonia.

The share of the working-age people from total population has remained over 60% for every Baltic country since the beginning of 2003, but it is mainly due to raise of the official upper working age limits. In 2003, the retirement age for men was 61 years in Latvia and Lithuania and 63 years in Estonia. For women it was 58 years in Estonia and Latvia and 57 years in Lithuania. In the beginning of 2015, the earliest official age for retirement was 61 years for Lithuanian women and the latest age for retirement was 63 years for Estonian and Lithuanian men.

The unemployment rate among working-age population is highest in Latvia – 11.1%, followed by Lithuania – 10.9% and Estonia – 7.7%. Occupationally most active elderly people are in Estonia. The employment rate among people aged 65–74 in Estonia is 20.2%, which is about twice as high as in Lithuania, where it is 9.7%.

In 2014, the monthly average gross wage in Lithuania was one-third lower and in Latvia about a quarter lower than in Estonia. But Estonia has claimed to be the country with the biggest gender pay gap in Europe. According to Eurostat data for 2013, the gap reached almost 30%, which is two times higher compared to Lithuania and Latvia. Although the monthly average gross wage and average old-age pension differs in all three countries, the average ratio of old-age pension to monthly gross wage is quite similar, accounting for about 35%.

Population and life expectancy

The population structure of the three Baltic countries is characteristic to the ageing society. An interesting fact occurs at the proportion of young people aged 15–24 in 2005 within ten years perspective. That is, in 2015, when this group has reached the age 25–34, their number has decreased for 5% on

average in Estonia, for 20% in Latvia, and even 25% for Lithuania. One reason for this difference stems from mortality. Although the mortality rates for younger age groups have declined significantly in all three Baltic countries during the decade, the differences between countries have remained. Over these years, the death rates for the age group 15–34 in Lithuania have been on average one-third higher than in Estonia, while the average difference of Estonian and Latvian rates has been only about 2%. The major reason behind the decrease in younger age groups population in Latvia and in Lithuania is bigger emigration rates. According to Eurostat data for the period of 2004 to 2014, emigration has exceeded immigration in all three countries. But in Lithuania and Latvia the migration rates per population have been on average four and a half times higher than in Estonia.

The average natural increase per 1000 population during the period 2004–2014 is negative for all three Baltic countries: -1.2 for Estonia, -4.3 for Latvia and -3.8 for Lithuania. The only time the number of births exceeded the deaths occurred in 2010 in Estonia, while the natural increase rate was 0.03. However, since 2011 the birth rate in Estonia has been declining, whereas in Latvia and Lithuania it is moving upward.

The average life expectancy (LE) at birth is below the European Union (EU) average for all three Baltic countries. In 2014, the EU average LE was 78.1 years for men and 83.6 years for women. Among men, Latvia and Lithuania have the lowest LE rates in EU (69.1 and 69.2 years respectively), Estonian men are in the sixth place from behind (72.4 years). It means that men's life span in Latvia and Lithuania is about 9 years and in Estonia approximately 6 years shorter than EU average. The life span of women in Latvia is about four years, in Lithuania about three and a half years and in Estonia almost two years shorter than EU average (LE rates respectively: 79.4, 80.1 and 81.9 years).

Comparing to 2004 the LE at birth has increased for both men and women in all three Baltic countries. The biggest growth appeared for Estonian men – 5.7 additional years of life gained. The increase in life years for Latvian men was 5.3 and for Lithuanian men 4.5 years. Among women, the growth was expressed in 2.4 additional years in Lithuania, 3.4 years in Latvia and 3.9 years in Estonia.

The LE for women is generally higher than for men, and the difference is 5.5 years on average in EU. But the biggest gender gap in life expectancy is again

represented in the Baltic countries with 9.5 years in Estonia, 10.3 years in Latvia and 10.9 years in Lithuania.

Although Estonia has longer average LE among the Baltics, the proportion of time lived without health-related limitations affecting daily activities, or so called healthy life years (HLY), are higher in Lithuania – 57.6 years for men and 61.7 years for women. In 2014, HLY formed 83% of the total LE among Lithuanian men, comparing to 75% of Latvian and 73% of Estonian men. For women, HLY formed 77% of the LE in Lithuania and 70% for Estonian and Latvian women.

Health behaviour

According to the “Finbalt Health Monitor” 2014 survey results, the Lithuanians are the most physically active in the Baltics – about one-third of men and one-fifth of women reported that they do leisure time physical exercise at least 30 minutes on 4 or more days a week. Only 16% of both Estonian men and women and about one-tenth of both Latvian men and women reported the same.

Latvian men and women reported the highest scores on the health status indicator assessing their health to be good or reasonably good – 67% of men and 58% of women rated so. At the same time 52% of Latvian men and one-fifth of women declared to be daily smokers. In contrast, about one third of Lithuanian and Estonian men and a bit more than one-tenth of women reported to smoke daily.

Fresh fruits are eaten most in Estonia – both 71% of men and women reported that they eat fruits at least 3 days a week. Fresh vegetables are eaten most by Latvian and Lithuanian women – approximately three-quarters of females in both countries.

Comparing the 2014 and 2010 survey results, one of the most positive trends is that the proportion of both men and women consuming strong alcohol often, i.e. at least few times a month, has decreased in all three countries. The biggest change appears in Estonia – 13% for men and 15% for women, and for Latvian women – 15%. The amount of people who did not consume strong alcohol at all has increased also. The biggest change – over 25% – occurs among Latvian and Lithuanian women.

Fertility and abortions

Having children is postponed increasingly to a later age. The birth rates have been declining among younger women aged 15–24 years and increasing in the older age groups from 25 years of age, when comparing 2004 and 2014. The mean age of women at birth of first child has risen very similarly in all three Baltic countries throughout the whole period. If in 2004 the average age of women giving birth to the first child was 24.8 years, then for the year 2014 it has risen to 27.1 years. The EU average in 2014 was 28.8 years, which means that mothers in the Baltics on average are only about 1.7 years younger when giving birth to their first child.

Legally induced abortions in the period 2004–2014 have decreased the most in Latvia – 63%, reaching 24.8 abortions per 100 live births in 2014. In Lithuania the decline has been 52% and in Estonia 47%. Abortions ratio in 2014 in Lithuania was 17.2 and in Latvia 38.0 abortions per 100 live births. The EU average rate is 21.6 abortions per 100 live births, which means that only Lithuanian indicator is below the EU average. The biggest difference by types of abortions occurs within the legal and therapeutic abortions where Estonian rate is over two times higher than in Lithuania, and Latvian rate is about 40% higher than in Lithuania.

General data

	Estonia	Latvia	Lithuania
Official name of the state	Republic of Estonia (Eesti Vabariik)	Republic of Latvia (Latvijas Republika)	Republic of Lithuania (Lietuvos Respublika)
Independence Day	24 February (1918)	18 November (1918)	16 February (1918)
Governing body of the state	Parliament (Riigikogu), 101 members, elected for a period of 4 years	Parliament (Saeima), 100 members, elected for a period of 4 years	Parliament (Seimas), 141 members, elected for a period of 4 years
Governmental structure	Republic, the President is elected for the period of 5 years	Republic, the President is elected for the period of 4 years	Republic, the President is elected for the period of 5 years
Area (thousand km ²)	45.2	64.6	65.3
Administrative units at the beginning of 2015	15 counties, 213 administrative units with local governments, incl. 30 cities, 183 rural municipalities	9 cities, 110 counties	10 counties, 60 municipalities, 103 cities and towns
Capital, resident population (thousand) at the beginning of 2015	Tallinn 413.8	Riga 641.0	Vilnius 542.6
State language	Estonian	Latvian	Lithuanian
Currency: Euro=100 cents	Since 2011 1 EUR = 15.6466 EEK	Since 2014 1 EUR = 0.7028 LVL	Since 2015 1 EUR = 3.4528 LTL

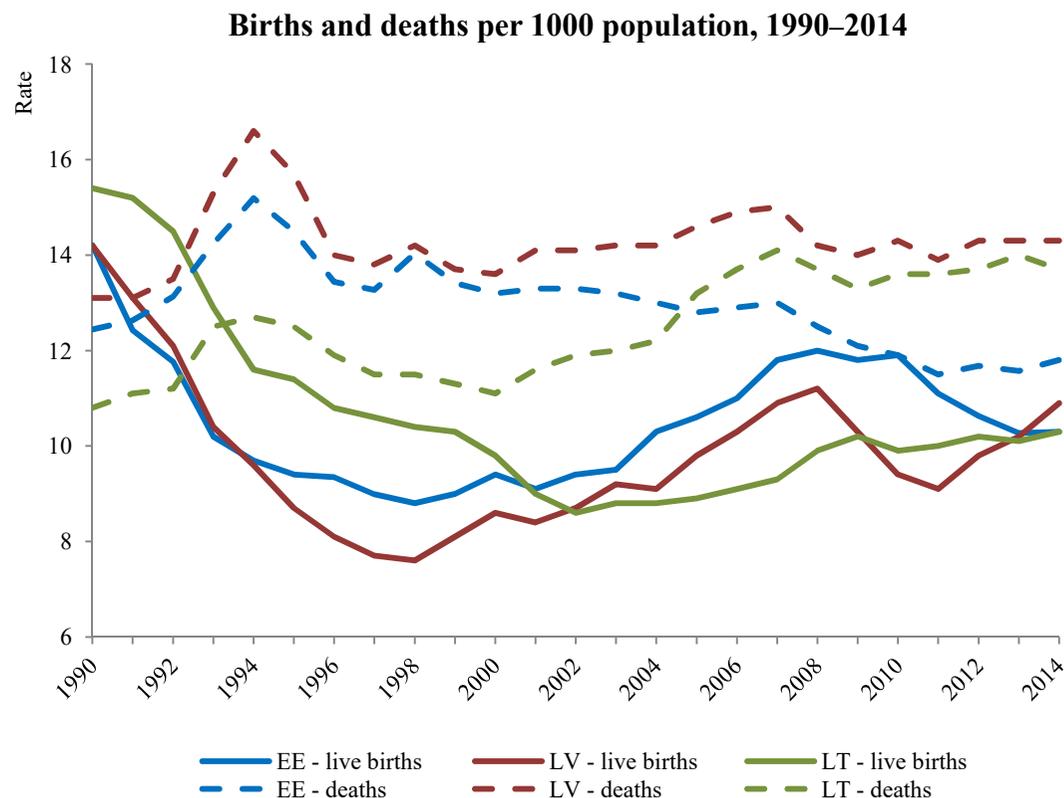
Demographic and socio-economic indicators, 2014

	Estonia	Latvia	Lithuania
Human Development index and world rank (WR)	0.861 WR: 30	0.819 WR: 46	0.839 WR: 37
Gross Domestic Product (GDP) per capita, EUR	15186.0	11824.0	12428.0
Gross National Income (GNI) per capita, EUR	14836.4	11807.0	12278.5
Employment rate among working age population, %	71.2	66.3*	65.7
Employment rate among population aged 65–74, %	20.2	13.0	9.7
Annual average unemployment rate among working age population, %	7.7	11.1*	10.9
Monthly average gross wage, EUR	1005.0	765.2	677.4
Monthly average old-age pension, EUR	345.1	266.3	240.3

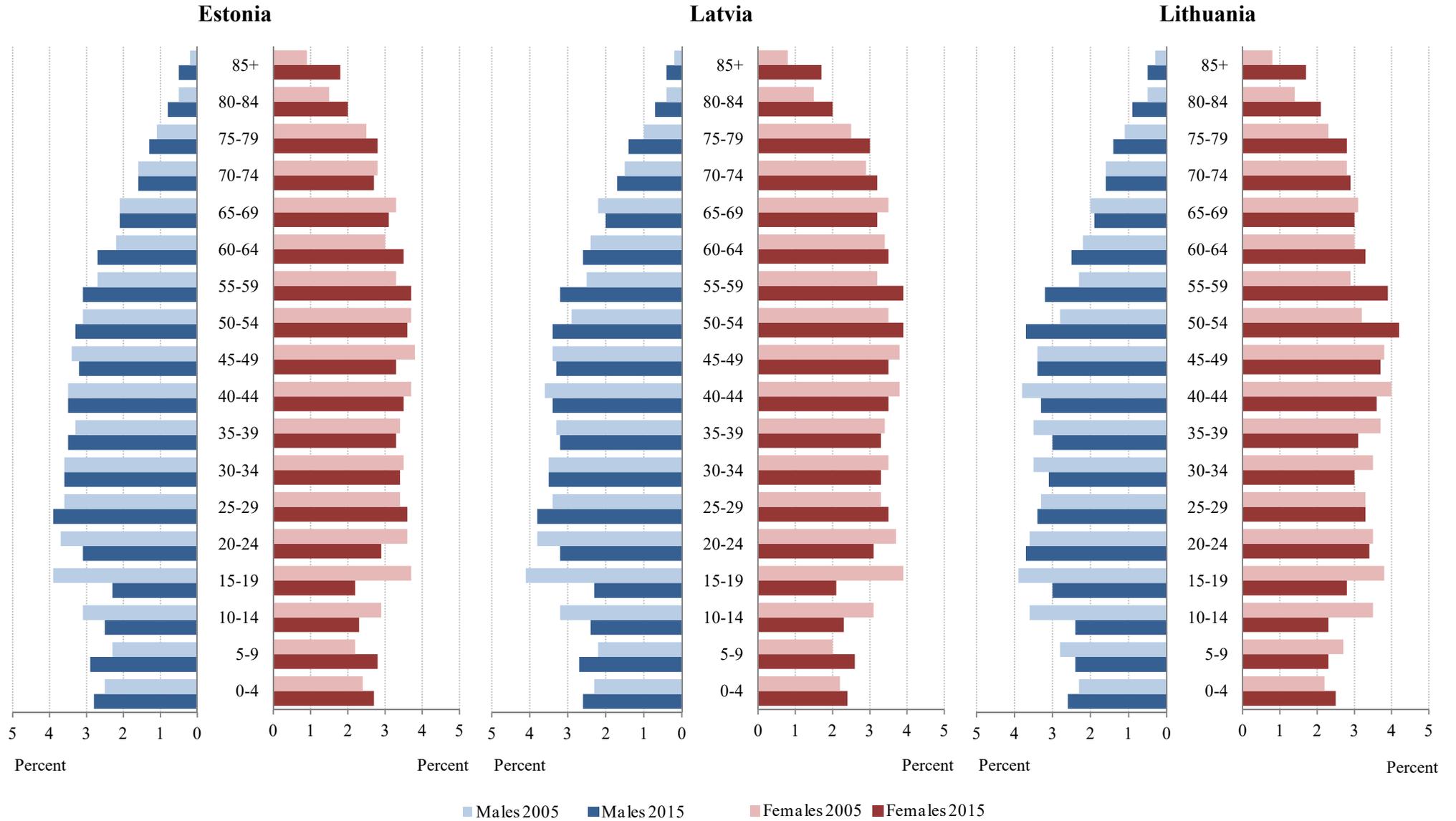
* Population aged 15–64

Total population
on 1st January 2015

	Estonia	Latvia	Lithuania
Population (thousand)	1313.3	1986.1	2921.3
Per 1 km ²	30.2	30.8	44.7
Urban (thousand)	897.3	1348.9	1962.6
% from total population	68.3	67.9	67.2
Rural (thousand)	415.9	637.2	958.7
% from total population	31.7	32.1	32.8
Males (thousand)	614.4	911.2	1346.3
% from total population	46.8	45.9	46.1
Females (thousand)	698.9	1074.9	1575.0
% from total population	53.2	54.1	53.9
Below working age, %	16.8	15.0	15.7
Working age, %	62.1	62.0	62.0
Above working age, %	21.0	23.0	22.3
Working age			
Males	16–63 y.	15–62 y. 6 m.	16–63 y.
Females	16–62 y. 6 m.	15–62 y. 6 m.	16–61 y.

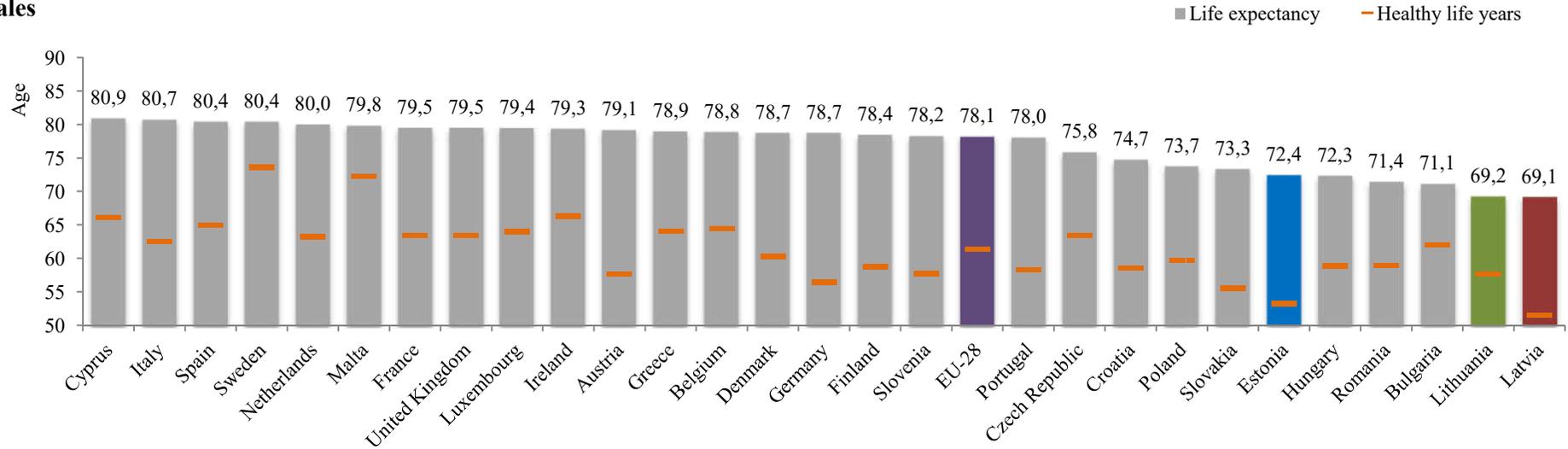


Population structure by sex and age
on 1st January 2005 and 2015 (percentage of total population)

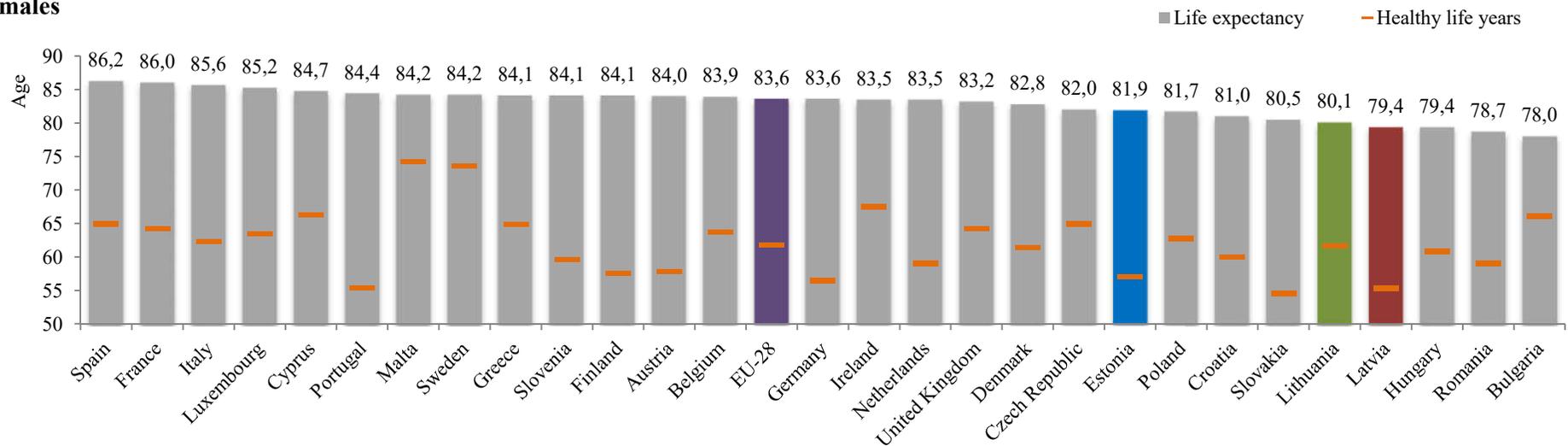


Life expectancy and healthy life years at birth
in EU member states, 2014

Males



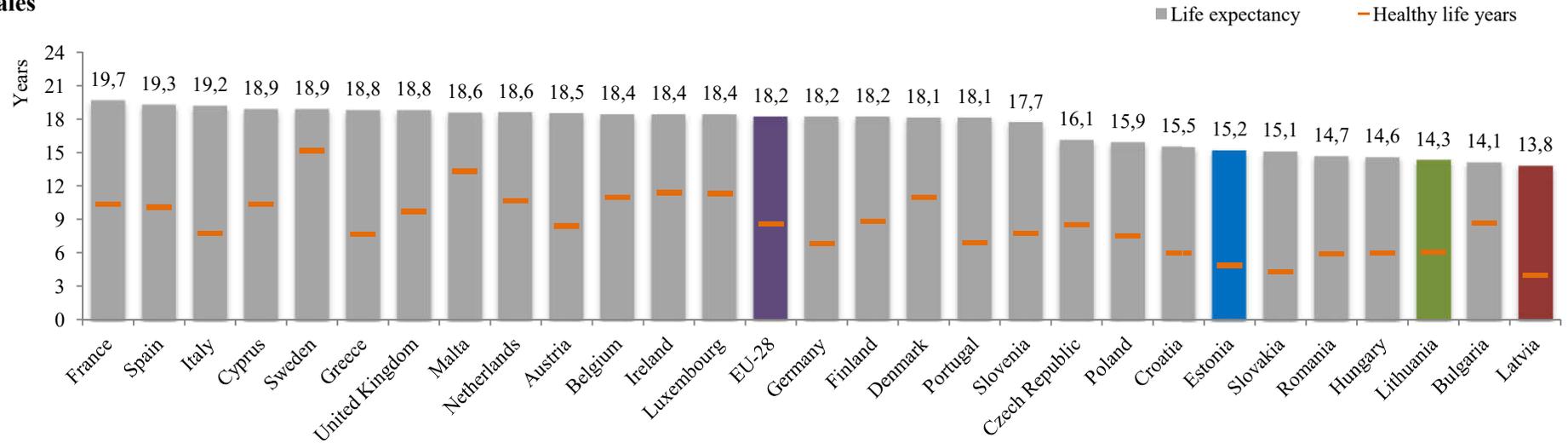
Females



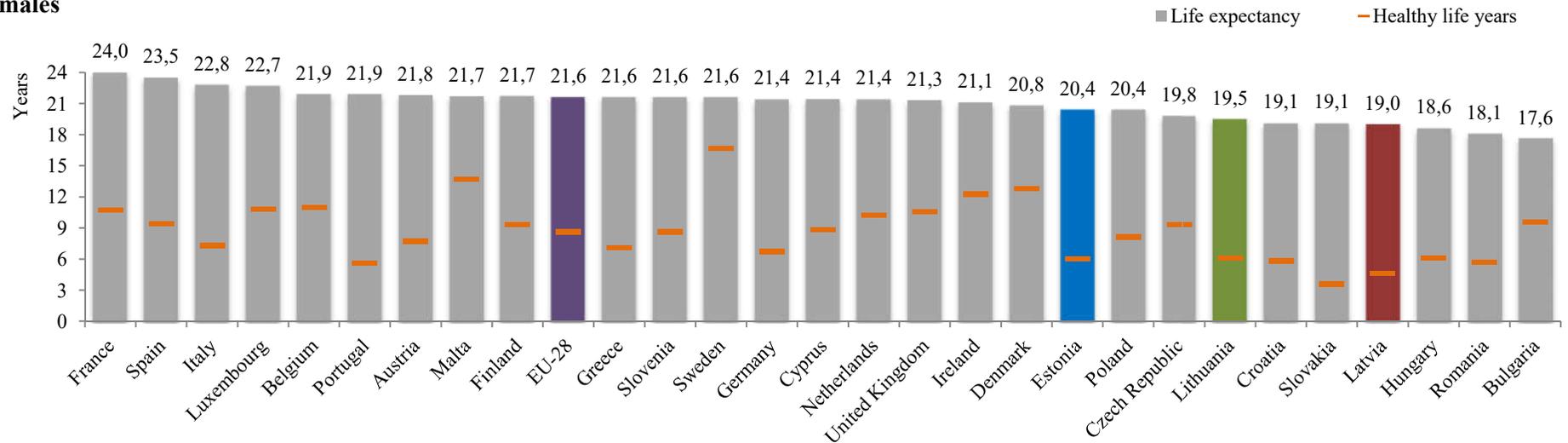
Source: Eurostat

Life expectancy and healthy life years at 65 years of age
in EU member states, 2014

Males

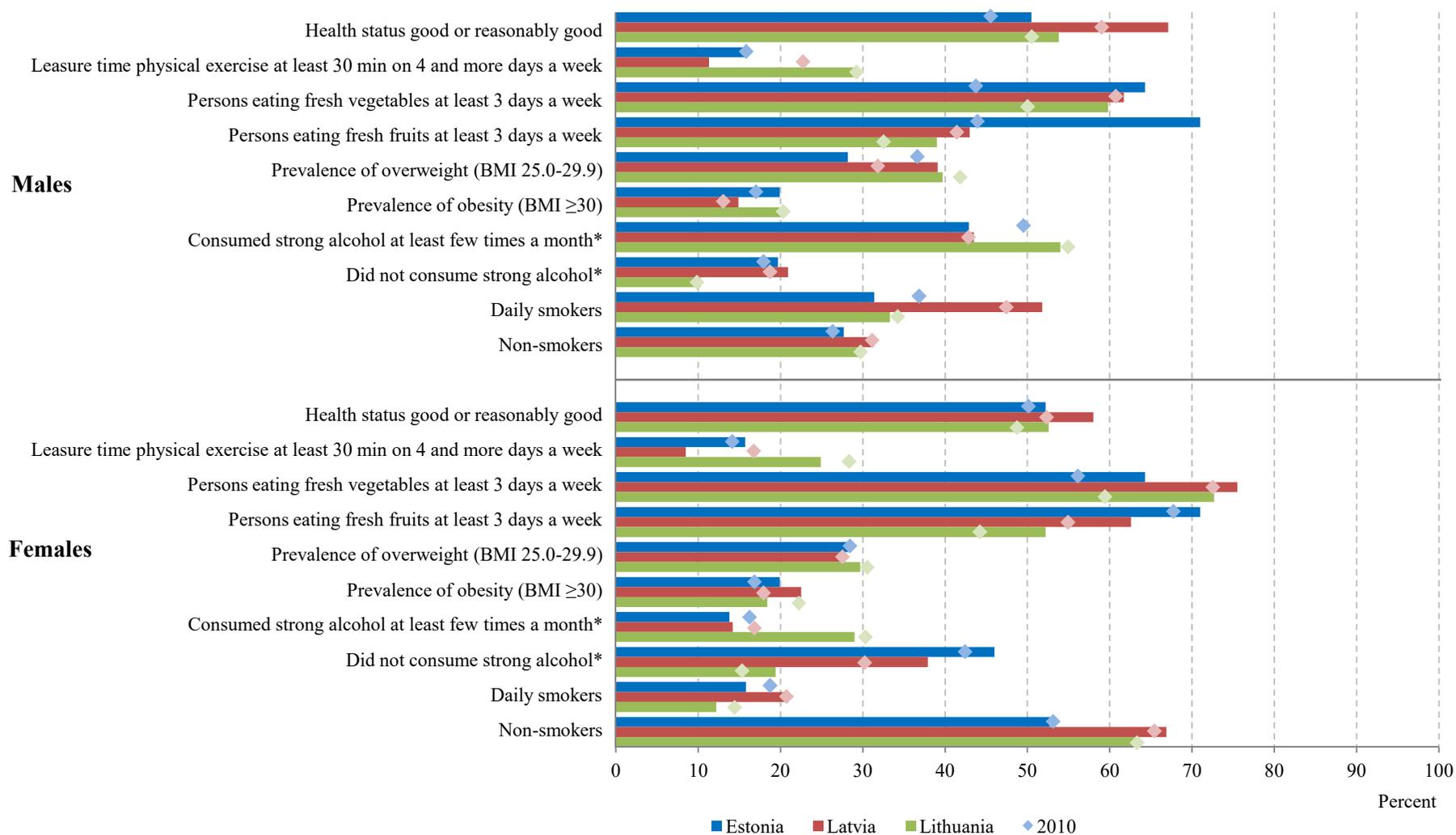


Females



Source: Eurostat

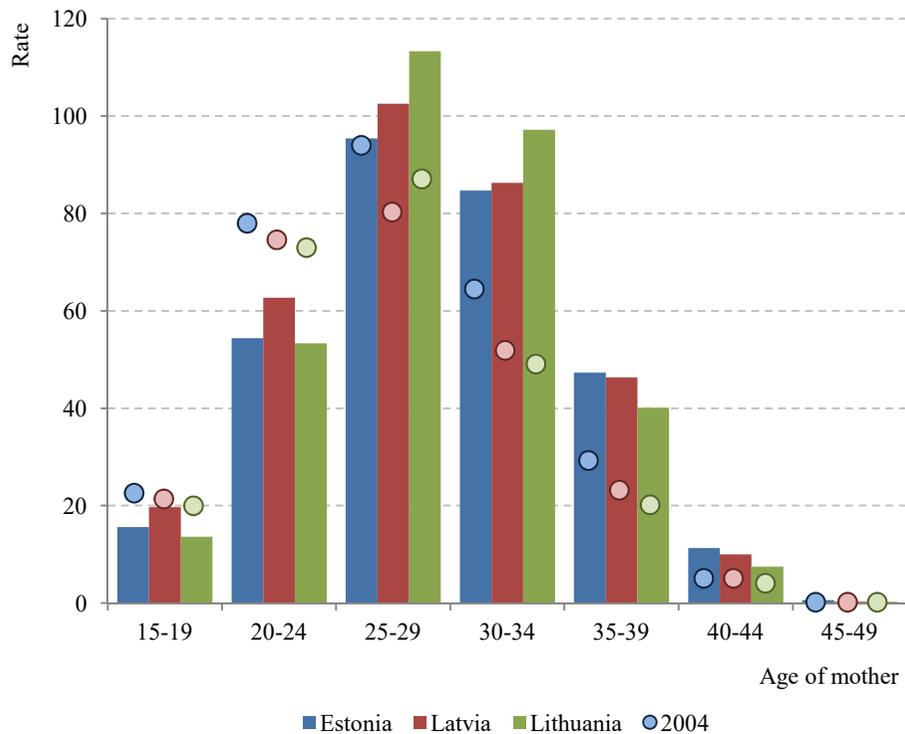
Health behaviour, 2010 and 2014



Note: Proportions (%) from all health behaviour survey respondents; EE ages 16–64, LV 15–64, LT 20–64.

* EE, LT – during the past 12 months; LV – usually.

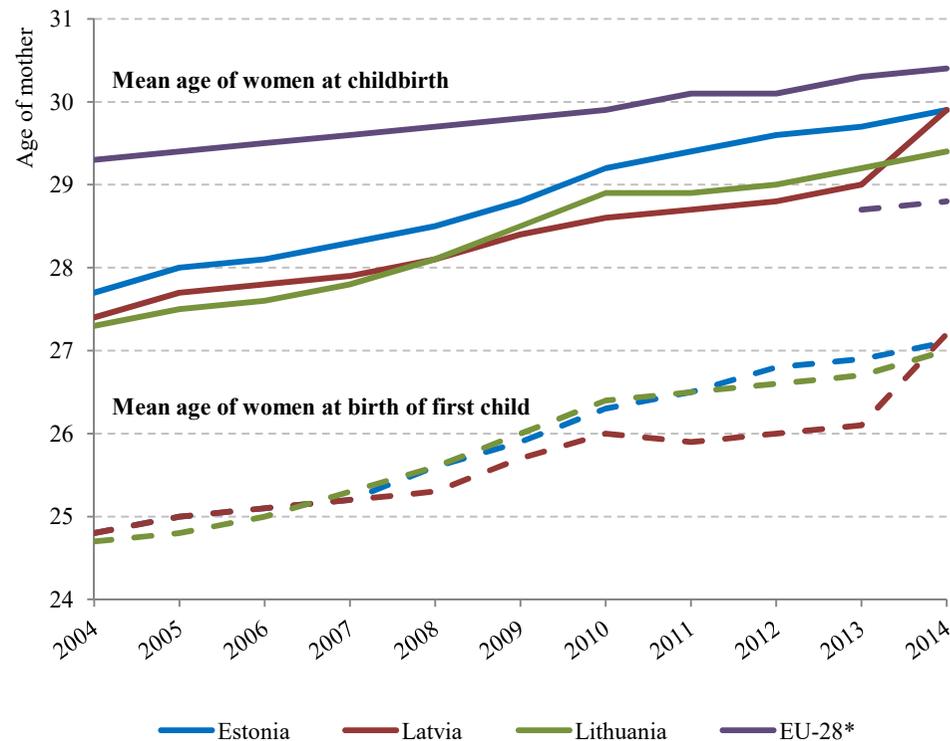
Age-specific fertility rate by age of mother per 1000 females
2004 and 2014



Total fertility rate
2004 and 2014

	2004		2014
	1.5	↑	1.6
	1.2	↑	1.7
	1.3	↑	1.6

Mean age of women at childbirth, 2004–2014

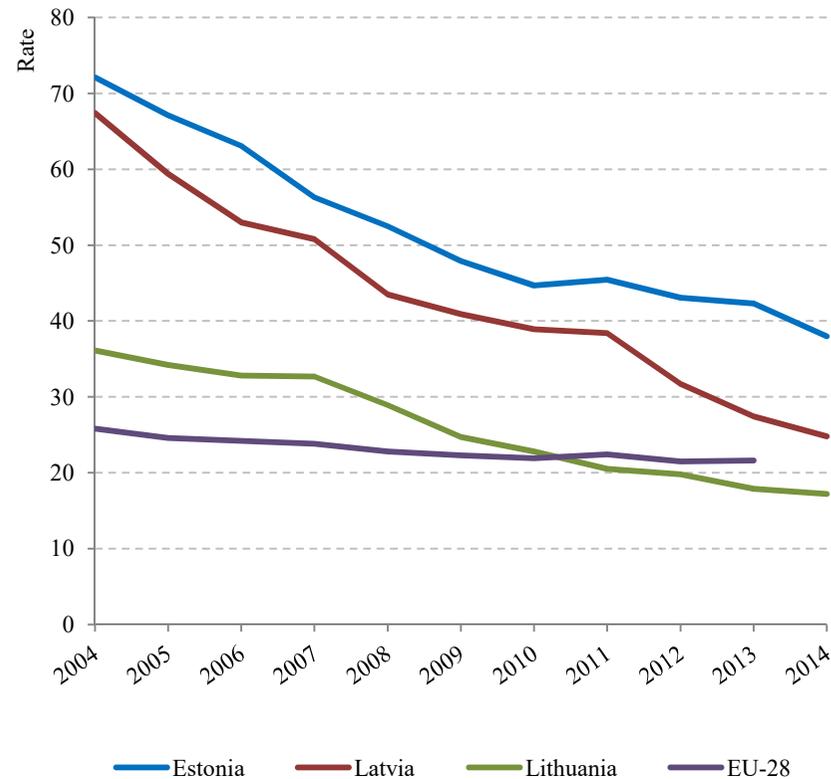


* Mean age of women at birth of first child in EU-28 is available only for 2013–2014.

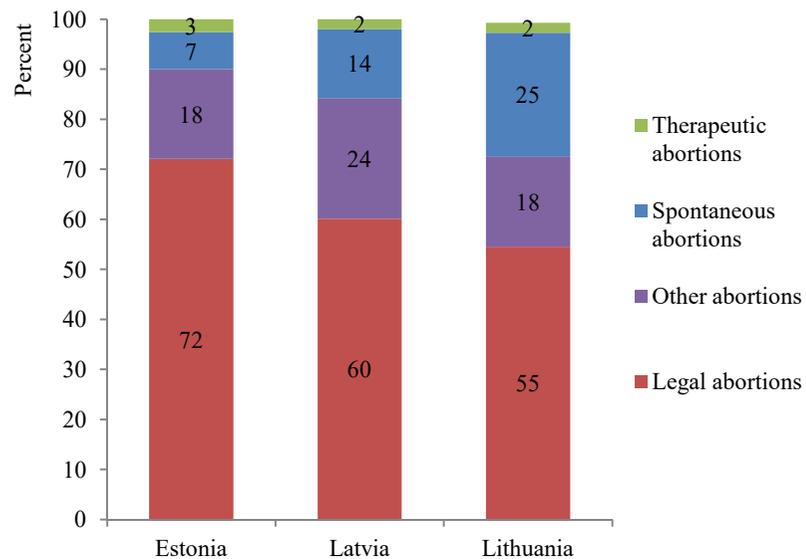
Abortions, 2014

	Estonia	Latvia	Lithuania
All abortions			
Per 1000 women aged 15-49 years	23.5	19.0	13.7
Per 100 live births	51.0	39.8	30.5
Induced abortions			
Per 1000 women aged 15-49 years	17.5	11.8	7.7
Per 100 live births	38.0	24.8	17.2

Induced abortions per 100 live births, 2004–2014



Abortions by type, %, 2014



MORTALITY AND MORBIDITY

Infant mortality

The infant mortality rates have decreased by more than half in all three Baltic countries during 2004–2014. In Estonia, the infant mortality rate has been lower than the European average since 2009. The infant mortality rate in Lithuania decreased below the European average in 2013; and in 2014, the rate in Latvia was only slightly above the European average, which was 3.7 deaths per 1000 live births.

Perinatal conditions are the main cause for infant mortality in all three countries. Its share of all infant deaths is the highest in Latvia. The second leading cause of infant mortality is congenital anomalies with the highest rate in Lithuania. It is notable that one-tenth of infant deaths in Estonia occur due to injuries and poisoning. In Latvia, sudden infant death syndrome accounts for one-tenth of all infant deaths.

Mortality

Overall age-standardised death rates in the Baltics in 2014 were remarkably higher than the European average in 2013. In Estonia, the rates for men were about 40% higher, and in Latvia and Lithuania about 60% higher than in the EU. The death rates for women were 15% higher in Estonia and 30% higher in Latvia and Lithuania than in the EU. The two main causes of death are the same in the Baltics as in the EU – diseases of the circulatory system and cancer. Injuries are the third cause of death in the Baltic countries. In the EU, respiratory system diseases are the third leading cause of death.

The main causes of death in the Baltics are the same for men and women but the death rates vary significantly. Mortality in general is almost two times higher among men, and the largest difference is in deaths caused by injuries and respiratory system diseases – over four times more men than women die due to these causes. In EU on average, death rates due to injuries and respiratory system diseases are about two times higher for men comparing to women.

The overall mortality is about 10% higher in Latvia and Lithuania compared to Estonia. The difference is largest in deaths due to injuries – almost 30% more deaths occur in Latvia, and half again as much in Lithuania than in Estonia.

But mortality from respiratory system diseases is higher in Estonia. Still, about three times more women and one-third more men die due to respiratory system diseases in EU on average than in the Baltic countries.

Circulatory system diseases are the leading cause of death in the Baltics as in most European countries. Deaths due to these diseases account for about half of all the deaths among men and more than 60% among women in the three Baltic countries. In EU, the share of deaths due to circulatory system diseases is slightly below 40%. During 2004–2014, the death rate from circulatory system diseases has significantly decreased for Estonian men, and a small decrease can be seen for Estonian women and Latvian men. In Lithuania and for Latvian women the death rates have, on the contrary, increased.

About 10% of men and 3% of women in the Baltics died due to external causes (injuries, poisoning) in 2014. Death rates vary largely not only between sexes but between age groups. Most injury-related deaths occur in men aged over 45. In EU on average, deaths from injuries are twice as common among men aged 65 and over than among men aged 45–64, i.e. this is rather a cause of death among elderly than for those in working age. In the Baltic countries, the death rates for men from these two age groups have become almost equal. Back in 2004, significantly more men aged 45–64 died because of injuries compared to older men. Similarly to other European countries, there is 70–80% less deaths from injuries and poisonings in women than in men of the same age group. Injury-related deaths, although decreased in the Baltics over the ten-year-period, have remained far more common compared to EU average, especially among working-age men.

The suicide rates in all three Baltic countries started to rise during the restoration of independence in the beginning of 1990s and peaked in the middle of the decade. A slow decline started in mid-1990s, but had some relapses, especially during the economic crisis between 2007 and 2009, when there were more suicides. Altogether, suicide rates have decreased by nearly half since 1996 in Estonia and Latvia, for both men and women. The decline has been slower in Lithuania, where the rate has fallen about 30% for men and 40% for women, remaining still significantly higher than in the other two Baltic countries. Comparing to EU average in 2013, which was 18.5 suicides per 100 000 men, the rates in the Baltics were still 1.5 to 3.5 times higher.

Cancer

In recent years, over 20% more new cancer cases have been registered in the Baltics than in 2004. The increase is similar for men and women, but the morbidity rates have always been higher for men. In Estonia and Latvia, there are about 10% more men's new cancer cases, and in Lithuania even over 20% more new cases compared to women. Latvia has the lowest rate of new cancer cases in the Baltics – mainly because of men's lower prostate cancer rates, and women's lower skin cancer rates.

Prostate cancer is the most common cancer type among men that accounts for one-fifth to one-third of all new cancer cases, depending on the country. Skin and breast cancer are the most common among women, both types accounting for about one-fifth of all new cancer cases. Comparing 2014 to 2004, there has been an increase in all cancer types, but the rates of prostate and skin cancer in men and skin cancer in women have increased the most.

About one-fifth to a quarter of deaths in the Baltics are caused by malignant neoplasms. Age-standardized death rates for men are twice as high than for women. The main cause of cancer mortality among men is lung cancer that accounts for about quarter of all cancer deaths. Among women, breast and colorectal cancer are the most common causes, together accounting for nearly 30% of all cancer deaths for females.

Tuberculosis

Tuberculosis morbidity has decreased by about half in Estonia and Latvia over the last 10 years. In Lithuania, the decline has been slower – by quarter during the same period. The incidence rate in this country has remained almost three times higher than in Estonia, and 40% higher than in Latvia. Still, the number of new cases per population has remained very high in the Baltics, so that WHO has classified all three among 18 high-priority countries in the European region (ECDC, 2014). In addition, the Baltics are among the 15 European countries with a high burden of multidrug resistant (MDR) tuberculosis (WHO, 2015). The share of new MDR cases among all new tuberculosis cases is showing an upward trend in Estonia and Lithuania, while it is slightly declining in Latvia.

Tuberculosis affects more men than women – there are over two times more men among the newly infected in the Baltics. At the same time, co-infection with HIV is quite equally presented among both sexes. In 2014, nearly 8% of

newly diagnosed people with tuberculosis had also HIV in Estonia, and about 3% in the other two Baltic countries. In Estonia, the HIV testing rate of people with diagnosed tuberculosis had reached 97% by 2014, while in Lithuania it was 68%. Of course, the lower comorbidity rates in Lithuania cannot be explained by testing rates alone because the overall rate of HIV infections is also significantly lower in Lithuania than in Estonia.

Mortality due to tuberculosis is the highest in Lithuania, although the death rates are declining in all Baltic countries as are the morbidity rates.

HIV and AIDS

The HIV incidence rates are slightly rising in Latvia and Lithuania, and have declined by more than half in Estonia since 2004. Nevertheless, the HIV rates in Estonia have been significantly higher throughout the last decade. In 2014, the HIV rate in Estonia was 22.1 per 100 000 population. It is nearly 30% higher than in Latvia, and even more than four times higher than in Lithuania. Estonia also has the highest number of new HIV cases per population in the EU.

The change in morbidity rates has been similar for men and women in Estonia and Latvia. In Lithuania, though, over two times more women were diagnosed with HIV in 2014 compared to 2004, while the rate for men had declined slightly since 2004.

The rate of new AIDS cases has decreased by quarter between 2004 and 2014 in Estonia, but has increased more than twice in Latvia and Lithuania. In Estonia, the decrease may be the result of increased testing as well as better treatment: the number of people tested for HIV has doubled in Estonia, meaning that HIV infected people are more likely to be found at earlier stages of the infection than AIDS. More people living with HIV are on antiretroviral therapy, which controls the virus and prevents it from developing into AIDS. On the other hand, all new AIDS cases are probably not registered in Estonia as there have been more deaths due to AIDS than new cases reported throughout the epidemic.

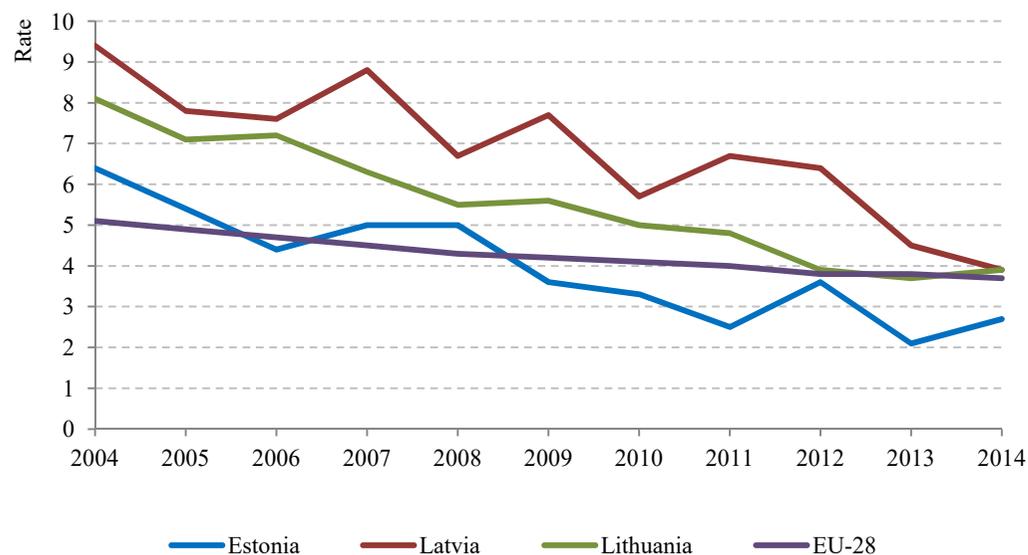
Mortality due to AIDS has risen in all Baltic countries but the growth has been especially rapid in Latvia where the death rate has increased more than seven times. The increase in death rates has been similar for both men and women.

Perinatal, neonatal and maternal mortality, 2014

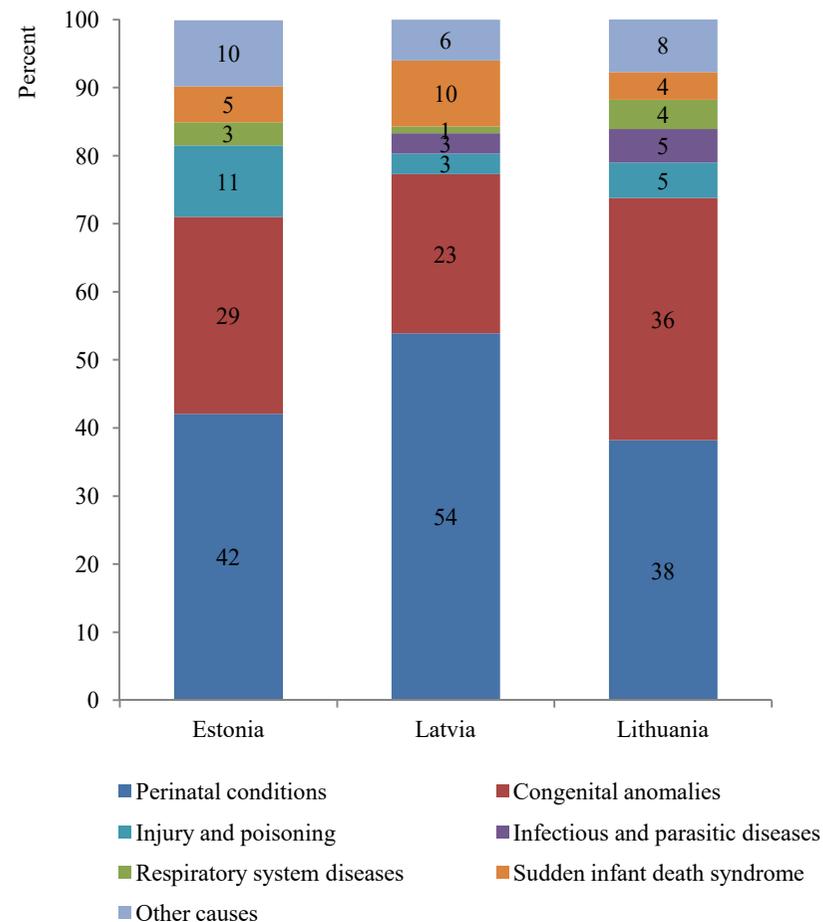
	Estonia	Latvia	Lithuania
Stillbirth rate per 1000 births	3.2	5.2	4.6
Early neonatal mortality per 1000 live births	1.1	2.1	1.6
Perinatal mortality per 1000 births	4.3	7.3	6.2
Neonatal mortality per 1000 live births	1.6	2.8	2.5
Standard perinatal mortality*	3.2	4.8	4.0
Standard stillbirth rate*	2.6	3.6	3.3
Maternal mortality per 10 000 live births	0.0	1.4	3.3

*Birth weight 1000 grams and more

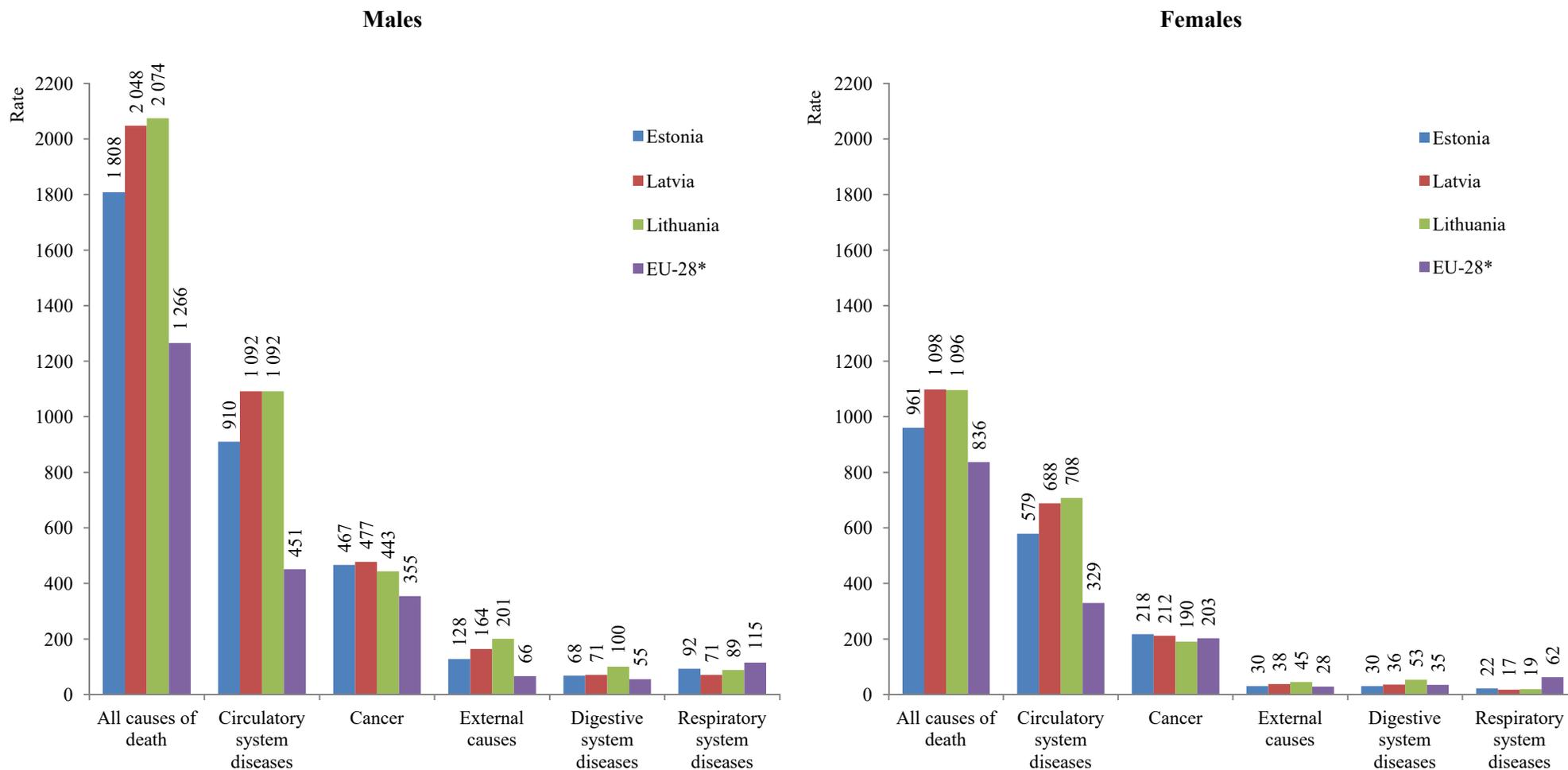
Infant mortality per 1000 live births, 2004–2014



Infant mortality by cause three-year (2012–2014) average



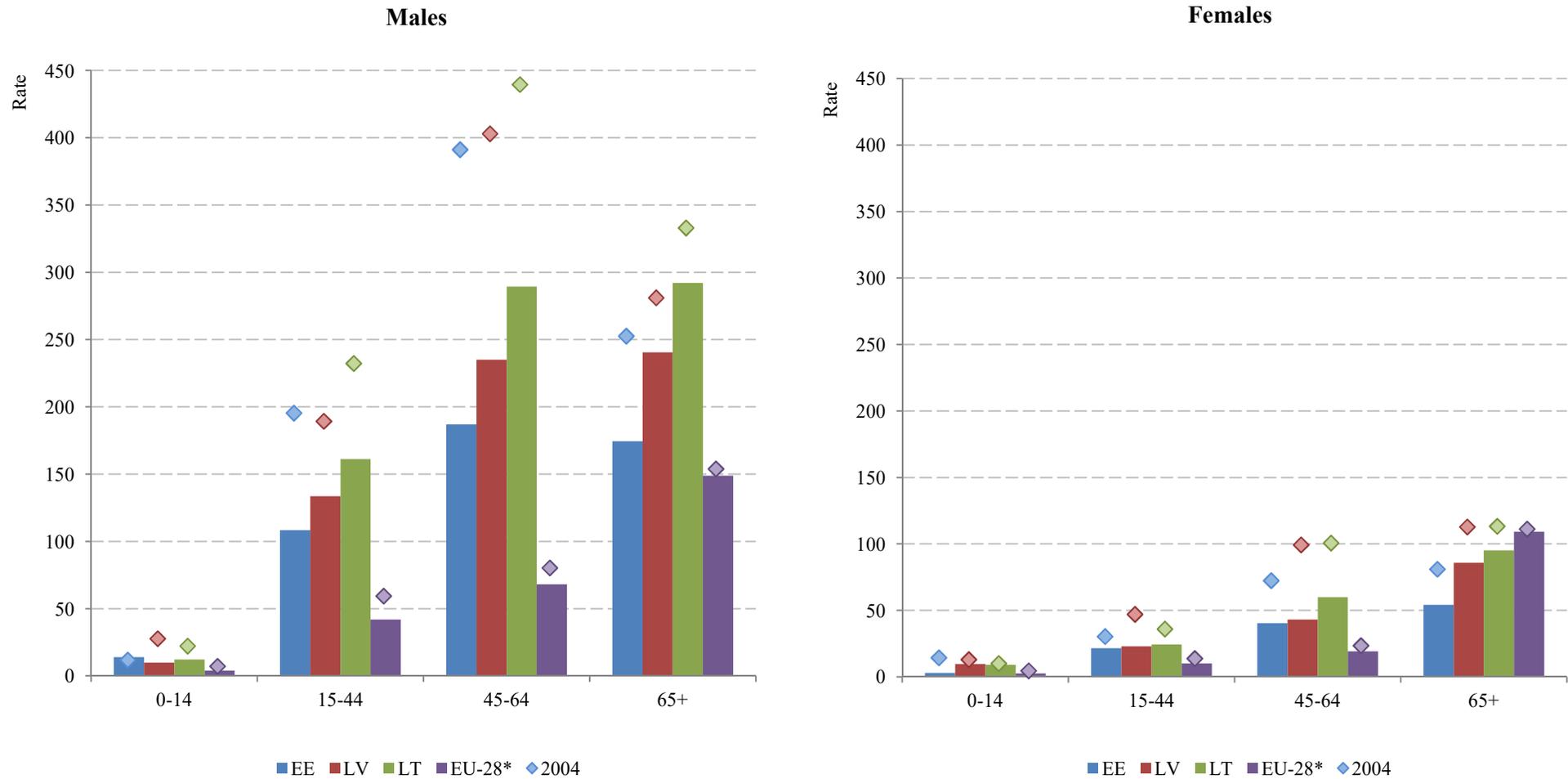
Age-standardised death rates
per 100 000 European standard population, 2014



Note: Age-standardised death rates are calculated using the 2013 European Standard Population.

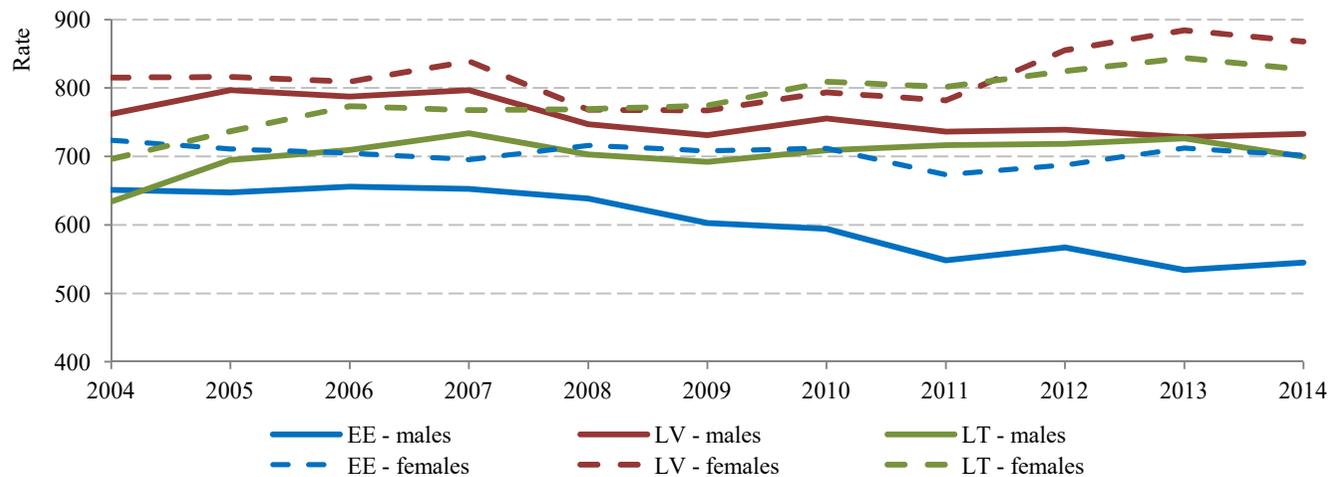
* EU-28 data for 2013.

Deaths from injuries, poisoning and other external causes
by age group per 100 000 population, 2014

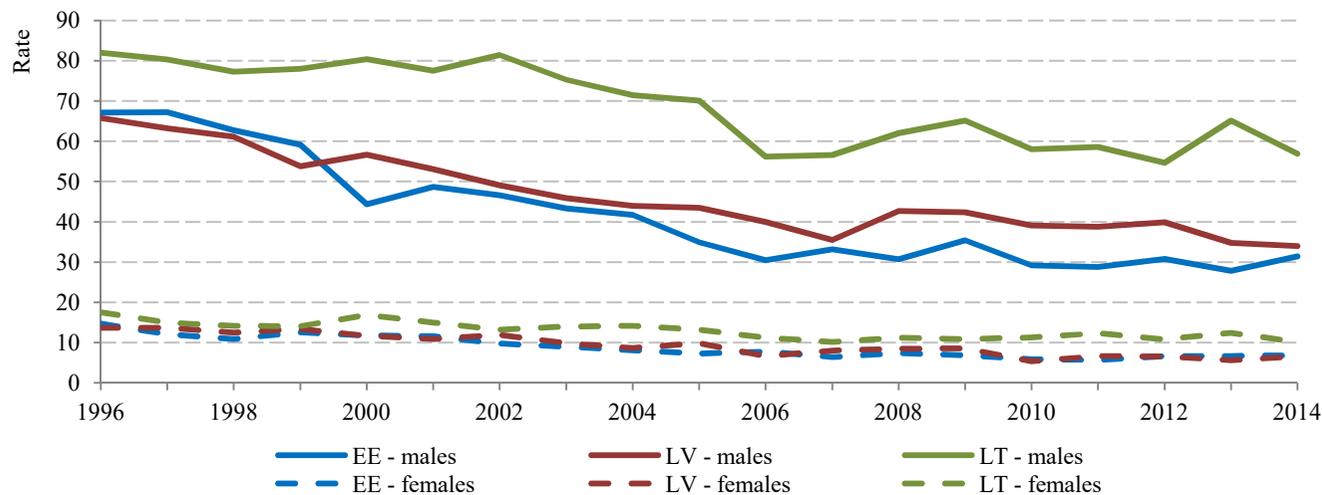


* EU-28 data for 2013.

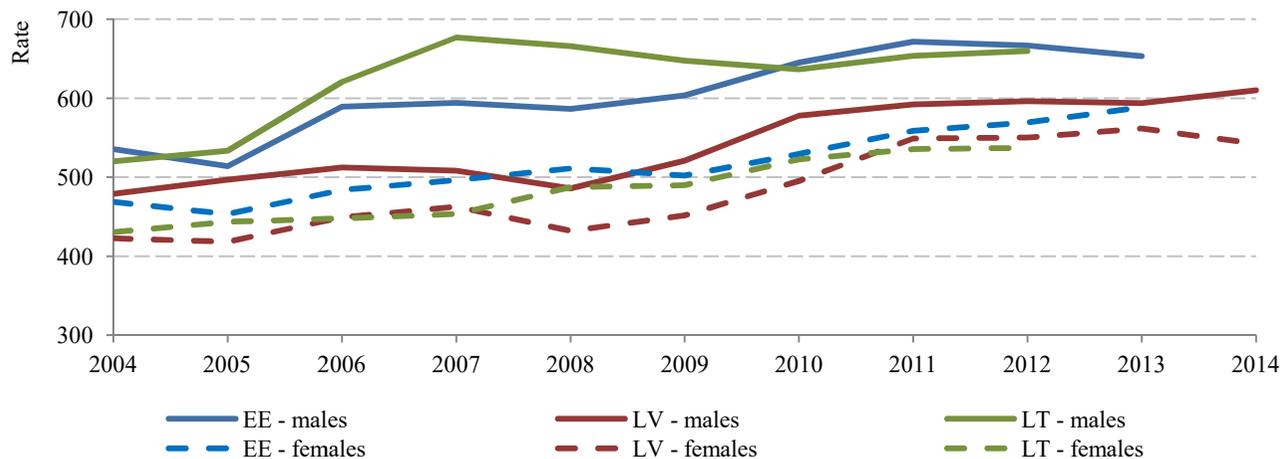
Deaths from circulatory system diseases
per 100 000 population, 2004–2014



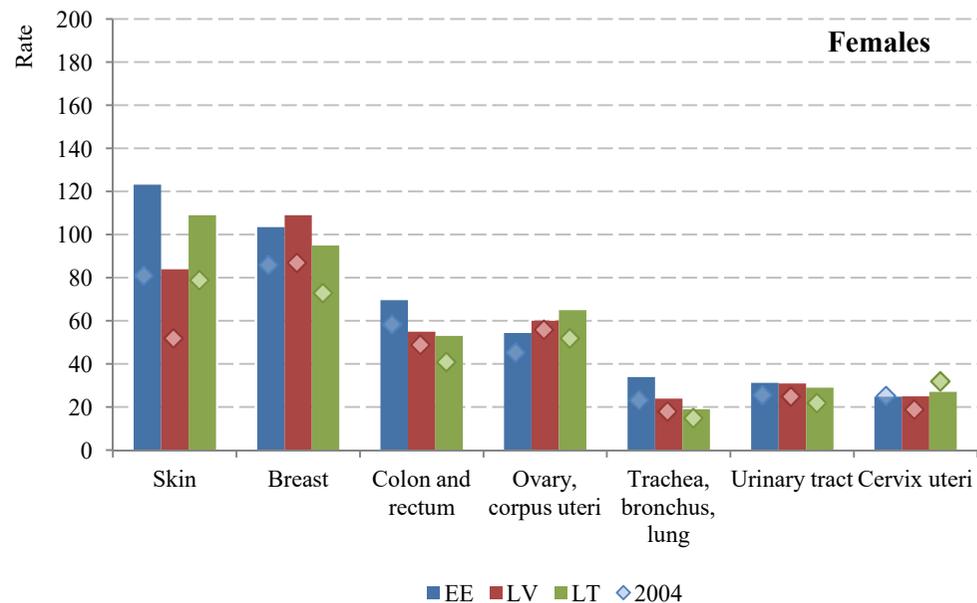
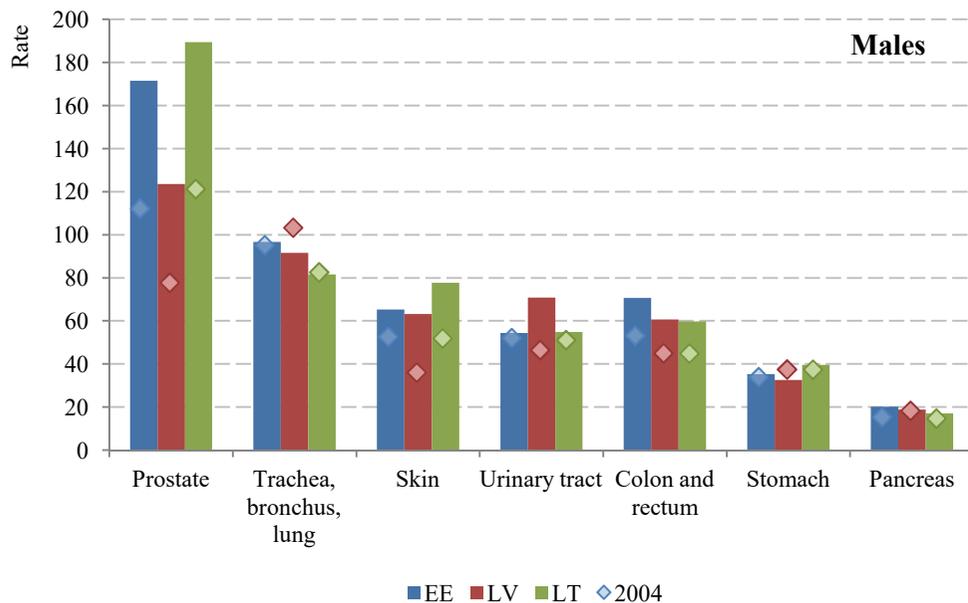
Suicides
per 100 000 population, 1996–2014



New cases of cancer
per 100 000 population, 2004–2014 (or latest year)

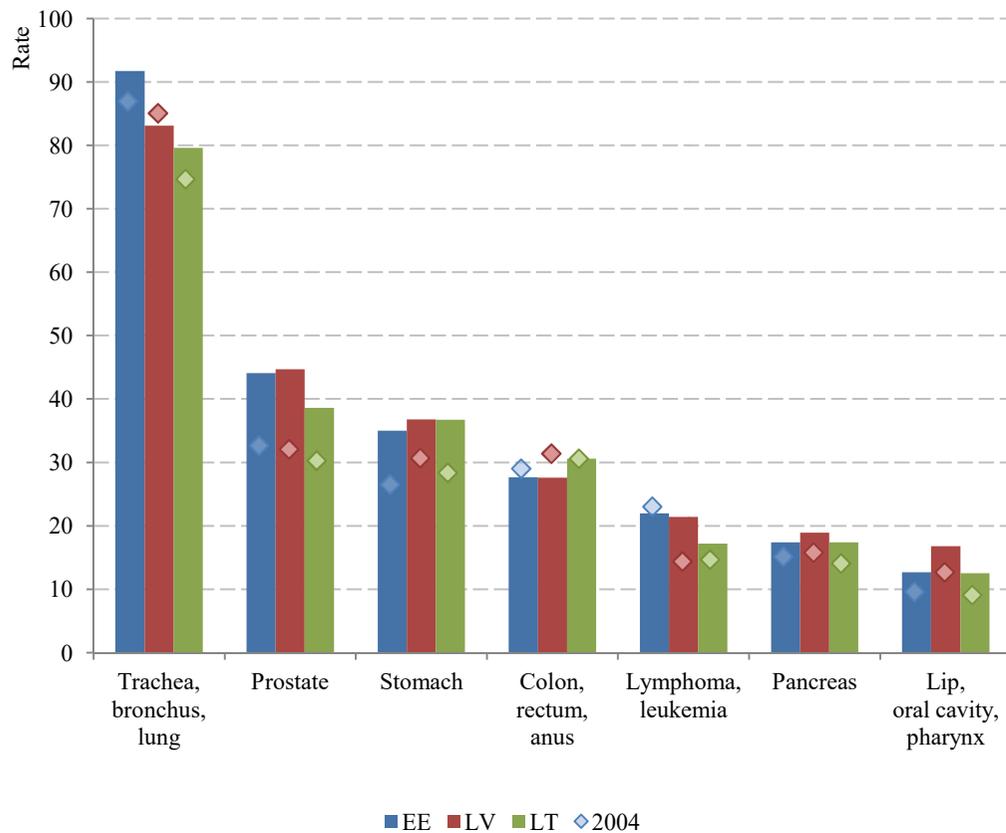


New cases of cancer by main sites
per 100 000 population, 2004 and 2014 (or latest year)

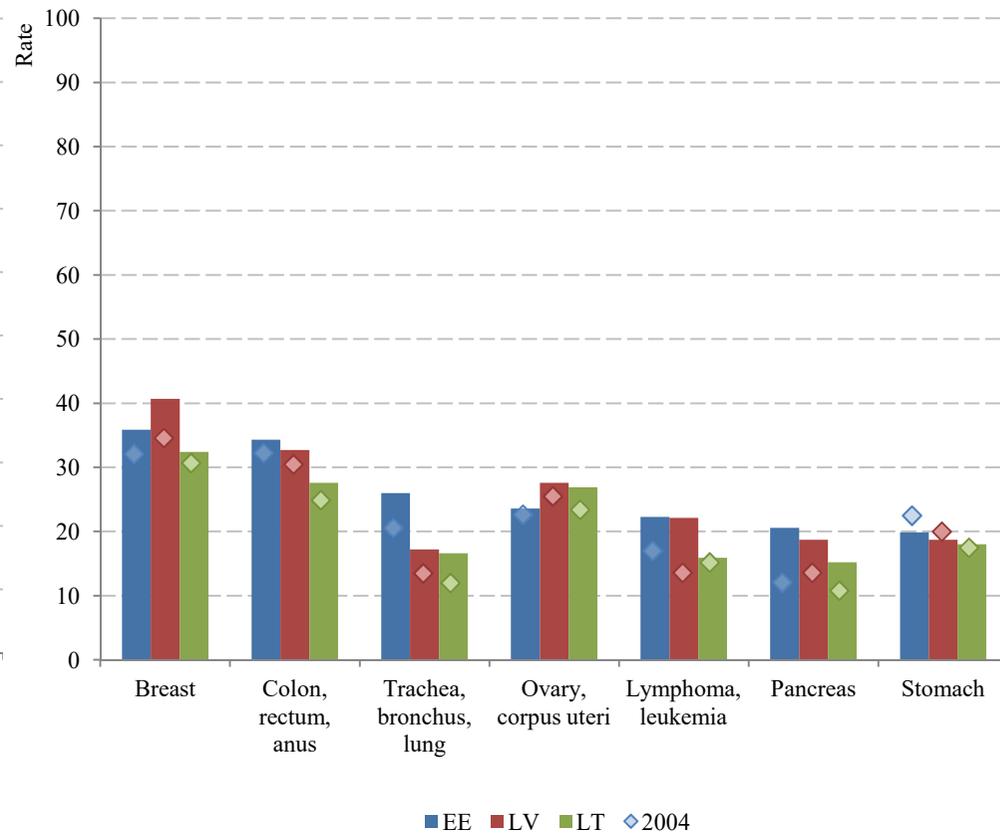


Main causes of cancer deaths
per 100 000 population, 2004 and 2014

Males



Females



Selected infectious diseases
new cases per 100 000 population, 2014

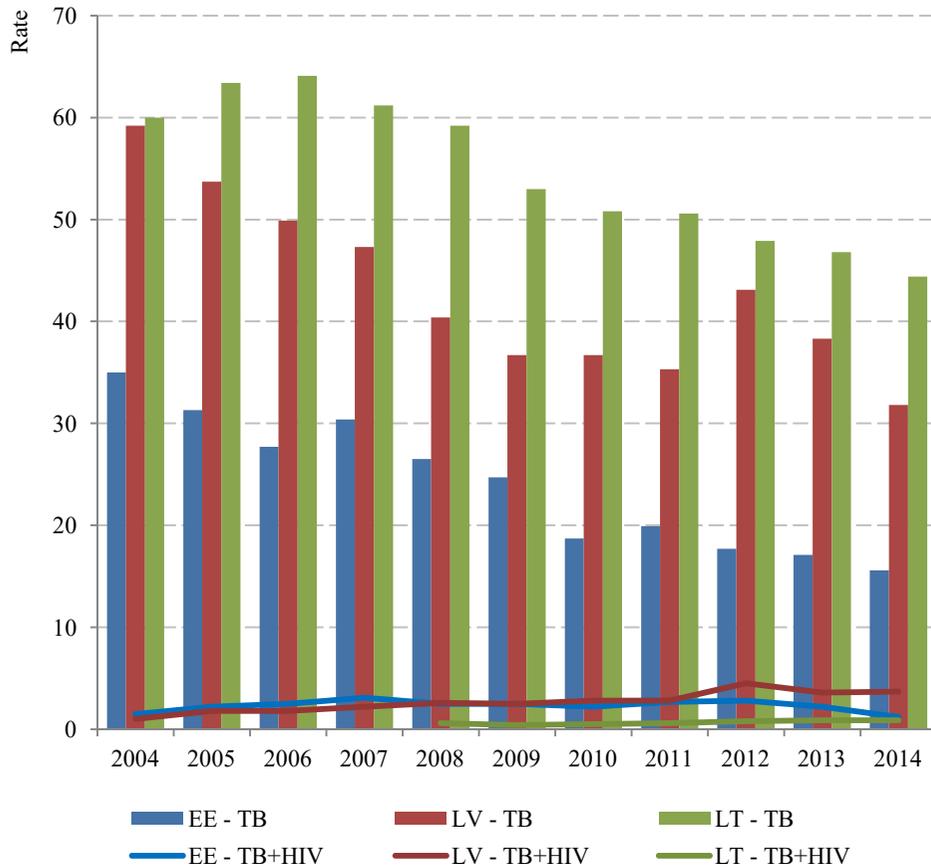
Disease	ICD-10	Estonia	Latvia	Lithuania
		Rate		
Intestinal infections				
Salmonellosis	A02	7.1	14.1	32.8
Bacillary dysentery	A03	0.8	0.5	0.7
Rotavirus ^V	A08.0	102.5	177.7	118.3
Norwalk virus	A08.1	27.5	60.2	16.5
Droplet infections				
Tuberculosis ^V	A15-A19	15.6	31.8	44.4
Diphtheria ^V	A36	0.0	0.6	0.0
Whooping cough ^V	A37	3.3	4.0	4.9
Meningococcal infection	A39	0.5	0.4	2.4
Haemophilus influenzae infection ^V	A41.3; G00.0; J14; A49.2	2.7	0.0	0.1
Measles ^V	B05	0.0	1.8	0.4
Wound infections				
Tetanus ^V	A33-A35	0.0	0.0	0.03
Transmissible infections				
Lyme disease (borreliosis)	A69.2	98.1	23.4	77.0
Tick-borne encephalitis	A84	6.3	8.6	12.0
Viral hepatitis, HIV/AIDS				
Viral hepatitis, total	B15-B19	28.8	98.1	48.7
..hepatitis A, acute	B15	0.9	1.0	0.6
..hepatitis B, acute ^V	B16.2, B16,9*	0.6	3.5	0.9
..hepatitis C, acute	B17.1	1.5	2.9	1.2
..hepatitis C, chronic	B18.2	23.7	85.2	28.4
AIDS	B20-B24	1.5	8.6	1.3
HIV carrier	Z21**	22.1	17.3	4.8
Sexually transmitted diseases				
Syphilis	A50-A53	2.6	6.7	8.8
Gonorrhoea	A54	10.4	18.2	5.6
Chlamydial infections	A55-A56	115.9	99.1	15.3

^VDiseases that are in the national immunisation programme in all three countries. Only exception is rotavirus that is not in the national immunisation programme in Lithuania.

* EE: B16

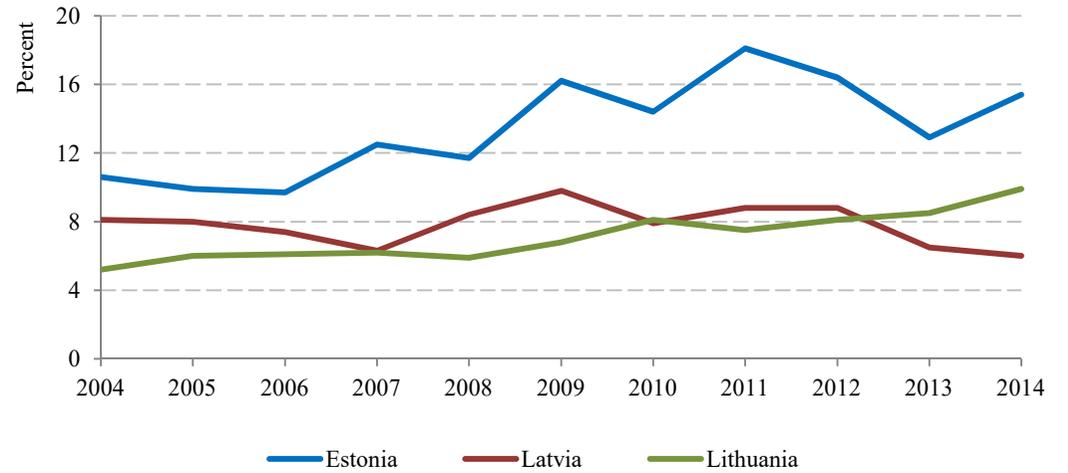
** LV: Z21, R75

New cases of tuberculosis
per 100 000 population, 2004–2014

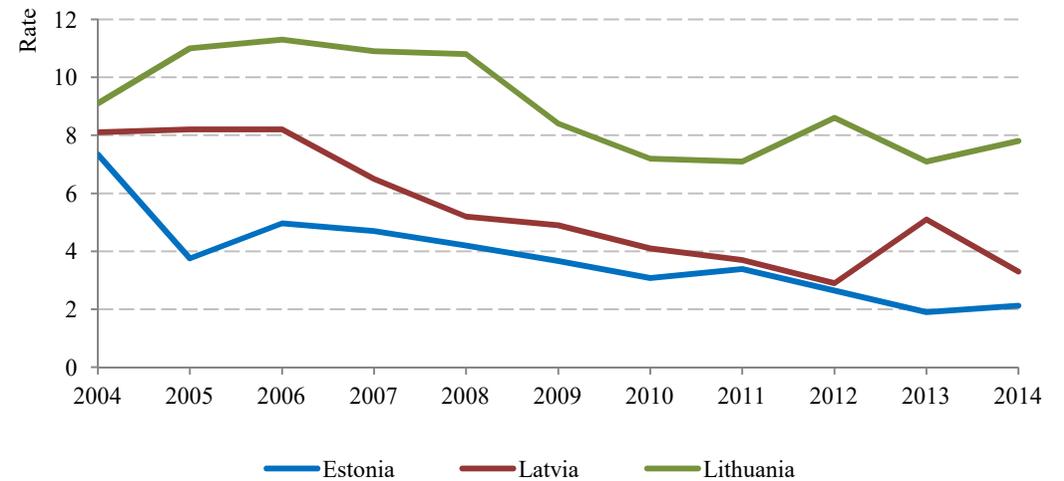


Note:
 TB – tuberculosis
 TB + HIV – tuberculosis with HIV
 MDR – multidrug resistant tuberculosis

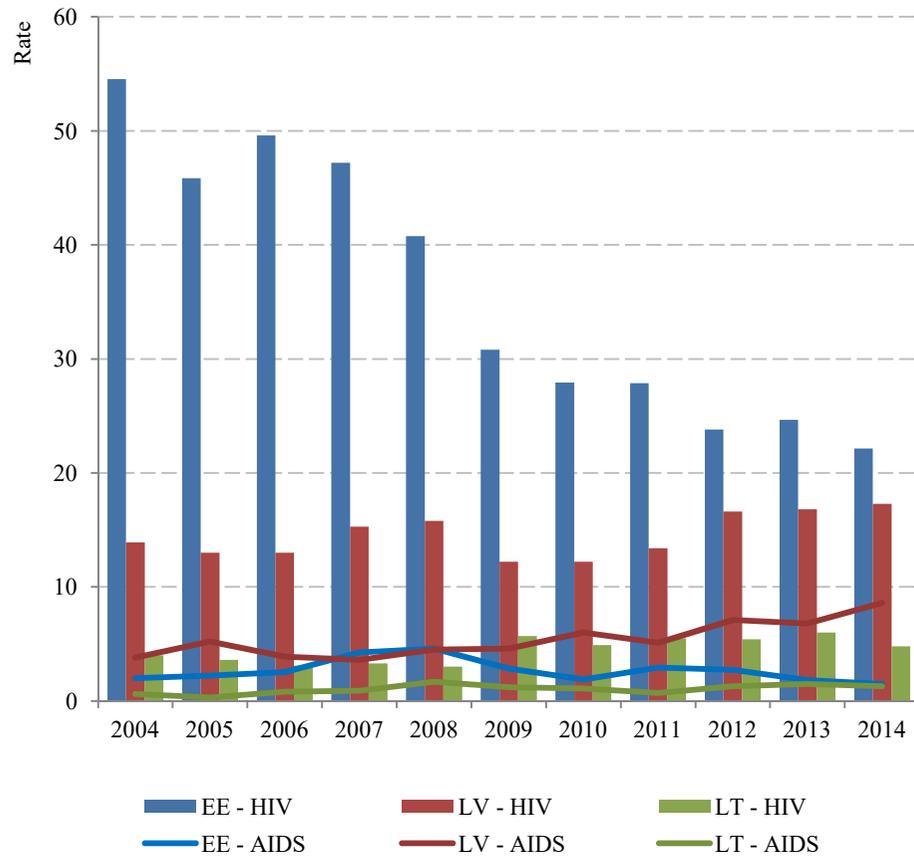
MDR cases of all new tuberculosis cases, %, 2004–2014



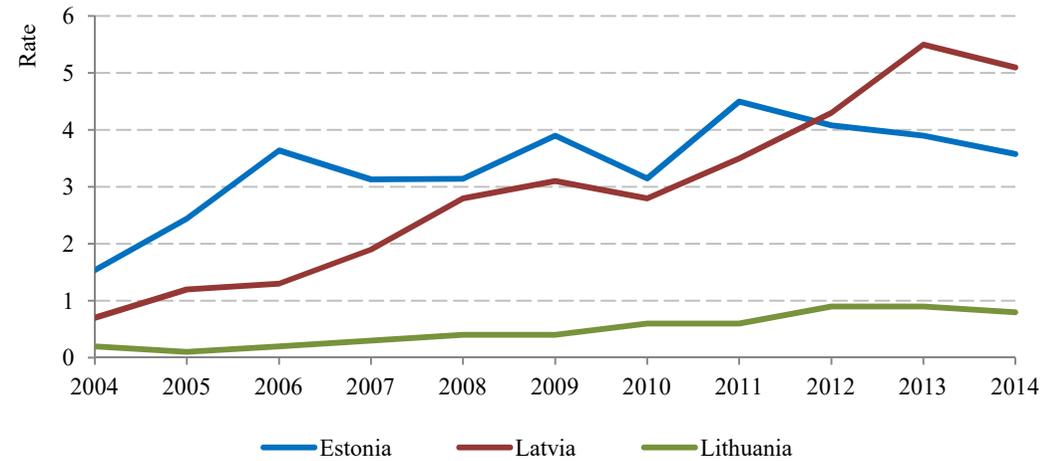
Deaths from tuberculosis
per 100 000 population, 2004–2014



New cases of HIV and AIDS
per 100 000 population, 2004–2014



Deaths from AIDS
per 100 000 population, 2004–2014



HEALTH CARE RESOURCES AND SERVICES

Hospital resources and their use

The number of hospitals per population has increased slightly between 2004 and 2014 in Estonia, but has decreased in Latvia and Lithuania. The decrease has been larger in Latvia where there was 3.2 hospitals per 100 000 population in 2014 compared to 4.4 in Estonia and 4.9 in Lithuania.

The number of acute care beds in hospitals per population, and also the share of these beds of all hospital beds is decreasing in all Baltic countries. One reason for this is using less invasive treatments that allows to use day care instead of inpatient hospitalisation. Due to the ageing of population there is an increasing need for nursing care beds. The number of nursing care beds per population has increased in all three countries as has the number of hospitalised patients in nursing care. By 2014, almost one-fifth of hospital beds were allocated to nursing care in the Baltics on average, while in 2004 the share was 10% from all hospital beds. The number of nursing care admissions has increased two times in Estonia, one and a half times in Lithuania, and more than eight times in Latvia by 2014 compared to 2004.

The average length of stay in hospitals altogether had remained at the same level in 2014 in Estonia when compared to 2004 – around 8 days. In Latvia, it has decreased by 20%, from almost 11 days to 8 days. In Lithuania, the decrease has been 10%, from 10 days to 9. One hospital bed was used to give treatment on average to 33 patients in Estonia and Latvia in 2014, and to 30 patients in Lithuania. This bed turnover rate had remained the same in Estonia when compared to 2004, but it has increased by 20% in Latvia, and by 7% in Lithuania.

The relevance of day care besides outpatient and inpatient medical care is increasing in all three countries due to the more effective use of resources. When compared to 2004 (or 2005, in case of Estonia), the number of day cases in hospitals per population has increased two times in Estonia, and more than four times in Latvia. The number of day cases per population in Lithuania is significantly lower than in the other two countries because in Lithuania many day care procedures are performed in outpatient care.

Diseases of the circulatory system are the main cause for hospitalisation in all three Baltic countries. The rate of discharges for this group of diagnosis vary from 294 per 100 000 population in Estonia to 446 in Lithuania. The average

length of stay was the longest for mental disorders. It ranged from 18 days in Estonia to 21 days in Lithuania which is two to three times longer than the average length of stay for circulatory system diseases.

Visits

Comparing to 2004, the number of physicians' visits per person has increased in all three countries. The biggest increase has taken place in Lithuania with almost 30%. In Latvia the increase was 16% and in Estonia only 2%. In Estonia and Latvia, the increase in physicians' visits was entirely due to the increase of family doctors' outpatient visits – the number of specialist doctors' visits per person had not increased in 2014 compared to 2004. The number of family doctors' home visits has decreased significantly in all three countries – from a 30% drop in Latvia to 75% in Estonia. At the same time, all three Baltic countries have experienced the fast growth of nursing personnel visits. Registered visits per person have increased by four times in Estonia and Latvia. In Lithuania, there were almost no nursing personnel visits done in 2004, but in 2014 the rate was 0.5 visits per person, which is nearly one-third of Estonian and more than half of Latvian rate.

There are on average about 20 fulfilled emergency medical care calls per 100 population done in the Baltics every year. The rate has slightly increased in Estonia and Lithuania – by almost 7% and 1%, respectively –, and decreased by 4% in Latvia.

Pharmacy

With the growth of medical visits and overall rise of some chronic diseases in population, the prescribing of different pharmaceuticals has increased in many categories. It is estimated that about 9% of European population have diabetes (IDF, 2015). The estimations for Baltic countries are slightly lower. The volume for antidiabetics sales has increased by 69% in Baltic countries on average and 17% across EU since 2008. Although the growth of antidiabetics sales has been higher in the Baltics than in EU on average, the sale figures are still about 44% lower in the Baltic countries.

The sales of cholesterol-lowering drugs have increased by one-third since 2008 on average in EU. The growth has been even more rapid in the Baltics – 75% higher in Lithuania, almost three and over three times higher for Estonia and

Latvia, but still the consumption in the Baltics on average remained two times lower than across EU. Growing obesity rate is one important factor behind the anticholesterol sales increase.

Since over-consumption of antibiotics has been linked to bacterial resistance, it is important to keep the antibiotics prescribing low in population. Baltic countries had on average 19% lower antibiotics sales in 2014 than the EU on average in 2013. Compared to 2008, Estonia and Lithuania have managed to decrease the antibiotics sales by 4% and 27%, respectively. In Latvia, where the sales number has been the lowest, it has slightly risen – by 8%.

The antidepressants sales quantity is smaller compared to antidiabetics or anticholesterols but it shows also a 62% growth across the Baltics since 2008. It can be related to the growing awareness of different types of depressions and anxiety disorders, and longer treatment durations (Moore *et al.*, 2009). In the Baltics in 2014, antidepressants were sold most in Lithuania. In Latvia, where the sale was the smallest, it was over two times lower. Compared to EU's average, antidepressants sales figures in the Baltics are still nearly three times smaller.

Health care personnel

The largest number of doctors and nurses per population in the Baltics are working in Lithuania – 37 doctors and 76 nurses per 10 000 population, which is on average 25% more than in the other two countries. In 2014, there were two nurses per one doctor in Estonia and Lithuania. In Latvia, this ratio was 1.5. The number of dentists per population is quite the same in Estonia and Lithuania – about 9 dentists per 10 000 population. In Latvia, there are 7 dentists per 10 000 population. The ratio of dental care nurses per dentist is less than one in all three countries.

The average age of practising physicians is the lowest in Lithuania (49.0), whereas the average age of practising nurses is the highest (49.1). The youngest dentists are in Estonia (average age 47.0 years). Although the retirement ages are rising, it seems that a considerable number of doctors and nurses continue practising even beyond that age – the average age of practising health care personnel is reaching 50 years or above already.

Salary

The state average gross wage in all Baltic countries has been steadily rising during the last four years. Comparing 2014 to 2011, the state average gross wage has increased by 22% in Estonia, 16% in Latvia, and 14% in Lithuania.

The increase of physicians' and nurses' average gross wage between 2011 and 2014 is quite similar in Estonia and Latvia. In Lithuania, the increase has been slower. In 2014, physicians' average gross wage in Estonia was 1944, in Latvia 1097 and in Lithuania 1197 Euros. It is 14% for Estonia, 11% for Latvia, and 2% for Lithuania more than in 2011.

In 2014, nurses' average gross wage in Estonia was 1004, in Latvia 657, and in Lithuania 603 Euros. Compared to 2011, nurses' average gross wage had increased by 16%, 15% and 5%, respectively. Nurses' average salary formed 50% in Estonia and Lithuania, and 60% in Latvia of the country's physicians' average salary.

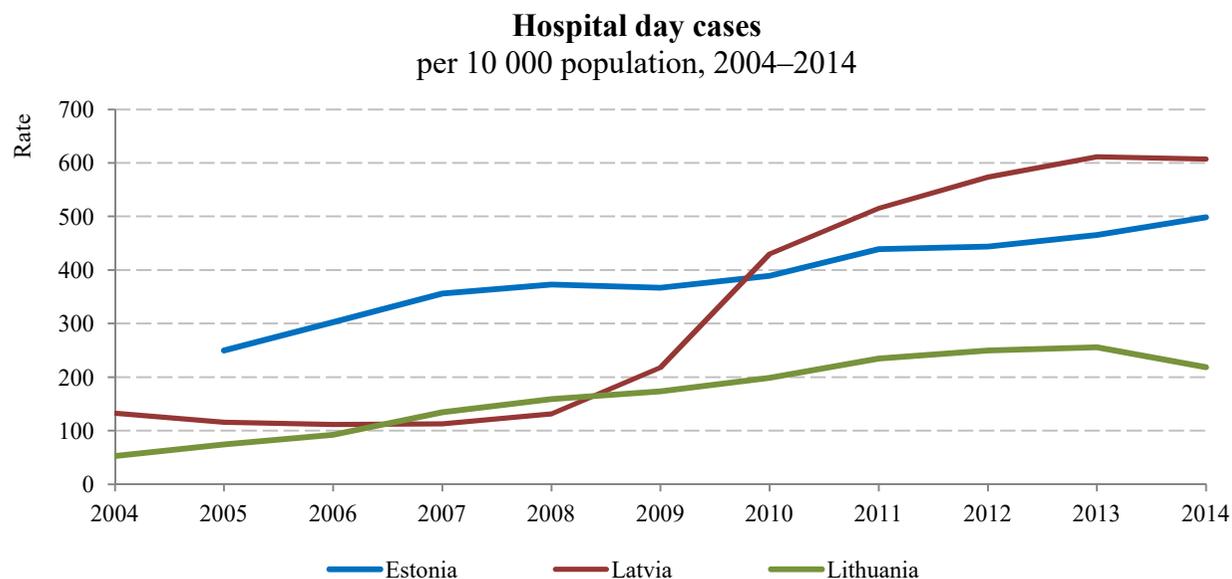
Health expenditure

Current health care expenditure per person in 2014 (2013 for Latvia) was the highest in Estonia and the lowest in Latvia (930 EUR and 650 EUR, respectively). In Lithuania, it was 16% lower than in Estonia. However, the share of the country's health care expenditure in GDP was 0.2 percentage points higher than in Estonia. This is also because of the relatively high household out-of-pocket health expenditure in Lithuania. Although in Latvia, its share in current health expenditure is even higher (39%). Therefore, the share of public sector in health financing was the biggest in Estonia (76%) and the smallest in Latvia (60%).

All three countries' health care financing systems are focused on curative health care. In Estonia, the share spent on curative health care is more than half, in Latvia and Lithuania a bit less than half of all health spending. In Latvia and Lithuania, medicines and other medical goods have bigger share in health expenditure than in Estonia – about 30% compared to 21% in Estonia. Lithuania invests more than other two countries in long-term health care, proportionally from current health expenditure as well as per capita.

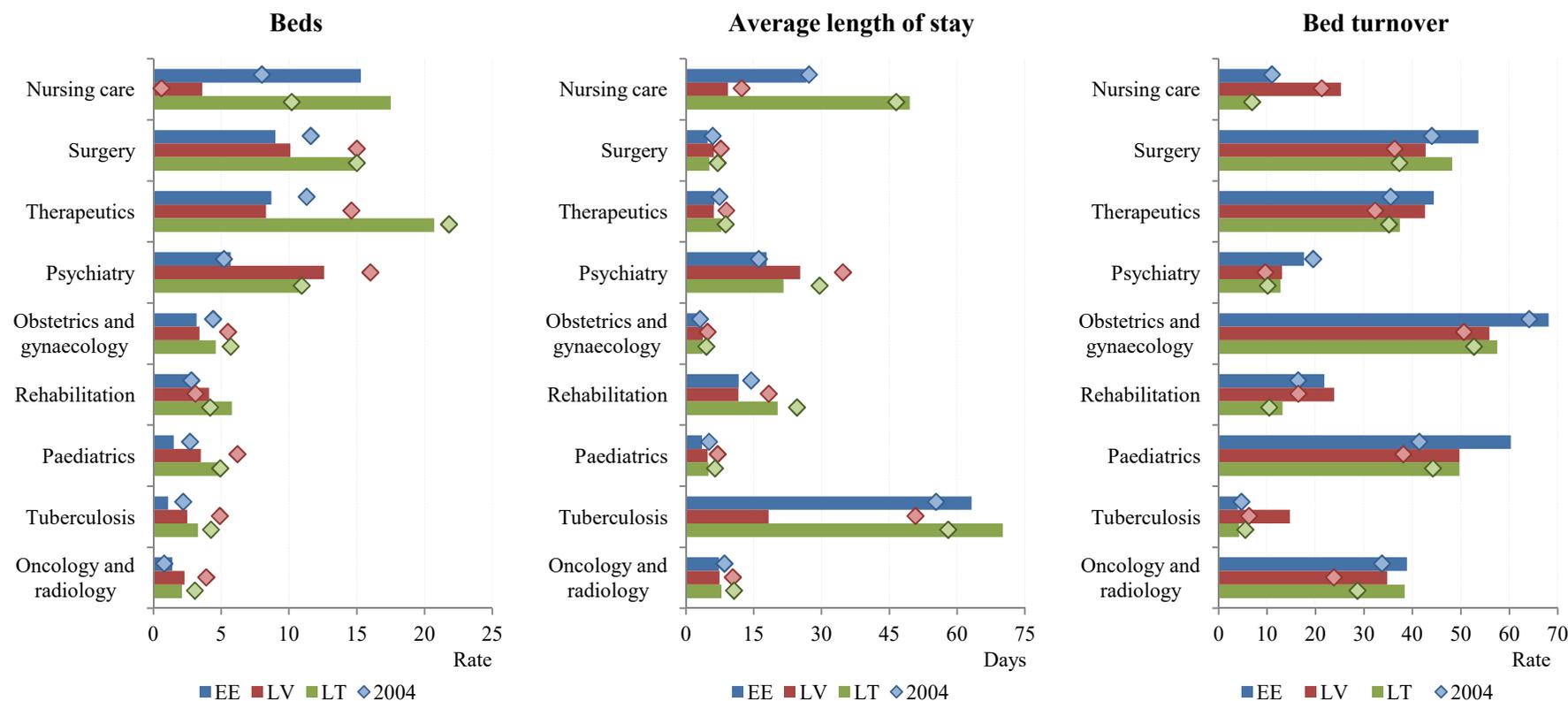
	Hospitals per 100 000 population							Hospital admissions per 10 000 population							
	2004				2014			2004				2014			
	acute	nursing	other		acute	nursing	other	acute	nursing	other		acute	nursing	other	
	2.2	1.3	0.2	↑	2.4	1.8	0.2		1658.2	78.8	162.1	↓	1497.8	159.7	152.6
	3.5	0.1	1.6	↓	1.9	0.5	0.9		1931.0	6.7	224.4	↓	1557.8	58.2	237.6
	2.5	2.0	0.9	↓	2.5	1.7	0.7		2172.7	70.3	173.5	↑	2337.7	98.6	205.1

Note: The number of hospitals at the end of the year. **Acute hospitals/admissions** include beds of therapeutic specialities, surgical specialities, oncology, radiology, intensive care, beds for skin and sexually transmitted diseases, infectious diseases, paediatrics, neurology, radiology, ophthalmology, otorhinolaryngology, obstetrics and gynaecology. **Nursing care admissions** in acute and nursing care hospitals (only in acute care hospitals for Latvia). **Other hospitals/admissions** include rehabilitation and psychiatric hospitals (also tuberculosis hospitals in Latvia and Lithuania).

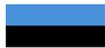


Note:
EE: counted by cases (one day care case may include several bed days); LV: counted by treated patients; LT: counted by cases.

Hospital beds per 10 000 population and beds use by speciality, 2004 and 2014



Hospital beds per 10 000 population

	2004				2014		
	acute	nursing	other		acute	nursing	other
	39.5	8.0	10.3	↓	31.2	15.3	9.4
	55.9	0.6	23.0	↓	37.5	3.6	16.7
	56.8	10.2	19.4	↑	52.6	17.5	19.9

Note: The number of hospital beds at the end of the year. Day care beds are excluded.

Therapeutics includes internal medicine, cardiology, gastroenterology, endocrinology, haematology, nephrology, pulmonology, rheumatology. **Surgery** includes general surgery, neurosurgery, thoracic surgery, cardiosurgery, traumatology, burns, orthopaedics, urology, oral surgery, vascular surgery, children surgery. **Obstetrics and gynaecology** includes also beds of pregnancy pathology.

Note: **Acute hospital beds** include beds of therapeutic and surgical specialities, oncology, radiology, intensive care, beds for skin and sexually transmitted diseases, infectious diseases, paediatrics, neurology, radiology, ophthalmology, otorhinolaryngology, obstetrics and gynaecology. **Nursing care beds** include beds in acute and nursing hospitals (only in acute care hospitals for Latvia). **Other hospital beds** include beds for tuberculosis treatment, psychiatric treatment and beds for rehabilitation.

Hospital discharges and average length of stay, 2014

Groups of diseases	ICD-10	Discharges per 10 000 population			Average length of stay		
		Estonia	Latvia	Lithuania	Estonia	Latvia	Lithuania
Certain infectious and parasitic diseases	A00-B99	69.1	86.5	96.1	9.3	9.9	12.3
Neoplasm	C00-D48	203.0	177.4	194.1	7.4	8.2	8.4
Diseases of the blood and blood forming organs and certain disorders involving the immune mechanisms	D50-D89	15.8	11.4	15.7	6.3	6.3	7.5
Endocrine, nutritional and metabolic diseases	E00-E90	33.8	30.9	36.8	7.5	7.5	7.9
Mental disorders and behavioural disorders	F00-F99	109.2	166.5	122.3	17.6	20.2	21.4
Diseases of the nervous system	G00-G99	59.1		83.2	8.1		8.5
Diseases of the eye and adnexa	H00-H59	13.3	98.8	60.3	1.9	5.7	3.0
Diseases of the ear and mastoid process	H60-H95	14.7		18.3	3.6		6.4
Diseases of the circulatory system	I00-I99	293.9	313.3	446.2	9.8	6.9	9.5
Diseases of the respiratory system	J00-J99	154.0	157.2	230.9	4.9	6.4	7.2
Diseases of the digestive system	K00-K93	146.1	147.2	195.0	4.7	5.2	5.9
Diseases of the skin and subcutaneous tissue	L00-L99	32.9	26.5	39.0	7.3	6.8	7.3
Diseases of the musculo-skeletal and connective tissue	M00-M99	111.6	124.0	180.4	6.3	8.4	8.0
Diseases of the genitourinary system	N00-N99	94.4	95.7	136.7	4.6	4.7	5.1
Pregnancy, childbirth and puerperium*	O00-O99	288.4	296.8	277.9	2.8	3.8	4.1
Certain conditions originating in perinatal period**	P00-P96	2 418.3	2359.0	3 510.5	7.0	6.5	6.2
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	15.5	11.9	16.4	5.3	7.5	6.0
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	18.6	4.2	17.7	3.8	3.8	10.5
Injury, poisoning and certain other consequences of external	S00-T98	114.1	147.5	149.5	8.1	6.7	8.3
Factors influencing health and contacts with health services	Z00-Z99, excl. Z03	14.8	...	27.6	9.8	...	7.5
TOTAL	A00-Z99, excl. Z03	1 692.7	1 784.3 [#]	2 252.2	7.4	7.9 [#]	8.4

Note: Hospital discharges by principal diagnosis, excluding hospital day cases. Excluded: healthy newborns and stillborns, patients transferred to another hospital or deemed to be healthy (ICD-10 code Z03). Includes the deceased.

* Per 10 000 women; ** Per 10 000 children aged under 1; [#] ICD-10 codes Z00-Z99 are excluded.

EE: Includes nursing cases in acute care hospitals.

LV: The cases of the deceased are not taken into account when calculating the average length of stay. Nursing cases are excluded.

LT: Nursing cases are excluded.

Inpatient surgical procedures in hospitals
per 10 000 population, 2014

Organ system	Estonia	Latvia	Lithuania
Nervous system	27.7	15.8	28.1
Endocrine system	3.9	3.9	6.1
Eye	33.5	21.5	54.7
Ear, nose, throat, mouth, pharynx, facial bones and joints	107.8	22.0	55.2
Respiratory system	22.7	8.5	35.8
Heart and central vessels	69.0	42.6	86.4
Peripheral vessels and lymphatic system	59.9	15.9	12.0
Digestive system and spleen	149.6	72.2	166.4
Urinary organs	29.1	24.3	41.9
Male genital organs *	33.6	...	43.4
Female genital organs **	172.5	103.7	148.2
Obstetrical operations **	213.8	160.3	143.7
Musculoskeletal system	140.8	129.5	183.9
Breast	10.0	10.8	11.7
Skin and subcutaneous tissue	81.0	56.7	44.7
Other procedures	2.1	32.9	6.1
TOTAL	958.3	599.5	910.5

* Per 10 000 males

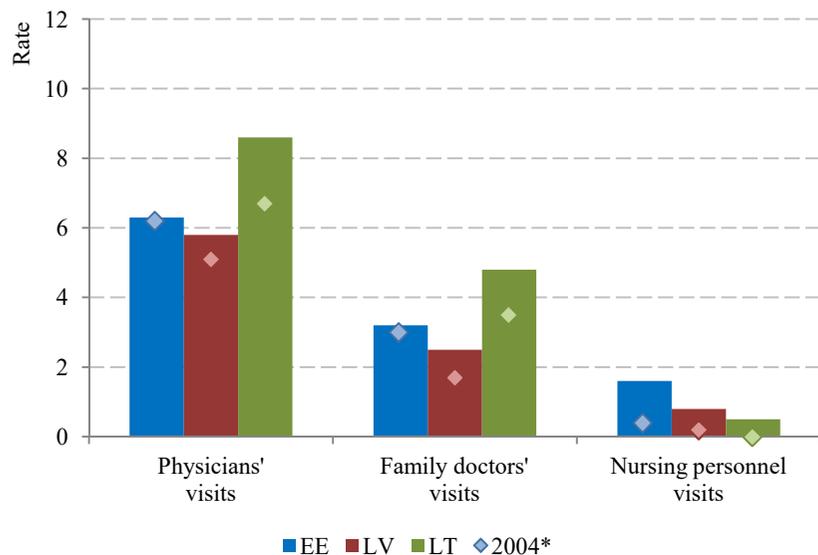
** Per 10 000 females

EE: Includes all procedures.

LV: If several similar procedures are done on one day to a patient, only one of them is counted. Operations on the urinary organs include operations of the prostate (per 10 000 population).

LT: If several similar procedures are done on one day to a patient, only one of them is counted.

Doctors' and nursing personnel visits
per person, 2004 and 2014



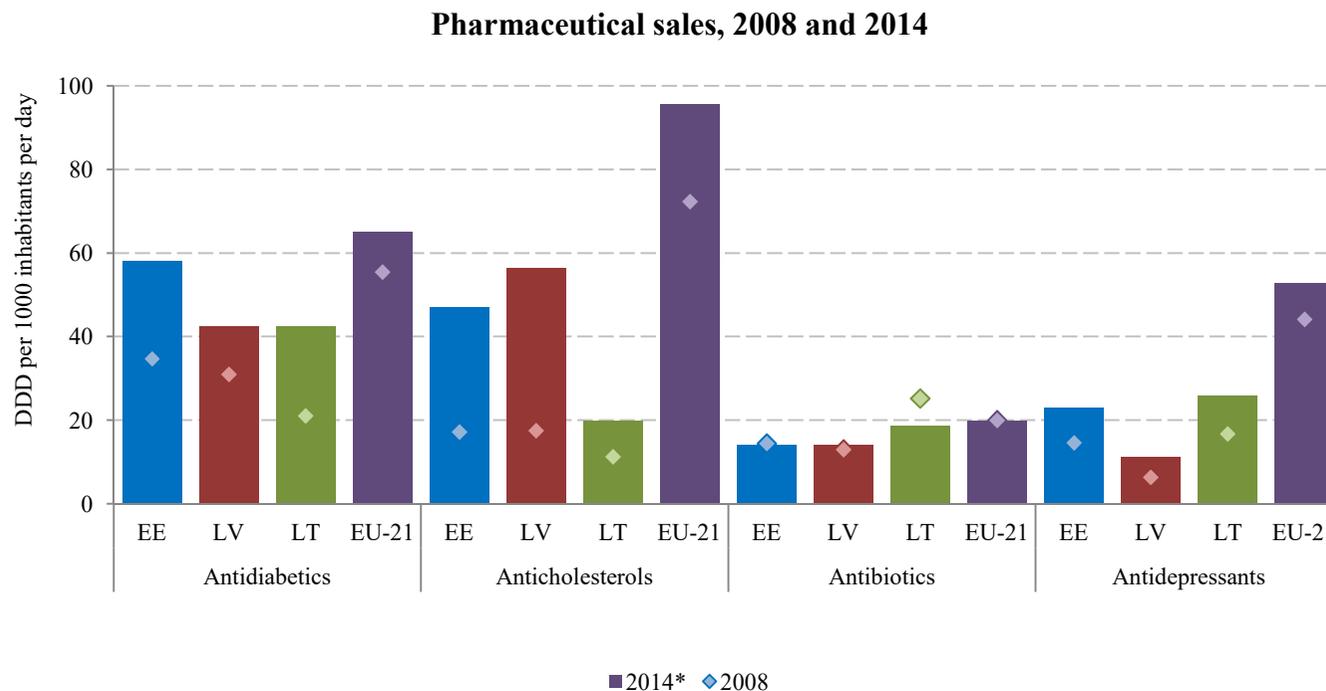
Note: **Visits** include outpatient and home visits, exclude telephone and e-consultations.
Physicians' visits include family doctors' visits, exclude dentists' visits.
Nursing personnel includes nurses and midwives.
 * Estonian nursing personnel visits are for 2005.
 LT: Family doctors' visits include also district therapists' and paediatricians' visits.

Family doctors' home visits
per 100 population, 2004 and 2014

	2004		2014
	11.9	↓	3.0
	15.4	↓	10.8
	27.0	↓	14.0

Fulfilled emergency medical care calls
per 100 population, 2004 and 2014

	2004		2014
	18.1	↑	19.3
	21.1	↓	20.3
	22.2	↑	22.4



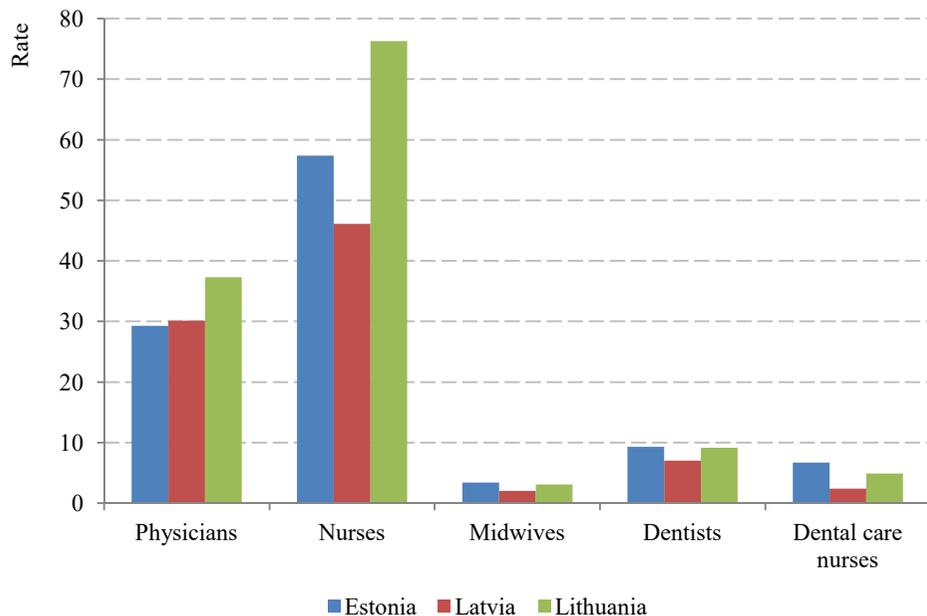
Note:

DDD – defined daily dose.

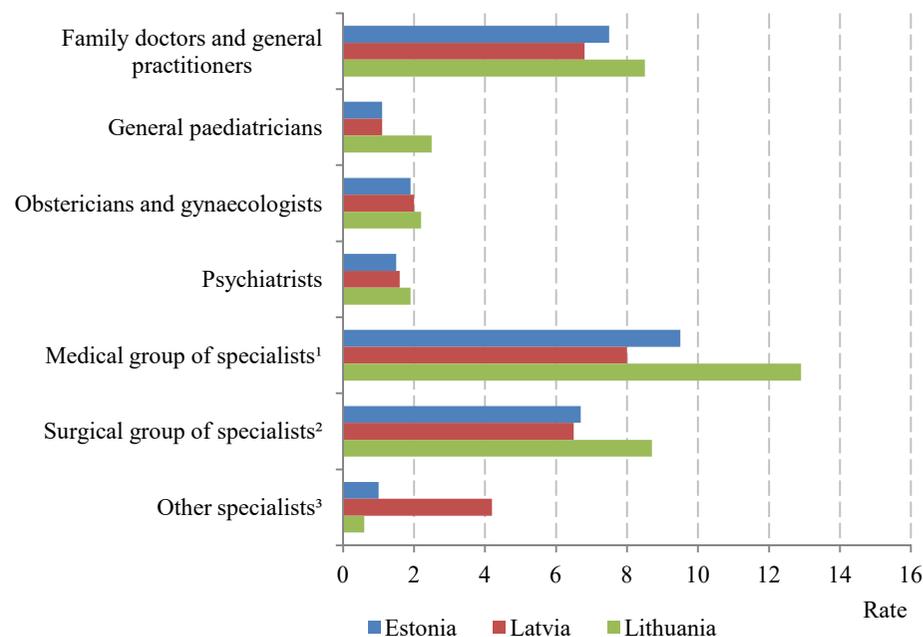
Pharmaceuticals are classified by Anatomical Therapeutic Chemical Classification System (ATC) codes: antidiabetics – A10, anticholesterols – C10, antibiotics – J01, antidepressants – N06A. The pharmaceutical sales include sales to general and hospital pharmacies and other institutions (state health care and scientific institutions) by medicinal products sold by wholesalers.

* EU-21 latest data for 2013: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Portugal, Slovak Republic, Slovenia, Spain, Sweden, United Kingdom.

Practising health care personnel
per 10 000 population, 2014



Practising physicians by occupation
per 10 000 population, 2014



Average age of practising health care personnel, 2014

	Physicians	Nurses	Dentists
	50.8	45.1	47.0
	53.8	48.4	49.0
	49.0	49.1	47.2

Note: Physicians are without resident physicians. Nurses are without midwives and dental care nurses/assistants.

¹ Include specialists of internal medicine, infectology, cardiologists, rheumatologists, endocrinologists, gastroenterologists, haematologists, pulmonologists, oncologists, neurologists, otorhino-laryngologists, radiologists, microbiology-bacteriologists, dermatologists, pathologists, occupational medicine and therapists.

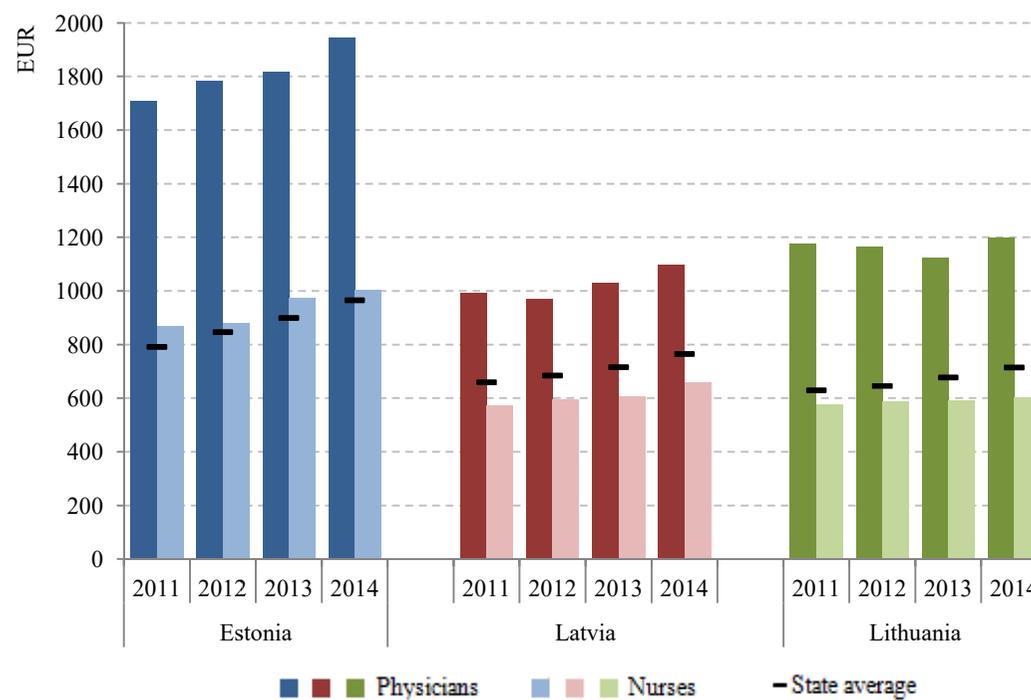
² Include general surgeons, neurosurgeons, thoracic surgeons, cardiovascular surgeons, nephrologists, urologists, plastic surgeons, transplantologists, paediatric surgeons, traumatologists, orthopaedists, ophthalmologists, intensive care and anaesthesiologists, accident and emergency medicine.

³ Include all other specialities (clinical microbiology, medical genetics, hygienists, forensic medicine experts, etc.).

LT, LV: psychiatrists include narcologists and psychotherapy specialists.

Note: Physicians are without dentists, nurses are without dental care nurses and midwives.

Average monthly salary of health care personnel, 2011–2014



Note: **Average salary** includes personal income tax, and other taxes paid by the employee; basic additional remuneration, additional payments for evening work, night work, work on days off or during public holidays, and additional payments for overtime. It does not include social tax and other social contributions paid by the employer. **Physicians** include dentists and resident physicians. **Nurses** include midwives and dental care nurses/assistants. **State average** is given according to the data collection time of medical personnel salary, except for LV (EE: I quarter; LV: year average; LT: IV quarter).

EE: physicians' and nurses' average salary also includes irregular additional payments (quarterly and annual bonuses and other irregular performance and value payments), paid in March. All health care providers are covered, but only full-time employees, i.e. those who worked with full workload and for the whole month under survey.

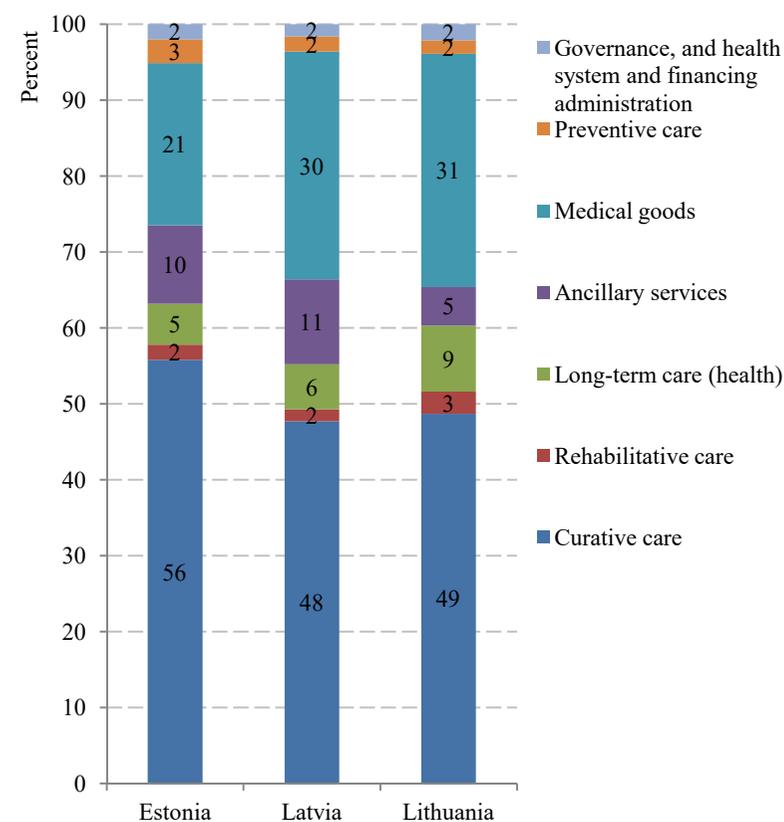
LV: data cover contracting organisations of the National Health Service that provide state-paid health care services. Physicians include also functional specialists (physiotherapists, speech therapists, dietary specialists, ergotherapy specialists, etc.). Nurses include also medical personnel with professional higher education of the 1st and 2nd level, professional secondary education and vocational education, and assistants of functional specialists.

LT: physicians' and state average salary do not cover self-employed persons. Physicians' average salary covers only physicians working in public institutions. Nurses include also other medical specialists with higher medical education, working in institutions that have contracts with Compulsory Health Insurance Fund. Nurses' salary is the year average.

Health expenditure, 2014

	Estonia	Latvia	Lithuania
The share of current health expenditure in GDP, %	6.1	5.5	6.3
Current health expenditure per capita, EUR	929.7	650.4	780.7
The share of public sector health care schemes in current health expenditure, %	75.6	59.9	66.9
The share of household out-of-pocket payment in current health expenditure, %	22.7	38.9	32.2

The structure of current health expenditure by health care function, 2014



Note: Data calculated according to the OECD-Eurostat-WHO methodology System of Health Accounts 2011 (SHA 2011).

GDP – gross domestic product.

Definitions

Abortion – spontaneous or induced (legal, therapeutic, criminal) abortion is the termination of pregnancy by removing the embryo or foetus during the first 22 weeks of gestation.

Age-standardisation – a technique used to allow populations to be compared when the age profiles of the populations are quite different. If rates are age-standardised, then differences in the rates over time or between geographical areas do not simply reflect variations in the age structure of the populations.

Bed turnover – average number of patients per hospital bed in observed period.

Day care – the patient is discharged on the same day as admitted to the hospital.

Defined daily dose – the assumed average maintenance dose per day for a drug used for its main indications in adults. The defined daily dose is a unit of measurement and does not necessarily reflect the recommended or real dose.

Early neonatal death – death occurring at the age of 0–6 full days of life. The first day of life is considered as day zero.

Fertility rate – annual number of live births per 1000 women 15–49 years of age.

Gross domestic product (GDP) – the market value of the total final output of goods and services produced in a country over a specific period.

Gross national income (GNI) – the sum of value added by all producers who are residents in a nation, plus any product taxes (minus subsidies) not included in output, plus income received from abroad such as employee compensation and property income.

Healthy life years – the average number of years an individual is expected to live free of disability if current patterns of mortality and disability continue to apply.

Hospital discharge – the formal release of an inpatient from a hospital after a course of treatment.

Human development index – a summary measure of country's average achievement in three basic aspects of human development: a long and healthy life, being knowledgeable and have a decent standard of living. Longevity is measured by life expectancy at birth; knowledge is measured by a combination

of adult literacy rate and the combined primary, secondary and tertiary gross enrolment ratios; and standard of living by GDP per capita.

Incidence – the occurrence of new cases of disease in the population during a certain period of time.

Induced abortions – includes legal and therapeutic abortion; the deliberate termination of pregnancy.

Infant death – a live-born infant who dies during the first year of life.

Inpatient – a patient who is formally admitted to hospital for diagnosis, treatment and/or care and stays for a minimum of one night or more than 24 hours in the hospital.

Life expectancy – the average remaining lifetime in years for persons who attain a given age if mortality remains unchanged. At the age of 0 – the life expectancy at birth.

Live birth – a foetus that after complete expulsion or extraction from its mother breathes or shows any other evidence of life irrespective of the duration of the pregnancy.

Maternal death – the death of a woman while pregnant or within 42 days after termination of pregnancy irrespective of the duration and the site of the pregnancy from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Neonatal death – death occurring at the age of 0–27 full days of life. The first day of life is considered as day zero.

Perinatal death – foetal deaths and live-born infants who die at the age of 0–6 full days of life. The standard rate is used for international comparison including births with a weight of 1000 g or more.

Stillbirth – death prior to the complete expulsion or extraction from its mother of a foetus after 22 weeks of gestation. The standard rate is used for international comparison including births with a weight of 1000 g or more.

Total fertility rate – the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

Data sources

Estonia

National Institute for Health Development including Estonian Medical Birth Registry, Estonian Abortion Registry, Estonian Causes of Death Registry, Estonian Tuberculosis Registry, Estonian Cancer Registry; Statistics Estonia; Estonian Health Board; State Agency of Medicines.

Latvia

Central Statistical Bureau of Latvia, The State Agency of Medicines of Latvia, Register of Medical Persons and Medical Support Persons, National Health Service, Register of Causes of Death, State Register of HIV/AIDS cases, National TB Registry, Register of Patients with Particular Diseases.

Lithuania

Statistics Lithuania, Institute of Hygiene, Compulsory Health Insurance Fund, State Medicines Control Agency, Lithuanian University of Health Sciences, Centre for Communicable Diseases and AIDS, The Hospital of Infectious Diseases and Tuberculosis, Affiliate of Vilnius University Hospital Santariskiu Clinics, National Cancer Institute.

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WHERE TO OBTAIN STATISTICAL DATA AND INFORMATION ABOUT BALTIC COUNTRIES?

■ ESTONIA

Health statistics and health research database: www.tai.ee/tstua
Statistics Estonia: www.stat.ee

■ LATVIA

The Centre for Disease Prevention and Control: www.spkc.gov.lv
National Health Service: www.vmnvd.gov.lv
Central Statistical Bureau: www.csb.gov.lv

■ LITHUANIA

Institute of Hygiene: www.hi.lt
Statistics Lithuania: <http://osp.stat.gov.lt>

