Country Cancer Profile 2025

European Commission

OECD
BETTER POLICIES FOR BETTER LIVES

The Country Cancer Profile Series

The European Cancer Inequalities Registry is a flagship initiative of Europe's Beating Cancer Plan. It provides sound and reliable data on cancer prevention and care to identify trends, disparities and inequalities between Member States, regions and population groups. The Country Cancer Profiles identify strengths, challenges and specific areas of action for each of the 27 EU Member States, Iceland and Norway, to guide investment and interventions at the EU, national and regional levels under Europe's Beating Cancer Plan. The European Cancer Inequalities Registry also supports Flagship 1 of the Zero Pollution Action Plan. The Profiles are the work of the OECD in co-operation with the European Commission. The team is grateful for the valuable inputs received from national experts and comments provided by the OECD Health Committee and the EU Thematic Working Group on Cancer Inequality Registry.

Data and information sources

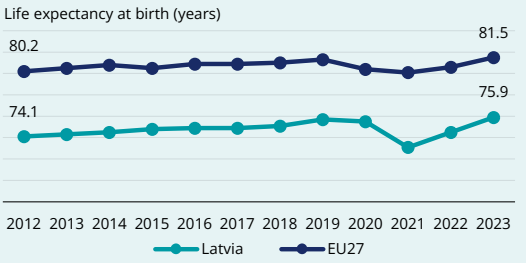
The data and information in the Country Cancer Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD Health Database.

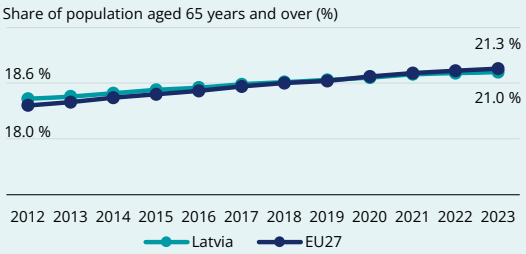
Additional data and information also come from the European Commission's Joint Research Centre (EC-JRC), the EU statistics on income and living conditions (EU-SILC) Survey, the World Health Organization (WHO), the International Agency for Research on Cancer (IARC), the International Atomic Energy Agency (IAEA), the European Society for Paediatric Oncology (SIOPE), the European Union Agency for Fundamental Rights (FRA LGBTIQ), the Health Behaviour in School-aged Children (HBSC) survey as well as from the 2023 Country Health and Cancer Profiles, and other national sources (independent of private or commercial interests). The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway. Mortality and incidence rates are age-standardised to the European standard population adopted by Eurostat in 2013.

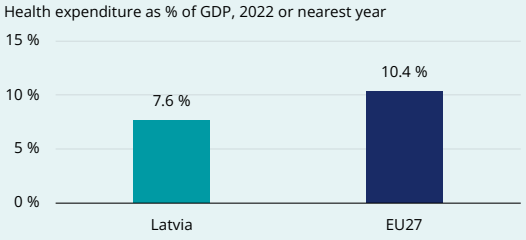
Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.

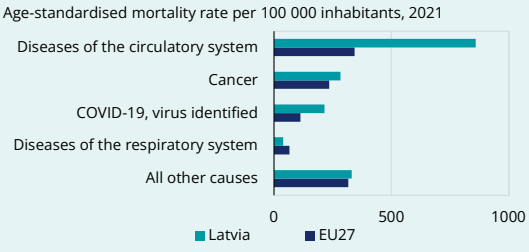
Contents

Key health system and demographic statistics



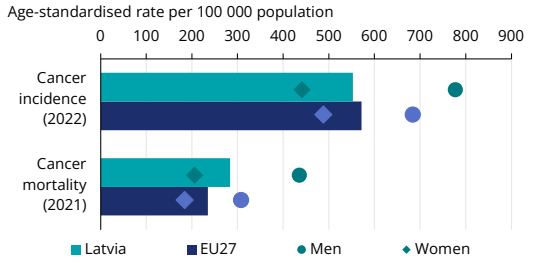


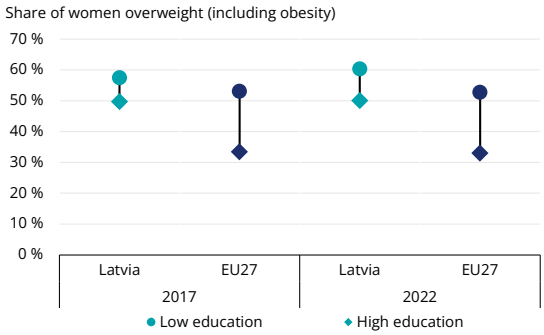


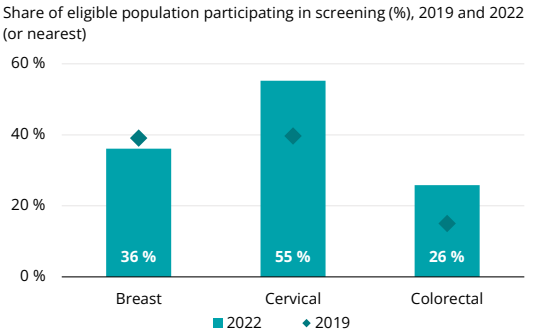


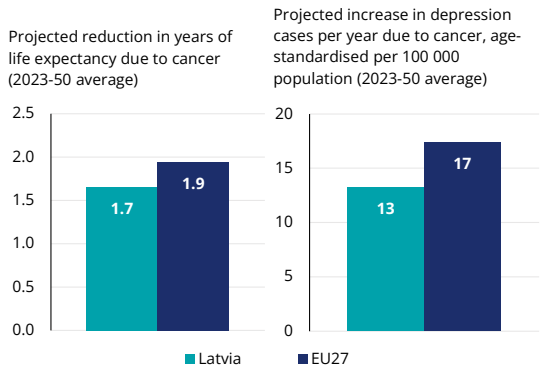
Source: Eurostat Database.

1. Highlights









Cancer in Latvia

In Latvia, estimated cancer incidence is higher than the EU average, and the gender gap is the second largest in the EU. Cancer mortality is also among the highest in the EU, and marked by gender inequalities. To tackle the increasing burden of cancer, Latvia has implemented three comprehensive cancer plans and is preparing a fourth (2025-27).

Risk factors and prevention policies

Latvia lags behind other EU countries on all cancer risk factors, suggesting room for greater promotion of healthy lifestyles and increased investment in prevention. Alcohol consumption is an ongoing challenge, and smoking remains a major public health issue, particularly among men. Almost 60% of Latvian women are overweight or obese – the highest share in the EU. Socio-economic inequalities in overweight are lower among women in Latvia than the EU, but have increased over time. Human papillomavirus vaccination coverage rates are increasing but remain below the EU average.

Early detection

Latvia introduced population-based screening programmes for breast and cervical cancers in 2009. Breast cancer screening rates remain low and have decreased over time. However, for cervical cancer screening, participation rates increased recently. Colorectal and prostate cancer screening are provided by primary care physicians as part of general prevention as an opportunistic screening, but participation rates are very low. In recent years, Latvia has introduced important mechanisms to improve the quality of cancer screening such as quality assurance standards and monitoring of participation rates.

Cancer care performance

In Latvia, financial barriers to access cancer care exist. While efforts are made to secure geographical access and availability of medical technology for diagnosis and treatment, Latvia still struggles to ensure timely access. Quality of cancer care has improved in recent years, reflected in increased survival estimates. Implementation of the role of oncological patient co-ordinator and a Latvian Cancer Centre is expected to further improve care quality. Expanding availability of psychosocial support, rehabilitation and palliative care are priorities, given that Latvia is expected to have increased mental health disorders because of cancer between 2023 and 2050.

2. Cancer in Latvia

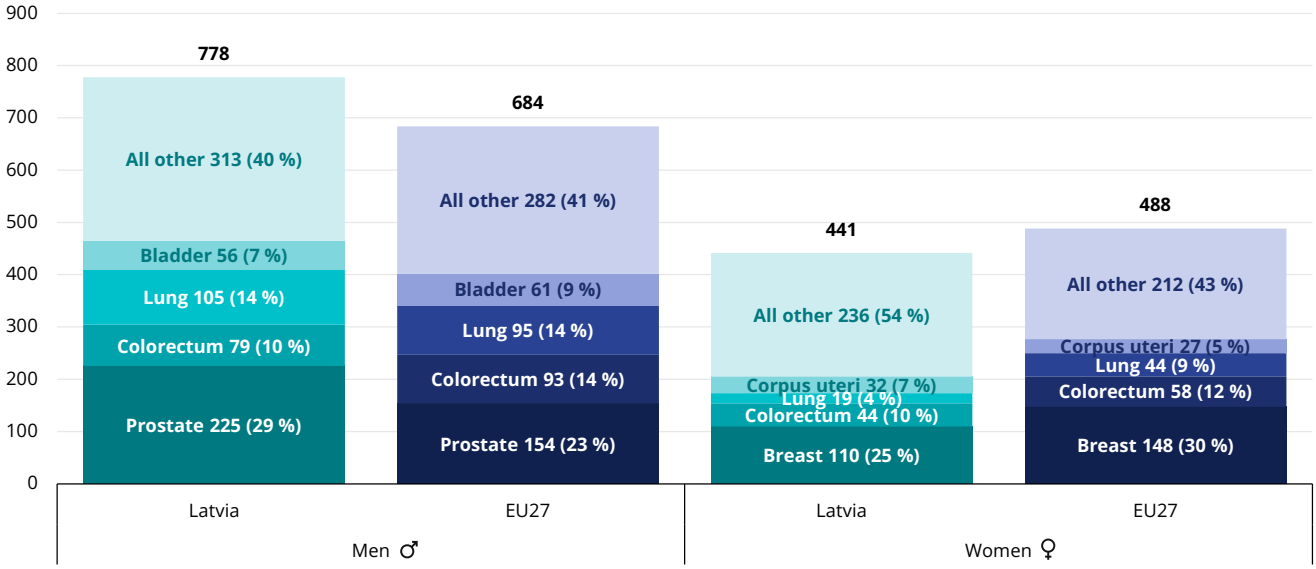
Cancer incidence among men in Latvia is higher than the EU average

According to European Cancer Information System (ECIS) of the Joint Research Centre based on incidence trends from pre-pandemic years, over 11 000 people (5 754 men and 5 328 women) were expected to be newly diagnosed with cancer in Latvia in 2022. The age-standardised rate was expected to be 778 new cancer cases per 100 000 men, which is the seventh highest in EU+2 countries[1] and 14% higher than the EU average. The rate was significantly lower among women, at 441 new cancer cases per 100 000 women, which is the seventh lowest in EU+2 countries and 10% lower than the EU average (Figure 1).

Among Latvian men, the most common cancer types were prostate, lung[2] and colorectal cancers. The incidence rate for prostate cancer was the fourth highest in the EU and 46% higher than the EU average. The lung cancer rate was also higher than the EU average, reflecting high smoking rates over decades. Among Latvian women, breast, colorectal, uterus and ovarian cancers were the most common types. Although overall cancer incidence among women is relatively low, the incidence rate for cervical cancer was the second highest in the EU. Stomach cancer was also common among both men and women – the rate among men was the highest across the EU, while the rate among women was the fourth highest.

Figure 1. The gender gap in cancer incidence rates in Latvia is very large

Age-standardised incidence rate per 100 000 population, estimates, 2022



Notes: 2022 figures are estimates based on incidence trends from previous years, and may differ from observed rates in more recent years. Includes all cancer sites except non-melanoma skin cancer. Corpus uteri does not include cancer of the cervix.
Source: European Cancer Information System (ECIS). From https://ecis.jrc.ec.europa.eu, accessed on 10 March 2024. © European Union, 2024. The incidence percentage breakdown was re-computed based on age-standardised incidence rates and as such differs from the percentage breakdown of absolute numbers shown on the ECIS website.

In 2022, the gender gap in incidence rates was the second largest in the EU after Lithuania. The gender difference was particularly large for lung cancer: the incidence rate was over five times higher among men than women, reflecting the large gender gap in smoking rates in Latvia (see Section 3).

Regional differences exist within Latvia: the crude cancer incidence rate in the Kurzeme region (631 per 100 000 population) was about 50% higher than

1 *EU+2 countries include 27 EU Member States (EU27), plus Iceland and Norway.*
2 *Lung cancer also refers to trachea and bronchus cancers.*

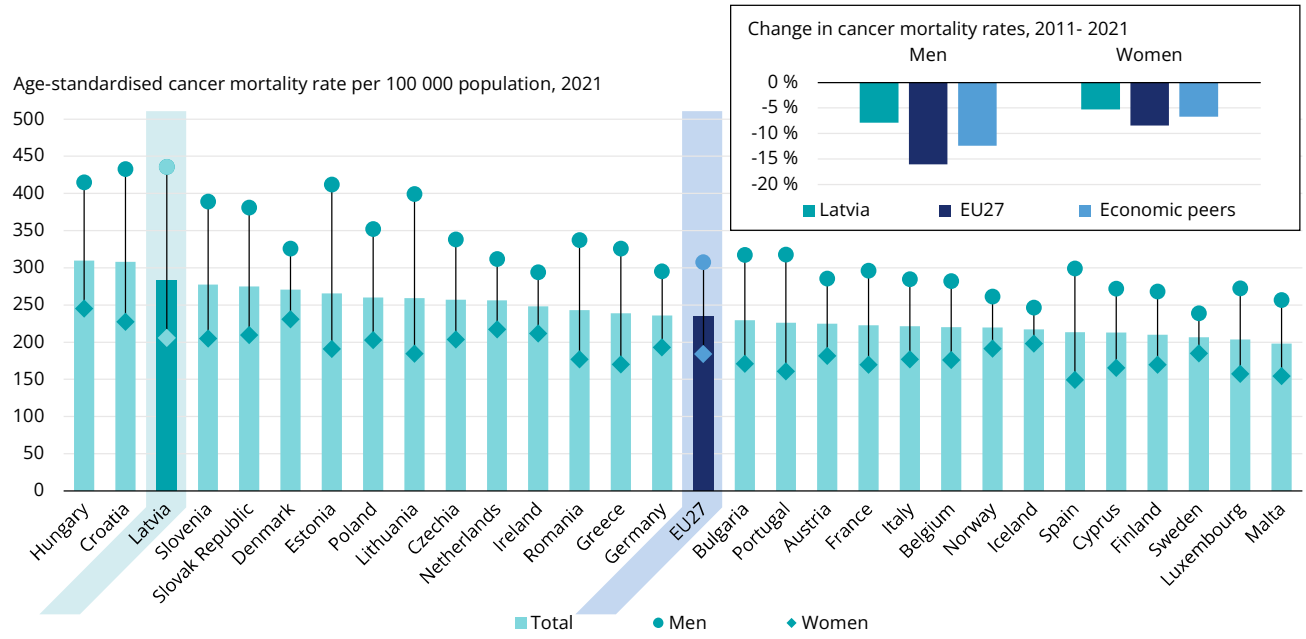
in the Vidzeme region (420 per 100 000) in 2021. Regional differences have increased over recent decades, as in 2017, the crude cancer incidence rate in the Kurzeme region (712 per 100 000 population) was 30% higher than in the Zemgale region (532 per 100 000). Looking forward, ECIS estimates that cancer cases will increase by 2% between 2022 and 2040.

Latvian cancer mortality is among the highest in the EU

The cancer mortality rate in Latvia was the third highest in EU+2 countries in 2021. The rate among men (436 per 100 000 men) was the highest in the EU, and despite low cancer incidence among women in Latvia, the mortality rate (206 per 100 000 women) was 12% higher than the EU average (184 per 100 000 women). The gender difference in mortality was the largest across the EU.

Between 2011 and 2021, the cancer mortality rate decreased by only 8% among men and 5% among women in Latvia. These rates were slower than average declines of 16% among men and 9% among women across the EU, and the declines of 12% among men and 7% among women among Latvia's economic peers[3] (Figure 2).

Figure 2. In Latvia, the gender difference in cancer mortality is the largest in the EU



Notes: Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for LV are BG, EE, EL, HR, HU, PL, PT, RO and SK.
Source: Eurostat Database.

Avoidable cancer mortality rates are higher than the EU average except for lung cancer among women

Lung, colorectal, breast and prostate cancers were the leading causes of cancer mortality in Latvia in 2022. Among Latvian men, the prostate cancer mortality rate was the second highest in the EU and the lung cancer mortality rate was the seventh highest. Among women, the cervical cancer mortality rate was the fifth highest, suggesting a need to increase human papillomavirus (HPV) vaccination and screening rates for these cancers, and to improve access to specialist care (see Section 3).

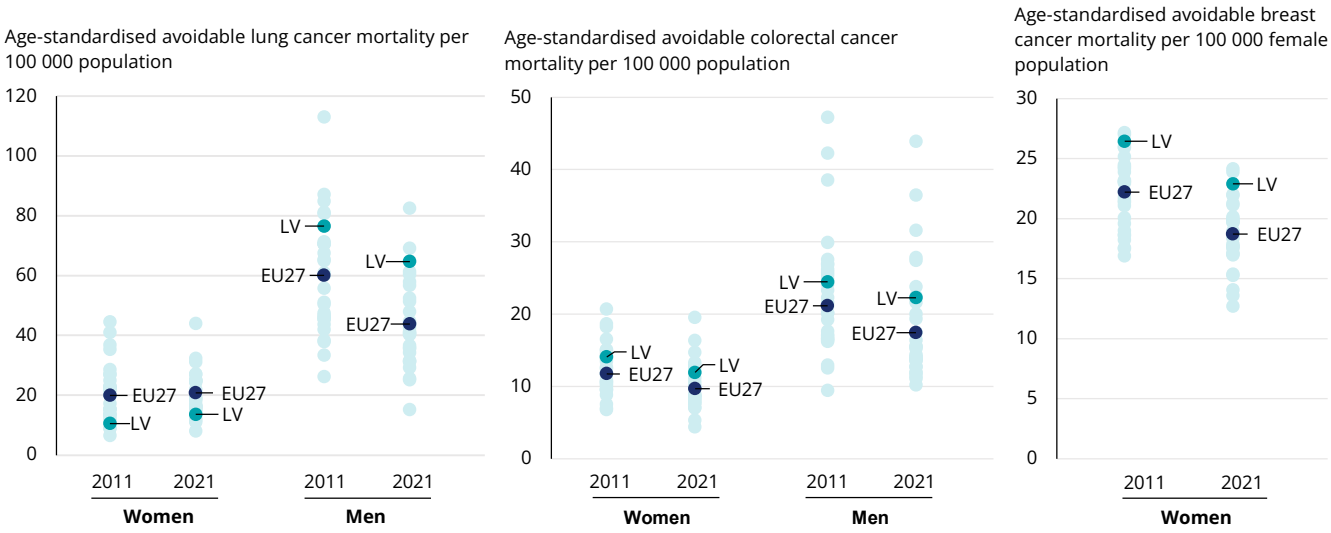
Thanks to improved prevention strategies and advances in treatment options, a significant proportion of cancer deaths among people aged under 75 are considered avoidable.[4] Between 2011 and 2021, however, lung cancer mortality rates (mostly preventable) in Latvia did not decrease as rapidly as the EU averages. The rate declined more slowly among men in Latvia (by 15%) than the EU average (by 27%), and the rate among women increased more rapidly in Latvia (by 29%) than the EU average (by 4%) (Figure 3). These reflect the legacy of an increase in smoking rates among more recent birth cohorts of women than men, and suggest a need for further tobacco control policies.

3 *Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for LV are BG, EE, EL, HR, HU, PL, PT, RO and SK.*

4 *Avoidable mortality includes both preventable deaths that can be avoided through effective public health and prevention interventions, and treatable deaths that can be avoided through timely and effective healthcare interventions.*

In 2021, Latvia reported a treatable mortality rate from breast cancer of 23 per 100 000 women – more than 22% higher than the EU average. The treatable mortality rate from colorectal cancer was 12 per 100 000 women and 22 per 100 000 men – both higher than the EU averages. All these avoidable mortality rates decreased more slowly than the EU averages. The declines are associated with the introduction of cancer screening in 2009 and the subsequent increase in screening rates, although screening rates are still low in Latvia compared to most EU countries.

Figure 3. Avoidable cancer mortality remains high in Latvia, although rates for most cancers fell in 2011-21



Note: Avoidable mortality figures relate to deaths of people aged under 75.
Source: Eurostat Database. Data refer to 2021.

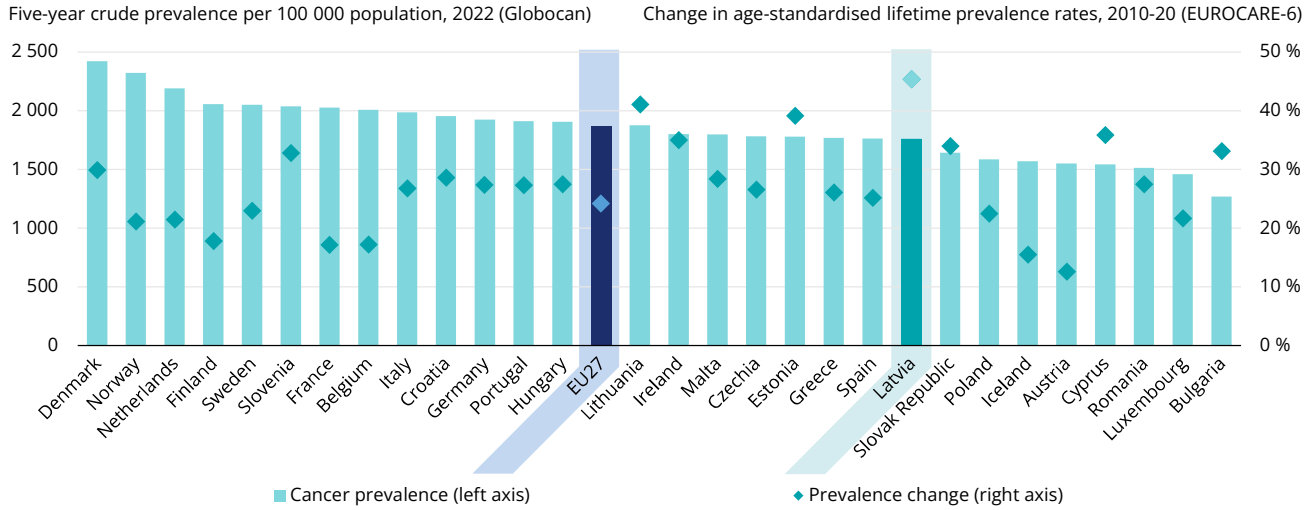
Crude cancer mortality rates vary widely across regions in Latvia. The eastern region of Latgale and the western region of Kurzeme have high cancer mortality rates. The Riga and Pieriga (a suburb of Riga) regions, however, have a mortality rate about 10% lower than the average across the country; this may be explained by better access to diagnostics and treatment (Cabinet of Ministers, 2021). Between 2017 and 2023, regional inequalities in cancer mortality rates increased overall, with reductions in the Pieriga (9%) and Riga (3%) regions and rises in the Latgale and Kurzeme regions (5%) (CDPC, 2024). These inequalities may be linked to differences in prevalence of unhealthy lifestyles and access to high-quality cancer care.

Due to relatively high mortality rates, cancer prevalence in Latvia is lower than the EU average

While cancer incidence is higher than the EU average, cancer prevalence[5] is lower – partly reflecting high cancer mortality rates. According to Globocan estimates, Latvia's five-year standardised cancer prevalence rate in 2022 (1 764 cancer cases per 100 000 population) was approximately 6% lower than the EU average (1 876 per 100 000). However, from 2010 to 2020, Latvia's age-standardised cancer prevalence rate increased by 45% – almost double the EU average increase of 24%, and the fastest increase across the EU (Figure 4). This upward trend emphasises the growing importance of addressing quality of life and survivorship (see Section 5.4), given the increasing number of people living longer with a history of cancer.

5 *Cancer prevalence refers to the proportion of the population who have been diagnosed with cancer and are still alive, including those currently undergoing treatment for cancer and those who have completed treatment. Five-year cancer prevalence includes people who have been diagnosed within the previous five years, while lifetime prevalence considers those who have ever received a cancer diagnosis.*

Figure 4. The speed of increase in cancer prevalence in Latvia was double the EU average



Sources: IARC Globocan Database 2024; EUROCARE-6 study (De Angelis et al., 2024).

To tackle the increasing burden of cancer, Latvia has implemented three comprehensive cancer plans

Latvia introduced its first National Cancer Plan (NCP) in 2009, and a second Plan for 2017-20 was implemented to improve primary diagnosis and treatment for the most frequent cancers, improve screening uptake and quality, and expand availability of palliative care. To continue tackling the high cancer burden, the NCP 2022-24 was introduced in 2021 during the pandemic, and implementation started in July 2022. This Plan focuses on prevention, screening, access to and quality of cancer care, cancer data infrastructure, human resources and patient satisfaction (Cabinet of Ministers, 2021), and is aligned with the four pillars of Europe's Beating Cancer Plan (Box 1).

Latvia prepares for the introduction of the fourth comprehensive cancer plan

Since cancer care continues to be a national priority, Latvia has started to develop a new NCP for 2025-27. A series of workshops are being held, inviting experts to improve areas of the NCP such as patient satisfaction, paediatric cancer, screening, prevention, diagnosis, clinical effectiveness, access to cancer care and oncology medicines, health information and the Cancer Registry. Since public engagement is key to effective implementation of cancer plans, educational institutions and the media will play a role in building public awareness of cancer. Cross-sectoral efforts from other ministries (including the Ministry of Finance) are necessary for effective implementation of the new NCP.

Box 1. Latvia's third National Cancer Plan is aligned with the four pillars of Europe's Beating Cancer Plan

Latvia's third NCP for 2022-24 is aligned with Europe's Beating Cancer Plan pillars of prevention, early detection, and diagnosis and treatment (Table 1). It supplements the country's general public health policy on reducing the spread of risk factors and their impact on health, which covers a broad range of risk factors such as obesity, physical inactivity, unhealthy diet, smoking and alcohol consumption, and focuses on promotion of smoking cessation services and HPV vaccination uptake, as well as prevention of exposure to ultraviolet radiation. The Plan also aims to strengthen management, co-ordination and monitoring of cancer screening and the role of general practitioners (GPs) in cancer screening, and to improve effectiveness of cancer screening. It focuses on improving timely access and effectiveness, and expanding availability of cancer treatment including oncology medicines and personalised medicines. Finally, the NCP aims to improve patient satisfaction and experiences through better communication, information sharing and monitoring of patient-reported measures, and to expand availability and quality of psychosocial rehabilitation services, psycho-emotional support and palliative care for cancer patients.

The NCP does not specifically focus on the three transversal themes of Europe's Beating Cancer Plan. However, these aspects are covered within the broader framework of the Plan. On paediatric care, it focuses on improved access to timely care, increased availability of diagnosis including genetic examination and treatment.

Table 1. Latvia's National Cancer Plan is aligned in part with Europe's Beating Cancer Plan

Pillars of EBCP				Transversal themes of EBCP		
Prevention	Early Detection	Diagnosis and treatment	Quality of life	Cancer inequalities	Paediatric cancer	Research and innovation
●	●	●	●	●	●	●

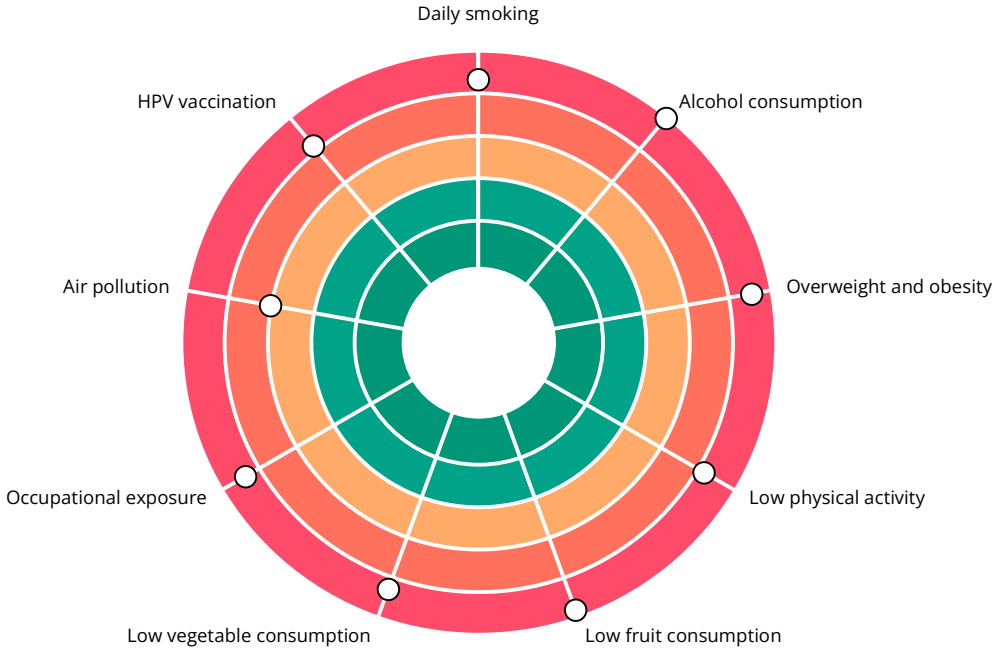
Notes: EBCP = Europe's Beating Cancer Plan. Blue indicates that the NCP includes a specific section on the topic; orange indicates that the topic is covered in one of the Plan's sections without being the only focus; and pink indicates that this topic is not covered in the NCP.
Source: Adapted from "Study on mapping and evaluating the implementation of Europe's Beating Cancer Plan" (not yet published).

3. Risk factors and prevention policies

Promotion of healthy lifestyles needs to be a health policy priority in Latvia

Latvia lags behind other EU countries on all risk factors for cancer (Figure 5). Behavioural risk factors are prevalent, including poor eating habits and use of tobacco, vaping products and alcohol. Occupational exposure to chemicals is also high: almost one in three people reported being exposed to chemical products or substances at work frequently. The HPV vaccination rate is also lower than the EU average.

Figure 5. Rates of alcohol consumption, overweight and obesity, physical inactivity and unhealthy eating habits in Latvia are among the highest in the EU

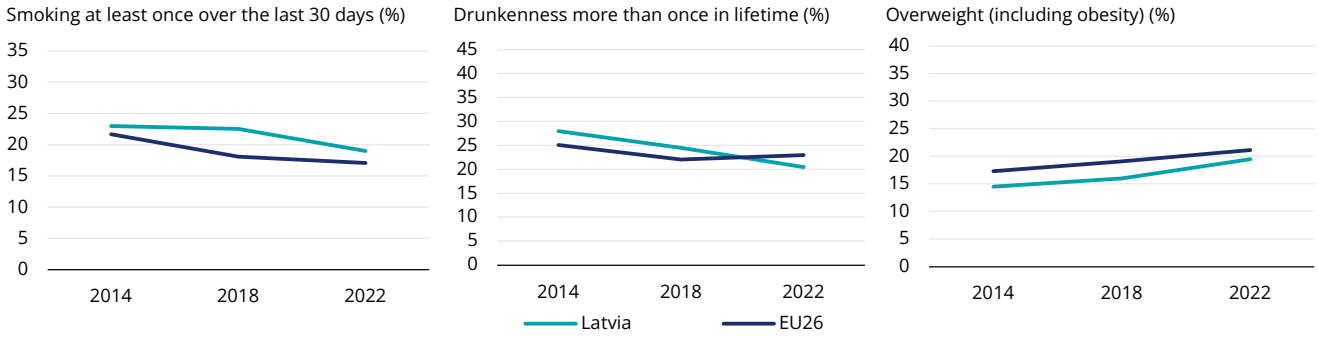


Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas. Air pollution is measured as particulate matter with a diameter less than 2.5 micrometres ($PM_{2.5}$).
Sources: OECD calculations based on 2022 EU-SILC Survey for overweight, obesity, physical activity, fruit and vegetable consumption (in adults); Eurofound Survey for occupational exposure; OECD Health Statistics for smoking, alcohol consumption (in adults) and air pollution; and WHO for HPV vaccination (15-year-old girls).

Alcohol consumption is an ongoing challenge in Latvia

Alcohol consumption in Latvia is the highest in the EU. People aged 15 and over on average consumed 11.9 litres of pure alcohol per person per year in 2022, which is higher than the EU average of 10 litres per person. The share of adolescents in Latvia who experienced repeated drunkenness was about the EU average but decreasing in recent years (Figure 6).

Figure 6. Among adolescents, smoking is slightly more common in Latvia than in the EU



Note: The EU average is unweighted. Data refer to 2022, and are based on children aged 15 years. EU26 for smoking and drunkenness; EU25 for overweight.
Source: Health Behaviour in School-aged Children Survey.

In recent years, several policies have been implemented to control alcohol consumption. The Action Plan to Reduce Alcohol Consumption and Curb Alcoholism 2020-22 called for tougher restrictions on advertising and availability of alcoholic beverages. The Plan on Improvement of Prevention and Healthcare Activities to Reduce the Prevalence of Alcohol and Drug Use 2023-25 was implemented in 2022 to promote prevention and support people with substance abuse through both health and social services. In 2023, the Law on the Circulation of Alcoholic Beverages and the Law on Electronic Media were amended to reduce the timings of sales in off-premises such as liquor stores, raise the age limit for sales from 18 to 20, ban small packaging of strong alcoholic drinks, and limit advertising and marketing. Restrictions on density of alcohol outlets and off-premise sales beyond restaurants or bars are not available, and regulations on advertising on national television and social media are partial (OECD, 2024a).

In addition, alcohol taxation policies are not only a domestic issue for Latvia. Following a reduction in exercise tax on alcohol in neighbouring Estonia to reduce the marked difference in alcohol prices from Latvia, cross-border purchases among Latvians have increased. In 2019, Latvia announced a 15% reduction in tax on strong liquor; the reduced price coincided with an increase in alcohol consumption from 11 litres in 2018 to 12 litres in 2019, suggesting a need to implement multifaceted measures to address alcohol consumption.

Smoking remains a major public health issue in Latvia, particularly among men

Smoking rates in Latvia are particularly high among men. In 2022, 29% of people aged 15-74 reported smoking daily (CDPC, 2024), compared to the EU average of 18% of people aged 15 and over. The smoking rate was 43% among men – more than twice the rate among women (16%). For both men and women, daily smoking was more prevalent among people aged 45-54, and more common among people with lower (29%) than higher (7%) education levels (CDPC, 2024).

Several policies have been introduced to reduce smoking rates, including the 2014 Tobacco Law, smoking restrictions in public places and a 2016 law limiting use of tobacco and related products or equipment. A smoking cessation advisory helpline was initiated in 2016. Latvia also banned cigarettes and tobacco with characterising flavours, including menthol and mint, in 2020. Following these measures, the share of daily smokers decreased, reaching 23% among people aged 15-74 in 2020. The third NCP allocated a budget of EUR 17 000 per year between 2022 and 2024 for the maintenance of the smoking cessation advisory helpline.

However, Latvia was one of the few countries in which daily smoking prevalence increased among both men and women in recent years. Latvia could further expand smoke-free public places, improve availability of smoke cessation programmes, undertake anti-tobacco campaigns, expand advertising bans and increase prices, as the price in 2022 was lower than a decade earlier (WHO, 2023).

Even though Latvia restricts use of e-cigarettes, vaping prevalence is increasing. Among young people aged 15-24, 65% of men and 44% of women had smoked e-cigarettes in their lifetime in 2022 a substantial increase from 30% among men and 23% among women in 2016. In 2023, the Excise Tax Law was amended to increase the excise tax on e-liquids and their components by 21% and on tobacco substitute products by 10% per year between 2024 and 2026.

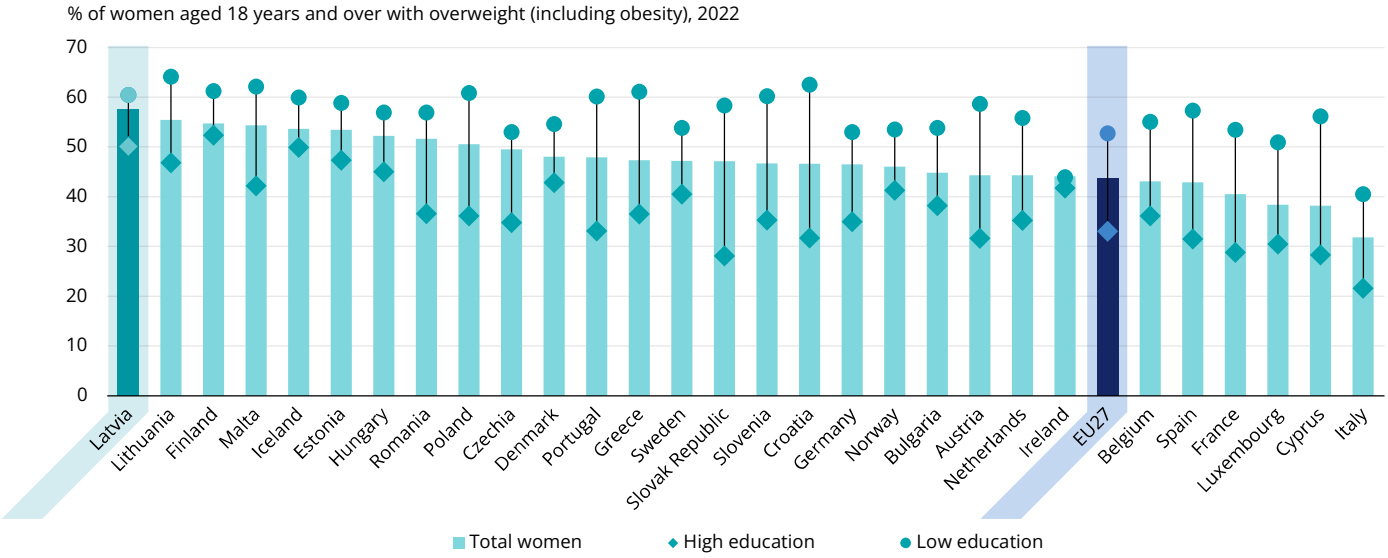
Almost three in five Latvian adults are overweight or obese

In 2022, the share of overweight or obese adults was the third highest in EU+2 countries (60%) and much higher than the EU average of 54%. The rate among women (58%) was the highest in the EU, and

the education gap in overweight among women was the fourth lowest (60% among women with lower education levels, compared to 50% among women with higher education levels) in the EU in 2022 (Figure 7). Among men, the rate (64%) was higher than the EU average of 60%, and the gender difference in overweight was smallest in the EU.

Among adolescents, prevalence of overweight or obesity was slightly lower in Latvia (20%) than the EU average (21%) in 2022. However, between 2018 and 2022, prevalence had increased more rapidly in Latvia (by 4 percentage points) than the EU average (2 percentage points).

Figure 7. Among women, the prevalence of overweight or obesity in Latvia is the highest in EU+2 countries



Note: Overweight (including obesity) includes those with a body mass index (BMI) above 25.
Source: Eurostat Database.

Latvia's Public Health Strategy 2014-20 identified overweight and obesity as a policy priority, and the Public Health Strategy 2021-27 includes health promotion campaigns and development of educational material and activities targeting specific population groups, such as schoolchildren, and an increasing role for GPs in health promotion to tackle the challenge of obesity, unhealthy diets and lack of physical activity.

Latvia has implemented various policies to promote healthy diets, prohibiting distribution of soft drinks, sugar confectionery and salty snacks in schools since 2006. In 2018, regulations were set on the daily nutritional requirement of meals provided in schools, social and healthcare institutions including overall calories and nutritional composition such as the maximum level of trans-fatty acids in foodstuffs and stricter limits on salt and sugar. Industries are also encouraged to reformulate food by reducing added sugar, saturated fats and salt. While an excise tax on non-alcoholic beverages has been in place since 2000, a higher tax rate was introduced on non-alcoholic beverages with a sugar content above 8 g/100 ml. However, front-of-pack labelling and physical activity counselling, assessment and prescriptions in primary care are not available, and nutrition advice and counselling in healthcare available to the public are not targeted at specific population groups (OECD, 2024a).

High prevalence of overweight and obesity is associated with low vegetable and fruit consumption and physical inactivity. In 2022, 57% of Latvians aged 15 and over reported not consuming vegetables daily, which was the fourth highest rate in the EU. Among 15-year-olds in Latvia, 17% consumed fruit consumption daily (compared to 30% in the EU on average) and 24% consumed vegetables daily (compared to 34% in the EU). Physical inactivity is a common problem in Latvia: about 80% of people reported engaging in physical activity less than three times in a typical week – higher than the EU average of 69%. The share of 15-year-olds engaging in 60 minutes of physical activity daily in Latvia is also quite low – at 16%.

Human papillomavirus vaccination coverage rates are increasing but still below the EU average

HPV vaccination was introduced in Latvia for girls in 2010 and boys in 2022. It is provided free of charge by GPs to girls aged 12-18 and boys aged 12-17. Since 2017, the Centre for Disease Prevention and Control (CDPC) has organised targeted information campaigns (including social media discussions) to promote HPV vaccination uptake. The vaccination rate among 15-year-old girls has increased over time, reaching 46% in 2023. However, it is still substantially lower than the EU average of 64%. Within the HPV vaccination programme, 68% of boys received all recommended doses of their vaccine in 2023 (compared to 51% on average in the EU).

Latvia does not have a school-based immunisation programme, but given the high burden of cervical cancer, more needs to be done to promote uptake of HPV vaccination, along with increased participation in the cervical cancer screening programme (see Section 4).

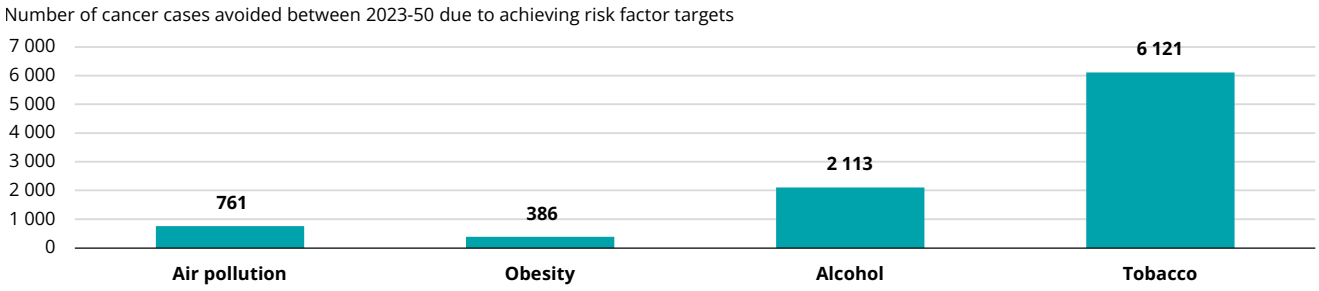
Exposure to air pollution has fallen by a third over the past decade

Estimated mean population exposure to air concentration of $PM_{2.5}$ has fallen considerably during the last decade in Latvia – from 18 µg/m³ in 2010 to 12 µg/m³ in 2020 – and is now close to the EU average (12 µg/m³).

Reductions in smoking and alcohol consumption show promise for reducing the burden of cancer over the next two decades

According to OECD Strategic Public Health Planning (SPHeP) modelling work, by achieving risk factor reduction targets, Latvia could prevent thousands of cancer cases between 2023 and 2050. Since the smoking rate is still high, meeting the tobacco target would offer the largest potential gain (preventing 6 121 cases). Meeting alcohol (2 113 cases), air pollution (761 cases) and obesity (386 cases) targets would also lead to significant reductions (Figure 8).

Figure 8. Latvia could substantially reduce cancer cases with healthier lifestyles



Notes: The target for tobacco is a 30% reduction in tobacco use between 2010 and 2025, and less than 5% of the population using tobacco by 2040. For alcohol, the target is a reduction of at least 20% in overall alcohol consumption and a 20% reduction in binge drinking between 2010 and 2030. For air pollution, it is an annual average $PM_{2.5}$ level capped at 10 µg/m³ by 2030 and at 5 µg/m³ by 2050. On obesity, the target is a reduction to the 2010 obesity level by 2025.
Source: OECD (2024b), Tackling the Impact of Cancer on Health, the Economy and Society, https://doi.org/10.1787/85e7c3ba-en.

Latvia needs to invest to effectively implement health promotion policies

Latvia has implemented a number of policies to promote healthier lifestyles among the population, but investment in reducing behavioural risk factors is low. Despite wide prevalence of risk factors, in 2021, spending on prevention[6] was 5%, which is close to the EU average of 6%. Alongside the need to adopt and implement the national policies that are not yet supported, more investment and an integrated policy approach are needed.

To change population lifestyles substantially, concerted efforts among all stakeholders need to be sought. Currently, municipalities are responsible for health promotion and prevention, but these efforts are often fragmented, even though the CDPC supports municipalities in developing activities and information campaigns to promote healthy lifestyles and reduce health risk factors. The role of primary care could be also enhanced in health promotion by providing smoking cessation support services to smokers, interventions on alcohol, and counselling or prescription of physical activity to reduce overweight and obesity.

6 *Prevention expenditures as reported in health accounts should include activities outside of national programmes (e.g. opportunistic cancer screening or counselling for smoking cessation during a routine physician contact), however in practice countries may have difficulty in identifying prevention spending outside of such programmes.*

4. Early detection

Population-based screening programmes are in place for breast and cervical cancers

In 2009, population-based programmes for breast and cervical cancer screening were rolled out nationwide. Free mammograms are available to women aged 50-69 every two years at 27 designated mammography providers that meet quality assurance criteria, or via a mobile mammography bus. The National Health Service (NHS) sends invitation letters to target group for breast cancer screening.

Women aged 25-70 are eligible for cervical cancer screening. The NHS sends invitation letters for free cytology-based screening to women at ages 25 and 28. Invitation letters for free primary HPV testing are sent to women aged 30-67 to be performed between ages 30 and 70. In 2025, it is planned that the interval for invitations for HPV testing will change from every three years to every five years. Cervical cancer screening can be provided by gynaecologists, GPs and midwives, but is mostly provided by gynaecologists. For both types of screening, invitation letters to the target group are sent electronically, if requested. Women not invited to screening in a specific year – including those outside the target age range – can book screening with a low copayment – such as EUR 3 for mammography with a doctor's referral, EUR 4 for ultrasonography with a doctor's referral and EUR 4 for cervical cancer screening.

Efforts have been made to increase cancer screening uptake

Latvia provides financial incentives to GPs who provide breast and cervical cancer screening to increase participation rates. Following a bonus payment introduced at the start of both screening programmes in 2009, quality assurance criteria and a compulsory pay-for-performance scheme were introduced as part of primary care reforms in 2013. GPs who meet annual quality assurance criteria in areas including cancer screening and early detection receive additional payments. To increase cancer screening uptake, quality assurance criteria were revised, and a separate payment has become available for GPs.

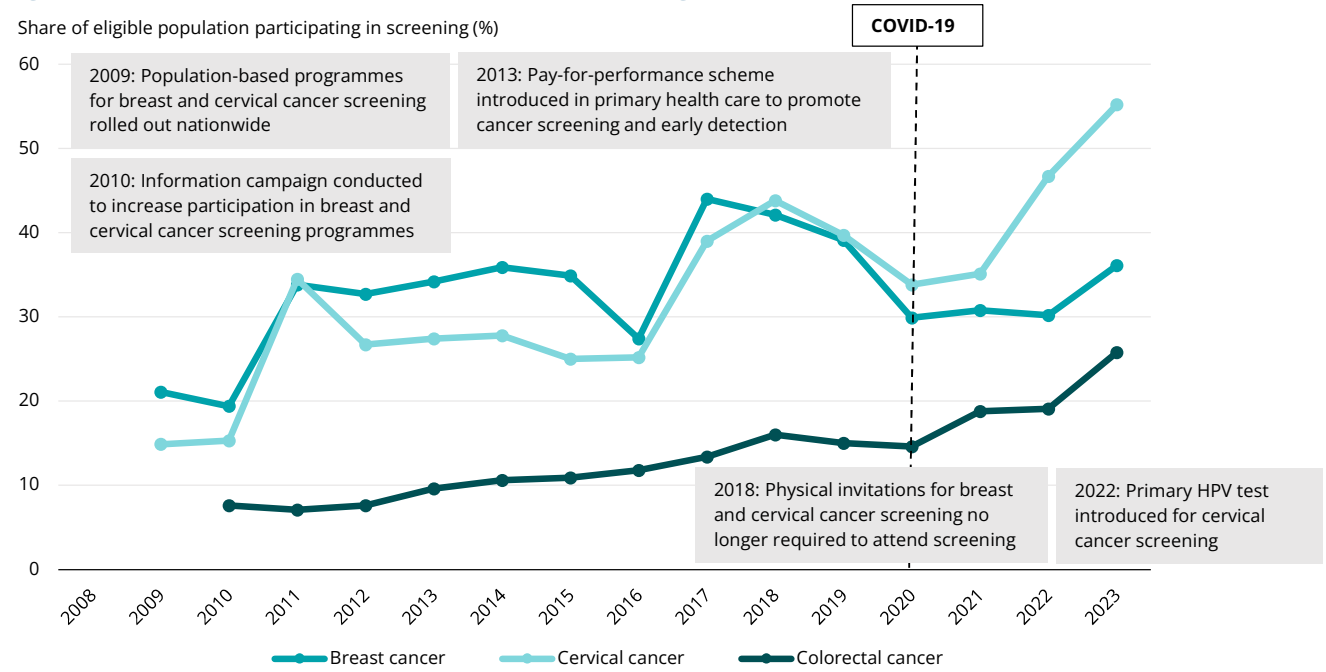
Prior to 2017, only women with invitation letters for breast and cervical cancer screening were able to undergo screening. Since 2018, however, Latvia's healthcare management information system allows healthcare institutions to identify target women, so those in the target age range who did not receive physical invitation letters are able to attend.

Latvia has also attempted to increase awareness of cancer screening. Public information campaigns were carried out in 2010, a year after the introduction of breast and cervical cancer screening programmes. Thanks to social activities and information measures, as well as support from professional associations of gynaecologists and GPs, population interest in screening grew. Since then, various means have been used to share information on cancer screening. Educational materials on cancer screening are also distributed not only to the public but also to medical institutions, GP practices, municipalities, non-governmental organisations and educational institutions.

Breast cancer screening rates remain low in Latvia

Following efforts to increase cancer screening uptake, breast cancer screening participation increased to 44% in 2017 (compared to 21% in 2009). However, the rate decreased to 39% of women aged 50-69 in 2019 (Figure 9). In 2020, it decreased even further to 30% as Latvia temporarily stopped cancer screening programmes during the initial phase of the COVID-19 pandemic between March and May 2020. The participation rate has since increased, reaching 36% in 2023, although it was still below the pre-pandemic level and substantially lower than the EU average (56%).

Figure 9. For breast and colorectal cancers, screening participation in Latvia is low at below 40%



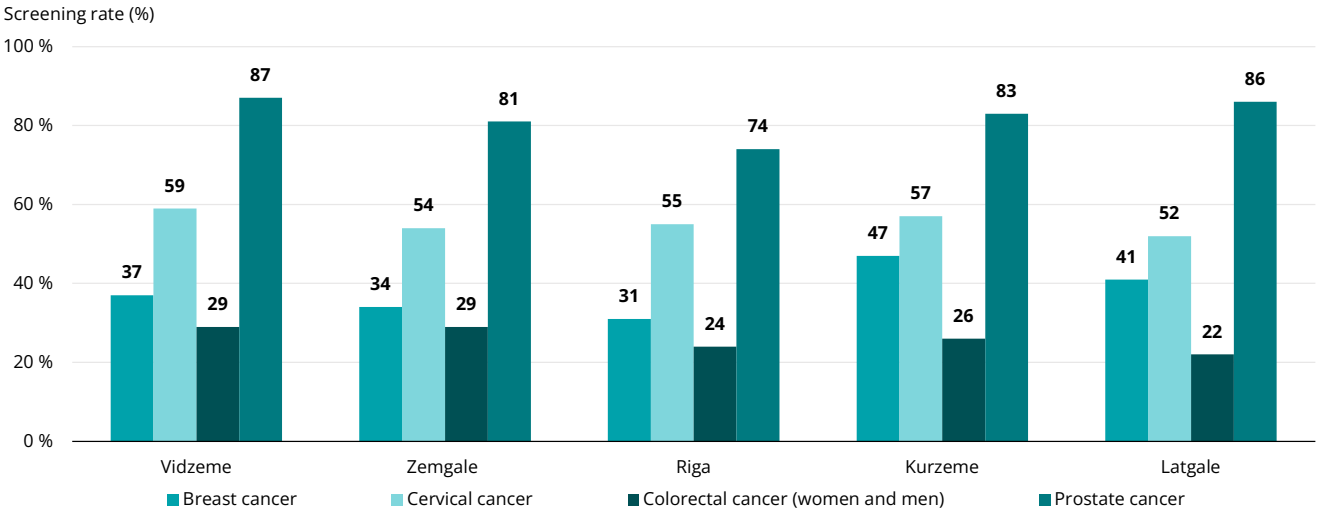
Notes: Data refer to mammography screening undertaken in the year among women aged 50-69 who were invited in the year, cervical cancer screening undertaken in the year among women aged 25-70 who were invited in the year and colorectal cancer screening undertaken in the year among the population aged 50-74 who were eligible for colorectal cancer screening in the year. Programme data are shown for all cancer types and all years covered.
Source: OECD Health Statistics 2024.

There are variations in breast cancer screening uptake across regions in Latvia: rates were 47% in Kurzeme, 41% in Latgale, 31% in Riga and 37% in Vidzemes, 34% in Zemgale (Figure 10).

The cervical cancer screening rate in Latvia has increased in recent years

The participation rate in the cervical cancer screening programme was also affected by the COVID-19 pandemic. Thereafter, it increased from 34% in 2020 to 55% in 2023 which was higher than the pre-pandemic level (40% in 2019). Compared to breast cancer screening, the cervical cancer screening rate is substantially higher. This may be because Latvian women have a long history of seeking a gynaecological consultation for an annual check-up. There was no substantial regional variation in cervical cancer screening participation rates, ranging from 59% in Vidzeme to 52% Latgale (Figure 10).

Figure 10. Screening rates for breast cancer vary across regions in Latvia

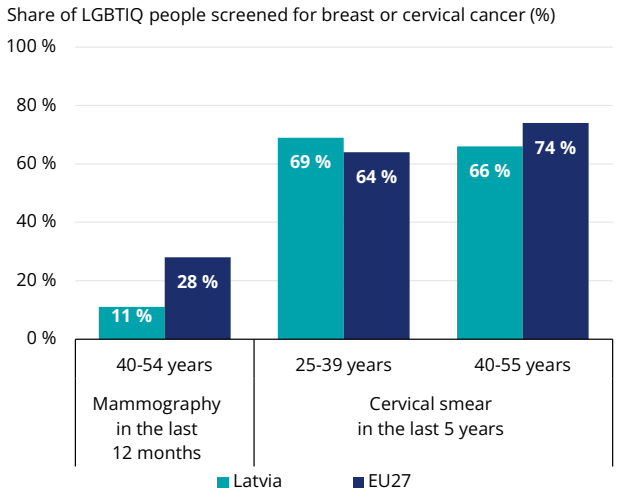


Source: NHS (2023).

Among LGBTIQ people, breast cancer screening participation is low compared to the EU

According to the EU LGBTIQ Survey III, participation in breast cancer screening among LGBTIQ persons is lower in Latvia than in other EU countries (Figure 11). In 2023, only 11% of LGBTIQ cisgender females, trans women and intersex people aged 40-54 years reported having had a mammogram in the previous 12 months, much lower than the EU average of 28%. This aligns with the relatively low screening rates seen in Latvia in the general population. In contrast, for cervical cancer screening, 69% of the relevant LGBTIQ population aged 25-39 in Latvia reported having had a smear test in the previous 5 years (higher than the 64% in the EU), while 66% of those aged 40-55 in Latvia reported a smear test (lower than the 74% in the EU).

Figure 11. LGBTIQ persons in Latvia participate less in breast cancer screening than their counterparts in the EU



Note: LGBTIQ survey results refer to age groups and/or screening intervals that do not align with the population screening approach in EU countries, and should not be compared.
Source: The European Union Agency for Fundamental Rights (EU LGBTIQ Survey III).

Colorectal cancer screening is part of the general health prevention programme, and the participation rate is low

Colorectal cancer screening is not population-based, so invitation letters are not sent to target populations. However, since 2009, GPs have provided a free colorectal cancer screening kit and information on how to perform the test at home to the target population as part of the general health prevention programme. The target population and screening methods changed recently. Prior to 2014, a Guaiac-based faecal occult blood test was provided to people aged 50 and over annually, but the target age range was changed to 50-74 in 2014. Faecal immunochemical testing was introduced in 2019 and provided every year; since 2021, it has been provided every two years. To promote timely detection of colorectal cancer, a financial incentive has been provided for GPs.

Following a slight decrease in the colorectal cancer screening rate in 2020, participation has increased gradually, reaching 26% in 2023. The gender difference is relatively small: the participation rate was 28% among women and 23% among men in 2023. Among people who were screened, 12% of men and 7% of women had positive results in 2023 (NHS, 2023).

As implemented in an increasing number of EU countries, in line with the updated Council recommendation on cancer screening of 2022, the Ministry of Health plans to undertake a pilot project for organised population-based colorectal cancer screening by inviting target groups to attend.

Prostate cancer screening is also part of the general health prevention programme

Prostate cancer screening was introduced in Latvia in May 2021. Primary healthcare provides prostate cancer screening every two years to all men aged 50-75 and men aged 45 and over with a family history of prostate cancer, as part of the general health prevention programme. While an invitation letter is not sent, prostate cancer screening is provided free of charge, and GPs are given financial incentives to increase uptake.

According to the National Health Service, prostate cancer screening coverage was 79% in 2022 and 80% in 2023. Although the coverage of prostate cancer examination is high, it should be interpreted with caution as the calculation takes into account all PSA examinations for men aged 50 to 75, except those performed with oncological diagnoses (NHS,2023). There was significant regional variation in participation rates – ranging from 74% in Riga to 87% in Vidzeme (Figure 10).

Important mechanisms to improve the quality of cancer screening have been introduced in Latvia

Despite a lack of overarching management, co-ordination and oversight of cancer screening programmes, some progress has been made in cancer screening quality in Latvia. To improve effectiveness and access to high-quality cancer screening, strategic procurement was introduced in 2017, and mammography service providers were required to meet quality assurance standards,

such as a minimum volume of screening. To improve effectiveness of mammography diagnosis, the Breast Imaging Reporting and Data System was introduced in 2022, providing double-blind evaluation by two radiologists, and ensuring evaluation by a third radiologist in cases of discrepancies in the assessment.

In 2019, the Law on Patients' Rights was amended, requiring the CDPC to process patient data to undertake quality control of cancer screening. Screening participation is monitored regularly for breast, cervical, colorectal and prostate cancers, and participation rates by region are reported publicly. To facilitate effective monitoring of screened people and evaluate the quality of cancer screening, legal frameworks need to be developed to allow data linkages and interoperability of data collected by various actors to develop a comprehensive database, including opportunistic screening, and the quality of cancer screening needs to be evaluated at all phases.

To address the high incidence rate, Latvia leads a European project on stomach cancer screening

To address the third highest incidence rate of stomach cancer in EU+2 countries, Latvia leads the three-year EU-funded Towards Gastric Cancer Screening Implementation in the European Union Project, launched in March 2023, with partners from 14 European countries (European Cancer Organisation, 2023). The Project aims to provide recommendations on implementation of stomach cancer screening. It plans to carry out three large-scale pilot studies pertaining to different features of stomach cancer screening, such as focusing on screening in young adults, strategies for combined screening for upper and lower gastrointestinal cancer, and the adverse effects of Helicobacter pylori eradication in the middle-aged population.

5. Cancer care performance

5.1 Accessibility

Financial barriers to accessing cancer care exist for the Latvian population

In Latvia, patients with cancer or onco-haematology diagnosis are required to pay EUR 7 copayment for inpatient care per day, a symbolic copayment of EUR 0.71 per prescription for cancer drugs, and half the cost for use of medical devices. Patients may also need to make additional payments (up to EUR 31) for surgery provided in inpatient care per hospitalisation, if total copayments are below EUR 570 in a calendar year. Otherwise, patients do not need to pay for cancer care, which is publicly covered. Children aged up to 18, people requiring long-term care and palliative care, patients on low incomes and asylum seekers are not required to make any copayment for healthcare – including cancer care. Following an assessment undertaken as part of Latvia's third NCP for 2022-24, a copayment is no longer required for diagnostic examinations prescribed after cancer screening since 2022, facilitating access to diagnosis following cancer screening.

However, when a more expensive product instead of the cheapest reference product is prescribed, all patients need to pay the difference between the retail price and reference price. Children aged up to 24 months can receive prescription medicines not included in the positive list if they are nationally or centrally authorised in EU countries, at a reimbursement level of 50% if they meet criteria set by legislation.

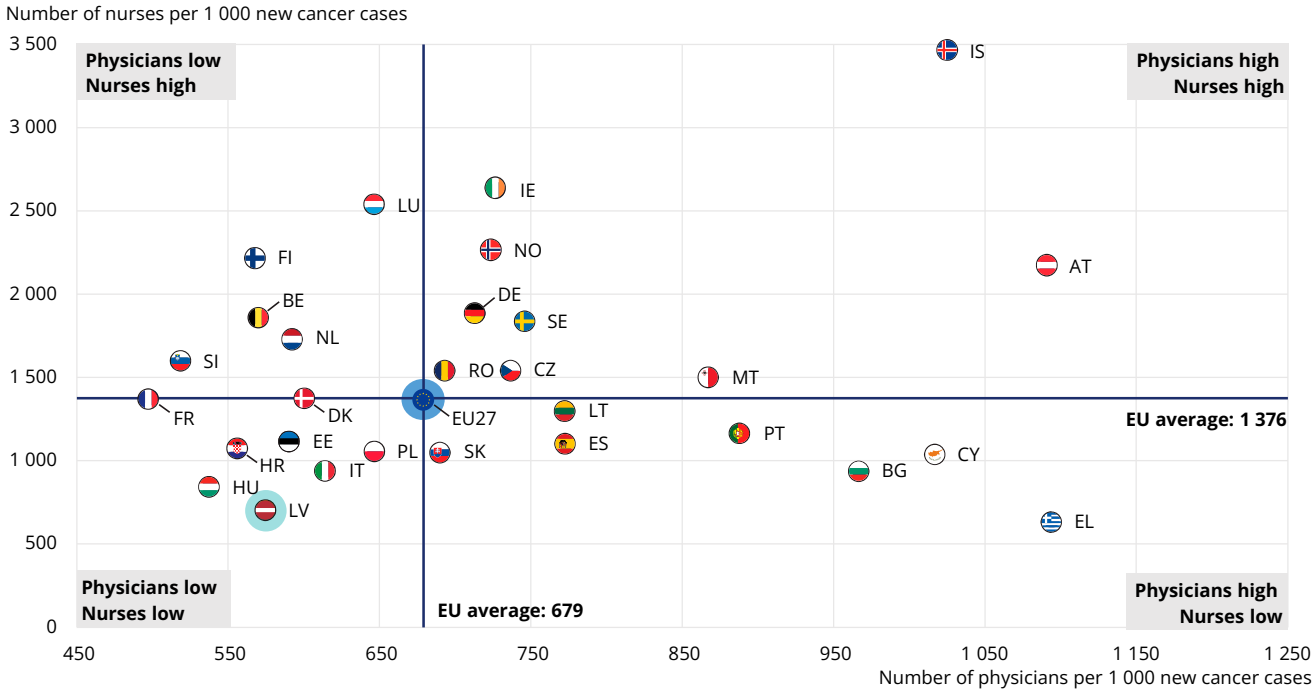
Latvia makes effort to secure geographic access to cancer care

Latvia has 575 physicians and 706 nurses per 1 000 new cancer cases – both rates lower than the EU averages rate of 679 physicians and 1 376 nurses per 1 000 (Figure 12). The supply of oncologists remained unchanged between 2005 and 2015, at 3 per 100 000 population. An increasing share of medical oncologists are approaching retirement age (24% in 2022), so Latvia has funded additional residencies in oncology and increased training capacities since 2019. In 2023, availability of oncologists increased to 4 per 100 000 population. The number of vacancies for cancer-related professionals has decreased recently, but the shortages of specialists in oncology and

chemotherapy (oncologist-chemotherapists), radiologists and specialists in radiology diagnosis remain. The number of certified oncologist-chemotherapists is expected to decrease to 20 in 2030 from 46 in 2023, while the recommended number in 2030 is 29. The number of radiologists is expected to be about 25% lower than the preferred number in 2030 (Ministry of Health, 2023).

While GPs play an important role in preventive examinations, early detection of cancers and follow-up care (see Section 3), the supply of GPs in Latvia is still low, at 0.8 per 1 000 population in 2022. The number of GPs is expected to decrease further to 735 in 2028 – only about 60% of the recommended number (Ministry of Health, 2023). Furthermore, despite increasing cancer prevalence and increased need, the supply of general nurses also remains low.

Figure 12. Supply of nurses in Latvia is low given the rapidly increasing demand for cancer care



Notes: The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). Data refer to practising nurses except in Portugal and the Slovak Republic, where they refer to professionally active nurses. In Greece, the number of nurses is underestimated as it only includes those working in hospitals. In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors. The EU average is unweighted.
Source: OECD Health Statistics 2024. Data refer to 2022 or latest available year.

Latvia plans to reduce regional inequalities, but the distribution of healthcare professionals including oncologists is not yet adequate across regions. Municipalities are expected to ensure access to cancer care by providing subsidies to cover transportation costs to healthcare facilities, but availability of subsidies differs across regions, leading to regional inequalities in access to specialised cancer care.

To improve quality of cancer care covering a wide range of specialised areas, Latvia developed unified licensing and certification systems to train medical professionals with specialised skills, including oncologist-chemotherapists, who are trained not only in diagnosis of cancer and medical treatment including chemotherapy, endocrine therapy, immunotherapy, supportive and symptomatic therapy but also in palliative and rehabilitative care. However, no specialist training, speciality licence or certificate are established for oncology nursing in Latvia, while an increasing number of EU countries – including Belgium, Denmark and Sweden – have developed such a specialisation to improve quality of care and address workforce shortages in oncology.

Availability of medical technology for cancer diagnosis and treatment is increasing

Over the past two decades, availability of medical equipment in Latvia has improved, reaching the EU average. Since the first NCP was implemented in 2009, numbers of computed tomography (CT) scanners have increased by over 35%, numbers of magnetic resonance imaging (MRI) units and

radiation therapy units have more than doubled. In 2022, the density of CT scanners was much higher in Latvia (40 per 1 000 000 population) than the EU average (26 per 1 000 000), while availability of MRI units (20 per 1 000 000) was similar to the EU average (18 per 1 000 000). In the past few years, radiology departments have been upgraded with new equipment. Latvia has 1 brachytherapy unit that is less than 5 years old, and over 81% of radiation equipment is less than 15 years old.

Furthermore, a range of publicly funded medical technology use has been expanded for cancer diagnosis and treatment. Examinations with next-generation sequencing – an advanced DNA sequencing technology that allows rapid and cost-effective sequencing of large amounts of genetic material, which is sometimes needed for initiation of treatment for certain cancers – has become publicly funded. Liquid biopsy has become available for patients with a multidisciplinary team decision for diagnosis of lung cancer. Positron emission tomography (PET) with CT diagnostic examination can be provided to patients by multidisciplinary teams. In addition, cyber knife treatment has become available in recent years. This is publicly funded if certain criteria in relation to therapeutic indications and referral are met, and based on availability of NHS funding quotas, and there is also a plan to introduce more robotic technologies in Riga Eastern Clinical University Hospital and Paul Stradins Clinical University Hospital.

Despite efforts, Latvia still struggles to ensure timely access to cancer diagnosis and procedures

Since 2016, Latvia has set waiting time targets to improve timeliness in accessing cancer care. The current targets include 30 days for examination after suspected results of cancer screening; 10 working days for primary diagnostic test from referral by GP or gynaecologist; 10 working days between primary and secondary diagnosis; and 30 days between secondary diagnosis and treatment strategy development. Latvia has also set waiting times for diagnosis, colonoscopy, mammography, oncology, chemotherapy and radiation therapy, and reports them by medical institution to identify challenges, address access issues and support provider selection for citizens.

Latvia increased funding to ensure fast-track access for cancer patients. To ensure timely access to diagnosis for suspected cancer cases and treatment, Latvia introduced fast-track access for patients newly diagnosed with cancer (called the Green Corridor), fully paid by state budgets, in 2016. This requires specialist consultation and diagnostic examination within 10 working days of the date of referral. From 2022, patients diagnosed with cancer can receive priority services including ultrasonography, endoscopy, MRI, rehabilitation and orthopaedics without queuing. In 2022, fast-track access for recurrent cancer patients (called the Yellow Corridor) was also established to ensure timely access to care. Consultation, diagnostic examinations and healthcare services related to relapse are provided within 10 days.

Through these programmes, waiting times were improved for specific services including certain diagnostic services such as CT exams and colonoscopy, but not for others including certain chemotherapy and radiotherapy. A recent audit found that the Green Corridor did not improve early detection, since the proportion of cancers diagnosed at stages 1 and 2 remained about 42% of cancers between 2017 and 2021. It also pointed to a need to improve timely access to diagnosis and treatment, as only a quarter of cancer patients received healthcare within the target of 10 days, and the average time between GP consultation and diagnosis was 195 days, even though treatment should be initiated within 65 days (State Audit Office, 2023).

Access to new oncology medicines has improved but is still limited

Access to oncology medicines has been improved recently in Latvia. Since 2018, a year after the launch of the second NCP, the number of oncology medicines covered has increased significantly through increased funding and cost reductions as a result of price negotiations and centralised procurement of intravenous drugs (see Section 5.3). For example, in 2023, adjuvant therapy options were expanded for breast cancer patients with HER2-positive disease, and immunotherapy became available for treating triple-negative breast cancer. In 2017, about EUR 24 million was paid publicly to reimburse oncology medicines, and the allocated funding was doubled in 2023.

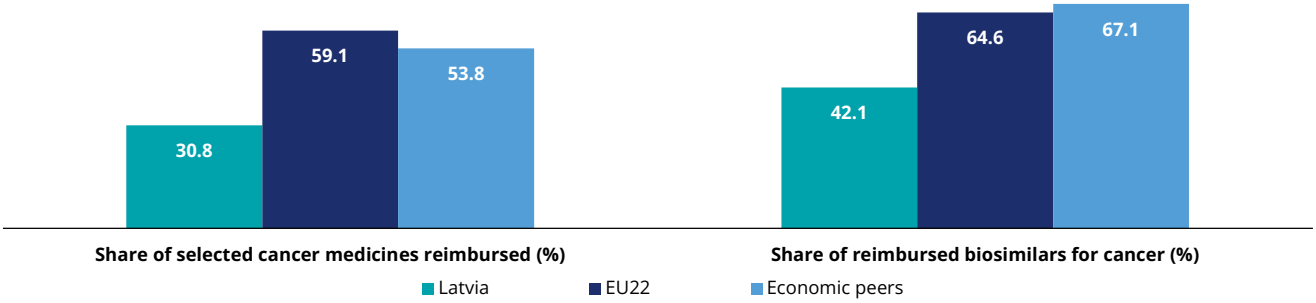
Compared to other EU countries, however, the proportion of authorised oncology medicines that are not publicly covered is still high in Latvia. Among 13 indications of 10 new oncology medicines with high clinical benefit for treating breast and lung cancer, only 31% were covered in Latvia (Figure 13), which was among the lowest in the EU. This proportion is half the EU average (59%) and 43% lower than the average among Latvia's economic peers (54%). Limited coverage is probably related to high prices of new medicines, as the

budget impact has become important for coverage and reimbursement decisions.

Access to oncology medicines is also affected by the long time spent for making decision on public coverage. For the 13 indications, the time from European Medicines Agency (EMA) marketing authorisation to national reimbursement/coverage was very long, at over 1 100 days – which is among the longest in the EU. Alongside the time taken for health technology assessment in Latvia, a long time lag between EMA marketing authorisation and application for reimbursement by the pharmaceutical company is also observed, at 528 days – among the longest in the EU, where the average is 188 days.

Coverage and reimbursement of biosimilars is also relatively low in Latvia. Public coverage of biosimilars was among the lowest (42%) in the EU – lower than the averages across the EU average (65%) and among the country's economic peers (67%). The mean time from EMA approval to public reimbursement/coverage was 736 days.

Figure 13. The share of publicly reimbursed oncology medicines in Latvia is limited compared to its economic peers and the EU average



Notes: The analysis includes a sample of 13 indications of 10 new cancer medicines for breast and lung cancer with a high clinical benefit and 19 biosimilars of three cancer medicines (bevacizumab, rituximab, trastuzumab), with active marketing authorisation by the European Medicines Agency as of 26 March 2023. The data represent the share of the indications or biosimilars that were on the public reimbursement list on 1 April 2023. Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for LV are BG, EE, EL, HR, HU, PL and PT. The EU average is unweighted.
Source: Hofmarcher, Berchet and Dedet (2024), "Access to oncology medicines in EU and OECD countries", https://doi.org/10.1787/c263c014-en.

Nonetheless, to improve access to new oncology medicines while addressing uncertainty of coverage and pricing decisions, performance-based managed entry agreements are available for some new oncology medicines, and patients meeting inclusion criteria are approved to receive the treatment free of charge. For drugs that are not covered, off-label use is still possible, and patients can access them by paying out of pocket if they are authorised, although this gives rise to concerns over equity in access to innovative drugs (OECD, 2020a).

5.2 Quality

Cancer care delivery is centralised to ensure provision of high-quality care

Latvia has centralised cancer care delivery by concentrating resources and expertise in specialised institutions. About 85-90% of new cancer cases for adult patients are treated at the Riga East University Hospital and Paul Stradins Clinical University Hospital in Riga (OECI, 2023). Cancer care is also provided at two regional hospitals in the southeastern city of Daugavpils and the city of Liepaja in the west. All four hospitals provide chemotherapy and radiation therapy; radiation therapy is available also in Stereotactic Radiosurgery Centre, which is the first centre to provide cyber knife technology treatment in the Baltic region. However, none of the hospitals in Latvia is internationally accredited.

Quality assurance mechanisms are in place for cancer care

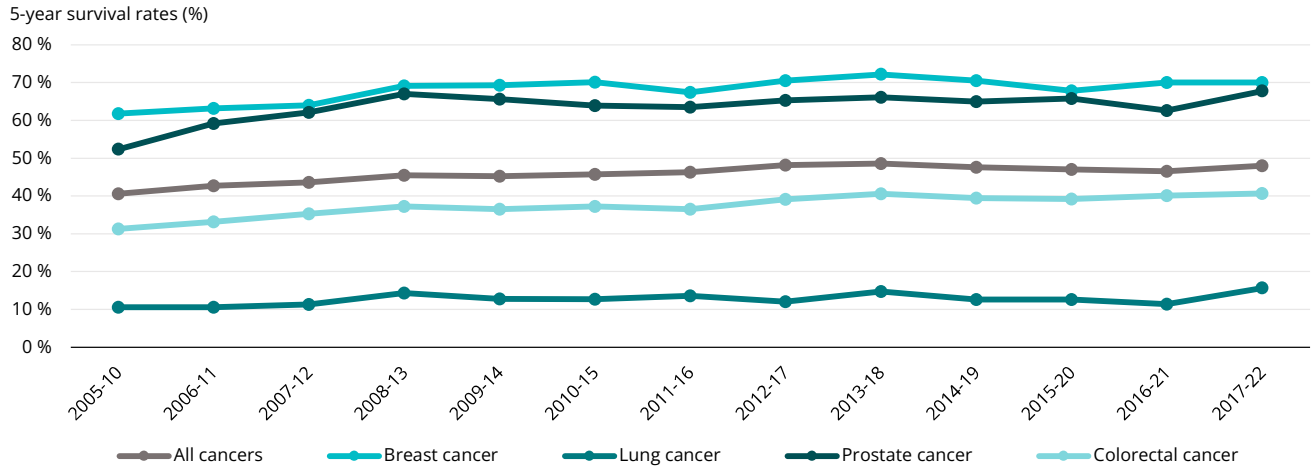
Latvia has made efforts to ensure delivery of high-quality cancer care throughout the country. Recently, treatment provided through multidisciplinary teams has become a norm in main hospitals, although standardised protocols have not been developed, so practices are not harmonised (OECI, 2023), and they are not always available (e.g. for haematology). Clinical algorithms, patient pathways and performance indicators for priority diseases including cancer have been developed. Patient pathways were developed for breast and cervical cancers, and the plan is to develop them for about 20 cancers. Based on international guidelines, existing clinical guidelines and approved medical technologies were also evaluated

and updated. To ensure delivery of high-quality cancer care across providers, the NHS started strategic procurement of providers in 2017, and only hospitals that meet certain criteria in terms of volume, waiting times and patient-centredness provide planned cancer care such as surgery, chemotherapy and radiotherapy.

Survival rates for cancers have improved over time

Latvia's efforts have led to general improvements in the quality and availability of cancer care and appropriate use of services. Observed five-year cancer survival increased from 41% among people diagnosed with cancer in 2005 to 48% among those diagnosed in 2017. Survival estimates have improved for common cancers including lung, colorectal, prostate and breast cancers over the past two decades (Figure 14). Cancer survival estimates have also improved by cancer stage. Between 2005 and 2017, five-year survival estimates improved from 88% to 92% among women diagnosed with stage 1 breast cancer and from 7% to 19% among women diagnosed with stage 4 breast cancer. During the same period, five-year survival estimates improved from 70% to 79% among men diagnosed with stage 1 prostate cancer and from 15% to 31% among men diagnosed with stage 4 prostate cancer.

Figure 14. Observed five-year cancer survival in Latvia has increased over the past two decades



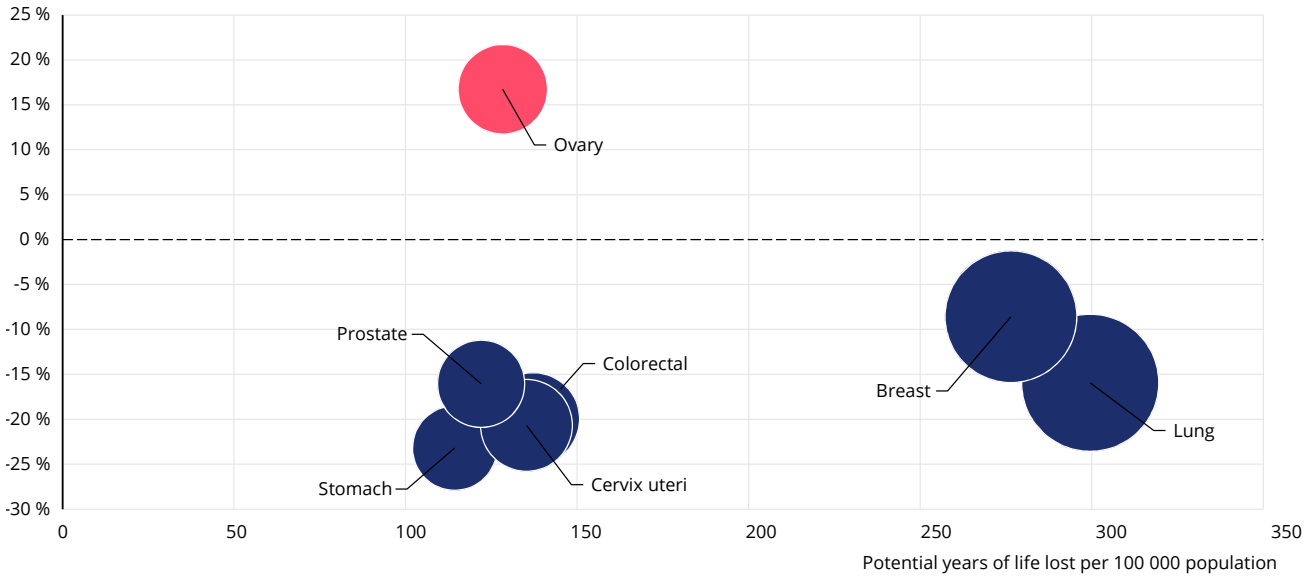
Source: CDPC (2024).

A high rate of potential years of life lost suggests relatively poor quality of cancer care in Latvia, compared to other EU countries

Potential years of life lost (PYLL) is an interesting complementary measure of the impact of different cancers on society, because it puts a higher weight on cancer deaths among younger individuals. Examining the change in PYLL over time across various cancer sites can point to improvements in cancer care systems via reductions in premature mortality. In Latvia, the overall PYLL rate due to cancers was 1 777 per 100 000 population in 2021, which is higher than the EU average (1 355 per 100 000). The pace of improvement was slightly slower in Latvia: the PYLL rate has decreased by 12% since 2012, compared to a 19% decrease across the EU. While PYLL for all cancers decreased (except ovary), it remained high for common cancers in Latvia (Figure 15). The cancers responsible for most PYLL were lung cancer (300 years per 100 000 population), which is higher than the EU averages. The PYLL rate for breast cancer is also 16% higher than the EU averages and cervical cancer was almost four times as high as the EU average, while that for stomach cancer was almost three times the average. Ovary cancer registered an increase in the number of potential years of life lost over the past decade.

Figure 15. The number of potential years of life lost from cancers decreased over the past decade

Percentage change in potential years of life lost 2012-22 (or nearest available year) (%)



Notes: The rate of PYLL from breast, cervical and ovarian cancer is calculated in women only, while the rate of PYLL from prostate cancer refers to men. Pink bubbles signal an increase in the percentage change in PYLL during 2012-22 (or latest available year); blue bubbles signal a decrease. The size of the bubbles is proportional to the PYLL rates in 2022.
Source: OECD Health Statistics 2024.

Latvia is making efforts to further improve quality of cancer care

To support patients receiving healthcare and other related services in a timely manner, the role of oncological patient co-ordinator was introduced in 2023, to share necessary information and provide support to patients at all stages of the care pathway – such as booking appointment and scans. In 2024, there were four co-ordinators: two without a medical background and two specialised nurse practitioners working with patients with breast and haematology cancers. The plan is to increase the number of co-ordinators for patients with other cancers.

Using the EU's Recovery and Resilience Facility Plan, Latvia began to establish the Latvian Cancer Centre in 2024 to enhance infrastructure for cancer care, improve cancer care quality and ensure delivery of standardised high-quality cancer care throughout the country. It aims to provide clinical guidance in the field of oncology and support its implementation across providers. The plan is to establish a co-operation network between hospitals specialising in cancer treatment and care, since collaboration across providers and professionals could contribute to improved quality of cancer care throughout the country.

Latvia needs to strengthen the information infrastructure to improve cancer care quality

The CDPC is responsible for collecting and reporting health system information relating to public health, prevention and quality of care. It has managed administrative databases and a number of registries, including the Cancer Registry, since 2009. The CDPC manages and analyses data from its databases and registries with NHS data to monitor key cancer statistics such as screening, incidence, stage distribution, mortality and survival rates.

The Cancer Registry in Latvia includes incidence, stage at diagnosis, treatment, survival and mortality data, but the quality and completeness of the data need to be improved (State Audit Office, 2023). Unlike some countries in the EU, the Cancer Registry does not include screening data, genetic information or patient-reported indicators (OECD, 2024a). Using unique identifiers, it is linked with other registries such as those on diabetes and cardiovascular diseases, hospital inpatients, mental hospital inpatients, emergency care, prescription medicines, primary care and long-term care, and the data are analysed. Granular data have been collected at medical institutions, but they are stored in a fragmented manner and not linked with other datasets. Legislation on secondary data use is being discussed to facilitate data linkages and to conduct more comprehensive monitoring of healthcare performance in view of improving the quality of healthcare, including cancer care.

Most key statistics such as cancer screening, incidence, mortality and five-year survival rates are available and reported regularly in the public domain – sometimes disaggregated by region but

not by provider. Latvia also monitors and prepares annual reports on waiting times for colonoscopy, mammography, chemotherapy and radiation therapy in outpatient settings, as well as on oncologists by medical institution (OECD, 2020b). To monitor quality of cancer care in a timely manner, Latvia could improve the quality and timeliness of data in the Cancer Registry, enhance capacities to analyse and evaluate cancer care quality, and improve access to data and its interoperability (OECI, 2023). To address these issues, health system digitalisation is taking place, and from 2024, laboratory test data are integrated into the e-health system.

Latvia tries to provide patient-centred cancer care

Latvia is making steps to improve cancer care, based on patients' and their families' perspectives. The NHS, which supervises provision of publicly funded healthcare by medical providers based on the contractual agreement, informs citizens of processes for reporting complaints, and shows their perspectives on the quality of healthcare on its website. This facilitates collection of healthcare users' experiences and insights, which are valuable inputs to improve access to and quality of healthcare, including cancer care. Latvia also conducts surveys to learn from patient experiences. In recent years, an evaluation survey of the Green Corridor cancer pathway was conducted, and a standard patient experience survey has been conducted in hospital settings, with coverage of about 40% of hospitals. Latvia could enhance its efforts to collect more patient-reported measures – including patient-reported outcomes – and monitor them more systematically.

Patient-reported measures have been used to improve people-centred delivery of cancer care in Latvia. The survey of the Green Corridor cancer pathway highlighted the need to improve communication between patients and doctors, and to provide patients with information about symptoms, treatment options and side-effects. To address these issues, Latvia invested in training hospital ward managers, specialist doctors, chief nurses and nurses working at Riga Eastern Clinical University Hospital to improve communication with patients and crisis communication.

5.3 Costs

The amount of cancer funding has increased in recent years

Health budgets have been insufficient to provide full treatment services for cancer patients and cover their costs fully, limiting scope for improving and developing cancer care services, but Latvia has tried to secure budgets for cancer care development. Between 2014 and 2020, Latvia received EU funds of about EUR 287 million to improve services in four priority areas including cancer care. The second NCP, launched in 2017, specified the need for additional financing of about EUR 50 million every year between 2018 and 2020. Although securing financing for cancer care had been challenging, since 2017, the amount of funding for cancer has increased by almost EUR 100 million, reaching EUR 163.6 million – equivalent to 4.7% of total health spending – in 2023. Additional financial resources made possible enhancements and improvements of cancer screening, diagnosis and treatment, as well as palliative care for cancer patients.

Overall, according to the OECD's SPHeP model, the per capita health expenditure on cancer care is expected to grow by 49% in Latvia between 2023 and 2050, compared to 59% in the EU (OECD, 2024b).

Latvia contained cancer care cost increases through pharmaceutical pricing policies

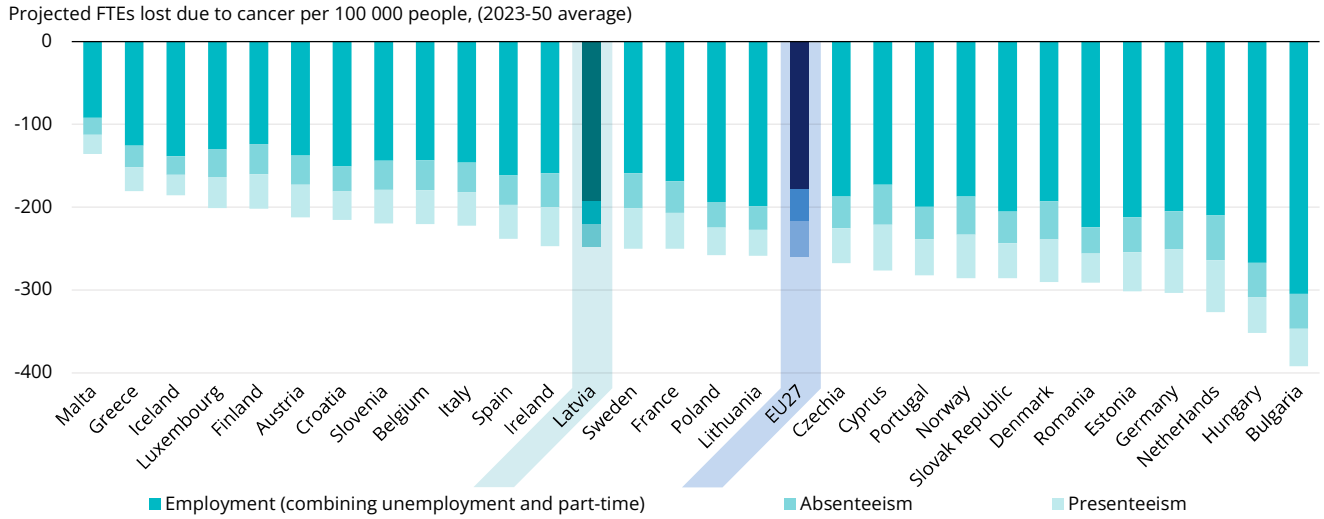
Since 2019, the NHS has procured medicinal products centrally, including chemotherapy medicines and medical devices, resulting in a positive impact not only on cost reductions but also on access and effective drug use. The number of reference countries was also increased in 2019 to reduce the prices of some oncology medicines further. Following mandatory prescription of generics and biosimilars in oncology and reference price system, patient copayments decreased. Moreover, Latvia has renegotiated new or existing managed entry agreements following approval and coverage of a new indication for an existing product. In 2020-21, inclusion of new medicines and expansion of reimbursement were mostly achieved by cost reductions of listed medicines. However, as public funding for medicines has not increased sufficiently to match demand, financing of cancer drugs is a continuous challenge.

Latvia tries to reduce wholesale and pharmacy mark-ups, but since the prices of oncology medicines are high, it could also explore the possibility of joint purchases of new and expensive oncology medicines with other countries to reduce costs and increase access.

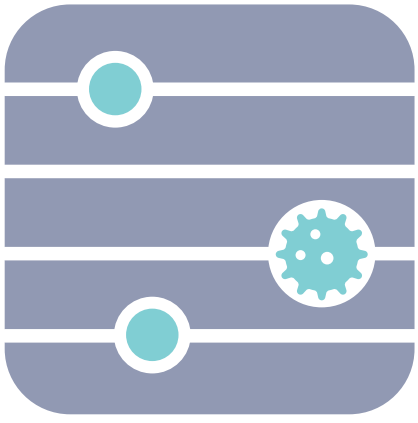
Latvia could focus more on prevention and cancer screening to lower direct and indirect costs of cancer

In addition to the direct costs of cancer care, there are also substantial economic costs because the impact of cancer on the working-age population is large in Latvia. According to OECD SPHeP modelling work, between 2023 and 2050 on average, cancer is expected to lead to a loss of 191 full-time equivalent workers (FTEs) per 100 000 people annually due to the combination of increased unemployment and increased part-time work, which is higher than the EU average of 178 FTEs per 100 000 (Figure 16). It is also expected that Latvia will lose 57 FTEs per 100 000 people during 2023-50 due to both absenteeism and presenteeism[7] – somewhat lower than the EU average of 81 FTEs per 100 000. These figures suggest that there are fewer cancer survivors in the working-age population, and that the mortality rate of cancer patients of working age is higher in Latvia than in most other EU countries.

Figure 16. Between 2023-50, cancer is expected to have a slightly lower impact on the workforce in Latvia than in the EU



Note: The EU average is unweighted.
Source: OECD (2024), Tackling the Impact of Cancer on Health, the Economy and Society, https://doi.org/10.1787/85e7c3ba-en.



7 *Presenteeism refers to lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury or other condition.*

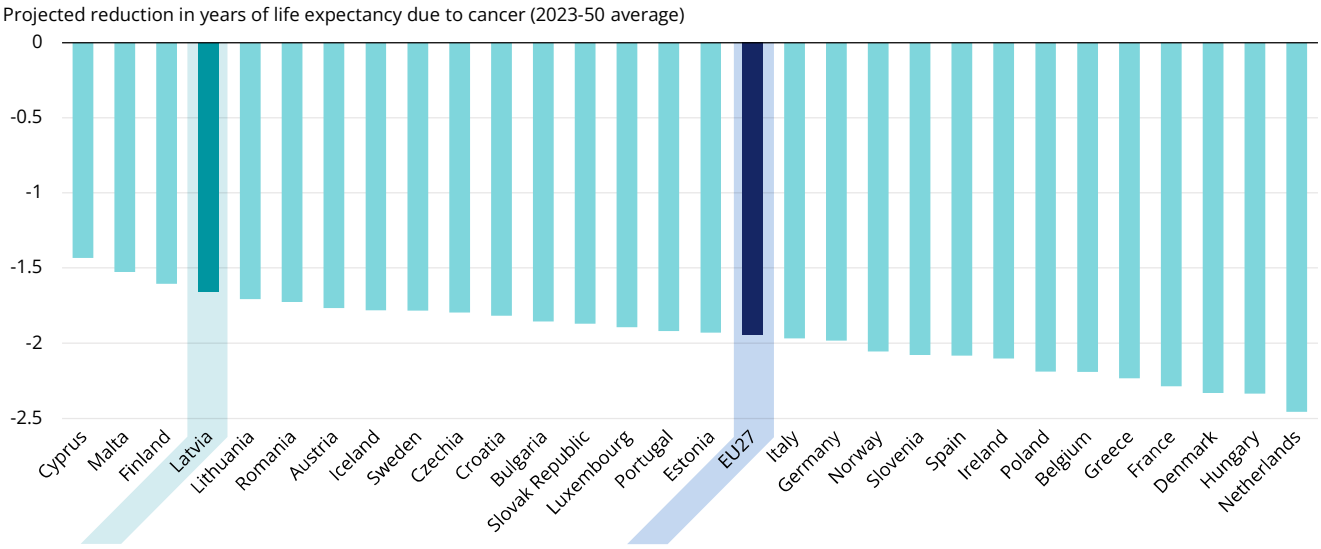
5.4 Well-being and quality of life

Cancer is expected to increase mental health disorders and reduce life expectancy

According to OECD SPHeP modelling work, between 2023 and 2050, cancer will reduce average life expectancy in Latvia by 1.7 years compared to a scenario without cancer. However, the impact of cancer on life expectancy is low compared to most EU+2 countries (Figure 17). This is probably associated with short life expectancy in Latvia (the second shortest in the EU), as it takes many years for most cancers to develop.

In addition, cancer takes a substantial toll on the mental health of the population through its associated symptoms and treatment side effects, and impact on daily life, social roles and work. According to the OECD's SPHeP model, Latvia is expected to have higher depression rates because of cancer. Cancer is expected to cause an additional age-standardised rate of 13 cases per 100 000 per year during 2023-50. This is lower than the EU average of 17 additional cases per 100 000 population.

Figure 17. In Latvia, the impact of cancer on life expectancy is expected to be lower than the EU average in 2023-50



Note: The EU average is unweighted.
Source: OECD (2024b), Tackling the Impact of Cancer on Health, the Economy and Society, https://doi.org/10.1787/85e7c3ba-en.

Latvia addresses emotional and mental health impact among cancer patients and their families

In outpatient settings, patients can receive psychologist consultations with a GP referral, and psychiatrist consultations if needed. Recently, Latvia introduced additional strategies to manage the emotional and mental health impact of cancer. Since 2018, state budget is allocated to the Oncological Patient Support Association "Tree of Life" to provide psychosocial rehabilitation for individuals with cancer and their relatives, and to the Society for Children's Palliative Care for psychosocial rehabilitation for children in palliative care and their family members. Details such as type, content and financing of services are stipulated in law; hence, regulations clarify access and ensure quality of psychosocial rehabilitation. For adult patients, only one family member selected by the patient can receive psychosocial rehabilitation care, while such services are available for multiple family members for patients aged under 24 who need palliative care.

To increase access and facilitate cancer patients' return to social and economic life, a psycho-emotional support day centre was established in 2019. A hotline for psychological support is available 24 hours a day, and other non-governmental organisations also provide psychological support to patients with oncological diseases. These services, however, need to be developed further to become accessible to fulfil the psycho-emotional needs of people in need.

More support services have become available to improve quality of life among cancer patients

Recently, Latvia broadened publicly funded healthcare coverage to improve quality of life of cancer patients. As planned in the third NCP for 2022-24, collection, freezing and storage of gametes

for patients with oncological diseases are allowed and publicly covered for 10 years, if the germ cells have been taken and frozen before commencement of treatment, which may affect reproductive health. Since 2022, state-paid breast reconstructive surgery services and provision of postoperative bras have become available and covered for cancer patients. Latvia also plans to provide integrated care and interdisciplinary support for cancer patients, encompassing a broad range of services – including not only healthcare but also physical and psychosocial rehabilitation and social care.

Rehabilitation care is still limited

Although a wider range of cancer treatment and services has become available over time, rehabilitation services are still limited for cancer patients in Latvia due to a lack of funding. Rehabilitation care is mainly provided for patients with circulatory diseases by a certified physiotherapist, occupational therapist or audiologist contracted by the NHS based on a medical rehabilitation plan. However, such services are not widely available for cancer patients. In 2021, only 64 cancer patients received inpatient rehabilitation services. Since the number of cancer patients with a wide range of physical and cognitive impairments is increasing, failure to provide rehabilitation as part of overall treatment and care reduces the return on resources invested in the diagnosis and treatment of cancer patients.

Palliative care is being developed in different settings

State-funded palliative care services are not sufficient for both adults and children, and the structure of palliative care provision is fragmented. In Latvia, palliative care is not yet available in nursing homes and hospices, and patients at the end of life are still admitted inappropriately to emergency care and treated in highly specialised hospital beds (OECD, 2023).

However, palliative care services have been developed and expanded in recent years. Initially, palliative care was provided at hospital, but in 2023, state-paid services were launched for people at home, and mobile palliative care teams – composed of doctors from several specialties and medical assistants and/or nurses – can be dispatched nationwide 24 hours after referral. They provide round-the-clock support face-to-face or remotely; assessment of a person's condition and needs; and drafting, implementing and updating of personalised care plans. Based on the plan, they organise healthcare services, encompassing symptomatic treatment, nutritional support, rehabilitation and psychological support, palliative specialist consultation and social care, to support not only control of pain and other symptoms but also social, psychological and spiritual aspects of patients' and their families' lives. These services contribute to decreasing the number of hospitalisations for palliative care.

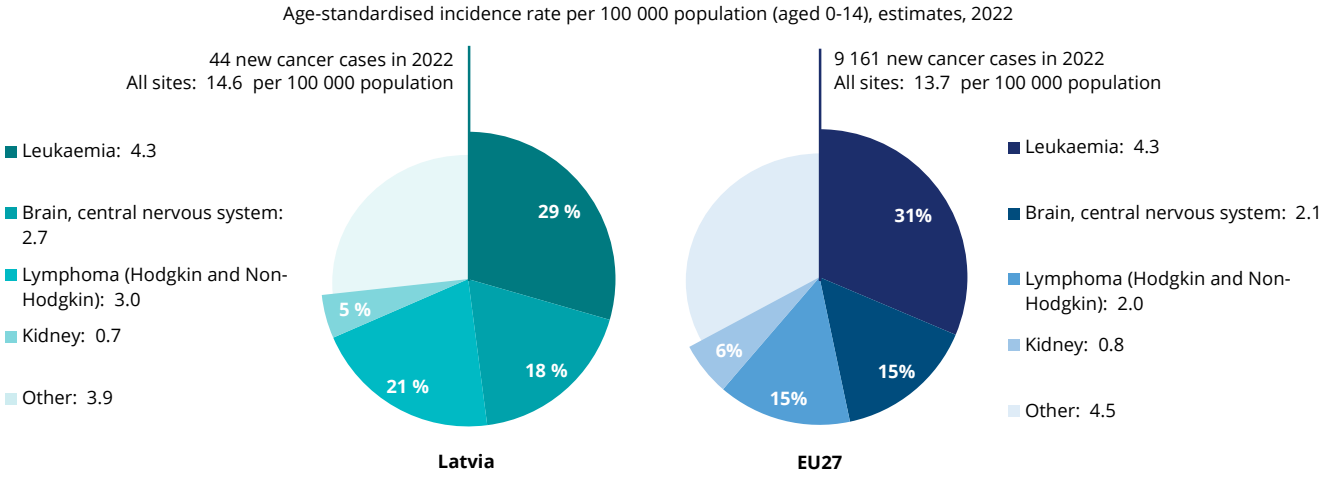
To ensure high quality, a training certificate is required for doctors and nurses working in palliative care, and palliative training is mandatory in undergraduate medical school curricula. Guidelines on palliative care services were developed in 2020, and monitoring of palliative care services is being developed to ensure quality (OECD, 2023).

Palliative care is provided at home by a certified nurse or paramedic who works at an NHS contracted medical institution. Home healthcare providers develop patient care plans, perform diagnostic and therapeutic manipulations prescribed by a GP or specialist, provide palliative care and terminal patient care, and train and educate patients and their carers about the medications prescribed. On application, the NHS creates and organises a waiting list for palliative care.

6. Spotlight on paediatric cancer

According to ECIS, it is estimated that 44 children up to age 15 were diagnosed with cancer in Latvia in 2022. Incidence rates for ages 0-14 in 2022 were estimated at 14.6 per 100 000 compared to 13.7 per 100 000 across the EU (Figure 18). Incidence rates are higher among boys than girls in Latvia, as in other EU+2 countries. The most common cancer groups are leukaemia, at 4.3 cases per 100 000 children (29%), lymphoma, at 3 cases per 100 000 (21%), brain and central nervous system cancer, at 2.7 cases per 100 000 (18%), and kidney cancer, at 0.7 per 100 000 population (5%). In contrast to higher childhood cancer incidence rates, Latvia has lower childhood cancer mortality rates than the EU average. According to Eurostat, Latvia has a three-year average mortality rate of 1.4 per 100 000 children compared to 2.1 per 100 000 across the EU.

Figure 18. The incidence rate of paediatric cancers in Latvia is slightly higher than the EU average



Notes: 2022 estimates are based on incidence trends from previous years, and may differ from observed rates in more recent years. "All sites" includes all cancer sites except non-melanoma skin cancer.
Source: European Cancer Information System (ECIS) for cancer incidence. From https://ecis.jrc.ec.europa.eu, accessed on 10 March 2024. © European Union, 2024.

According to the European Society of Paediatric Oncology (SIOPE)'s Organisation of Care & Research for Children with Cancer in Europe (OCEAN) Project, Latvia has relatively good infrastructure in place to treat paediatric cancer. Half of new cancer cases for children are treated in the Children's University Hospital in Riga, where 10 of 13 infrastructural and treatment modalities such as chemotherapy, brachytherapy, stem cell transplants and palliative care are available. However, access to the latest treatment and care is limited, and proton radiation therapy and a survivorship care clinic are not available. In 2018, only 48% of the 68 medicines identified as essential for treating cancer in patients aged 0 to 18 were available in Latvia, compared to 76% in the EU on average (Vassal et al., 2021). Moreover, of the 436 clinical trials involving paediatric and adolescent cancer patients in Europe between 2010 and 2022, only 1 was running in Latvia (0.2%) – this is among the lowest rates in the EU (SIOPE, 2024).

For paediatric cancer, due to the low number of cases, Latvia will need to strengthen collaboration with European cancer reference centres to improve diagnosis. In 2024, Latvia collaborated with Switzerland to advance paediatric cancer care, with the aim of establishing a long-term support and monitoring system for children with cancer. This will facilitate development of evidence-based measurement, and monitoring and improvement of diagnosis and treatment outcomes (Ministry of Finance, 2024).

References

Cabinet of Ministers (2021), Order of the Cabinet of Ministers No. 493 of 6 July 2022 on the plan for improving oncology health services 2022-24. Riga, Cabinet of Ministers, https://likumi.lv/ta/id/333775-par-veselibas-aprupes-pakalpojumu-uzlabosanas-planu-onkologijas-joma-20222024-gadam.

CDPC (2024), Health Statistics Database, available at https://statistika.spkc.gov.lv/pxweb/en/Health/.

De Angelis R et al. (2024), Complete cancer prevalence in Europe 2020 by disease duration and country (EUROCARE-6): a population-based study, Lancet Oncology, 25(3):293-307. doi:10.1016/S1470-2045(23)00646-0

European Cancer Organisation (2023), Towards gastric cancer screening implementation in the European Union: https://www.europeancancer.org/eu-projects/impact/resource/togas.html.

Ministry of Finance (2024), Swiss programme advancing children cancer care in Latvia, Riga, Ministry of Finance, https://www.fm.gov.lv/en/article/swiss-programme-advancing-children-cancer-care-latvia-kicks#:~:text=The%20programme%20%22Advancement%20of%20paediatric%20cancer%20care%22%20will%-20be%20implemented,monitoring%20system%20for%20long%2Dterm.

Ministry of Health (2023), Development of basic specialities. Riga, Ministry of Health, https://www.vm.gov.lv/lv/media/11646/download?attachment.

NHS (2023), Programme results. Riga, National Health Service.

OECD (2020a), Addressing challenges in access to oncology medicines, Paris, OECD Publishing, https://www.oecd.org/health/health-systems/addressing-challenges-in-access-to-oncology-medicines.htm.

OECD (2020b), Waiting times for health services: next in line, OECD Health Policy Studies, Paris, OECD Publishing, https://doi.org/10.1787/242e3c8c-en.

OECD (2023), Time for better care at the end of life, OECD Health Policy Studies, Paris, OECD Publishing, https://doi.org/10.1787/722b927a-en.

OECD (2024a), Beating cancer inequalities in the EU: spotlight on cancer prevention and early detection. Paris, OECD Publishing, https://doi.org/10.1787/14fdc89a-en.

OECD (2024b), Tackling the Impact of Cancer on Health, the Economy and Society, OECD Health Policy Studies, OECD Publishing, Paris, https://doi.org/10.1787/85e7c3ba-en.

OECI (2023), Proposal for a roadmap towards formation of a comprehensive cancer care and research infrastructure/network in Latvia. Brussels, Organisation of European Cancer Institutes.

SIOPE (2024), Childhood cancer country profile: Latvia. Brussels, SIOP Europe, https://siope.eu/media/documents/ocean-projectlatvia.pdf.

State Audit Office (2023), We do not provide early detection of oncological diseases and the necessary medicines compensation for patients now. Riga, State Audit, https://www.lrvk.gov.lv/en/news/we-do-not-provide-early-detection-of-oncological-diseases-and-the-necessary-medicines-compensation-for-patients-now.

Vassal, G. et al. (2021), "Access to essential anticancer medicines for children and adolescents in Europe", Annals of Oncology, Vol. 32/4, pp. 560-568, https://doi.org/10.1016/j.annonc.2020.12.015.

WHO (2023), WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke, Geneva, World Health Organization, https://iris.who.int/handle/10665/372043.

Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovak Republic	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		

European Cancer Inequalities Registry

Country Cancer Profile 2025

The European Cancer Inequalities Registry is a flagship initiative of the Europe's Beating Cancer Plan. It provides sound and reliable data on cancer prevention and care to identify trends, disparities and inequalities between Member States and regions. The Registry contains a website and data tool developed by the Joint Research Centre of the European Commission (https://cancer-inequalities.jrc.ec.europa.eu/), as well as an alternating series of biennial Country Cancer Profiles and an overarching Report on Cancer Inequalities in Europe.

The Country Cancer Profiles identify strengths, challenges and specific areas of action for each of the 27 EU Member States, Iceland and Norway, to guide investment and interventions at the EU, national and regional levels under the Europe's Beating Cancer Plan. The European Cancer Inequalities Registry also supports Flagship 1 of the Zero Pollution Action Plan.

The Profiles are the work of the OECD in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by national experts, the OECD Health Committee and the EU Thematic Working Group on Cancer Inequality Registry.

Each Country Cancer Profile provides a short synthesis of:

- the national cancer burden
- risk factors for cancer, focusing on behavioural and environment risk factors
- early detection programmes
- cancer care performance, focusing on accessibility, care quality, costs and quality of life.

Please cite this publication as:
OECD/European Commission (2025), *EU Country Cancer Profile: Latvia 2025,* EU Country Cancer Profiles, OECD Publishing, Paris, https://doi.org/10.1787/f23ce73c-en.

Series: EU Country Cancer Profiles

European Commission

OECD
BETTER POLICIES FOR BETTER LIVES