

Ageing in Europe: Latvia vs. EU-27

A comparative data dashboard across seven key healthspan indicators.

Latvia's position on healthy ageing indicators is not simply below the EU average. Across most dimensions, the gap is substantial — in several cases placing Latvia at or near the bottom of the EU-27. Understanding the scale and pattern of these gaps is a prerequisite for designing effective interventions.

This dashboard draws on Eurostat, Eurofound, and European Commission data to present a structured comparison across seven dimensions most relevant to healthspan outcomes. Each indicator is presented with Latvia's value, the EU-27 average, and the methodological source.

11.1 yrs

Latvia's healthspan gap vs 9-yr EU average

41.2%

older adults at risk of poverty — highest in EU

34%

older adults reporting loneliness vs 21% EU avg

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HEALTH AND LONGEVITY

Latvia lives long, but spends fewer years in good health.

The most critical headline indicator is Healthy Life Years at 65 — the expected number of years a 65-year-old will live in good health without functional limitations. Latvia's figure is 52.4 years against an EU-27 average of 63.5. This is not a small difference — it is a gap of over a decade of healthy life.



Sources: Eurostat hlth_hlye 2022; EC Long-Term Care Report 2021

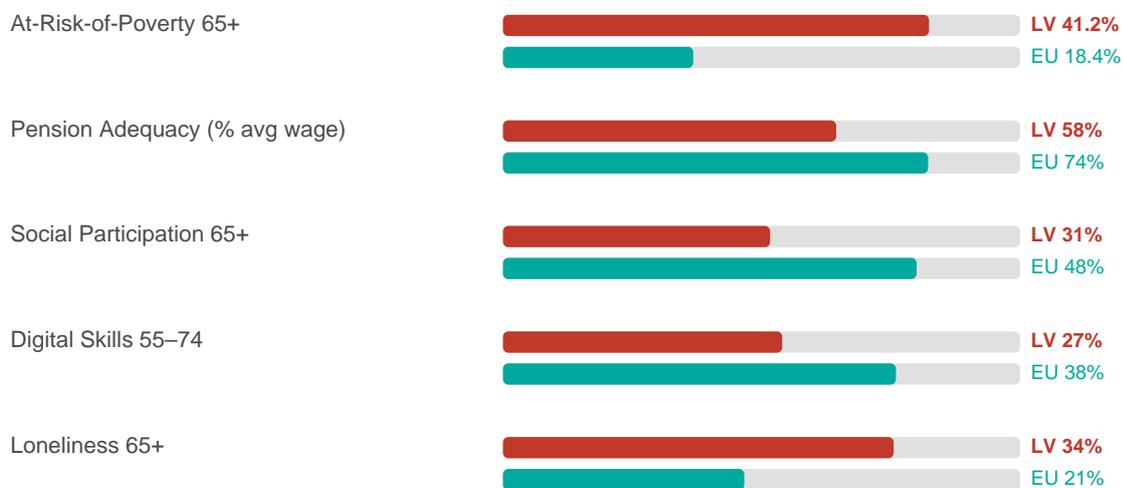
"Latvia's Healthy Life Years gap with the EU average is more than double the EU's own target improvement — the PAHA Partnership aims to add 2 healthy life years EU-wide by 2030. Latvia needs structural change, not incremental progress."

2 ECONOMIC SECURITY AND SOCIAL PARTICIPATION

Economic insecurity undermines health. Latvia's 65+ poverty rate is the highest in the EU.

The at-risk-of-poverty rate for adults 65+ in Latvia stands at 41.2% — compared to an EU-27 average of 18.4%. This is not a marginal difference; it is more than double the EU average, and the highest figure in the Union. Economic insecurity in older age is itself a major driver of poor health outcomes — through reduced access to nutritious food, adequate heating, healthcare, and social activity.

LATVIA vs. EU-27 — KEY SOCIOECONOMIC INDICATORS



Sources: Eurostat ilc_li02 2022; EC Pension Adequacy Report 2021; Eurostat AHM_08 2022; Eurostat isoc_sk_dskl_i21 2023; Eurofound 2022

"Social participation at 31% versus an EU average of 48% — and loneliness at 34% versus 21% — are not just welfare indicators. They are predictors of cognitive decline, cardiovascular risk, and mortality. The social infrastructure gap is also a health gap."

3 COMPLETE DATA REFERENCE

All seven indicators — Latvia vs. EU-27, with sources.

Red values indicate Latvia below EU average; teal indicates at or above. All data from official EU statistical sources as noted.

Indicator	Latvia	EU-27	Source
Healthy Life Years at 65	52.4 yrs	63.5 yrs	Eurostat hlth_hlye 2022
Old-Age Dependency Ratio	34.2%	32.7%	Eurostat demo_pjanind 2023
Pension Adequacy (% avg wage)	58%	74%	EC Pension Adequacy 2021
Social Participation 65+	31%	48%	Eurostat AHM_08 2022
Digital Skills 55–74	27%	38%	Eurostat isoc_sk_dskl_i21 2023
At-Risk-of-Poverty 65+	41.2%	18.4%	Eurostat ilc_li02 2022
Long-Term Care Coverage	38%	56%	EC LTC Report 2021
Loneliness 65+	34%	21%	Eurofound 2022

Note: Loneliness indicator from Eurofound Living, Working and COVID-19 survey 2022. Old-age dependency ratio: Latvia above EU-27 average reflects faster demographic ageing trajectory, driven by emigration of working-age population.

4 WHAT THE DATA MEANS FOR SOCIAL INNOVATION

The pattern across all seven indicators points to the same structural gap.

Latvia's challenge is not a single failing but a compound disadvantage: lower pension adequacy produces economic insecurity; economic insecurity reduces social participation; reduced social participation accelerates cognitive and physical decline; and lower long-term care coverage means more functional years lost to inadequately supported conditions.

This compounding logic suggests that interventions targeting the upstream drivers — economic security, social participation infrastructure, and community-based preventive programmes — will have greater impact than those addressing individual health conditions after they have emerged.

Economic baseline

Pension adequacy at 58% of average wage is below the level needed for health-protective behaviours — nutrition, heating, social activity, preventive healthcare. Economic security in older age is a health intervention.

Social infrastructure	A 17pp gap in social participation and 13pp gap in loneliness rates are predictors of cognitive decline and cardiovascular risk. Community-level social connection infrastructure is a priority intervention target.
Digital inclusion	Digital skill levels at 27% vs 38% EU average create a growing secondary disadvantage: access to services, social connection, and health information increasingly requires digital capability.
Long-term care	LTC coverage at 38% vs 56% EU average means Latvia has a structural gap in supported care that will widen as the dependency ratio grows. The prevention-versus-care investment balance is critical.

DATA SOURCES

All data from official EU statistical sources. Eurostat: hlth_hlye (Healthy Life Years), demo_pjanind (dependency ratio), AHM_08 (social participation), ilc_li02 (poverty), isoc_sk_dskl_i21 (digital skills). European Commission: Pension Adequacy Report 2021, Long-Term Care Report 2021. Eurofound: Living, Working and COVID-19 e-survey 2022.

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