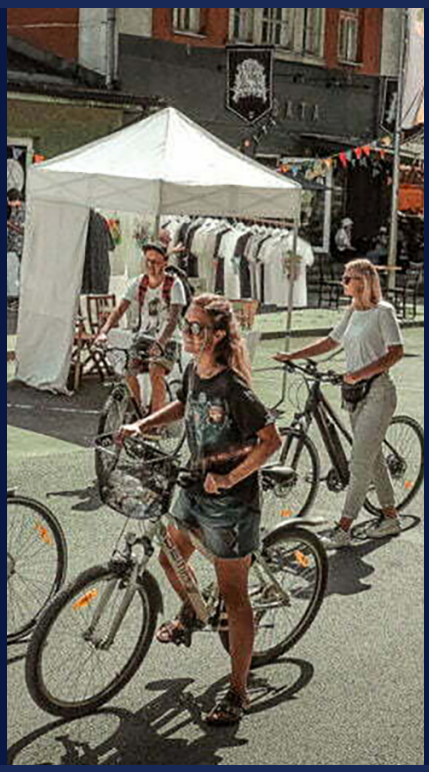
Country Cooperation Strategy

2024–2027
Latvia

Ministry of Health
Republic of Latvia

World Health Organization
European Region

Country Cooperation Strategy **LATVIA**



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2024–2027
Latvia

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Abbreviations

AD	Action Direction
CC	collaborating centre
CCS	Country Cooperation Strategy
COVID-19	coronavirus disease
EU	European Union
GDP	gross domestic product
MoH	Ministry of Health
NDP 2027	National Development Plan 2021–2027
PHS	Public Health Strategy
SPs	Strategic Priorities
UHC	universal health coverage

Foreword

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Republic of Latvia

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WHO Regional Director for Europe

The Ministry of Health of the Republic of Latvia and the World Health Organization are pleased to present the Country Cooperation Strategy 2024-–2027 for Latvia, which provides strategic direction for collaboration in health for the next four years. It reflects the country's national health and development agenda and identifies a set of agreed joint priorities in line with the WHO Regional Office for Europe's commitment to leaving no one behind and to strengthening the leadership of national health authorities across the Region.

With the challenges faced through the coronavirus disease pandemic and the ongoing threats to health and security, such as from the war in Ukraine and climate change, Latvia is more committed than ever to promoting and protecting the health and well-being of the whole country.

The strategy has two distinct dimensions – giving everyone in Latvia the opportunity to live a healthy and active life and ensuring there is a sustainable health-care system that provides people-centred, integrated care when it is required.

This continued close collaboration with WHO will support the delivery of the health goals set out in Latvia's National Development Strategy and its Public Health Strategy 2021–2027, which will in turn help Latvia achieve the 2030 Sustainable Development Goals.

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Executive summary

This Country Cooperation Strategy (CCS) sets a vision and a guide for the collaboration between WHO and Latvia, in line with Latvia's National Development Plan 2021–2027 and Public Health Strategy, with mutually agreed priority areas to improve the health of the whole population of Latvia, to reduce health inequalities and enhance the integration and sustainability of the health system.

Led by the Ministry of Health and WHO Country Office in Latvia, the CCS was developed through a series of consultations, based on Latvia's current and future health needs, and in consideration of WHO's core functions, including its comparative and strategic advantage.

This document briefly outlines the health system and health and equity situation in Latvia, national health priorities, and the strategic agenda and collaboration between Latvia and WHO, including the implementation plan and the monitoring and evaluation process of CCS delivery.

The three priorities to guide the collaboration between WHO and Latvia for the period of 2024–2027, and help set the country on course to achieve its health ambitions and the global goals for Agenda 2030[1] are:

STRATEGIC PRIORITY 1: Promote healthy and active lifestyles. To provide the population with the opportunity to maintain and improve their health by reducing the risk factors of noncommunicable diseases and the negative impact of injuries, while implementing health promotion and disease prevention measures to develop a healthy, safe living and working environment.

STRATEGIC PRIORITY 2: Provide people-centred and integrated health care. To promote people-centred, integrated and accessible health-care services, enhancing access to medicines, the coordination of health services and the involvement of the patient and their family.

STRATEGIC PRIORITY 3: Establish sustainable health care. To ensure the sustainability of health care by strengthening management and promoting the efficient use of health-care resources

During the next three years, WHO and Latvia will work together to achieve these strategic priorities within the scope of available resources to achieve a public health impact.

1 See Transforming our world: the 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs (un.org)

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1. Situation analysis

1.1 Country context

The Republic of Latvia is one of the Baltic countries (alongside Estonia and Lithuania). Situated in north-eastern Europe on the east coast of the Baltic Sea, Latvia forms part of the eastern border of the European Union (EU).

At the beginning of 2023, Latvia had a population of 1.88 million people. Since 1990, the population has declined by approximately 700 000 (26%) and since 2000, by approximately 400 000 (17%) *(1).* The primary causes of the population decline are the negative net international migration and negative population growth. Similar to the rest of the EU, the population of Latvia is ageing. The decline in the working age population is particularly pronounced and is expected to continue. The age dependency ratio and the burden of an ageing population are also expected to increase in coming years *(2).*

The current economic situation in Latvia has been shaped by the transition from a socialist into a capitalist system; rapid economic growth in the early 2000s; followed by the global financial and economic crisis, which hit Latvia particularly hard from 2008. During 2009 – the worst year of the crisis – unemployment grew by 9.5%, reaching 19.5% by 2010 *(2,3)*. To restore stability, Latvia had to implement fiscal consolidation measures in collaboration with the EU, the World Bank and the International Monetary Fund. Since 2010, economic growth slowly resumed, gross domestic product (GDP) grew by 2.9% per year on average from 2013 to 2019, and in January 2014, Latvia adopted the Euro *(2)*. However the coronavirus disease (COVID-19) pandemic had a significant impact on economic development and GDP shrank by 2.2% in Latvia in 2020 *(3)*.

Compared with some of the other transition countries among the newer EU Member States, Latvia is striving to cover a greater gap to converge with EU living standards and economy – in 2023, its GDP per capita is €25 140 at current prices compared with the EU average of €39 940 *(4).*

The current three-party coalition government in Latvia is headed by Prime Minister Evika Siliņa, who took office on 15 September 2023. Government priorities include prosperity, security and defence, and promoting the sense of belonging in the Latvian population *(5).*

As an EU Member State, Latvia has undersigned the EU's priority directions determined by the EU

STRATEGIC AGENDA 2019–2024 *(6):*

protecting citizens and freedoms

developing an economic base

building a climate-neutral, green, fair and social Europe

promoting European interests and values on the global stage

Latvia's priorities within the EU's Strategic Agenda are reflected in the Foreign Minister's annual foreign policy report *(7)* and elaborated in a recovery and resilience plan *(8)* approved by the EU Council on 13 July 2021.

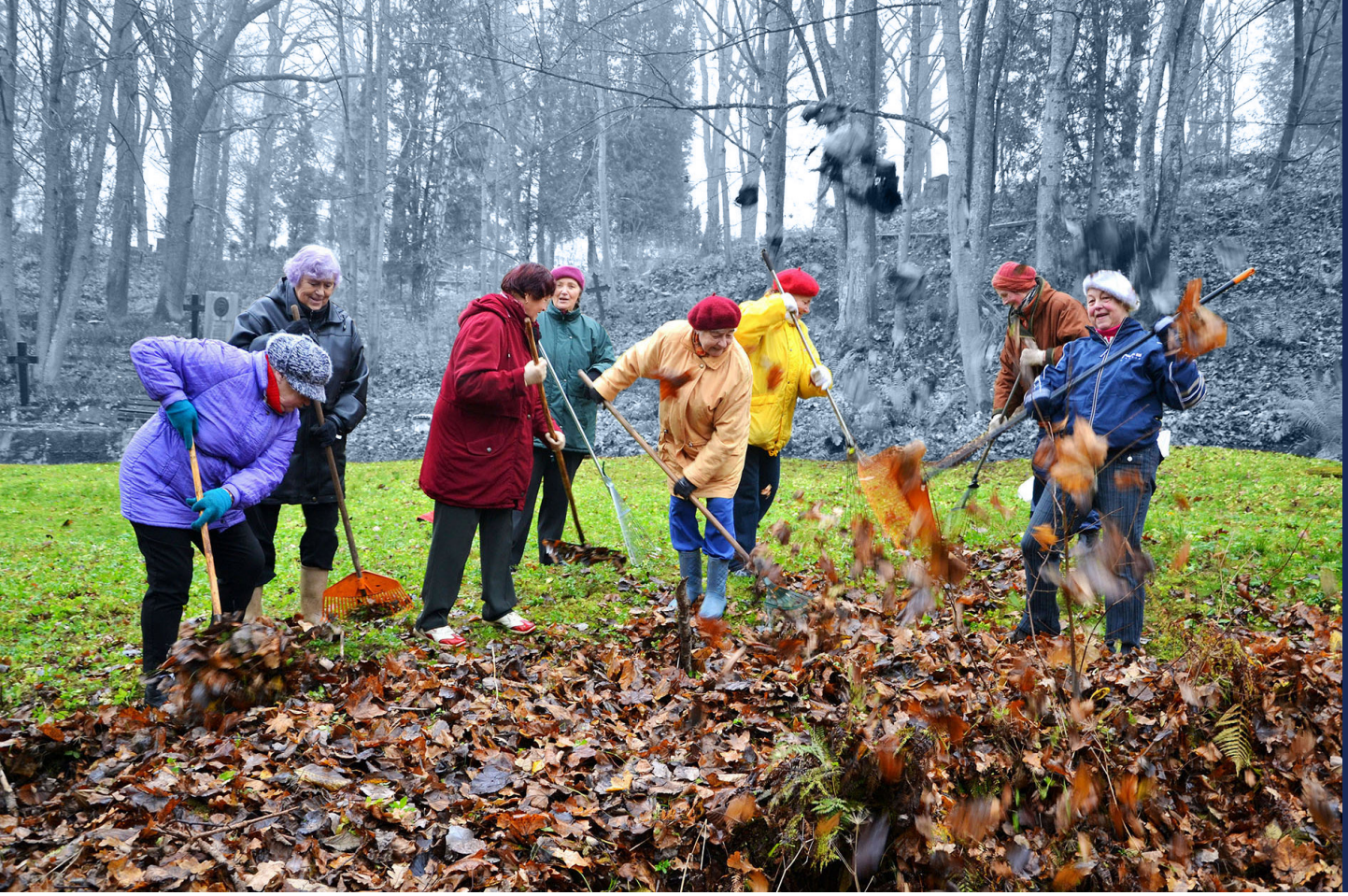
The transformative impact of Latvia's plan is the result of a strong combination of reforms and investment which address the country's specific challenges. The reforms address bottlenecks to lasting and sustainable growth, while investments are targeted to the green and digital transitions, social inclusion, including healthcare, the social safety net and regional disparities. Measures also focus on skills, including digital skills, adult learning, and higher education, productivity, including research and innovation and support for business investments. Some reforms also seek to improve administrative capacity, including tax administration, public procurement and the judicial system.
From Latvia's recovery and resilience plan *(8)*

1.2 Health and health equity

1.2.1. Health in Latvia

Despite significant gains in life expectancy over the past two decades (with an average gain of 4.2 years; from 70.2 in 2000 to 74.4 in 2022), the life expectancy of the Latvian population remains among the lowest in the EU (the EU average was 80.1 years in 2021) *(9,10).* Moreover, the COVID-19 pandemic disrupted the steady growth trend in 2020. The gender gap in life expectancy is more than nine years – the second highest in the EU – and the life expectancy of Latvians varies considerably by educational level (at age 30, the life expectancy of men with the lowest level of educational attainment is on average 11 years lower than for men with tertiary education; for women the difference is 8 years) *(9,11).*

According to the EU statistics on income and living conditions 50 % of the Latvian population reported being in good or very good health in 2022 – a proportion substantially below the EU average of 68%. The gap in self-reported health by income level in Latvia is also large, with 71% of the population in the highest income quintile reporting being in good health, compared to only 30% of those in the lowest. Furthermore, more than 40% of adults reported having a long-standing illness or health problem in 2022, above the EU average of 36% *(12).*



Despite reductions in mortality, cardiovascular and cerebrovascular diseases were still the main cause of death in Latvia in 2022, followed by cancer – particularly lung and colorectal cancer. The burden of mental ill-health is also significant in Latvia where suicide is a major cause of death, particularly among men. Despite some progress in suicide prevention, Latvia recorded the fifth highest suicide rate in the EU in 2022. In 2021, COVID-19 accounted for 13 % of all deaths *(9)*.

1.2.2. Risk factors

The higher mortality rates and poorer health status of the Latvian population compared to EU averages are largely linked to the high prevalence of behavioral risk factors. It is estimated that 43% of all deaths in Latvia can be attributed to the combination of dietary risks, tobacco smoking, alcohol consumption and low physical activity.

Twenty-five per cent of all deaths in 2019 (6600 deaths) were related to dietary risks (including low fruit and vegetable intake, and high sugar and salt consumption), which is considerably above the EU average of 17%. Tobacco consumption, including direct and second-hand smoking, was responsible for an estimated 15% of all deaths (4100 deaths). Furthermore, around 6% of deaths were linked to alcohol consumption and 4% to low physical activity. Air pollution in the form of fine particulate matter (PM2.5) and ozone exposure alone accounted for about 4% of all deaths.

The country has the highest level of alcohol consumption in the EU, and one in four men binge drink monthly. The proportions of obese adults and adults who smoke daily are also above the EU average. Many behavioral risk factors in Latvia are more common among people with lower levels of education and income *(9)*.

1.2.3. The health system

Latvia has a national health system with strong government stewardship, but which remains severely underfunded. Even though health expenditure per capita has increased by 75% since 2010, the level remains the fourth lowest in the EU. Only 61% of health expenditure is publicly funded, and the share of out-of-pocket spending is the second highest in the EU. *(9)*

Latvia's mortality rates from both preventable and treatable causes are also the second highest in the EU. Cancer screening rates are low, despite efforts to increase uptake; this is reflected in high mortality rates for screening-amenable cancers. The Ministry of Health has a clear strategic focus on prevention and health promotion, but resources are limited.

Unmet needs in Latvia were among the highest in the EU, both before and during the COVID-19 pandemic. This is driven by high out-of-pocket expenditure and a benefits package that is comparatively narrow and limited by a quota system. As a result, in 2019, 15% of households experienced catastrophic spending on health. The uneven geographical distribution of health professionals creates further barriers to access *(9).*

There has been a shift away from hospital to outpatient care in service delivery over the last decade – the proportion spent on outpatient care has increased by almost 30 % since 2010. Latvia has focused on improving primary care effectiveness with some success; for example, the rate of avoidable admissions for asthma and chronic obstructive pulmonary disease was previously relatively high, but it is now around the EU average. This can reflect both the decreasing prevalence of these conditions in Latvia and improvements in disease management interventions in primary care and outpatient settings. However, further improvement of service delivery towards more people-centred models is necessary to address both the preventable and treatable causes behind Latvia's mortality rates *(9, 13).*

1.3.4. The future of health

There are a number of evolving or emerging challenges that Latvia is facing that warrant a general strengthening of its health-related policies and investment: between 2019 and 2050, the proportion of the population aged 65 years and over is expected to rise from 22% to 28%; leading risk factors for health, such as alcohol consumption per capita, are very high in Latvia and remain at risk of growing further; the prevalence of some newer risk factors, including electronic cigarettes, has been rising sharply; and the potential harm and wider insecurity from climate change and war remains large *(13–15).*

1.3 The national health and development agenda

The health sector plays a key role in Latvia's National Development Plan 2021–2027 (NDP 2027), which defines the national development goals, priorities and actions *(16)*. The overall aim of the plan is to increase the quality of life for all citizens. The NDP 2027, approved by the National Development Council, the Cabinet of Ministers and the Saeima (the parliament of Latvia), prioritizes "strong families, healthy and active people", and sets prerequisites for longer, more inclusive and active lives.

The main areas of action of the NDP 2027 are support at birth and for families; healthy lifestyles; preventing disease; accessible, high quality and effective health-care services; and social inclusion for disadvantaged people, through social services and assistance. Several of these key areas are mirrored in the new Government's Declaration *(17),* a document on the implementation of the Cabinet's intended activities throughout the government term.

The NDP 2027 vision for the future is that Latvia is a country where everyone feels good, it is easier to be healthy and there are qualified, motivated and appropriately remunerated specialists able to provide timely recommendations for a healthy lifestyle, and ensure modern disease prevention, diagnosis, treatment, rehabilitation and patient care.

The NDP 2027 envisages improving Latvia's public health indicators and significantly reducing patient co-payments for health care. In order to achieve these public health goals State budget funding for health care and salaries for medical practitioners need to be increased, access to services and medicines improved; new knowledge and technologies for health care and medicine created; data for education and research made available; and international and private resources for research and innovation mobilized.

The Public Health Strategy (PHS), adopted in 2022, is a medium-term policy planning document that determines the Latvian public health policy during the term of the NDP 2027 *(18)*. It was adopted through broad intersectorial country dialogue, including with the WHO Country Office in Latvia (through a consultative board of the Public Health Institute) and wider public consultation. The PHS is designed to build on public health policy implemented in previous years, to ensure the continuity of the investments made in the health sector by EU funds in the previous programming periods, as well as to address new challenges. The PHS sets out the objectives, directions and tasks to ensure the achievement of the NDP 2027.

The objective of the PHS is to improve the health of the Latvian population by prolonging good life, preventing premature mortality and reducing health inequalities. Its goals by 2027 are:

- to increase the number of healthy life years by four years for men and by three years for women (to 55 years for men and 57 years for women in 2027);
- to reduce the potential life years lost by 15% (down to 5700 per 100 000 inhabitants in 2027); and
- to increase the average life expectancy of newborns by 1.8 years for males and 1.2 years for females.

THE PHS SETS OUT FIVE ACTION DIRECTIONS (ADS) TO ACHIEVE THE OBJECTIVE AND GOALS:

1. Healthy and active lifestyles.

2. Reducing the spread of infections.

3. People-centred and integrated health care.

4. Provision of human resources and skills development.

5. Sustainability of health care, strengthening governance and efficient use of health-care resources.

1.4 Partnership environment

The International Organization for Migration is the only other United Nation organization present in Latvia and the Organization has recently collaborated with WHO, along with the United Nations High Commissioner for Refugees in addressing the Ukrainian refugee crisis.

WHO has been and will continue to work closely with a broad range of national and international stakeholders, including government, academia and civil society. Aside from the Ministry of Health (MoH), WHO has been actively engaging with the Prime Minister, the President and their offices; the Ministry of Finance and other Ministries; Parliamentarians (the health committee), the Centre for Disease Prevention and Control, the National Health Service, Riga Stradiņš University and the University of Latvia, Medical Associations, nongovernmental organizations and patient representative groups. As well as these wider national partners, there are two WHO collaborating centres in Latvia:

- the WHO Collaborating Centre for Research and Training in Management of Multidrug-Resistant Tuberculosis, Centre of Tuberculosis and Lung Disease, Department of Methodology and Surveillance, International Training Centre at the Riga East University Hospital; and
- the WHO Collaborating Centre for Health Professional Education, Faculty of Public Health and Social Welfare, Rīga Stradiņš University.

WHO collaborating centres are institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the Organization's programmes *(19).*

2. Strategic priorities and key interventions

2.1 Overview of strategic priorities

The NDP 2027 and PHS identify key heath system performance problems, including low life expectancy, low healthy life expectancy and the high number of potential life years lost. They also cite the leading contributors to these problems – high cardiovascular mortality, high cancer mortality and high rates of mental illness – and the underlying reasons for the high disease burden, namely, behavioral risk factors, outdated service delivery models, low financial protection, insufficient access to services, inefficient resource allocation and utilization.

While all five ADs of the PHS are important, three of them are selected as strategic priorities (SPs) for this CCS for their close alignment with WHO's European Programme of Work 2020–2025 "United Action for Better Health" (EPW) *(20)* and the Thirteeth Global Programme of Work 2019–2023 (GPW13) *(21)*, namely:

- **SP 1.** Promote healthy and active lifestyles (supporting the PHS AD 1);
- **SP 2.** Provide people-centred and integrated health care (supporting the PHS AD 3); and
- **SP 3.** Establish sustainable health care, strengthening governance and efficient use of health-care resources (supporting the PHS AD 5).

These are the ADs WHO considers as having the most strategic value in helping Latvia realize its health ambitions. Therefore WHO will focus its support for Latvia on these SPs and use them to inform the next planning period**.**

Table 1 sets out a high-level theory of change where WHO support can add strategic value to help Latvia achieve its health ambitions. It includes the overall health goals for Latvia, the challenges that need to be overcome to achieve and they ways in which these will be overcome. The table includes WHO terminology (including goals, challenges, deliverables and hits) and aligns these with the terminology of the PHS (goals, action directions and tasks), and gives the relevant numbers from the PHS ADs and tasks.

Table 1. High-level theory of change including Latvia's health goals, the SPs of the CCS and their alignment with the PHS ADs, and the deliverables and enablers aligned with the PHS

GOALS. Aligned with PHS goals.	**Increase healthy life expectancy to 55 years for men and 57 years for women** **Increase the average life expectancy of newborns by 1.8 years for males and 1.2 years for females** **Reduce potential life years lost by 15%**		
The why. **Country challenges and relevant CCS SPs that WHO will help Latvia to address.** Aligned with PHS AD (in parenthesis is the relevant AD number).	High mortality and morbidity due to cardiovascular diseases, cancer and mental illness from both preventable and treatable causes		
	Challenge. High rates of behavioral risk factors lead to high rates of preventable causes of mortality and morbidity. **CCS SP1.** Promote healthy and active lifestyles (AD1).	**Challenge.** Suboptimal health-care service delivery and access leads to high rates of treatable causes of mortality. **CCS SP2.** Provide people-centred and integrated health care (AD3).	**Challenge.** Deficiencies in governance and use of resources leads to low health system sustainability. **CCS SP3.** Establish sustainable health care through efficient use of resources and strengthened governance (AD5).
The what. **CCS strategic deliverables that WHO will work towards.** Aligned with PHS tasks (in parenthesis is the relevant task number(s)).	Risk factors addressed (1.1., 1.2., 1.3., 1.4., 1.5.) Role of local governments in disease prevention and health promotion strengthened and targeted activities to promote health literacy and to facilitate behavioral change implemented (1.8.)	Health-care financing improved (3.1.1, 3.1.2, 3.1.3.) Access to pharmaceuticals and medical devices improved (3.1.4.) Access and quality of mental health care improved (3.1.8.) Access, quality and integration of primary health care improved (3.2.1.) Access to rehabilitation services improved (3.2.4.)	Improved quality, including safety culture and patient experience, across all major health-care services (5.1.) Strengthened health system capacity and governance (5.9, 5.10.) Digital transformation of the health sector progressed (5.12.)
The how. **CCS strategic hits that WHO will use to help deliver the work.**	**National investment in PHS delivery.** Incremental increase in financial investment (across government) in public health from €30 113 673 (in 2022) to €1 137 791 943 (in 2027). **Collaboration and dialogue across stakeholders and implementation partners.** Help convene stakeholders and implementation partners, establishing working groups and cross-government dialogue and governance where this can add strategic value.[a] **Leveraging support across the Organization.** Ensuring that all three levels of WHO and its wider partners, especially nationally and across the WHO European Region are mobilized where appropriate to help Latvia realize its health ambitions that align with the EPW and GPW13. **Prioritize actions according to WHO standards.** Supporting delivery of PHS sub-tasks by : · for CCS SP1 – prioritizing those actions consistent with WHO best-buys for noncommunicable diseases; · for CCS SP2 – prioritizing those for universal health coverage of primary care and mental health; and · for CCS SP3 – prioritizing those for quality and safety, leaving no one behind.		
Enablers	NDP 2027, PHS, EPW and GPW13.		

Notes: a implementing partners for each of the Ads and tasks are listed in the PHS *(18)*.

The SPs and strategic deliverables set out in this CCS will help establish a more healthy and active population in Latvia; a transition to a more people-centred health-care service delivery model supported by human resources with appropriate skills and knowledge; improved financial protection and access to services; and more efficient resource allocation and utilization. This will achieve longer-term improvements too, reducing the disease burden, improving health outcomes and achieving the goals set by the PHS and NDP 2027. By achieving its health ambitions, Latvia will also set a better course towards meeting the health-related sustainable development goals of the United Nation's Agenda 2030 *(22).*

2.2 SP1, supporting AD1. Promote healthy and active lifestyles.

The objective of AD1 is to provide the population with the opportunity to maintain and improve their health by reducing the risk factors of noncommunicable diseases and the negative impact of injuries, while implementing health promotion and disease prevention measures to develop a healthy, safe living and working environment. The PHS lists several tasks that will be carried out to help achieve this.

WHO's previous collaborations with the MoH relevant to promoting healthy and active lifestyles include producing an investment case for the prevention and management of mental health and behavioral conditions in Latvia; supporting alcohol control measures through a high-level launch of the alcohol signature initiative and endorsing MoH proposals for amendments to the Handling of Alcoholic Beverages Law and the Electronic Mass Media Law; and supporting the accreditation of Latvia's Healthy Municipalities Network with the European Healthy Cities Network.

Until 2027 – the timeframe of the NDP 2027 and the PHS – WHO and the MoH will build on this existing collaboration, with special focus on the following PHS tasks (numbered as per the PHS document) for AD1:

- addressing risk factors (PHS tasks 1.1., 1.2., 1.3., 1.4., 1.5.); and
- strengthening the role of local governments, educational institutions, nongovermental organizations and employers in disease prevention and health promotion, implementing targeted activities and promoting behavioral change (PHS task 1.8.).

This aligns with both WHO's and Latvia's delivery on the EPW's core priority 3 (Promoting health and well-being) the Flagship Initiative 2 and 4 (The Mental Health Coalition, and Healthier Behaviors: incorporating behavioral and cultural insights). Each of EPW's priority areas of work involve a number of workstreams at Regional level that WHO will leverage to help Latvia achieve its health ambitions.

2.3 SP2, supporting AD 3. Provide people-centred and integrated health care.

The objective of AD3 is to promote people-centred, integrated and accessible health-care services. It contains several tasks that will be carried out to help achieve this, and three subdirections, namely:

- PHS subdirection 3.1 – Access to medicines and health care services
- PHS subdirection 3.2 – Coordination and succession of health services
- PHS subdirection 3.3 – Involvement of the patient and their family in health care.

WHO's previous collaborations with the MoH relevant to providing people-centred and integrated health care include: developing recommendations for the development of a sustainable financing model with the aim of improving health care access and ensuring universal health coverage; providing an investment case for health; supporting the Roadmap for Improving Access to Medicines *(23);* reviewing Latvia's Pricing and Reimbursement System and its Lists of Reimbursed Medicines; providing support for transitioning towards a more people-centred model of mental health care; and strengthening palliative and rehabilitation services.

Until 2027 – the timeframe of the NDP 2027 and the PHS – WHO and MoH will build on this existing collaboration, with special focus on the following PHS tasks for AD3:

- improving health-care financing (PHS tasks 3.1.1, 3.1.2, 3.1.3.)
- improving access to pharmaceuticals and medical devices (PHS task 3.1.4.)
- strengthening health care in psychiatry (PHS task 3.1.8.)
- strengthening primary health care, improving its quality and accessibility (PHS task 3.2.1.)
- strengthening rehabilitation services and improving their availability (PHS task 3.2.4.).

This aligns with EPW Core Priority 1 (Moving towards UHC) and Flagship Initiative 1 (The Mental Health Coalition).

2.4 SP3, supporting AD5. Establish sustainable health care, strengthening governance and efficient use of health-care resources.

The objective of AD5 is to ensure the sustainability of health care by strengthening management and promoting the efficient use of health-care resources. It contains several tasks that will be carried out to help achieve this.

WHO's previous collaborations with the MoH relevant to establishing sustainable health care includes: support for improving the quality of health-care services and patient safety; strengthening the capacity of the MoH in the field of public health, advising on the development of health financing and pharmaceuticals; and providing technical assistance for the development of the Digital Transformation Strategy of the Health Sector for 2021–2027 *(24).*

Until 2027 – the timeframe of the NDP 2027 and the PHS – WHO and the MoH will build on this existing collaboration, with special focus on the following PHS tasks for AD5:

- improving the quality of health-care services, including patient safety and patient experience (PHS task 5.1.);
- strengthening health system capacity and governance (PHS tasks 5.9, 5.10); and
- promoting the digital transformation of the health sector (PHS task 5.12.).

This aligns with the EPW Core Priority 1 (Moving towards UHC) and Flagship Initiative 2 (Empowerment through Digital Health).

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3. Implementing arrangements

The high-level theory of change (see Table 1) sets out the interaction between this CCS and delivering Latvia's NDP 2027 and PHS. This provides a basis for the programme budget which is biennial. The CCS will cover, and be implemented throughout, two biennium (2024–2025 and 2026–2027), with the implementing partners set out in the PHS *(18).*

The CCS SPs will inform WHO's country-level input to identify programme budget priorities and budget allocations. Mapping SPs to the GPW13's outcomes and outputs (Table 2) helps to streamline the programme budget development and prioritization. In turn, key deliverables needed to address the CCS SPs will be identified in the biennial workplans which will also include operational planning, programmes, results and resource allocations.

Table 2. Mapping CCS SPs and PHS ADs to EPW core priorities and flagships and GPW13 outcomes and outputs.

CCS SP	Supporting Latvia's PHS ADs (and tasks)	Supporting EPW priority or flagship	Supporting GPW13 SP, outcome (output)
CCS SP1.	AD1 (1.1, 1.2, 1.3, 1.4, 1.5, 1.8).	EPW Core Priority 3. Flagship 1 and 4.	GPW13 SP3. Outcomes 3.2 (3.2.1, 3.2.2), 3.3 (3.3.2).
CCS SP2.	AD3 (3.1.1, 3.1.2, 3.1.2, 3.1.4, 3.1.8, 3.2.1, 3.2.4).	EPW Core Priority 1 and Flagship 1.	GPW13 SP1. Outcomes 1.1 (1.1.1, 1.1.2), 1.2 (1.2.1, 1.2.2, 1.2.3), 1.3 (1.3.2, 1.3.5).
CCS SP3.	AD5 (5.1, 5.9, 5.10, 5.12).	EPW Core Priority 1 and Flagship 2.	GPW13 SP4. Outcome 4.1 (4.1.1).

An operational plan will be used to stipulate the activities, products and services that need to be implemented to achieve the key deliverables. This process will also include a review of resources (staff and finances) required at the country level to respond to the CCS SPs, as a basis for estimating the implementation costs of CCS delivery.

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4. Monitoring and evaluation

Since the SPs are aligned with the PHS ADs, monitoring and evaluation will use the relevant PHS indicators (see the Annex Country impact and results framework).

WHO and Latvia's collaborative efforts will be jointly monitored annually based on the agreed bi-annual workplan of specific products and services. This will, in turn, enable the monitoring of progress on the delivery on the CCS.

The mid-term review (2025) will focus on:

i. determining progress against deliverables, i.e. whether achievements are meeting expectations

ii. identifying barriers and risks that may require SPs or deliverables to be modified

iii. developing actions to address these and progress the second half of the CCS cycle.

The end-term review (2027) will provide a more comprehensive assessment, focusing on:

i. measuring achievements in relation to the CCS results framework

ii. identifying achievements and gaps in implementing the CCS SPs

iii. ascertaining critical success factors and barriers

iv. sharing lessons learned for the next CCS cycle.

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Annex. Country impact and results framework

The SPs are aligned with the PHS ADs, and so monitoring and evaluation of progress against the CCS will use the relevant PHS indicators. Table A1 sets these out.

Table A1. Country impact and results framework for the CCS, including SPs, ADs and relevant indicators with a baseline and target for each.

Indicator [indicator number in PHS]	Baseline (year)	Target 2027	Indicator alignment	Date source
SP1, supporting AD1. Promote healthy and active lifestyles.				
Registered absolute alcohol consumption in liters per 15-year-old and older population, excluding absolute alcohol consumption by tourists [4.1]	11 liters (2019)	10 liters	Public Health Strategy	Centre for Disease Prevention and Control
Proportion of respondents (15–74 years) who do 30 minutes of physical exercise at least twice a week [1.2]	25.4% (2018)	27.5%	Public Health Strategy	Centre for Disease Prevention and Control
Proportion of respondents (15–74 years) who have consumed fruit and berries in the past week [1.5]	24.5% (2018)	26%	Public Health Strategy	Centre for Disease Prevention and Control
Proportion of respondents (15–74 years old) who are overweight or obese (BMI > 25) [1.8]	58.7% (2018)	58%	Public Health Strategy	Centre for Disease Prevention and Control
Proportion of daily smokers in the population (15–64 years) [4.4]	26.2% (2018)	25.5%	Public Health Strategy	Centre for Disease Prevention and Control
Proportion of underage pregnant women (of all pregnant women) [6.2]	0.9 (2019)	0.7	Public Health Strategy	Centre for Disease Prevention and Control

Proportion of the population (15–74 years) who have experienced depression in the last year [3.3]	22.4% (2019)	20.0%	Public Health Strategy	Centre for Disease Prevention and Control
Share of municipalities operating in the National Network of Healthy Municipalities [7.2]	100% (2023)	100%	Public Health Strategy	Centre For Disease Prevention and Control
National Network of Healthy Municipalities accredited with the WHO European Healthy Cities Network [N/A]	N/A	National Network accredited	N/A	WHO European Healthy Cities Network
SP 2, supporting AD3. Provide people-centred and integrated health care.				
Share of total health expenditure from direct payments by households [18.2]	35.6 (2019)	33	Public Health Strategy	Eurostat
Access to health-care services (unmet need for health-care services) [18.3]	6.2 (2018)	4.0	Public Health Strategy	Eurostat
Proportion of the population (15–64 years) diagnosed with depression by a doctor [14.3]	Women 1.5% Men 0.5% (2019)	Women 3.5% Men 2.5%	Public Health Strategy	National Health Service
SP 3, supporting AD5. Establish sustainable health care, strengthening governance and efficient use of health-care resources.				
Remote consultations provided by family doctors and specialists (of the total number of consultations provided) [20.1]	9.45% (2020)	30%	Public Health Strategy	National Health Service
Patient data available in the patient's electronic health record in a structured form for sharing [20.2]	3% (2020)	50%	Public Health Strategy	National Health Service

Notes: N/A: not applicable.

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